



All right. Hello, everyone. Thank you for joining us today as we recognize the now end of National Minority Health Month. And thank you for joining our CMS webinar today with Latino Connection, one of our 2024 CMS Health Equity awardees. More on that soon.

My name is Ashley Peddicord-Austin with the Centers for Medicare and Medicaid Services, Office of Minority Health, or, as you'll hear us say today, CMS OMH. I'm a White woman with brown hair. I have a fall-colored blazer on today and blue eyes. And I am now remembering I forgot to put on my glasses.

This month offers a unique opportunity to highlight both the richness of Latino heritage and critical health challenges that are faced by Hispanic and Latino communities. So, thank you for joining us today as we continue this important conversation. Let's go ahead to our next slide.

Before we start, we want to note that closed captioning is available to access it, I'll give you some instructions real quick. Let's go to the menu at the bottom of the screen. Click on Captions, and that will allow another menu to display where you can then select closed -- Show Captions. Selecting Show Captions will allow closed captioning to appear at the bottom of your screen. Next slide, please.

So, here we have listed our agenda for today. So, following this welcome and some opening remarks about CMS OMH and resources available for Spanish-speaking communities, we'll turn it over to my colleague, Jessica Dawson, to discuss the CMS Health Equity Award and our 2024 winners.

After that, we'll hand the virtual microphone over to George Fernandez with Latino Connection, and he'll discuss their health challenges that the Latino and Hispanic individuals in their community are facing and how Latino Connection has been working with their audiences in Pennsylvania.



So, prior to concluding today, there will be time for a moderated Q&A session. And you'll notice that there is a Q&A box at the bottom of your screen, and that's what we'll be using for the Q&A feature. Next slide, please.

So, a little bit of context about who CMS is and where we sit within health care and within the larger federal government.

So, CMS is actually the largest provider of health insurance in the United States. We're responsible for more than 150 million individuals supported by our different programs. You know these as Medicare; Medicaid; CHIP, the Children's Health Insurance Program; and, of course, the Health Insurance Marketplace, or, as many say, [healthcare.gov](https://www.healthcare.gov).

The Centers for Medicare & Medicaid Services, Office of Minority Health sits within that larger agency. We're actually one of eight minority health offices within the larger US Department of Health and Human Services. So, we like to work with local and federal partners to address eliminating health disparities and hoping to improve the health of all minority and underserved populations.

Here, you'll see on this slide some logos for the other eight Offices of Minority Health that are kind of brother and sister offices within the Department of Health and Human Services. Let's go ahead to our next slide.

Our mission here at CMS OMH is to lead the advancement and integration of health equity in the development, evaluation, and then implementation of CMS policies, programs, and partnerships.

So, we have our vision mentioned here. All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access. And we do think it's important to underline that we do say eliminate disparities because that is truly our goal.



Here, in honor of National Hispanic Heritage Month, we've pulled together some of our CMS resources that can help Spanish-speaking communities. These include data highlights, infographics, guides, and some courses and trainings to help understand the needs and disparities of the impact in Spanish-speaking communities. We'll post the links to these resources in the chat, and the presentation will be made available after the webinar so you can go back and reference.

The CMS is dedicated to reducing health disparities by improving access to health care information and services for Hispanic and Latino communities. Offering culturally and linguistically appropriate resources is part of this, and we hope to continue to provide more resources throughout the year. Let's go to our next slide.

I did want to have a small focus on Coverage to Care, known as C2C, because we have these resources available in lots of languages, which, of course, includes Spanish.

C2C, or Coverage to Care, is designed to help individuals understand their health coverage so they can actually use it effectively, regardless of what type of health insurance. So, it can apply to anybody who you might be working with who maybe needs a little help connecting the care. We do have most of these available in eight, sometimes nine languages, and all of our Coverage to Care resources, we have over 20 of them that are offered in Spanish.

So, these resources, such as our Roadmap to Better Care -- that's the main one, if you're looking to get started -- help people guiding them to access preventative care; utilize services -- that could be for long-term health and well-being, managing chronic conditions, or just getting reconnected to a doctor.

By breaking down health care, Coverage to Care empowers individuals to help make decisions about their own life and encourage them to take active role in their health care, ultimately for a healthier life. You can find the CMS resources and the C2C resources on our website, and you'll see that there's links starting to appear in the chat.



I'll now turn it over to my colleague Jessica Dawson, who will talk about the CMS Health Equity Award and introduce one of our awardees.

Thank you, Ashley. So, many thanks to you for your opening remarks and for sharing some of the CMS and Coverage to Care resources available. As Ashley mentioned, my name is Jessica Dawson, and I'm a Black woman with dark hair wearing a black blouse. And I would now like to switch our focus to the CMS Health Equity Award.

Health equity is defined by CMS as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health, regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

CMS is working to eliminate avoidable differences in health outcomes experienced by people who are disadvantaged or underserved and to provide the care and support people need to thrive.

In previous years, CMS has recognized organizations who have demonstrated a strong commitment to health equity by reducing disparities affecting vulnerable populations, such as racial ethnic minorities, individuals with disabilities, sexual and gender minorities, individuals with limited English proficiencies, members of rural tribal and geographically isolated communities, and other individuals impacted by persistent poverty or inequality.

The 2024 CMS Health Equity Award continued this focus by recognizing Augusta Health and Latino Connection as two community-based organizations that are using the CMS Framework For Health Equity to advance their health -- to advance health equity and reduce disparities in health care access, quality, and outcomes.

