



Life in simpler times: County residents listen to a nutrition demonstration during AAHP Community Day 2017

AAHP MONTHLY REPORT April 2020



African American Health Program April 2020

I. Introduction

April was the first full month of the African American Health Program (AAHP) working under the Stay-At-Home Order issued by Maryland's governor and the Montgomery County executive. Program activities shifted dramatically to the adoption of new approaches and strategies to continuously provide effective health promotion, disease prevention, and wellness services while working virtually to reduce the risk for contracting and spreading the coronavirus. To achieve this objective, staff developed and refined competencies in the use of various virtual software platforms to maintain contact with County residents of African descent and to increase the number of residents engaged in educational and prevention services.

As in previous months, AAHP staff continued to meet every day at 10 AM to review work completed the previous day, discuss work anticipated, and identify and resolve challenges. A major accomplishment was the achievement of a high level of competency in using Microsoft Teams, the preferred platform for hosting meetings during the month. However, other platforms such as Skype, Zoom, WhatsApp, and Duo also emerged as important communications tools. These applications helped AAHP efficiently manage communications with residents and to provide resources and education on health and wellness while practicing social distancing to prevent the spread of the coronavirus. Also, AAHP launched special initiatives to ensure that all clients know how to join AAHP online to access health services along with food, housing, and other necessities.

Also, of note, AAHP, with the support and guidance of the AAHP Executive Committee and AAHP's program manager, developed and implemented a new initiative to expand and restart communications between AAHP program staff and the hundreds of Black County residents who previously participated in educational sessions, health screenings, workshops and SMILE program services provided by AAHP. This initiative aims to ensure that all clients are adequately equipped with knowledge, strategies and resources to protect themselves and their families against COVID-19 and thus lessen the disproportionate impact of COVID-19 on the physical and mental health of Black people.

To address this need, four registered nurses and community health nurses were hired to make daily telephone calls to current and former clients. Also, communication scripts, questionnaires, and data-gathering templates were developed for recording, reporting, and analyzing performance data. Staff was trained in the use of new data collection instruments and data-gathering procedures that assess health and social risks of contracting COVID-19. Special education services emphasized the most effective ways to reduce the potential for contracting or spreading the virus and offered resources available within the County to mitigate the myriad issues exacerbated by the Stay Home Order. During April, State and County data clearly showed that people of African ancestry were disproportionately affected in terms of prevalence of infection, hospitalization rates, and death. Montgomery County had the second-

highest incidence and prevalence of cases in the State. As the month progressed, more information became available connecting underlying chronic diseases to susceptibility of COVID-19 infection and mortality. Community outreach activities launched under this initiative proved effective in increasing referrals to both the SMILE and the Chronic Disease Management Program (CDMP).

In April, the CDMP began offering more frequent and diverse classes and increased the number of participants in most classes. The SMILE staff conducted their first virtual class on preterm labor for prenatal moms. Technical issues associated with virtual communications were quickly identified and resolved. The SMILE and Chronic Disease Management Program staffs experimented with different ways to organize and deliver class content such as including more interactive engagement and breaking up the training segments into shorter timelines.

The demand for mental health services increased greatly as more people experienced anxiety and depression during the Stay at Home Order. Collaterally, the Stay at Home Order also precipitated more reports of fear, uncertainty, loss of income, unemployment, and domestic violence.

II. PROGRAM ACTIVITIES

A. SMILE PROGRAM (Start More Infants Living Equally healthy)

As the Stay at Home Order continued through April, the SMILE staff continued conducting prenatal and postnatal home visits virtually. Despite initial technical challenges, and using various virtual platforms, staff quickly and effectively developed competencies and strategies for ensuring continuous communications geared to ensure healthy pregnancies and support mothers and infants during the first year of an infant's life.

In April, the SMILE program's caseload consisted of 62 infants and 78 mothers, including 16 prenatal and 62 postpartum cases. Nine babies were born during April and all were full-term deliveries at a normal weight. Unfortunately, one mother experienced a fetal demise at 32 weeks of pregnancy. The causes of the loss are unknown. The program provided comfort to the bereaved family and referred the mother and family for bereavement services offered by the County. The nurses, community health workers, and social workers conducted a total of 174 teleconsultations during April.

In April, four part-time nurses joined the SMILE team to conduct a newly designed and implemented project in response to COVID-19. Staff contacted former SMILE clients and assessed their preparedness in managing the pandemic, provided prevention services, responded to any concerns, and provided customized links and referrals.

At the end of April, 16 of the 78 mothers were classified as high-risk cases with medical issues, 19 with high-risk social issues, and 8 cases were assessed as having both high medical and social risks. High-risk medical conditions included gestational diabetes, pre-eclampsia, multiple past miscarriages, and advanced maternal age. Three new prenatal cases were enrolled in April. The prenatal enrollees and postpartum moms were evaluated for depression using the Edinburgh Postnatal Depression Scale. Four mothers scored high

and were therefore referred to mental health service providers for further evaluation and care. Social risks are frequently related to poor emotional well-being, unemployment, poor education, unclear immigration status, language barriers, and inadequate family support. Staff addressed these issues through short-term counseling, support, and appropriate referrals.

At the end of April, the percentage of mothers breastfeeding was 64%, and the percentage of mothers breastfeeding up to three months was 80%. Both breastfeeding indicators exceeded the national rates reported by the Centers for Disease Control and Prevention (CDC). Comparative data presented by CDC shows that the percentage of African American women who ever breastfed was 64.3%, and of that number, only 20% breastfed exclusively for six months after delivery.

The ethnic origin of moms in April remained the same as in March and indicated the following profile: 42% Black American, 57% African, and 1% Caribbean.

During April, the nurses held weekly meetings to discuss ways to strengthen overall program services. AAHP’s consultant provided consultation about ways to increase enrollment in the SMILE program and ensure quality care services to program participants. These meetings, conducted in consultation with the AAHP social worker, the nurse supervisor, and the clinical director, included comprehensive reviews of individual cases and case staffing for difficult cases.

The table and charts below present an overview of the SMILE cumulative data for April 2020 as compared to the performance in the calendar year 2018.

