



AAHP staff at the I Heart Health event

AAHP MONTHLY REPORT
January 2020



African American Health Program January 2020

I. INTRODUCTION

January 2020 marked the beginning of the second half of the fourth year of the African American Health Program (AAHP) contract between the Montgomery County Department of Health and Human Services and McFarland & Associates, Inc. Several significant firsts occurred in January. For example, attendance at the Chronic Disease Management Program's class at the White Oak Recreation Center reached an all-time high of 32 participants for a single class. During AAHP's screening in collaboration with the Montgomery County chapter of Delta Sigma Theta Sorority, Inc. AAHP staff conducted 65 biometric health screenings, which represented one of the largest numbers of personalized screenings conducted at a single event during the current contract. Also, the staff conducted screenings for blood pressure, blood glucose, cholesterol, and A1C for 46 participants at the People's Community Baptist Church. The chronic disease management program at the White Oak Recreation Center also recorded classes that reached an all-time high of 32 participants for a single class. In January, AAHP's community health workers began an intensive health screening program for participants in a weekly Bid Whist recreation and leisure time program at the White Oak Recreational Center.

Because the new office at 1401 Rockville Pike brings together all AAHP staff into a smaller workspace, AAHP staff work in closer collaboration and have more frequent in-person discussions about developing and implementing protocols and procedures, and collecting and reporting information on daily, weekly and monthly accomplishments. In general, the new workspace promotes more teamwork.

In January, the African American Health Program's diabetes program was recertified for another year based on an audit conducted by the American Association of Diabetes Educators (AADE). The recertification was based on an interview with program staff and data presented on AAHP's overall success in controlling and managing diabetes through assessments and education.

At the end of December, Linda Goldsholl, the nutritionist assigned to the African American Health Program, retired from employment with the Montgomery County Department of Health and Human Services after 42 years of continuous service. Before her retirement, Ms. Goldsholl provided specialized advice on nutrition, assisted in conducting measurements for blood pressure, body mass index, cholesterol and A1c, and advised participants about health and nutrition. Mrs. Goldsholl had assumed primary responsibility for managing the implementation of AAHP's online diabetes education platform (dMeetings). During January, responsibility for dMeetings was transferred to another community health worker who was trained in the application and will continue Ms. Goldsholl's work.

On January 20, 2020, the staff also participated in the County's Day of Service held at venues throughout the County on the Martin Luther King holiday. In January, both the Chronic Disease Management team and the SMILE staff reorganized and implemented new procedures to improve record-keeping and reporting by bringing more consistency and uniformity to the workflow, filing, and data collection procedures.

Both undergraduate and graduate student interns continue to play a significant role in helping to expand services and capacity in health promotion and wellness. They extend the reach of the African American Health Program to respond to more demands, into more neighborhoods and they participate in health promotion events and screenings. Currently, AAHP supervises undergraduate students from the University of Maryland School of Public Health, Purdue University's master's degree program in global health, and George Washington University master's degree program in public health. Under AAHP's supervision, they gain more knowledge and skills and build core competencies in public health.

A more detailed description of AAHP's accomplishments and activities during January are described below.

II. PROGRAM ACTIVITIES

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

In January, the SMILE program's caseload consisted of 63 infants and 87 mothers, including 25 prenatal and 62 postpartum cases. Seven healthy and full-term babies were born into the program in January, which represented an increase of one new birth over the monthly average for 2018. The nurses, community health workers, and social worker conducted a total of 75 home visits in January.

At the end of January, 19 of the 87 participating mothers were assessed and presented with high-medical risk, 21 were assessed and presented with high social risk, and 12 cases evidenced high medical and social risks. High-risk medical conditions included gestational diabetes, pre-eclampsia, past miscarriages, and advanced maternal age. Elevated Edinburgh depression scores were recorded for seven moms who were referred for additional assessments and follow-up care. Social risks included low scores for emotional well-being and other factors such as unemployment, lower educational achievement, uncertain immigration status, difficulty communicating in English, and inadequate family support.

In January, the overall percentage of mothers breastfeeding was 72%, and the percentage of mothers breastfeeding up to three months was 92%. Both percentages greatly exceed the average monthly percentages recorded in 2018, which is a major accomplishment. According to a study conducted by the Centers for Disease Control and Prevention (CDC), 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.