We will drop the link to our website in the chat where you can learn more about the CMS Health Equity Award. Next slide, please.



On this slide and the next two slides, I will give an overview of some of the awesome work done by our most recent winners of the CMS Health Equity Award. Both of these organizations were presented with the award back in May of 2024.

Starting with Augusta Health. Celebrating its 30th anniversary, Augusta Health is a 255-bed nonprofit independent hospital serving communities of Shenandoah Valley in Virginia in a semi-rural setting.

Embracing their soon to be -- embracing their vision of a soon-to-be national model for community-based health care, Augusta Health reaches out to neighborhoods with rural geographic barriers and local cities with high poverty rates and adverse social and health barriers.

One of the ways they respond to acute deficits in access to health care in the community is through the implementation and growth of their primary care mobile clinic program, today known as the Augusta Health Neighborhood Clinics.

Since its official launch in September of 2022, the Primary Care Mobile Clinic program has expanded to operate at 14 unique sites each month. Sites have included community centers, churches, a firehouse, the mayor's office, and homeless shelters. Neighborhood selection is based on identifying communities in most need through analysis using the University of Wisconsin's Area Deprivation Index, or ADI score and mapping techniques. Building upon the analytics, the key component for their success is having community partners with local expertise and key social services such as housing and food insecurities.

Within the first full year of the program, the primary mobile clinic has provided more than 1700 primary care visits for 825 patients at 17 different community sites. Services vary by location and are based on community needs.

This is interesting work, and we will get the opportunity to hear a bit more about the work that Augusta has done since the award and is currently doing in an upcoming webinar event. But, for



now, I would like to switch gears as we introduce the star of today's show. Next slide, please.  
Thank you.

In just a few minutes, you will hear directly from Latino Connection on the great work they've been doing. But I want to briefly highlight that, in 2014 George Fernandez, who is our presenter for today, founded a community-based organization in the heart of Pennsylvania to create and activate programming in low-income communities to address every aspect of the social determinants of health. This organization is called Latino Connection.

Their community accessible testing and education, or CATE, initiative was launched in response to the COVID-19 pandemic with the aim of addressing disparities in access to essential resources and education among underserved communities.

With Latino Connection being the first Latino and LGBTQ+ organization to launch such a program, CATE represents a groundbreaking effort to provide critical support to populations disproportionately affected by the pandemic, including minorities, low-income individuals, LGBTQ+ communities, and those residing in urban areas.

The impact of CATE has been profound, reaching thousands of Pennsylvanians with life-saving resources and education. Between 2020 and 2022, nearly 9,000 COVID-19 tests and over 17,000 vaccinations were administered across the state, particularly in vulnerable and underserved communities who may not have had access otherwise.

CATE also provided 500 flu shots and 10,000 personal protective equipment kits, resources, and education in both English and Spanish to the more than 37,000 people that attended all of their community events combined. Latino Connection's CATE initiative exemplifies a transformative power of community driven interventions in addressing health disparities.

By prioritizing inclusivity, accessibility, and collaboration, CATE has not only provided critical support during the COVID-19 pandemic but has also laid the groundwork for long-term improvements in health equity across Pennsylvania. Next slide, please.



It is now my privilege to introduce George Fernandez, the founder of Latino Connection, who will share more about the impactful work his organization is doing. George and his team have made a remarkable difference in advancing health equity, and I'm excited for him to discuss their ongoing efforts to address disparities and improve access to critical resources in underserved communities.

And please note that, while the chat has been disabled this entire time to encourage use of the Q&A box, the chat will be enabled during Mr. Fernandez's presentation, as he has some interactive pieces, including some engaging questions and polls to share with the group.

So, without further ado, I will pass it to George Fernandez from Latino Connection.

Thank you so much, Jessica. What an amazing introduction. Thank you so much. And thank you for this opportunity, this invitation to celebrate Hispanic Heritage Month. And thank you to the great work that CMS is doing across the entire US to keep communities that really need this type of work at the forefront of those services.

So, thank you all so much for taking time out of your busy day to join this celebration with CMS. Again, my name is George Fernandez, founder and CEO of Latino Connection, a part of the brand of Color & Culture. And I'm happy to join you all today in celebration of Hispanic Heritage Month.

I am a Hispanic man wearing a blue men's blazer jacket with hexagon round glasses and a little bit of hair left. So, thank you all so much again for joining. Next slide.

So, what is Hispanic Heritage Month? Hispanic Heritage Month is the month that we celebrate Hispanic heritage in the US. Most months, most celebrations, typically get one full month. We got half of September and half of October. So, we're a very unique celebration that happens between two months versus one entire month.



But I'd love to share with you a little bit of its history and its significance, a little bit of statistics, and also a little bit of Pennsylvania focus, as Pennsylvania is my home. So, established in 1968, Hispanic Heritage Month runs from September 15 to October 15, recognizing the contributions of Hispanic Americans.

In Pennsylvania, where I get to call home with my amazing husband, Nelson, over 1 million Hispanics and Latinos live right here in Pennsylvania, primarily in the cities of Philadelphia, south central Pennsylvania, and the Lehigh Valley.

And a key statistic for Hispanics across the US is that US Hispanic population is approximately 63 million as of the latest US Census 2020 data, accounting for approximately 19% of the total US population. And our current focus is really to celebrate diversity within Hispanic communities and fostering cultural pride. Next slide.