	PROFILES AND SERVICES	*Monthly Average of Reference Calendar Year 2018	April 2020	Comments
1	<i>A) Currently Active Moms</i>	92	78	
2	Prenatal (still pregnant)	28	16	
3	Postpartum (Moms who have delivered)	64	62	
	<i>B) All infants</i>	65	62	
4	Single Births	61	62	
5	Multiples	4	0	
6	Case Load (A+B)	157	140	
	MOM’S ETHNICITY			
7	African American Clients	36	33	
8	African Clients	50	44	
9	Caribbean Clients	6	1	

	REFERRALS			
10	HHS Prenatal Referrals Received	8	2	
11	Referrals from Other Sources	6	1	
12	Total Prenatal Referrals	14	3	
	NEW ENROLLMENTS			
13	Prenatal Moms Newly Enrolled During the Month	8	3	
14	Infants Newly Enrolled During the Month	6	1	
15	All new enrollments for the month	14	4	
	DELIVERIES during the month			
16	Term Deliveries	6	9	
17	Preterm Deliveries	1	0	
18	Total Deliveries	7	9	
	BIRTH OUTCOMES			
19	% Healthy Birth Weight (% of Total Deliveries)	95%	100%	
20	Number of Low Birth Weight	0	0	
21	Number of Very Low Birth Weight	0	0	
22	Infant Deaths (includes stillbirths)	0	1	Stillbirth at 32 weeks
23	Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	0	0	
	SERVICES			
24	Total Home Visits	80	0	
25	Telephonic Consultations	17	174	Includes 12 by SW and 8 by CHW
26	Prenatal Discharges	1	0	
27	Infant Discharges	8	3	
28	Community Referrals Made	18	53	
29	Classes/Presentations Completed	3	10	
30	Manual Breast Pumps Given	2	0	Most insurance companies provide electric pumps to

				new moms. AAHP offers manual pumps.
	BREASTFEEDING MOMS			
31	Percent Clients Breastfeeding Infants 0-3 months	90%	80%	
32	Overall Breastfeeding Percent	51%	64%	
	INSURANCE			
33	Clients with Private Insurance**	30	22	
34	Clients with Medicaid Insurance**	62	56	

*Averages are rounded up to the next integer

** A client may have multiple insurances

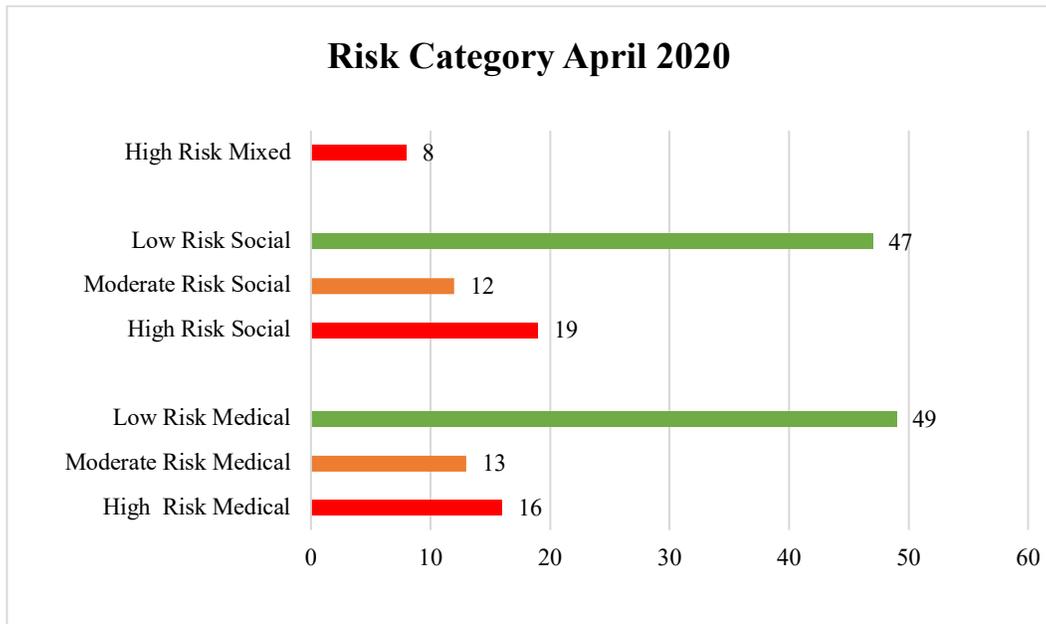
Increase above reference year

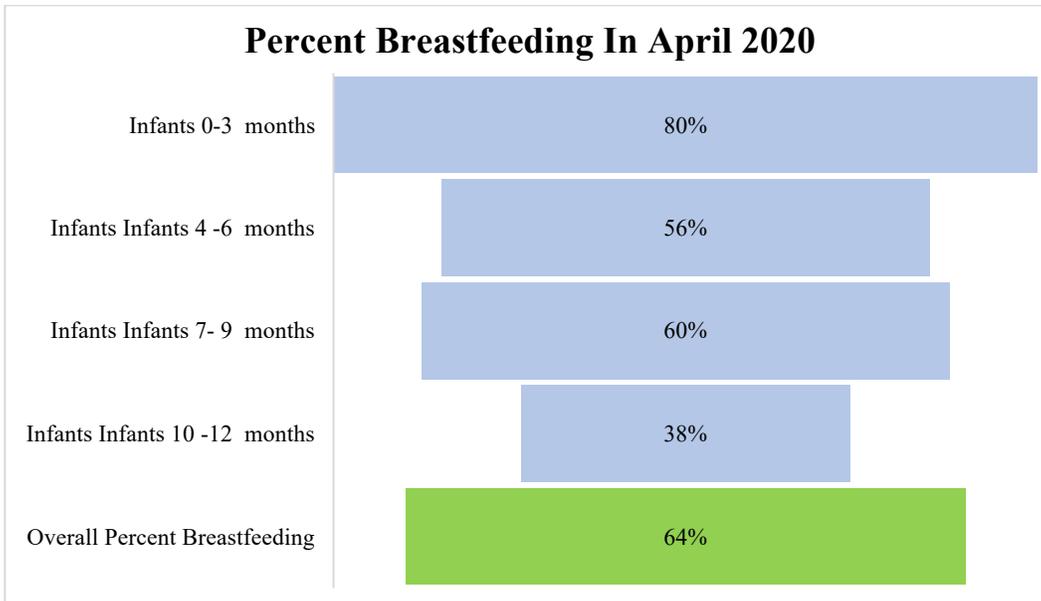
Level with reference year

The decrease from reference year

Untoward Outcome

Desired Outcome





B. The Chronic Disease Management Program (CDMP)

In April the CDMP team saw the continued success of the virtual classes which recorded increases in the number of participants. Now that all classes are conducted virtually, participants can attend classes no matter where they live in the County and participate from the comfort of their home while observing social distancing. To sustain a high level of engagement, the CDMP team began varying classes by alternating topics, and by offering two topics each month at varying times including classes in the mornings, afternoon, and evenings. For example, the new schedule includes classes on hypertension Tuesday mornings and Thursday evenings, and diabetes on Wednesday evenings and Thursday afternoons. The hypertension curriculum includes: Introduction to Hypertension and Heart Disease, Causes and Risk factors for Hypertension and Heart Disease, Complications of Hypertension, the Link between Diabetes and Hypertension, Healthy Eating, Being Active, Taking Medications, Monitoring, Problem Solving, Healthy Coping, Reducing Risks, and Stress Management.