A higher number of African American mothers completed the SMILE program and were discharged in January, resulting in a slight increase in the proportion of mothers who had

immigrated from Africa. As a result, the number of African American clients decreased to 46%, the percent of African immigrant moms increased to 51%, and there was a slight increase of 3% percent among Caribbean mothers. However, the actual number of African American moms in the caseload still exceeded the monthly average of calendar year 2018.

During January, the nurses participated in weekly meetings to discuss improvements in case management and coordination. Both the nursing supervisor and Dr. Michele Hawkins, a nursing consultant, provided consultation and advice on increasing SMILE enrollments and ensuring the delivery of high-quality services to all willing program participants. These meetings included in-depth discussions about individual cases and plans for comprehensive home visits and staffing. In addition, significant attention was directed at balancing the workload of cases during the extended medical leave of one of the nurses.

On January 8, AAHP’s consultant conducted training on the use of Teach-Back techniques to improve patient engagement and communications. Teach-Back is a communication method used to confirm whether a patient understands what is being explained to them. Central to this approach is that clients must be empowered to take control of their health and advocate for quality and effective healthcare. All training participants completed both a pre-and post-test and participated in role-playing to show their understanding of how to use Teach-Back methodology to improve patient engagement. Nurses and other staff members in attendance found the session extremely useful.

SMILE’s nurse supervisor created a shared communications portal whereby the nurses can share important information with members of the care team continuously and in real-time. This data-sharing strategy also allows all members of the team to track home visits as well as challenges that occur in the provision of services. Also, the nurses developed enhanced procedures to reduce the potential loss of referrals due to their initial unresponsiveness precipitated by a variety of issues and circumstances. Also, AAHP’s data coordinator has created geographic maps that display the location of cases for each of the nurses spatially. These data points have the potential to help staff schedule visits in a way that reduces travel time.

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

	PROFILES AND SERVICES	*Monthly Average of Reference Calendar Year 2018	January 2020	Comments
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1	A) Currently Active Moms	92	87	
2	Prenatal (still pregnant)	28	25	
3	Postpartum (Moms who have delivered)	64	62	
	B) All infants	65	63	
4	Single Births	61	61	
5	Multiples	4	2	
6	Case Load (A+B)	157	150	
	MOM'S ETHNICITY			
7	African American Clients	36	40	
8	African Clients	50	44	
9	Caribbean Clients	6	3	
	REFERRALS			
10	HHS Prenatal Referrals Received	8	6	
11	Referrals from Other Sources	6	6	
12	Total Prenatal Referrals	14	12	
	NEW ENROLLMENTS			
13	Prenatal Moms Newly Enrolled During the Month	8	8	
14	Infants Newly Enrolled During the Month	6	5	
15	All new enrollments for the month	14	13	
	DELIVERIES during the month			
16	Term Deliveries	6	7	
17	Preterm Deliveries	1	0	
18	Total Deliveries	7	7	
	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	0	
23	Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	0	0	

SERVICES				
24	Total Home Visits	80	75	Includes four visits by SW and one visit by CHW
25	Telephonic Consultations	17	20	Includes 6 by SW
26	Prenatal Discharges	1	1	Client moved out of County
27	Infant Discharges	8	7	
28	Community Referrals Made	18	24	Includes six referrals by SW
29	Classes/Presentations Completed	3	3	
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%	92%	
32	Overall Breastfeeding Percent	51%	72%	
INSURANCE				
33	Clients with Private Insurance**	30	21	Three prenatal mothers were uninsured.
34	Clients with Medicaid Insurance**	62	64	