Independence Days. These are the countries that have gained independence from Spain. I am a proud resident born in the Dominican Republic. Santo Domingo, Dominican Republic. My flag is displayed here at the bottom. We gained our independence on February 27, 1844. It is the flag with the colors red, white and blue, with a cross in the center middle. Next slide.

Of course I have to display where I'm from, Dominican Republic. Next slide.

Here's a small bio about who I am and the purpose of why I started Latino Connection. At the age of 8, I immigrated from the Dominican Republic to Harrisburg, Pennsylvania. My mom is a single mom, a survivor of domestic violence. And I quickly had to navigate and learn the American system. And, basically, at that age, I had to step up and become the adult.

The challenges that my mother has gone through are really what's made my purpose and my vision for starting Latino Connection, and her challenges today are the backbone and the purpose of why I do what I do today.





I remain committed to my roots of advocating for both Latino and LGBTQ+ communities and striving to elevate their voices by connecting them to resources in the areas of workforce development, health care, and so much more. Next slide.

If you were the leader of your town, name one thing that you would provide to ensure everyone is healthy. Name one thing that you would provide to ensure everyone is safe. And name one thing that you would provide to ensure everyone is happy.

I believe the chat box is now enabled for people to kind of be interactive and drop some of your answers here in the chat box. So, I look forward to seeing your responses here.

I'll repeat the activity one more time, if you were the leader of your town, so think of the town that you live. If you were the leader of your town, name one thing that you would provide to ensure everyone is healthy. Name one thing that you would provide to ensure everyone is safe. And name one thing that you would provide to ensure everyone is happy.

There is Lana. Lana just said, healthy quality care.

Crystal said low-income housing for all. What a great one, Crystal.

Marielys Pagan, health and wellness education, police, provide information on health-related issues, accessible health care services.

Social connections. What a great one, Laura.

Nutritious food and education and regarding good food choices. That's a great one, Gina.

You know, I was reading an article not that long ago that talks about how it is cheaper to get a medium bag of fries at a local fast food than it is to buy broccoli at the grocery store.

That's a great one, Gina low income in housing and halfway housing.



Quick, accessible appointments that don't require a six-month waiting period. Wow, Cheryl. It's been a while since no one's talked about that, so thank you so much.

Universal health care for all.

Health and safe communities.

Bimonthly health fairs for those in need, more community events, and even a four-day work week. Jeffrey, I'm ready for that. I will be honest with you. I'm going to try to implement that here. What a great suggestion, Jeffrey.

Multilingual, multicultural services.

Counseling available to all.

Housing; safe, sober housing access.

Those are all great examples. Thank you all so much for participating in this interactive activity.

Last one here, Diana, quality health insurance, affordable housing, walkable communities, and resources about diabetes, guided to find counseling, and give medication. That's wonderful. Thank you all so much for joining and participating in this activity.

Pretend that you are the leader of your town, and take these suggestions that you have provided today and walk those suggestions to local community-based organizations, local nonprofits, or even your local church. We can all help make a difference.

And what you're about to learn here today are some of those examples of how we as Latino Connection have been able to make a difference in the lives of thousands of Pennsylvanians across our social determinants of health work. Next slide.



So, what is social determinants of health? The purpose of why we play that activity is so that you can learn a little bit more about social determinants of health, which is exactly what we've been talking about here in the past few minutes. Next slide.

What does social determinants of health mean? And why should I even care? I always talk about why should I care about this stuff? Because it affects all of us in one way or another, and you're about to learn how.

Social determinants of health include factors like socioeconomic status; education; neighborhood; physical environment; employment; and social support networks, as well as health care -- as well as access to health care. Addressing social determinants of health is important for improving health and reducing long-standing disparities in health and health care.

Social determinants of health is made up of five pillars, and those pillars are education access and quality, economic stability, health care access and quality, neighborhood and built environment, and social and community context.

So, everything that you just provided as examples that can inspire us as leaders to have our town be healthy all fall into one of these top five pillars of social determinants of health.

So, why should you even care? Let's say you're an employer. If you don't have healthy employees, that's how social determinants of health plays into your employees being able to live a healthy life and being able to show up to work each and every single day.

If you are a business that needs to open its doors from 9 to 5 and there aren't healthy people in your community to be able to drive to go to your business, buy food, buy groceries, buy products and services, that affects your overall business.



So, it's extremely important that social determinants of health is a part of our daily role across anything and everything that we do so that we can empower our friends, family, and neighbors to live healthier, more active, engaged lives. Next slide.

Understanding the Latino demographic as we're celebrating Hispanic Heritage Month. Next slide.

Here are some demographic characteristics that I want to share with all of you, and I'm going to talk a little bit about both Pennsylvania as well as Latino and LGBTQ adults and Latinos across the entire US.

Latino population in Pennsylvania is approximately over 1 million, concentrating in Philadelphia, south central Pennsylvania, and Lehigh Valley. According to the 2024 Nielsen report, Latinos have a staggering 3.4 trillion in purchasing power, underscoring the growing influence of this demographic in the US economy. Bicultural Latinos represent 45% of Hispanic purchasing power. And I'll talk a little bit about bicultural here in just a few minutes.

About 20% of US adults who identify as LGBTQ+ are Hispanic, according to the Williams Institute at UCLA School of Law. This reflects the growing visibility and importance of intersectionality within the Latino community, including the representation of LGBTQ+ individuals.