The curriculum focused largely on the relationship between obesity, hypertension and heart disease and emphasized ways to significantly reduce health risk through diet and exercise. Consistently, the curriculum followed the accredited AADE (American Association of Diabetes Educators) 7 core foundational requirements. The core requirements cover Prediabetes, Diabetes, Healthy Eating, Being Active, Taking Medications, Monitoring, Problem Solving, Healthy Coping, and Reducing Risks. To accentuate the importance of personal responsibility, the curriculum included tips for diabetes self-monitoring and care; potential barriers to self-care, goal setting, follow-up, outcome measures, patient education about resources to support self-care. Participants were instructed on the use of self-monitoring devices, how to check their feet, and good oral hygiene.

Previously, the CDMP team distributed diabetes and hypertension self-management supplies to participants weekly during in-person classes. These tools help the CDMP monitor compliance and to promote and encourage adherence to self-monitoring among participants. With the suspension of in-person classes, AAHP set up a new dedicated FedEx account so that CDMP staff can continue distribution of these critical supplies which include glucose meters, lancets, strips, and blood pressure monitors. Biometric measurements are critical to documenting evidence of health improvements and risk reduction.

Because medication management is frequently a key method for controlling diabetes and hypertension, participants also received consultations about their medications. The CDMP instructor and AAHP's consulting pharmacist scheduled office hours for one-on-one counseling sessions for medication therapy management. Typical barriers to medication adherence and lowering clinical measures via medications centered around issues with polypharmacy, contraindications, and follow-up. Office hours provided opportunities for participants to ask questions about medications and receive recommendations for possible changes in medications during subsequent office visits with their physician, and follow-up with the pharmacist between classes.

The CDMP continues to play an essential role in increasing knowledge and skills needed to manage chronic diseases. Over the past month, AAHP's nutritionist has skillfully transitioned from in-person food demonstrations to virtual demonstrations, showcasing practical ways to adopt a plant-based diet. Because of the close connection between a healthy body and a healthy mind, AAHP's social worker conducted lectures and exercises on ways to reduce mental health risk factors through the use of mindfulness and stress management. Beginning in May, a registered dietician will begin providing nutrition education to class participants.

Future courses will consist of four classes weekly covering evidence-based topics to help participants improve their overall health and/or management of chronic diseases. Two of the four weekly webinars will center around health education on one of four chronic conditions that disproportionately affect people of African descent: diabetes, hypertension, Alzheimer's Disease and dementia, and cancer. Topics will alternate monthly. The last two webinars will concentrate on fitness and nutrition respectively.

The Health and Fitness class will emphasize the benefits of fitness to control chronic disease, led by health professionals and AAHP staff. The Health and Nutrition classes will also have a brief segment on strategies to encourage healthy eating as a family. In May, the classes will shift from longer classes to shorter sessions of 60-75 minutes. This format, which will continue indefinitely, also focuses on increasing participant engagement and reaction.

COVID-19 is a novel (or new) virus, and new knowledge continues to emerge enabling AAHP to better understand the impact of the virus on County residents. As AAHP closely monitors developments on COVID-19, AAHP can offer advice to class participants about

ways to reduce risk to themselves and their family members while fostering a culture of good health within the home.

Below please find summary quantitative data on classes conducted and participant progress for April 2020. The reporting format includes the following:

- The class and outreach activities coordinated
- The number of individuals/participants for class, duration of attendance, topics covered, and poll/quiz results
- The number of individuals/participants provided individual or group education.

CDMP CLASS Activities			
ACTIVITY	HOURS	SERVICES	TOPIC COVERED
<p>Tuesday Morning Webinar</p> <p>“Formerly, Plum Gar Recreation Center”</p> <p>April 7, 14, 21, 28 (online)</p>	11 am – 12:30pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	<p>This month’s class topic was hypertension and heart Health. Our topics focused on the origins of the disease state; causes and complications; medications, treatments, and side effects; and prevention using including diet, exercise, and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications. NOTABLY: In the month, we had FIVE new participants. All participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet. AAHP’s nutritionist continued to teach the plant-based diet/healthy cooking and meal tasting portion of the class.</p>
<p>Wednesday Evening Webinar</p> <p>“Formerly, White Oak Recreation Center”</p>	6pm – 8pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	<p>This month’s class topic was hypertension and heart Health. Our topics focused on the origins of the disease state; causes and complications; medications, treatments, and side effects; and</p>

<p>April 1, 8, 15, 22, 29 (online)</p>			<p>prevention using including diet, exercise, and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications. NOTABLY: In the month, we had 50+ attend one session and 21 new participants. All participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet. Ms. Barlow continues to teach the plant-based diet/healthy cooking and meal tasting portion of the class.</p>
<p>Thursday Afternoon Class</p> <p>“Formerly, Leisure World”</p> <p>April 9, 16, 23, 30 (online)</p>	<p>1pm - 3pm</p>	<p>Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</p>	<p>This month’s class topic was hypertension and heart Health. Our topics focused on the origins of the disease state; causes and complications; medications, treatments, and side effects; and prevention using including diet, exercise, and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications. NOTABLY: All participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet. AAHP’s nutritionist continued to teach the plant-based diet/healthy cooking and meal tasting portion of the class.</p>
<p>Thursday Evening Webinar</p>	<p>6pm – 8pm</p>	<p>Weight, BP, BMI, %BF, Glucose,</p>	<p>This month’s class topic was hypertension and heart Health. Our topics focused on the origins of the</p>

<p>“Formerly, Germantown Library”</p> <p>April 9, 16, 23, 30 (online)</p>		<p>Cholesterol screenings</p>	<p>disease state; causes and complications; medications, treatments, and side effects; and prevention using including diet, exercise, and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications. NOTABLY: In the month, we had 15 new people join the class. All participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet. AAHP’s nutritionist continued to teach the plant-based diet/healthy cooking and meal tasting portion of the class.</p>
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CDMP Virtual Webinar Attendance Metrics April ‘20