*Averages are rounded to the next integer

** A client may have multiple insurances

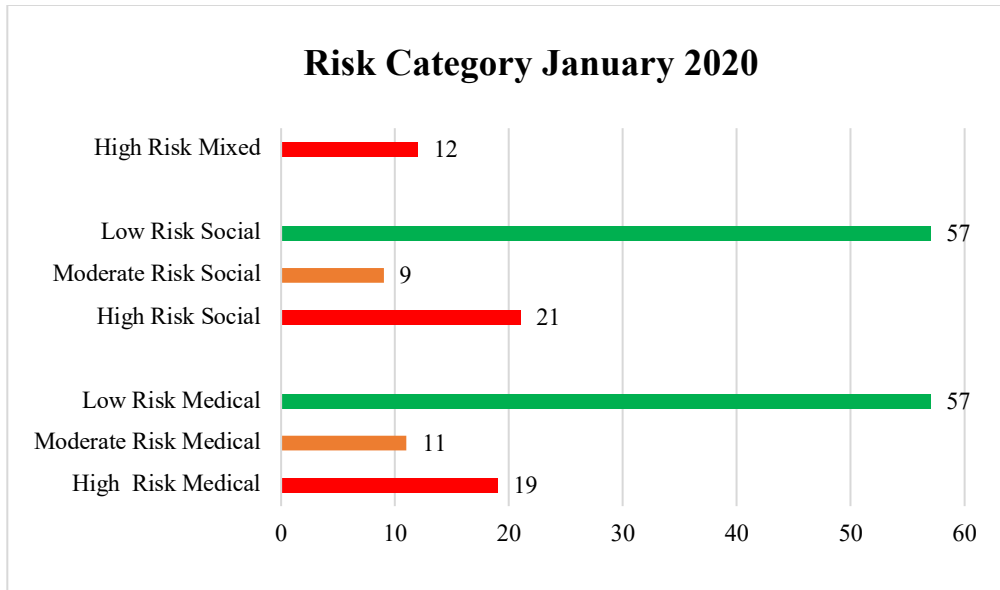
Increase above reference year

Level with reference year

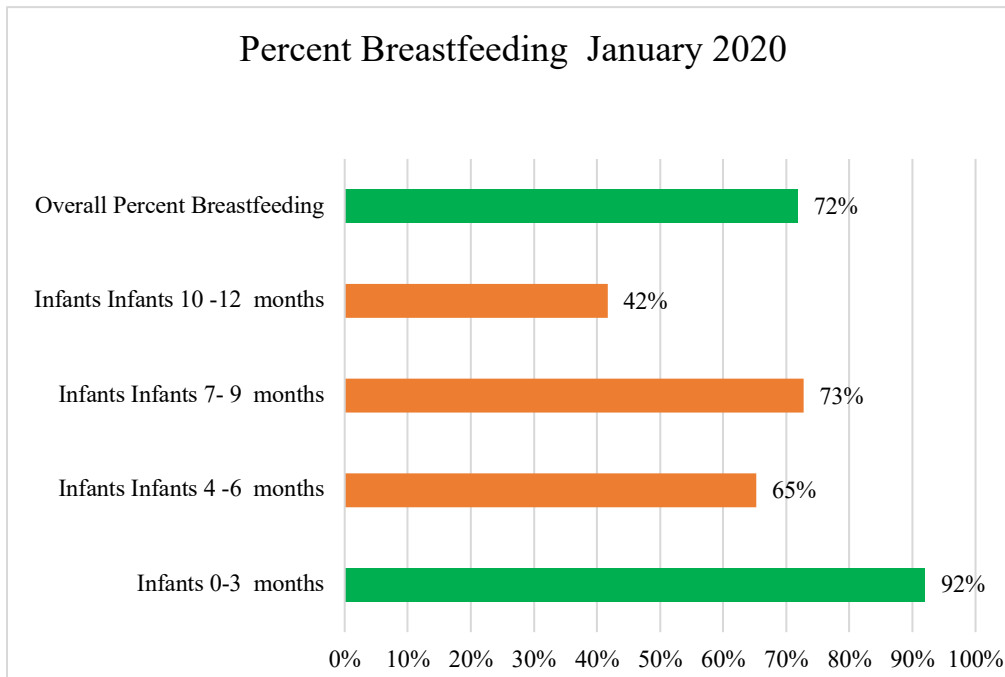
The decrease from reference year

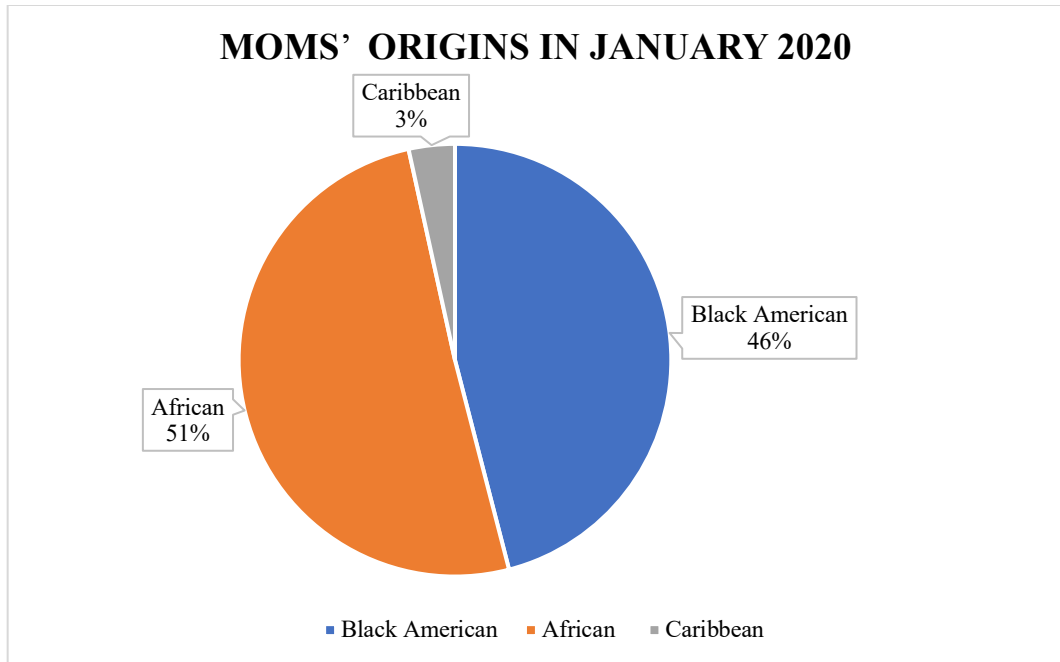
Untoward Outcome

Desired Outcome



Although 57 women are listed as low risk, Black women are at a higher risk level than non-Hispanic white women but the scale used does not include this variable.





B. The Chronic Disease Management (CDM) Program

In January, AAHP's CDM staff focused on reviewing, updating, collecting, and documenting cases and data from patient engagement covering all aspects of each client encounter from initial attendance through program graduation. The second major focus included building collaborations with community partners; participant outreach, education, and follow-up; and retention of clients enrolled in the program.

The diabetes classes continued to be based on the AADE 7 core curriculum that includes: Introduction to Prediabetes and Diabetes, Healthy Eating, Being Active, Taking Medications, Self-Monitoring, Problem Solving, Healthy Coping, and Reducing Risks. The classes cover tips for diabetes self-monitoring and care, discussions of barriers to care, identification and facilitation of self-care, goal setting, follow-up and outcomes measures, and instructions about patient education resources.

The class also reviewed information about the importance of good oral hygiene and regular dental checks. Contour NEXT ONE glucometer was distributed to 56 class participants at White Oak and the Germantown Library. Contour NEXT ONE is a Bluetooth-enabled smart device capable of recording months-long measurements that can be shared with AAHP or other providers. A downloadable application includes