I wanted to show a map of the US and really show you where Latinos really lie and a percentage of that also as LGBTQ. 38% of that US Hispanic -- of that US Hispanic population is in the West, while 33% is in the South. And then, when you look at the Northeast where I get to call home, it's increasing to roughly about 20% and, in the Midwest, roughly about 10%. So, the Hispanic populations in Pennsylvania are growing tremendously by leaps and bound, and it's a community that we have to keep at the forefront in order for us to be able to reach. Next slide.

Next slide.



2.3 million LGBTQ+ adults live in the US. As a proud gay Latino man, it's extremely important for us to bring to the forefront the intersectionality of Latinos and LGBTQ+ and the resources and the lacking of services that really continue to persist in these communities. So, roughly around 65% are under the age of 35, 44% of them are raising children. I hope to become a parent someday.

22% of them have a college education, and 43% of them felt connected to the LC. So, it's extremely important that we understand the opportunity of reaching these communities as they are growing communities that are growing by leaps and bounds across the entire US. Next slide.

Latino adults in the US, both LGBT and non-LGBT. As you can see here, we wanted to provide a graphic of both men and women and overall as Latino. So, as you can see, those numbers are growing primarily in the area for men versus women. But not that -- not that big of a difference as you can tell between LGBT and non-LGBT.

So, it's extremely important that we continue to follow organizations like the Williams Institute and the UCLA reports that are being put out around Latino and LGBT communities. Next slide.

Percent of Latino adults living below the 200% federal poverty level. So, once again, look at those numbers between LGBT and non-LGBT. The numbers are not that big far of a difference.

So, it's extremely important that we continue to reach these demographics that are most likely need for the services that your organizations are most -- are much willing to offer and readily available to connect people to care and to connect them to services to help them improve the lives and overcome those community barriers that really align with SDOH and overall improving the social determinants of health of your own public town and city. Next slide.

Moving beyond competency and humility, and this is where it gets fun for me. Next slide.



So, cultural competency. What is cultural competency? Cultural competency is acquiring knowledge about other cultures.

So, when all of us traveled abroad -- and I know all of us on this call most likely love Mexican food, right? We enjoy learning more and acquiring that knowledge about other cultures. But have you ever heard of the term cultural humility?

And I'll tell you about how I came to learn about cultural humility at a very young age when my little sister Jean was born here in the US, and we had to become essentially a bicultural household, which you'll learn a little bit more here in just a few minutes about.

But what is cultural humility? Cultural humility is a lifelong process of self-reflection, self-critique, and balancing of power dynamics.

It's really giving yourself that opportunity of humility, of understanding other people's cultures, doing self-reflection as to how can I, George, be a part of another culture that isn't of mine, that self-critique about yourself about what are some of your unconscious and implicit biases that really affect the way that I feel when I'm other -- when I'm around other people that don't look like me, that don't eat what I eat, that don't dress the way I do.

So, really giving yourself that self-reflection, that self-critique, and that balancing of power dynamics, that is the difference of cultural competency and cultural humility. Next slide.

Hispanic and Latino health statistics and issues. This is really where I know CMS really is really big on the type of work that a lot of the community nonprofits are doing and how those communities organizations like my fellow award winners at Augusta Health are doing to keep communities healthy, active, and engaged. Next slide.

The housing challenge. It is a crisis. We all know that, right? So, there is a gap of Latino and Hispanic homeowners. And it's extremely important that we continue to help those individuals that are ready for home ownership, connecting them to first-time homebuyer programs. Most of



them are already living in two-, three-, four-bedroom townhomes, paying rents upward of \$1,800 to \$2,500 or more or even much more than that in some major cities across the US.

This is notably higher than the 43% of served in White households, highlighting a struggle to balance essential expenses with housing costs, specifically to the Hispanic and Latino growing demographic.

High rent burdens, approximately 54% of Latino households and rent burden, spending over 30% of their income on just housing. Latino and Hispanic communities are 20 to 25% less likely to own homes compared to White populations. This reflects -- this reflects a significant disparity in wealth-building opportunities. That is the housing challenge and the crisis that Hispanic in the US are facing. Next slide.

Access to health care. What are some of those barriers, and what are some of those challenges? And many of you on this call may already know this, right?

So, the under-utilization of support services. Despite having some of the highest needs, Hispanic and Latinos are least likely to seek help from public assistance programs. A lack of awareness and various barriers, including language and fear of immigration repercussions, prevent them from accessing these essential services.

I work a lot with major hospital systems who say to me, George, we see Hispanics have the highest no-show rate for their appointments. When they live in the city and the hospital is 20, 30 minutes away, my question to the hospital system was: Do you ask them if they have transportation to get here?

So, we helped a major, major hospital system here understand that, at the time of booking, a conversation was not being had about do you have transportation to get to the hospital? What a perfect community barrier that is a perfect example that can be overcome by both public and private partnerships with local public transportation and/or Uber or Lyft, just to be able to keep communities healthy, active, and engaged.



And a lot of partnerships with managed care organizations that are already being funded, you know, at the federal level, at the state level to ultimately help continue to close those caps in care for communities that continue to be number one in charts that we don't want to be number one in.

Alarming health disparities. Latinos have the highest rate of uninsured individuals at 14%, and 21% couldn't see a doctor due to the cost. So, at times, even when they do have insurance, they're still under-insured because they have to pay a copay or a deductible that they know they can't continue to afford.

They also are 58% more likely to suffer from diabetes. Systemic racism and socioeconomic challenges contribute to these negative health outcomes, making events like our Latino Health Summit crucial for raising awareness and improving access. Next slide.