	Tuesday Morning 11am - 12:30pm				Wednesday Evening 6pm – 8pm				Thursday Afternoon 1pm – 3pm				Thursday Evening 6pm – 8pm			
Date(s)	4 / 7	4/14	4/21	4/28	4/1*	4/15	4/22	4/29	4/9	4/16	4/23	4/30	4/2#	4/16	4//23	4/30
Class Size	15	7	9	3	95	32	32	30	27	24	21	25	22	15	15	11
TOTAL attendance	34				189				97				63			
Avg.	8.5				37.8				24.3				12.6			
Natl. Avg.	4-6 (Among classes that meet weekly)				4-6 (Among classes that meet weekly)				4-6 (Among classes that meet weekly)				4-6 (Among classes that meet weekly)			

***Includes two dates 4/1 and 4/8**

#Includes two dates 4/2 and 4/9

CDMP Participant Self-Monitoring Clinical Measures

Participants	Tuesday AM	Wednesday PM	Thursday AM	Thursday PM	Total
<i>Male</i>	2	16	2	3	23
<i>Female</i>	16	42	33	12	103
<i>Non-disclosed</i>	1	2	0	0	3
<i>Total</i>	19	60	35	15	129
<i>% African American</i>	98%	100%	98%	100%	
Health Profile					
<i>Average Systolic</i>	146.4 mmHg	140.4 mmHg	139 mmHg	142.7 mmHg	
<i>Average Diastolic</i>	71.2 mmHg	79.5 mmHg	71 mmHg	75.1 mmHg	
<i>Average HBA1C</i>	N/A	N/A	N/A	N/A	
<i>Average Glucose</i>	154 mg/dL	127.6 mg/dL	116 mg/dL	121.2 mg/dL	
<i>Average BMI</i>	N/A	N/A	N/A	N/A	
<i>Average %Body Fat</i>	N/A	N/A	N/A	N/A	
<i>Average Cholesterol</i>	N/A	N/A	N/A	N/A	
Diabetes					
<i>Pre-diabetes cases</i>	1	3	4	1	9
<i>Diabetes cases</i>	4	17	9	5	35
Hypertension					
<i>Pre-hypertension cases</i>	4	2	5	3	14
<i>Hypertension cases</i>	5	9	12	4	30
<i>Uncontrolled hypertension</i>	0	0	0	0	0
Cholesterol					
<i>Desirable (<200)</i>	0	0	0	0	0
<i>Borderline (200-239)</i>	0	0	0	0	0
<i>High Risk (>240)</i>	0	0	0	0	0
Elevated Values	14	31	30	13	88

CDMP Team Consultation, Follow-up, and Outreach Efforts

CHW Consultations (Telephone):	# Given Self-Monitoring devices (BP or Glucose)
308	3 Glucose Meters, 280 Strips and Lancets, 5 BP Monitors
Pharmacist Consultations (Virtual):	# Taught to use Self-Monitoring devices (BP or Glucose)

8	16
Physician Consultations (Virtual):	# of People with Elevated Values
31	88

April 2020 HEALTH CHAMPION

This month's Health Champion is Ms. A.S., who began attending the CDMP's in-person classes at the Germantown Library to learn about managing her hypertension and glucose by adopting healthier eating habits. Ms. A.S. is recognized as the month's Health Champion because she has attended every Germantown class since she began attending classes, and she has attended at least one class in the CDMP virtual webinars series. She is also recognized as a champion because she pursues knowledge while also helping others. Ms. A.S. has become a great advocate for the program by encouraging others to join the class. In a very disciplined manner, she has consistently adopted many of the self-monitoring techniques taught in the classes. As a result of careful adherence to AADE principles, she has lowered her glucose values, lost weight, and maintains normal biometric measurements through self-monitoring. AAHP commends Ms. A.S. for her efforts to improve her health and thank her for her continued support.

Planning and Administrative Activities

DATE	ACTIVITY	ACTION/NEXT STEPS
Continuously	Made contact to establish a Physician referral network, Pharmacies to drop off referral, and order forms to offices. Creating a physician referral network for patients. System for tracking referrals	Contacted Dr. Jean Welsh and Dr. Ayim Djamsson
Implement a Strategic Action Plan (SAP)	Assign roles within the organization to both Outcomes and Marketing SAPs	Continue Monthly and Quarterly reporting
Plan to conduct monthly in-service for AAHP staff	Monthly in-service to give insight into the Chronic Disease Program to aid staff in the promotion of the	Continuous. Will complete one June 2020.

	program. Processes, procedures, Paperwork, oversight.	
DPP, AHA, ADA, and AADE meetings and Accreditation and consulting	Continuing status of AAHP accreditation as a stand-alone AADE/ADA program and billing. Strategized program goals for future projects. Schedule AAHP Advisory board.	Continued chart maintenance and documentation. Advisory Board Meeting scheduled for TBD in June 2020.

C. Mental Health Services

As the nation entered the second month of quarantine, many people experienced added anxiety, distress, and isolation. To help combat this, AAHP’s social worker compiled lists of articles and resources for community-wide distribution and dissemination. One such resource included information about ways to manage stress and anxiety, which was published in a tip sheet. This tip sheet was shared with staff, clients, and posted to AAHP’s website and social media pages. This one-pager itemized practical ways to manage the stress and anxiety associated with the pandemic by taking actions such as limiting news consumption for individuals whose anxiety may be triggered by overstimulation and the use of simple meditation activities such as the 4-7-8 breathing technique to reduce stress.

During April, AAHP’s social worker shifted emphasis to focus on finding and coordinating with other resource providers to meet the new and emerging economic and social needs precipitated by the virus and the need to stay at home. Work activities include the posting of support services available in the County and the State. Because of social distancing, access to services were modified to include peer-to-peer support classes, virtual support groups, educational webinars, and domestic violence support. During the month, the Montgomery County Family Justice Centre reported a 20% increase in service requests since the middle of March. This resource listing has been documented and updated frequently during April.

On April 14, AAHP’s social worker met with the Mental Health Subcommittee chair to discuss changing mental health service needs and strategies for engagement, and ways to address emerging community needs. The Subcommittee chair provided useful suggestions about ways to meet the increasing demand caused by the Covid-19 pandemic and Stay at Home order.