analytical displays of graphs, tables, and charts. This personalized data is an invaluable resource for participants as diabetes self-management is the first step in becoming informed and active in controlling one's diabetes. Participants were instructed to test their glucose and use all the features of the meter and application. For the new year, AAHP emphasized goal setting and 'knowing your ABC's' – **A1c, Blood Pressure, and Cholesterol** to establish a baseline against which future follow-up measurements are monitored throughout the year.

AAHP’s healthy cooking demonstrations continue to motivate participants to make healthier lifestyle changes. Ms. Robina Barlow, Food for Life Instructor, provided education on the benefits of a plant-based diet. Class attendance for January at White Oak was the highest to date with 45 participants and an average of 27 participants per class each week.

The last class sessions of the month at both White Oak and Germantown locations ended with a collaborative field trip to the Manna Food Market and Resource Center in White Oak/Silver Spring. The field trip included a class on ‘Smart Shopping,’ which gave participants education on how to navigate and assess grocery store products, the difference between organic vs. non-organic, and ways to eat more nutritious food and save money. Lastly, the class got a tour of the market at Manna Food Bank which included fresh produce and the opportunity to sign up for their services of fresh produce and packaged/canned food depending on qualifications. Both field trips were well attended, with 31 participants from White Oak and six from Germantown. Because of the overall success of the field trips, AAHP began planning on organizing these kinds of events quarterly, along with conducting collaborative pop-up classes along with the Manna Food Bus in March.