The income inequality gap, poverty and wealth disparities. With over 25% of Hispanic households living below the poverty line, the wealth gap between White and Hispanic households is growing in states like Pennsylvania.

White households have up to 40 times the wealth of a Latino household, 40 times the wealth of a Latino household. Think about that for a minute. These are people that you most likely work with. These are people that you most likely know that service you at a local restaurant, and they are lacking the opportunities for them to build a bigger and better opportunity for them here in the country that we all call home, America.

Workplace challenges. Many Latinos are forced to juggle multiple part-time jobs due to income instability and lack of access to paid sick days and workplace flexibility. While the desire to build wealth is strong, many struggle to meet basic needs like rent, food, and utilities.





Most Hispanic households have about 3.4 adults. The average household size in America is 1.7 adults per household. So, talk about the Hispanics and how they live. Many of them are living with an aunt or an uncle, or abuela or abuelo.

And, when you talk about bigger Hispanic households, that means a bigger food bill, bigger utilities. So, one job just doesn't cut it. Many Hispanic households have upward of three and four jobs for adults that are living within those homes. Next slide.

Effective strategies for connecting with Latino communities. And, Jessica, please keep me -- David or Jessica, please keep me posted as I'm doing on time if I need to speak a little faster. Dominicans can talk a little faster if I need to.

So, what are some effective strategies for connecting with Latino communities? Next slide.

Bilingual and bicultural approaches. Hi. Hola. English, Español. Yes. I watch American football, but I also watch soccer in Español. So, this is where we get really having fun and talking about what is a bilingual household?

What is a bicultural household?

So, I'll tell you a quick story. My sister was born here in the US. I moved to the US in 1998. My sister was born late in 1999, and it wasn't until maybe 2004 when she came home. She was about four, five and a half years old, and she came home. It was November, and she said -- she put a little foot down in the kitchen and said, Enough is enough. We're going to make a turkey this year. My mom did not know how to bake a turkey, nor does she have any interest in really celebrating Thanksgiving because it wasn't one of our holidays. So, that's when I stood in my mom's kitchen and I said, Wow, mom. This isn't just a bilingual household anymore. We don't just speak English and Spanish. We now have to celebrate American holidays that are now a part of us.



So, think about it. July 4 wasn't a holiday for us. Thanksgiving wasn't a holiday for us. So, it was my mom's first year having to learn how to bake a turkey. So, it wasn't just ham, you know, on the kitchen table but also turkey. So, that's when we realized that we were no longer just a bicultural household. We were now also a bicultural -- bilingual household. We're now also a bicultural household.

So, here are some perfect examples of the Nielsen report on Hispanic cultures. Latinos are more likely -- Latinos are two times more likely to share content on digital and social media. We spend 90 more minutes a month on digital and social media compared to any other ethnic demographic group.

Heritage keepers, 11% prefer to speak Spanish, focus on preserving their heritage, while Ameri-Fans -- I consider myself an Ameri-Fan. I believe I'm more progressive and more Americanized. I'm more likely to eat Chick-fil-A before I'll have a plate of rice and beans.

Ameri-Fans are 19% more progressive and mostly speak English, while Latinistas Like my mom are 37% culturally Hispanic traditional.

And Savvy Blenders are 32% bilingual, blend heritage and American culture. And these individuals are culturally Hispanic traditional and Hispanic centered. About one-third are second and third generation with a preference for speaking Spanish, while heritage keepers are bicultural, progressive, and focused on preserving their heritage. Most are first generation Hispanic and also prefer to speak Spanish. Next slide.

Engagement with sports and media. Latinos love sports and media. So, if there is a place where you need to reach them, think about strategies that really incorporate sports and media into those strategies to empower them to live healthier, more active, engaged lives.

So, according to Nielsen, Hispanic sports fans are more loyal to brands that sponsor events they follow and are more likely to recommend these brands. This shows the power of culturally relevant sponsorships and partnerships in connecting with Latino communities.



And I'm talking whether it's Univision or Telemundo or even your local sports at your local high school and your local universities and colleges. So, it's extremely important that you understand how Latinos really are easy to reach via sports and media.

Hispanic audiences are highly adaptable with media engaging significantly in both Spanish and English content, provided it is culturally meaningful. This adaptability underscores the importance of creating bilingual and culturally resonant content when engaging with these audiences.

So, once again, diverse media preferences. So, whether it's Hulu in Español or Netflix in Español or Facebook in Español and Instagram, there are so many different media preferences that are out there to really reach the, what I like to call the new American reality, which are Hispanic Americans in the US. Next slide.

Latino entrepreneurship is on the rise. There is a boom in Hispanic owned businesses. Here in Pennsylvania in 2023, 18,000 new businesses were opened up last year in 2023, according to the Pennsylvania Department of Revenue; and about 39% of those businesses were Hispanic businesses. So, that just gives you a perfect example. And, as you can see here on the chart, from 2012 all the way up into 2018, Hispanics are really leading that growth.

Hispanic owned businesses in Pennsylvania grew by nearly 50%, a stark contrast of a 9.3 -- 9.3 growth in non-Hispanic businesses. This illustrates the entrepreneurship spirit and resilience of the Latino community driving economic growth, despite the systemic challenges that our communities face each and every single day. Next slide.

The next part of my presentation really gets into some perfect case studies and the great work that we do here at Latino Connection. Next slide.