In the month of April, the social worker attended a webinar delivered by MindWise Innovation titled “How to Maximize the Screening Tool” - referring to the mental health screenings available on the AAHP website. One of the main objectives of this webinar was to increase the use of mental health screening tools to measure and identify the need for

mental health support services. Before March 17, mental health screenings were an integral part of overall health screenings conducted by AAHP staff around the County. But, after the abrupt halt in health screenings and in-person community outreach, program emphasis shifted to the development of new collaborations with other organizations in the County including Empowering the Ages and the Centers for African American Health. Empowering the Ages agreed to introduce the AAHP's mental health screening tool to its team of community leaders and to promote the use of mental health screenings. The Centers for African American Health agreed to incorporate the tools as part of their social media campaign during Mental Health Awareness month in May. AAHP's social worker continues to reach out and follow up with other local agencies to promote the screenings. Other organizations contacted include the Montgomery County NAACP, Montgomery College's Boys to Men Program, and Black Women Health Imperative. Additionally, AAHP's social worker increased collaboration with ASPIRE, and the Healthy Mothers, Healthy Babies program.

In April, AAHP's social worker worked collaboratively with staff to develop a strategy to address the rising prevalence and incidence of sexually transmitted infections, unplanned pregnancies, and risky sexual behaviors among adolescents in Montgomery County. In support of this effort, the AAHP social worker created an infographic that illustrated the difference between healthy and unhealthy relationships and tips about how to negotiate condom use.

On April 22, AAHP's social worker presented a zoom webinar entitled "Food & Mood." This presentation provided education about how mental health influences eating habits and the overconsumption of certain foods. Class participants received a food mood log template to encourage the adoption of mindful eating habits and to promote healthier lifestyles. Approximately 30 participants joined in this class.

To support continuing education, the social worker participated in several webinars including:

- Mindwise Innovations – "How to Maximize the Screening Tools"
- National Institute of Healthcare Management – Happiness & Loneliness During COVID-19
- National Institute of Healthcare Management – Flattening the Curve
- EveryMind – Managing Stress & Anxiety During COVID 19

During April, the social worker received (13) new community referred clients and followed up with (1) previously referred client. The clients' needs ranged from food insecurity, housing instability, concerns about finances, employment, health maintenance, and related concerns. Social work provided brief mental health consults, referrals, and contacts to programs to support clients. Some commonly referred agencies included MANNNA Foods, the East County Regional Services Center, and the NIHCM virtual mental health support group.

In April, AAHP's social worker received nine (9) new referrals from SMILE nurses. All initial contacts completed a Health-Related Social Needs screening tool developed by the

Center for Medicare and Medicaid (CMS). Other contacts obtained updated psychosocial histories. Two (2) clients who experienced loss needed grief support and crisis intervention. Significantly, one case involved a SMILE client with a history of legal problems that placed her into the “high-risk” category. Her assigned case manager, with assistance from the social worker, enrolled her in the SMILE program—all through virtual means. Although this client appeared at great risk for homelessness, she refused support offered through the Crisis Center. On April 18, this client called SMILE’s nurse case manager and social worker to express an urgent need for shelter. AAHP’s social worker conducted a brief assessment by phone and determined that the client would be eligible for housing support offered through the County; however, she rejected the offer. It was also discovered that this client was recently a victim of a domestic violence incident with the father of her baby and needed safety precautions set in place. The social worker and nurse case manager addressed these issues with the client directly during a conference call. This client’s care team continues to reach out to provide support and assistance. During the latter part of April, the client continued to receive referrals for mental health support, food services, and housing assistance as part of the case management process. Telephonic consults were successful as goals were reassessed and revised as needed.

D. Healthy Aging

April marked the one-year anniversary of the aging community liaison’s time with AAHP. This milestone prompted the development of a report chronicling the expansion of aging services over the past year and included foundational materials developed by the aging community liaison last summer. This information will also serve as an addendum to the AAHP strategic plan.

Throughout the month, the aging community liaison focused on strengthening AAHP’s relationships with senior points of contact despite the challenges brought on by the coronavirus pandemic. To this end, the aging community liaison began updating and expanding an outdated list of black churches in Montgomery County for the AAHP database. Also, to update the names and contact information for church leadership, the list was expanded to identify potential partners in the health, senior, and men’s ministries to expand the reach of AAHP’s public health screening, senior programming, and Brother2Brother initiatives.

Also, the list of senior points of contacts added the Thrive Senior Ministry at Kingdom Fellowship AME Church, the Seasoned Saints at Mt. Calvary, and Generation One at The People’s Community Church, who received the aging community weekly email resource and information updates. The aging community liaison became a regular visitor to the Thrive ministry’s weekly Zoom calls and regularly checked-in with senior points of contact by phone. The weekly emails to the senior points of contact who coordinate senior ministries at Black churches continued to provide information, resources, and updates among the memberships. To date, 75 seniors have expressed an interest in supporting AAHP senior programs and serving on the AAHP aging subcommittee.

The aging community liaison also sought ways to address the issue of isolation and loneliness due to the COVID-19 quarantine. She watched a video webinar on social isolation and loneliness in older adults recommended by AAHP's social worker and attended a community health worker webinar on best practices for supporting clients during the COVID-19 pandemic.

As the AAHP liaison to the Montgomery County Commission on Aging (COA), the aging community liaison facilitated the AAHP Aging Subcommittee co-chair's teleconference with a Montgomery County councilmember regarding COA budget priorities and provided summary notes to COA members.

Throughout April, the aging community liaison took advantage of opportunities to participate in online webinars to strengthen and enhance teleconferencing skills in the use of Zoom and Microsoft Teams and contributed to the expansion and refinement of AAHP's evaluation and data collection and reporting procedures for the corporate 19 expansion initiative.

E. HIV/STI/AIDS Education

In April, all HIV testing and counseling services were suspended due to the coronavirus pandemic and the associated requirement for social distancing. Also, the community education and outreach classes on sexual health scheduled for April, May, and June for youth at Housing Opportunities Commission properties were suspended until the Stay at Home Order is lifted by the County Executive.

To continue addressing the health needs of Black county residents, the HIV Coordinator shifted her work activities to support the SMILE nurses by assisting with translation services for French-speaking SMILE clients and arranging for the collection and ordering and distribution of pregnancy-related items including car seats, playpens, accessories, and other supplies needed to support pregnant mothers and families. She also assisted and supported the compilation of an unduplicated listing of all AAHP clients encountered over the past three years. Additionally, she conducted telephone calls to former and continuing AAHP participants to ensure that they have the information needed to prevent COVID-19 infection and increase their awareness about how to access community resources available through the County or community-based organizations and agencies. Almost all individuals called expressed a strong appreciation for the outreach and check-in calls received from AAHP staff during the Stay at Home Order. The HIV Coordinator also initiated discussions with Montgomery County School System's Office of Community and Family Engagement about ways to partner with the school system to reach middle and high school students using virtual resources and facilities. She also participated in following up with CDMP class participants to promote continued participation in the CDM virtual classes and managed the distribution of health-related monitoring devices and supplies. She also joined the CDM team members in obtaining and recording biometric measurements reported by participants between classes to assess health outcomes and overall program performance and adherence with educational guidance and advice. In

support of the AAHP staff, she assumed primary responsibility for ordering and receiving supplies and materials received at the office on behalf of the AAHP staff.