Planning also began for March classes at Leisure World, and a new daytime program at the Plum Gar Recreation Center. The goal of the Plum Gar Recreation Center is to extend classes into Upper Montgomery County in neighborhoods where there is a high need for chronic disease management services as evidenced by the AAHP Hotspots Data Report.

In conformance with the maintenance requirement of AADE, Diabetes Self-Management Education (DSME) program, accreditation is reviewed every January. As part of the reaccreditation process, AAHP prepared the annual status report for submission to AADE. The annual status report accreditation process included compiling and submitting aggregate de-identified demographic data, and an analysis of averages of pre vs. post-program enrollment HEDIS measures, development and review of a Continuous Quality Improvement plan, and a phone interview. The African American Health program submitted compliance data near the end of January. After the review, the accreditation committee confirmed that AAHP has remained compliant with the National Standards and remains accredited.

Below is the summary table for January 2020 Report. The reporting format includes the following:

- The class, screening, and outreach activities coordinated and attended
- The number of individuals/participants for class and screened
- The number of individuals/participants provided individual or group education.

Screening and Outreach Activities			
ACTIVITY	HOURS	SERVICES	OVERVIEW OF MONTH

<p>White Oak Recreational Center, 1700 April Ln, Silver Spring, MD 20904</p> <p>January 8th, 15th, 22nd, 29th of 2020</p>	<p>6 pm – 8 pm</p>	<p>Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</p>	<p>This month’s class theme was diabetes. Topics focused on the origins of the disease state; causes, complications, medications, treatments, and side effects; how to prevent using diet, exercise, and stress management. Participants were screened and received individualized counseling and review of lab values, outcome measures, goals and medications. NOTABLY: In the month, ELEVEN new people joined the class in one month. One class had an attendance of 32 people. All participants continue to maintain or improve in their HEDIS measures and adapt and make positive behavioral changes for exercise and diet. Ms. Barlow continues to teach the plant-based diet/healthy and ancestral cooking, and has a meal tasting portion of the class.</p>
<p>Germantown</p> <p>January 9th, 16th, 23rd, 30th of 2020</p>	<p>6 pm – 8 pm</p>	<p>Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</p>	<p>This month’s class theme was diabetes. Topics focused on the origins of the disease state; Causes, complications, medications, treatments, and side effects; how to prevent using including diet, exercise, and stress management. Participants were screened and received individualized counseling and a review of lab values, outcome measures, goals and medications. NOTABLY: In the month, three new people joined the class during the month. One class had an attendance of 10 people. All participants continue to maintain or improve in their HEDIS measures and adapt and make positive behavioral changes for exercise and diet. Ms. Barlow continues to teach the plant-based diet/healthy and ancestral cooking , and has a meal tasting portion of the class.</p>
<p>White Oak Recreation Bid Whist Club</p>	<p>10 am – 2 pm</p>	<p>Weight, BP, BMI, %BF, Glucose,</p>	<p>Nine individuals were screened. Screening forms were reviewed for elevated BP,</p>

January 23 rd of 2020		Cholesterol screenings	cholesterol, and glucose values. All were followed up for additional information and class.
Progress Place January 8 th of 2020	9 am – 2 pm	Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	Thirty individuals were screened. Screening forms were reviewed for elevated BP, cholesterol, and glucose values. All were followed up for additional information and class.
Delta Sigma Theta @ White Oak Recreation January 11 th of 2020	9 am – 2 pm	Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings.	Sixty-five individuals were screened. Screening forms were reviewed for elevated BP, cholesterol, and glucose values. All were followed up for additional information and class.
People’s Community Church January 15 th of 2020	9 am – 2 pm	Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings.	Forty-seven individuals were screened. Screening forms were reviewed for elevated BP, cholesterol, and glucose values. All were followed up for additional information and class.