One of our favorite amazing programs is an evidence-based program in partnership with the CDC where we received innovation funding from the Pennsylvania Department of Health to



launch a cardiovascular risk prevention program, all evidence-based, called Powerful Woman, in Spanish, Mujer Poderosa, what is an initiative focused on promoting good nutrition, physical activity, stress management, and self-esteem to reduce cardiovascular health risk.

Latino Connection held over 16 recruitment events at food pantries and mobile health screenings where three to five community health workers engaged over 75 women per event, with 25 enrolling in the program after providing follow-up information.

Best line health measurements were taken on mobile health units. We've been running this program since 2019 and have successfully already reached over 350-plus women.

Many of them like Miss Rosa, who enrolled the program, who was literally a walking -- a walking bomb with her diabetes, had not received diabetes medication in over one year. She couldn't find a local organization that would take immigrants in and help with immigration services, as well as diabetes management. And it was our program where we met her in line at that local food bank that allowed her to connect to prescriptions, connect to a local primary care physician. Ms. Rosa today is living very healthy with Type I diabetes, is managing her blood pressure, and has also lost over 18 pounds with this amazing program.

Pictured here are some of our program participants along with our amazing CHW supervisor, Betsy Lorenzo, and our CHW team member, Leslie Ruiz. Next slide.

Hands Across Reading. In partnership with the federal Office of Health Minority, the City of Reading in Pennsylvania received a \$4 million grant to help overcome challenges around health literacy. So, we're really excited that Latino Connection was one of those organizations that really went out there and provided community outreach services around focus groups and surveys. And, ultimately, it was our community that was able to become engaged in underserved and minority communities to share their health care needs and motivations for COVID-19 vaccination.



Latino Connection developed, translated, and conducted in-person and in-phone interviews with minorities, low-income households, and uninsured, gathering data on health and related issues in the City of Reading, here in Pennsylvania. Next slide.

This partnership was a complete success, reaching thousands of more people to get their COVID vaccine and connecting them to PCPs. The Advancing Health Literacy Program enhanced across Reading also provided free community health worker education opportunities as a collaborative learning experience.

And we learned about health literacy, helped to recruit participants for chronic and disease prevention programs, disseminated vaccination event -- at events and information and Vaccine Program successes and shared information about healthy activities such as ice skating, local library resources, and so much more. Next slide.

CATE, which you learned about a little bit at the beginning of the presentation from our friend Jessica at CMS, CATE is our COVID-19 Mobile Response Unit.

Be careful what you wish for, George. I had a crazy idea to use one of our mobile units and launch it here in Pennsylvania as a COVID-19 Mobile Resource Unit that would go into parking lots and community-based organizations and churches and food pantries.

And CATE stands for Community Accessible Testing and Education, and our mantra was all about sharing facts to erase fear. So, launched in August of 2020, it became Pennsylvania's first COVID-19 Mobile Response Unit, providing free vaccinations, testing resources, and education to communities severely impacted by social, economic, and health disparities.

CATE also offered health screenings, including blood pressure, glucose, BMI, and assistance with health insurance enrollment and all services provided at no cost, regardless of insurance status.



Whether it was in the morning, afternoon, evening, weekends, we also would partner with local employers to do third shift outreach for employees who could not meet us during the day. And we're really excited that CATE, even here we are, almost five years later, CATE continues to host community outreach clinics here in Pennsylvania and surrounding mirror states. Next slide.

We have a partnership with our friends at Aetna. Our partnership is called AWoW. It is -- stands for Aetna Wellness on Wheels.

Since 2018, AWoW has partnered with Latino Connection to bring health resources, screenings, and education directly to underserved communities.

So, through a mobile fleet of vehicles, we offer free health services and foster health literacy for over 80,000-plus people across nine states, breaking down health care barriers and building community trust with our friends and partners at Aetna. Next slide.

All right. You ready to test your knowledge?

Let's see if people here were listening. So, we're going to play a game, and I hope that we get it right here with some of the pop up boxes that you're about to start seeing here on your screen. Next slide.

Question one, the US Hispanic population now stands at 47 million, true or false.

The US Hispanic population now stands at 47 million, true or false.

Drum roll. And the answer is...

It's false.

It stands at 62.1 million. So, the false was right; 42% had it right. So, again, the US Hispanic population in the US currently stands at approximately 63 million people. Next slide.



The share of Latinos who are immigrants is on the incline. The share of Latinos who are immigrants is on the incline, true or false.

Just so you know, these are answers I already gave you throughout the presentation. Just saying.

We'll give it a few more seconds here. All right.

And the answer is false. It's declining. The US-born Latino population is growing. That's correct. So, it is actually declining because Latinos are having 3.5 times more babies than any other ethnic demographic group across the country. Next slide.

Mexicans make up the largest group of immigrants in most states, true or false. Mexicans make up the largest group of immigrants in most states across America.

True or false? And I did say all of us love Mexican food, didn't I? Next.

And the answer is...It is true.

So, Mexico is the biggest source in 33 states across the United States of America. The contribution of Mexican communities across the entire US, it is truly seen. It is truly applauded. And we're just so thrilled to have a growing demographic of Mexican communities across the entire US. Next slide.

The share of Latinos in the US who speak English proficiently is growing. The share of Latinos in the US who speak English proficiently is growing.

If I was to ask my mom this question, she would say yes because she's learning English still. So, true or false, the share of Latinos in the US who speak English proficiently is growing.

We'll give it a few more seconds here. All right.