All AAHP community health workers and nurses participated in a series of four webinars conducted by the Institute for Public Health Innovation during April. These webinars focused on the importance of personal safety for community health workers during the coronavirus pandemic. These sessions provided the latest regional updates on COVID-19 along with discussion on the importance of personal protective equipment and tools to work safely. The webinar included tips and tools for video outreach, a resource to share, and tools for self-care. These webinars were attended by over 150 participants from Maryland, Virginia, and Delaware.

Community health workers also participated in a webinar offered by the Collaborative counsel for Children, Youth, and Families. The title of the webinar was “It’s Complicated: Children, Social Media and Mental Health.” This webinar emphasized strategies for using social networking, cell phones, and video games to educate and inform youth and families. The training was conducted using brain science, stories, and humor to explain how technology is changing the way that students grow up, socialize, and forge their identities. The training emphasized the keys to wellness in the digital age and provided practical tools to help students build on their strengths.

F. Brother 2 Brother (B2B)

On April 15, AAHP’s clinical director collaborated with the People’s Community Baptist Church to jointly conduct a virtual B2B session. The webinar involved Black men across Montgomery County in a discussion on emotional resilience in light of the anxiety and related issues associated with Covid-19. Fourteen men participated in the session.

III. Planning and Administrative Activities

A. Community Outreach Education and Administration

In April, AAHP staff continued to provide administrative support for meetings to promote collaboration and communication between the Department of Health and Human Services (DHHS) program manager, the AAHP Executive Committee, and members of the AAHP Executive Coalition. Specifically, the staff assumed responsibility for meeting communications with the Committee co-chairs and members of the Executive Committee. During April, numerous meetings were held with members of the Executive Committee and AAHP’s program manager to discuss expanded efforts to address issues precipitated by COVID-19 and the subsequent order to stay at home. These meetings led to detailed discussions about the recruitment and deployment of staff to reduce the impact of coronavirus on the African American population in Montgomery County. AAHP leadership participated in the Executive Committee meeting held on April 2. The agenda included discussions of the status of the strategic plan, updates on special funding, and subcommittee reports from members of various subcommittees. On April 16, AAHP’s leadership team met with the DHSS program manager to review programmatic issues including data management support, telephone assignments, and various other operational issues. Tasks included setting up a conference line for remote meeting participation,

distributing the agenda, and arranging for a conference line for the monthly meeting. On April 19, the AAHP Leadership Team met with the DHHS program manager to review current and emerging administrative and program operational issues. To address some of the telecommunications needs associated with the new remote work environment, all staff were assigned VOIP numbers to ensure their capacity to remain in contact with current and future clients while also complying with HIPPA and County regulations regarding privacy and security.

During April, AAHP continued to provide educational supervision for two University of Maryland student interns who worked towards the completion of educational requirements for a degree in public health. After April 16, they continued to attend some of the morning standup meetings and attended the virtual chronic disease management classes offered by AAHP.

Also in April, AAHP started recruiting new registered nurses to conduct wellness checks on former SMILE clients who had completed the SMILE program within the past four years to assess the impact of the coronavirus on their lives, conduct an assessment of their health needs, and offer support in meeting their health and social needs and concerns.

B. Information System Use and Implementation

In April, telecommunications and computer technology became critical to continuing communications and engagement between AAHP staff, the County government, clients, and community stakeholders. McFarland and Associates, Inc. has consistently recognized the importance of information-sharing and communications as central to health promotion and wellness. During the first week of March, AAHP staff worked as a team to structure and plan to continuously maintain communications should there be a requirement that necessitated virtual communications. The good news is that the coronavirus has forced staff to adapt to these changes and has enhanced staff's capacity to work remotely and use mobile resources in a secure manner. Significantly, staff worked together to identify and discover technical challenges associated with the use of various communications platforms. They all have advantages and disadvantages and the staff has learned how to work around these challenges as they seek the best solution based on the particular application. For example, some clients may have FaceTime, DUO, Skype, or Zoom. We have learned to use this software solution that best fits the needs of the people that we are communicating with. AAHP's data coordinator has become a central link for ensuring and expanding AAHP's capacity to use these new resources to improve the lives of our clients and continuously communicate between members of the staff.

Before April, the staff used their personal cell phones to conduct AAHP-related communications outside of the office. However, in April, nine new Samsung Galaxy 10 cell phones were purchased under the contract with the County and distributed to the staff to conduct program-related communications. During April, a new cell phone use policy was implemented in compliance with regulations issued by the Montgomery County Department of Health and Human Services. In April, the phones were distributed to all staff who are in regular contact with clients and stakeholders in instances where personal

health information is communicated. Further, to ensure HIPPA Compliance with encrypted communication, each staff member was assigned an 8x8 telephone number that allows for encryption.

Beginning in March and continuing in April, AAHP staff began entering live data into the new management information system (AAHPMIS). As the staff began entering data and information, a series of minor technical problems emerged such as problems saving partially completed records, accessing the database through the virtual private network (VPN) maintained by the County, data entry options, and user errors. During April, almost all of the errors and problems were corrected and almost all of the staff began entering live data. Most of the challenges discovered in entering data were encountered by the nurses due to the number of data elements and the relational nature of data associated with mothers, their children, and other members of the family. To facilitate the ongoing refinement of the system, a new contract was established with the programmer for the database. This achievement is especially noteworthy because the contractor and developer for the project died unexpectedly and the future of the hard work accomplished over the last 2 ½ years was suddenly in jeopardy.