Class Attendance Metrics January ‘20

	White Oak Recreation Center				Germantown			
Date(s)	1/8	1/15	1/22	1/29	1/9	1/16	1/23	1/30
Class Size	28	24	23	32	10	8	6	5

TOTAL attendance	45 (unduplicated count)	11(unduplicated count)
Class Avg.	26.8	7.3
Natl. Avg.	4-6 (Among classes that meet weekly)	4-6 (Among classes that meet weekly)

Classes and Screening Outcome Measures January '20

Participants	White Oak	Germantown	White Oak Bid Whist	Progress Place	Delta Sigma Theta	People's Community	Total
<i>Male</i>	10	5	2	20	1	4	42
<i>Female</i>	35	6	7	10	64	43	165
<i>Total</i>	45	11	9	30	65	47	207
<i>% African American</i>	100%	50%	100%	100%	100%	100%	
Health Profile							
<i>Average Systolic</i>	156.4 mmHg	137.9 mmHg	139.1	128.2 mmHg	127.9 mmHg	142.6 mmHg	
<i>Average Diastolic</i>	87.7 mmHg	85.8 mmHg	79.7 mmHg	83 mmHg	81 mmHg	78.7 mmHg	
<i>Average HB A1C</i>	6.20%	7.10%	6.30%	N/A	5.90%	6.40%	
<i>Average Glucose</i>	115.1 mg/dL	128.2 mg/dL	141.7 mg/dL	106.8 mg/dL	105.2 mg/dL	117.3 mg/dL	
<i>Average BMI</i>	27.6	N/A	30.4	N/A	29.1	29.5	
<i>Average %Body Fat</i>	27.20%	N/A	42%	N/A	36.80%	N/A	
<i>Average Cholesterol</i>	184.8 mg/dL	188.3 mg/dL	N/A	N/A	N/A	N/A	

Diabetes							
<i>Pre-diabetes cases</i>	3	1	1	0	2	4	11
<i>Diabetes cases</i>	11	5	2	2	3	2	25
Hypertension							
<i>Pre-hypertension cases</i>	2	3	0	3	12	4	24
<i>Hypertension cases</i>	13	5	9	2	28	33	90
<i>Uncontrolled hypertension</i>	2	0	0	0	1	2	5
Cholesterol							
<i>Desirable (<200)</i>	2	2	0	0	0	0	4
<i>Borderline (200-239)</i>	0	2	0	0	0	0	2
<i>High Risk (>240)</i>	0	0	0	0	0	0	0
Elevated Values	33	18	12	7	46	45	161

Self-Management Outreach Efforts

Physician Referrals Received:	# Attended class:
5 (J.W.-5; J.D.-0; K.K.-0)	4
#Referred to Primary Care Physician	# Attended Primary Care Visit
3	3
# of self-management devices distributed (BP or Glucose)	# Taught to use self-management devices (BP or Glucose, Glucose SM data cord)

56 (56 Glucose, 0 Blood Pressure, 56 packs of strips)	56
# of people with elevated values	# of people followed up with elevated values
161	161
# of educational materials distributed	# of home visits
1,000+ (AAHP combined staff)	2

January 2020 HEALTH CHAMPION

This month's health champion is Ms. A.N. Ms. A.N. first came to the CDM classes at White Oak after attending an AAHP Community Day event in 2017. She had trouble controlling her glucose with an A1c of 12.1% and a consistent blood pressure of >150/90. Ms. A.N. complained that her primary care physician's office was too far from her apartment near White Oak recreation center and did not feel "listened to when stating her issues." Ms. A.N received one-on-one counseling from a pharmacist and the AAHP nutritionist along with a referral from AAHP to Dr. Jean Welsh, (a physician of African descent), whose clinic, Primary and Alternative Medicine Clinic, is less than a mile from her apartment. Subsequently, by 2018, Ms. A.N.'s A1c decreased from 12.1% to 9.1% and she reduced her blood pressure medication by half. Although Ms. A.N. saw the improvements, she dropped out of the class momentarily because of a new job. Nevertheless, after realizing that with the classes, she experienced greater health improvements, she rejoined the class in January 2020 to further reduce her A1c that had been stagnated at approximately 9%. She hopes to eliminate her blood pressure medications altogether through the adoption of a healthy diet and lifestyle. AAHP celebrates Ms. A.N. for her perseverance and determination in improving her health and wishes her more success in the management of her diabetes. AAHP plans to help her on her journey towards hypertension control into the new year!