And the answer is, it is true. So, 72%.

That's right. Wow. Look. The audience had it almost, almost; 94% all said it was true. That's correct. So, 72% as of 2022.

As you can see here, 72% speak English only versus English not at all, English not well, or English very well, right? We want to see that English very well continue to increase across Latinos in the US who speak English proficiently. Proficient -- proficiently is growing. Next slide.

Here are my closing thoughts and questions, and then I'd love to open up for Q&A.

As a product of a single mother survivor of domestic violence, I cannot be thankful enough for the challenges that my mom had to overcome that allowed me to expose the challenges of what a Hispanic household has to go through to be able to connect to services.

Very proud of my mom for buying her first home in America, buying her first car in America, putting her kids through amazing opportunities in college and universities and special certifications.

And I think it's extremely important that all of us here on today's call continue to empower others to be better neighbors, to be better friends, and, as we continue to reach up, to also reach back. There are always people around us that we can help make a difference, whether it's through mentorship, whether it's through connecting them through a resource at a local social human services organization, whether it's by giving our time or giving our talent.

At times, I even say, you don't have time or talent? Give a little bit of your money. If you don't have that, if you don't have any of those three, you most likely have contacts and people who can help make a difference.





So, time, talent, money, or contacts. And it's really something that I continue to do. It's something that we live and breathe here at Latino Connection.

I want to say thank you to CMS for allowing me to be a part of today's celebration for Hispanic Heritage Month. And, ultimately, our team here at Latino Connection is extremely committed to helping to connect people to resources that can empower them to live healthier, more active lives.

And I'll turn it back to you, Jessica, for Q&A. I'm happy to stay on and answer some questions that folks might have as well.

-Thank you, George.

First, I want to say I was giving you an opportunity to get through most of your presentation because you shared such substantive information. And proud of myself because I did actually know the answer to most of the polls that you posed. So, I'm really happy there. And I can tell the audience was engaged, and I'm not surprised at all because of how engaging of a speaker you are.

And, again, I just want to reiterate a thank you for, like, taking time out of your busy schedule to come and be here with us today to talk about your experience in being Latino in America and just different stats and everything that I feel like we know but can stand to be highlighted a little bit more. Like, there's never an opportunity where we don't need to know this information. So, thank you so much for sharing.

So, I will start us off while we wait for people to -- I do want to reiterate that the Q&A box is open for questions. And, if you have any questions for George, then please feel free to place them in the Q&A box.

But, while we're waiting for people to put those in the community box, I actually had a few of my own as you were presenting.



I see one.

I see one. So, we'll start with that one.

Someone would like your contact information, George. And I think if you had that contained in the slide deck, if I'm not mistaken. But, if not, would it be okay to share your email address?

-Yes, yes. Absolutely. It's actually in one of the next slides here. The contact information is going to be there. I believe it was slide 53 for David. Slide 53. Yep. There is my email. I'll drop it in the chat box too.

I would be thrilled to connect with anyone who is interested in exploring partnerships and synergies. And if I can help any organization with anything that our team can do, we'd love to do that as well.

-Thank you so much. Okay. So, there is another question.

Okay. This question is, what has -- has your organization done for mental health issues and for providers who understand the culture?

That is a phenomenal question.

So, continuously we are having the conversation around mental health and connecting Hispanic households to have what I like to call the sobre mesa discussion. Sobre mesa means over the kitchen table. A lot of Hispanic conversations happen over that kitchen table.

Mental health is a true crisis in the Hispanic community, and it's a topic of discussion that is extremely uncomfortable to have within Hispanic households. So, we continue to have these conversations at statewide events that we host.



For example, we host a statewide event called the Statewide Latino Health Summit here in Pennsylvania, typically hosted during the month of April for Minority Health Month. This year, we had roughly about 1200 people attend the event from both public and private sectors with workshops in the past.

Not this year but in the past we've had -- we have had mental health be at the forefront of those discussions and ultimately connecting providers to nonprofit community organizations. And I like to call them collaborative learning settings, where we come together and really talk about the challenges that are affecting Latino communities and the topics that we are bringing to the forefront at the Latino health summit.

This year, our keynote speaker was Kevin Lima from the White House, who came and talked about the amazing initiatives that the White House is doing around Hispanic affairs. And mental health was one of the things that he highlighted on behalf of the White House.

-That's pretty amazing. And Patricia had a follow-up question and wanted to know if she could participate.

-Yes. The answer is yes. All are welcome, Patricia. So, please send me an email. We are just now in the beginning stages of planning our health summit for next year, so please feel free to reach out to us. We'd love to include you. Absolutely.

-That's awesome. And this next question, and I'm not aware of any organizations like this. So, with your work with Latino Connection, do you know of any similar groups in Maryland?

-Great question. So, we do a lot of work already in Maryland in community outreach. So, whoever is asking the question, if you can please send me an email, I'd love to introduce you to Yohanny Moncion on our team who really leads a lot of those community-based partnerships in Maryland and Baltimore area. So, we have a ton of community organizations that we have had partnerships with already in the Maryland area, and I'd love to be a connector for you. Absolutely.



-That's amazing. Okay. Good. And I -- okay.

So, while we wait for more people to put questions in, I actually have one of my own that I really would like to ask you.

You mentioned that the -- you now live in PA, but you're from DR. And I wanted to know, are you part of the US born population or the population who immigrated to the US? And I believe you said this already, but just for confirmation for my follow-up question, if you don't mind answering that question.