APPENDIX A APRIL 2020 MEDIA REPORT

AAHP Health Notes

Date Distributed: Wednesday, April 1 at 3:14pm

General List Recipients: 1,652 (+5 from March)

Successful deliveries: 1,307 (+4 from March)

Unsubscribed because of this message: 3 (+3 from March)

Open rate: 25% (March – 24%)

Click rate: 9% (same as March)

AAHP's April newsletter was titled "Health is Wealth." The feature article highlighted two important observances: Minority Health Month and National Public Health Week, and discussed how African Americans can prevent the spread of COVID-19. The next article explained how alcohol affects the immune system and encourages readers to abstain from drinking excessively as a preventive measure against COVID-19 infection and mortality. The following article, "STDs: More Common Than You May Think!" discussed the rising rates of STDs among young people, stressing the importance of getting tested. Links to County testing services were provided. "How to Take Extra-EXTRA Special Care of Yourself" addressed general health and preventive health practices any individual can take to maintain their mental, emotional and physical health. The Health Hint encouraged readers to be kind to themselves and others in the midst of the COVID-19 pandemic. The featured video was an excerpt from Dr. Oz, advising on unpacking and disinfecting groceries. The featured recipe was peanut butter and bananas quesadillas.

In April, 326 people opened April's Health Notes, representing an increase of 17 new readers. The open rate of 25% was slightly higher than last month's open rate of 24% and AAHP's average of 23%, and 6% higher than the industry average. April's click rate of 9% remained the same as last month's, and was higher than AAHP's average of 7%, but lower than the industry average by 1%. The bounce rate remained also remained steady at 21%. Three more subscribers were added, bringing the total number of subscribers to 1,652. Unfortunately, three people unsubscribed.

AAHP website

In April, AAHP's website's coronavirus page was completed. New improvements include design enhancements to add visual appeal and movement, and optimizations to speed up the website. Updates to the website's blog section and events calendar continued.

The following outlines the basic website metrics for April:

- 5,385 visits, compared to 5,715 visits last month
- 65% of visitors accessed AAHP's website on their desktop computers, and 35% accessed the website on their phone or tablet, which is a substantial shift towards desktops
- Ashburn, Virginia and Silver Spring recorded the largest numbers of visitors

In the coming months, more extensive analytics will offer insights on AAHP's website performance based on zip code.

AAHP Social media

Facebook:

622 likes, 5 new likes
26 posts, +1 from March
11 shares, +6 from March
0 comments, same as March
38 reactions, +7 from March
Top post: Invitation to Brother 2 Brother Talk

Twitter:

283 followers, 2 new followers
25 tweets
15 likes, +6 from March
9 retweets, +2 from March
14 mentions, +7 from March
138K impressions, +132K increase
136 profile visits, +89 from March
Top tweet: Invitation to Brother 2 Brother

Instagram (@aahpmoco):

117 followers
8 posts, +4 from March
69 post likes, +38 from March 31 post likes, +23 from February
0 comments, -2 from March
Top post: Brother 2 Brother invitation

Metrics Summary:

AAHP's social media accounts performed exceptionally well in April. Facebook and Twitter saw a substantial increase in followers and engagement. Most notably, Twitter registered double-digit or higher increases in most metrics.

APPENDIX B APRIL 2020 HEALTH NOTES



AAHP HEALTH NOTES

The newsletter of the African American Health Program of Montgomery County, MD

APRIL 2020

www.aahpmontgomerycounty.org



Governor Larry Hogan has issued a stay at home order for all Maryland residents, effective 8pm on Monday, March 30. No Maryland resident is to leave their home unless it is for an essential job or for an essential reason, such as obtaining food or medicine, seeking urgent medical attention, or for other necessary purposes.

For information and updates on COVID-19 refer to the following sources:

- [Montgomery County Department of Health and Human Services](#)
- [The Centers for Disease Control and Prevention](#)
- [The World Health Organization](#)

AAHP IS HERE FOR YOU. Although in-person classes and services have been suspended or postponed, AAHP remains your partner in health. We are committed to providing many of the same invaluable guidance and services over the phone or online. Examples are as follows:

- [Chronic Disease Prevention Classes](#) will be held online at their regularly scheduled time. Call AAHP at (240) 777-1833 for more information or to register.
- For diabetes education, join [dMeetings](#), AAHP's online course on diabetes management.
- Take a mental health screening [here](#) to access relevant professional counseling and services.
- For mental health support, email AAHP's social worker at skey@mcfarlandassociate.com.
- Nurse and social work telephonic support services and resources for expectant mothers and mothers of infants.
- Brother to Brother on line virtual meetings.
- Access AAHP's [resources for seniors](#) for information concerning COVID-19.

Please feel free to contact us at (240) 777-1833 with any questions, concerns, or suggestions you may have.



Health is at the top of everyone's



NATIONAL MINORITY HEALTH MONTH

ACTIVE & HEALTHY | APRIL 2020

mind as we face one of the most urgent public health challenges in recent history. Most of us have never fixated so much on our health. Now, more than ever, we have concrete reminders of the importance of our individual *and* collective health, and we are more motivated to make healthy choices. It is in this spirit that AAHP celebrates two very special public health observances: National Minority Health Month (observed every April) and National Public Health Week (April

6 - April 12, 2020).

This year's Minority Health Month's theme is Active & Healthy and focuses on the health benefits of an active lifestyle. [Physical Activity Guidelines for Americans](#), issued by the U.S. Department of Health and Human Services, provides science-based guidance on how children and adults can maintain and improve their health by being physically active. We encourage everyone to read these guidelines and explore different ways of being active and healthy at home and within the recommended social distance from other people.

During April 6-12, AAHP joins the American Public Health Association in observing National Public Health Week on our website and on social media ([Facebook](#), [Twitter](#), and [Instagram @aahpmoco](#)). In addition to following our channels and sharing our online resources, we encourage you to do your part in fighting the spread of COVID-19 with the following tips:

- Be a good ambassador of health. Follow all recommended behavior such as washing your hands frequently and thoroughly for at least 20 seconds, not touching your face, covering your face when you cough or sneeze, and generally practicing good hygiene.
- Learn and share resources and information and help others when possible. Although there is a wealth of information on how to care for yourself during this crisis, some people may not have access to it. As new information comes out, be sure to share that information with your loved ones. Be sure to only share from trusted sources such as the Centers for Disease Control, the World Health Organization, and local and state government.

Sources:

[U.S. Department of Health and Human Services Office of Minority Health](#)

[U.S. Department of Health and Human Services](#)

[National Institute on Minority Health and Health Disparities](#)

<http://www.nphw.org/>

<http://www.nphw.org/nphw-2020>



NATIONAL
PUBLIC
HEALTH
WEEK

National Public Health Week

April 6 - 12, 2020

NPHW @ 25: Looking Back, Moving Forward.



Most people understand that excessive alcohol consumption impairs health, but many do not understand how alcohol in general affects the immune system. Liver diseases, drunk-driving accidents, and violent incidents are well-known consequences of alcohol abuse, but increased risk of pneumonia and other respiratory diseases has been well-established by clinicians but lesser known by the general public.

This April, AAHP observes Alcohol Awareness Month in the midst of a global health crisis that calls for everyone to take special care of their immune systems to avoid contracting COVID-19.

In times of stress and uncertainty, many people self-medicate with alcohol. Others may feel intense loneliness and depression with social distancing in effect. However, now more than ever, it's best to avoid excessive (or perhaps even moderate) drinking to safeguard one's immune system. Alcohol disrupts the functions of healthy gut microbes and damages important cells in the lungs.

According to a 2015 article titled "Alcohol and the Immune System" published in *Alcohol Research: Current Reviews*, "Often, the alcohol-provoked lung damage goes undetected until a second insult, such as a respiratory infection, leads to more severe lung diseases than those seen in nondrinkers."

While alcohol consumption is generally lower among African Americans compared to other racial/ethnic groups, due to complex environmental and socioeconomic factors, African Americans suffer disproportionately from the health and social consequences of excessive alcohol consumption, such as higher criminal penalties. As we face a serious public health threat for which African Americans are more vulnerable due to higher rates of underlying health conditions, it is urgent that we all be extra-vigilant in safeguarding our health.

Support from loved ones is critical to overcoming alcohol addiction. Please review the Substance Abuse and Mental Health Service Administration's [Resources for Families Coping with Mental and Substance Use Disorders](#) to learn more about how to help a family member. More information can also be found at [Montgomery County's Outpatient Addiction Services](#) and the [Montgomery County Disability Network Directory](#).

Sources:

<https://www.alcohol.org/awareness-month/>

<https://www.alcohol.org/alcoholism-and-race/black/>

www.globalhealthnow.org

[The National Institutes of Health](#)



According to the American Sexual Health Association, one in two sexually active persons will contract a sexually transmitted disease (STD) by the age of 25. April is STD Awareness Month, a time to reflect on how we can all promote good sexual health behavior. This year's campaign, "Yes Means Test," encourages everyone to get tested for STDs as part of the choice and process of being sexually active. The only way for a sexually active person to know whether they have an STD is to get tested.

Three common STDs—chlamydia, gonorrhea, and syphilis—are surging across the United States, according to the Centers for Disease Control and Prevention (CDC). Young people are especially hard-hit.

"The consequences of STDs are especially severe for young people," said Gail Bolan, M.D., director of

CDC's Division of STD Prevention. "Because chlamydia and gonorrhea often have no symptoms, many infections go undiagnosed and this can lead to lifelong repercussions for a woman's reproductive health, including pelvic inflammatory disease and infertility."

Untreated STDs can also increase a person's risk of getting HIV or passing an additional STD to a partner already living with HIV.

Early detection through testing is key to avoiding these consequences, yet research has shown many adolescents don't talk with their doctors about sexual health issues *at all* during annual health visits.

Getting tested for STDs is one of the most important things a person can do to protect their health, but it's not the *only* thing. Knowing the facts, using condoms, having open, honest dialogue about STIs with potential partners are also important behaviors to reduce the risk of contracting STDs.

To make an appointment for STI testing, call (240) 777-1760 or visit www.montgomerycountymd.gov. Also refer to AAHP's [calendar](#) to determine when AAHP will resume HIV testing at Dennis Avenue Health Center and Progress Place.

Sources:

[The Centers for Disease Control and Prevention](#)

www.ashsexualhealth.org/stdsstis/statistics/

[The American Sexual Health Association](#)



While diseases in general are a natural and unavoidable aspect of life, most of our health experiences are determined by our lifestyle and behaviors. In the midst of a major and widespread threat to one's health, we can arm ourselves by building up our immune systems and staying optimistic. Even when confined to one's home, whether alone or with others, we can all make an effort to maintain sound mind and body.

Regardless of your age, sex, or health status, good health starts with the basics: sleep, nutrition, hydration, and physical activity. For most adults, seven to nine hours of sleep every night is recommended to reduce the risk of chronic health conditions and maintain immunity and brain function. Eating lots of fruits and vegetables and drinking plenty of water provides your body with nutrients that fight disease. Physical activity helps you maintain a healthy weight and can improve your mental health. While your physical circumstances may have changed drastically in the past few weeks, the "rules" to good health remain the same.

For many people, getting adequate sleep may be easier with fewer demands on our time. Maintaining a healthy diet may be more difficult for some, so we should try to build our self-discipline as we strive for optimal health. If possible, stay active in your home. Find home-based workouts you can do with your family. Join an online dance party or exercise session. If you have stairs in your home, you already have an in-home Stairmaster. Even pacing or running in place will get your heart pumping and enable you to enjoy the health-promoting benefits of exercise. It ALL counts! Even small amounts of physical activity in a person's daily life can make a big difference in reducing the risk for obesity, heart disease, diabetes, and other chronic health conditions.

To manage our mental health in times of high stress, we also can turn to the practices of mindfulness, gratitude, prayer, and meditation. According to several studies, practicing gratitude—or "counting one's

blessings"—can alleviate depression and help people overcome serious psychological challenges. The health benefits of prayer and meditation are also well-documented.

Sources:

www.healthline.com

www.greatergood.berkeley.edu

HEALTH HINT

Be kind to yourself during this stressful time. Almost everyone's lives will be impacted by the COVID-19 pandemic, and everyone will respond and manage in different ways. It is important to give yourself and the people you interact with the space to healthfully manage very strong emotions. If watching or reading news stories stresses you, take a break. Take care of your body by taking deep breaths, stretching, and meditating. Remember to do and find activities you can enjoy while social distancing.

Source: www.cdc.gov/coronavirus/

FEATURED VIDEO

Dr. Oz advises on unpacking and disinfecting your groceries:



Featured Recipe:
Peanut Butter and Bananas Quesadilla

**INGREDIENTS**

- 1 8-inch whole wheat tortilla
- 2 Tbsp natural peanut butter
- 1/2 medium banana
- 1 Tbsp semi-sweet chocolate chips

INSTRUCTIONS

1. Spread the peanut butter over the surface of the tortilla.
2. Slice the banana very thinly and then arrange the slices over half of the tortilla. Sprinkle the chocolate chips over the banana slices and then fold the tortilla in half.
3. Cook the quesadilla in a skillet over medium-low heat until golden brown and crispy on both sides.

Source: www.budgetbytes.com

African American Health Program
(240) 777-1833 | www.aahpmontgomerycounty.org



The African American Health Program is funded and administered by the Montgomery County Department of Health and Human Services and implemented by McFarland & Associates, Inc.