-Yeah. So, I migrated to the US in 1998 at the age of 8.

-Okay. Wow. You've been here for a quite some time, then.

-I have.

-Well, then my follow-up question is, what about your upbringing and your own lived experiences prompted you to pursue a career in addressing the social determinants of health in marginalized communities and then ultimately founding Latino Connection?

-Yeah. So, right out of high school I picked up a lot of nice corporate jobs, honestly, because of being bilingual. And being so personable and doing community outreach during my time at high school, I had met a lot of, you know, corporate recruiters, essentially, during my high school time. And I picked up a job working at a local credit union.

At that local credit union as a teller and member service representative is when I started to really meet a lot of local professionals in the area of health care. Very quickly moved into the area of health care jobs in the area of language and interpretation services.



So, I became a language interpreter and language access interpreter for local health systems and local nonprofits organizations. And very quickly, as I would go out to community events and patient appointments, to do, you know, translation interpretation services, I found a passion for helping organizations to really helping them understand how to effectively reach Latinos.

I picked up an amazing opportunity to work for a Blue Cross Blue Shield plan here in Pennsylvania. I was there for approximately five years as a national marketing executive traveling across the US to 41 different states, really studying the behavior of Hispanic consumers as they related to health care.

And overseeing the amazing challenges that a billion-dollar company had in reaching this community and reaching this audience is when my light bulb lit up. And I said, You know what? I feel like, if this company is experiencing this issue, this challenge, other organizations have to be experiencing the same.

So, I'll never forget calling my mom and saying, Mom, I'm going to quit my job at the Blue Cross Blue Shield plan and start Latino Connection with \$250 and a broken laptop and a borrowed credit card from a girlfriend. And here we are ten years later.

We're now at roughly about 72 associates, continuing to overcome social determinants of health barriers for LGBTQ+, African-American, and Latino communities, again, leading number one in charts that we don't want to be number one in. And I'm talking diabetes, obesity, hypertension, cancer, HIV and AIDS. And these types of conversations are uncomfortable, but I believe that uncomfortable conversations need to be had in order for our communities to progress.

-I completely agree, and that was a wonderful answer. And I feel like that is the definition of a marvelous testimony because, wow.

And we have one. We actually have time for one more question, and we have one really good question in the chat that I think is the perfect question to end this Q&A on.



But what are some challenges your organization has faced advocating for Latino communities, and how have you overcome them?

-I think stigma. You know, stigma is the first one. I think that at times the world that we're living in today people have been given the power to say things that are just insensitive or not okay to say out loud. So, I think the stigma of Puerto Ricans bring this into neighborhood. Dominicans only bring this into neighborhood. Or they're taking our jobs away.

So, just really the stigma that comes along with Hispanics that need opportunities to empower them to live healthier, more engaged lives really is one of the main challenges that we continue to see around our communities progressing.

And our second one I think would have to be, Jessica, language barriers. I mean, today, when you go to a doctor's office, you can't check in unless you're most likely checking in to an iPad. So, a lot of those you know, mobile apps in health care are no -- are not yet available in Spanish. Or only certain, you know, screenshots are available in Spanish.

I'll never forget, a few months ago, I went with my mom. My mom was diagnosed with breast cancer earlier this year. She's doing very, very well now; was diagnosed at a very early stage. But at one of those appointments that I went with mom, the person in front of her did not have an email address. But you needed an email address in order for you to be able to check in to your doctor's appointment. But that non-English speaking person in front of us did not have an email address. And the barrier of her not being able to check in for additional follow up was very eye opening to us.

So, that I would say the third one would be digital equity and broadband access. So, those are my top three that really come to mind with your phenomenal question, Jess.

-Those are very important. And we do have one. There's one final question in the chat. I know we're almost at time, so I doubt that you have time to answer this one. But I would encourage



the post -- the person who posed this question to reach out to you. But, if you feel like you can answer this in a minute.

So, this question says, considering DACA recipients become eligible for marketplace coverage on November 1, what are the best strategies for outreach to Latino community members to ensure everyone eligible for coverage is able to enroll in coverage? I know it's a big one.

-That is a big one, and it's a great question. I'd love to have more follow up to it.

I would say the first thing that we would do here at Latino Connection with this news is to partner with local community-based organizations. Ideally, colleges, community colleges, universities, host informational events, especially at those back-to-school sports events and really connect people to resources very similar to the C2C Connect to Care coverage at CMS.

-That's wonderful. And you -- we are at time. And thank you again, George, so much for taking time out of your very busy schedules -- I know it's very busy -- to speak with us. And I know that the people on the call appreciate it. You see all the reactions.

And that is all we have. I'm going to go ahead and pop back up our slides showing our contact information.

And I would encourage everyone on this call to, when the slide deck is made available and you see his email is in chat as well, reach out to George if you have any questions regarding collaborations or just about his work in general. He gave such a scintillating presentation that, I mean, there's really not much more I can add there. And just thank you all for spending your time with us today.

These are our CMS OMH contact information on this slide here. And if you have any questions for any of us, please feel free to reach out to the email addresses on screen. But we are at time. Thank you all for joining us. And, George, did you have anything that you wanted to close out with too?



-I just want to say Happy Hispanic Heritage Month. What a great way to celebrate the closing day of Hispanic Heritage Month. Thank you.

-Yeah. This is a great way to round it out. Thank you so much again for everything.

-Take care. Bye, everybody.

-Bye.