Planning and Administrative Activities

DATE	ACTIVITY	ACTION/NEXT STEPS
Continuously	Made contact to establish a physician referral network, pharmacies to drop off referrals and order forms to offices.	Continuous- Contact with Dr. Welsh, Dr. Kelly, and Dr. Djamsson.

	Creating a physician referral network for patients and system for tracking referrals.	
Implement 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 Chronic Disease Management Program to aid staff in promotion of program. Improved processes, procedures, paperwork, oversight.	Continuous. Will complete one in February 2020.
DPP, AHA, ADA, and AADE meetings onaccreditation and consulting.	Continuing status of AAHP accreditation as a stand-alone AADE/ADA program. Strategized program goals for future projects. Schedule AAHP Advisory board.	Continuous chart maintenance and documentation. Advisory Board Meeting scheduled for February 2020. AADE Annual Status Report Due January 31st, 2020, and was submitted and approved according to National Standards.

C. Mental Health Services

In January, AAHP’s mental health screening tools were accessed 21 times. Notably, 14 of those 21 visits were accessed by mobile phones.

In January, AAHP’s social worker reestablished partnerships at Montgomery College campuses in Germantown and Rockville to expand the availability and accessibility of mental health screening and counseling. She also met with other organizational leaders to discuss ways to promote sexual health and prevent the incidence and prevalence of sexually transmitted diseases among junior and senior high school and college students. This new initiative is also a collaborative effort between AAHP’s social worker and HIV/AIDS coordinator who are jointly planning and implementing a program that includes education and awareness about sexual health and ways to prevent and access treatment for sexually transmitted diseases.

Increasingly the AAHP social worker is being invited to participate in more school-related services and activities. In January, she represented AAHP at the Montgomery County Public Schools’ Mental Health Forum at Earle B. Wood Middle School on Saturday, January 11. This event included approximately 300 parents, students, and resource providers. AAHP staff participated as an exhibitor and provided health promotion information and resources. We had approximately 50 engagements with the public where mental health materials were distributed.

In preparation of AAHP's "healthy teens" program, AAHP's social worker met with AAHP partner, Izola Shaw. Ms. Shaw is a member of the Montgomery County Domestic Violence Coordinating Council and plans outreach activities for their annual Choose Respect Conference. This event focuses on healthy teen relationships and targets MCPS high/middle school students and parents. Ms. Shaw has agreed to partner with AAHP on the youth programs, where she will encourage the students to be active in their upcoming Choose Respect Conference scheduled for March 29, 2020.

Six clients received telephonic sessions where obstacles were addressed, and needed resources were discussed. Telephonic sessions are a successful and often preferred method of communication for clients (especially those who are employed and find it difficult to be physically present regularly). Telephonic sessions are typically 30-45 minutes long, depending on needs. The social worker continued to work collaboratively with clients and their care providers including but not limited to therapists, caseworkers, OBGYNs, etc. In the month of January, she worked especially closely with the SMILE nurses to identify the best care coordination techniques given the absence of one nurse.

The social worker received (2) new community-referred clients and continued to follow up with (2) previous community-based clients. Both clients were previous members of the Chronic Disease Management Program, attending classes at White Oak and Leisure World sites. Services provided included counseling about the use of stress management techniques, acquisition of medical emergency devices, and mental health resources. Consultations and follow up were completed via phone.

Also, AAHP's social worker received (7) new referrals from SMILE nurses for clients in January. The social worker continued to work with clients on a follow-up basis, scheduling and completing four home visits. All initial home visits consisted of the completion of the Health-Related Social Needs screening tool developed by the Center for Medicare and Medicaid. Home visits were successful, as goals were revisited and revised as needed, and needs were reassessed. Visits were made based on stress surrounding housing needs, financial concerns, interpersonal stress, etc. One home visit included aiding with an application for financial support from the county. This client was unable to make the trip to one of the local DHHS offices due to the inability to afford transportation for herself and her children. Instead, social worker helped by utilizing the portable tablet to complete applications.

D. Healthy Aging

In January, the aging community liaison focused on building partnerships to expand the reach of AAHP senior programs while also documenting the successes of 2019 efforts. The aging community liaison developed content for the Seniors Corner on the new AAHP website and presented a report analyzing the results of the phone survey of homeowners participating in the senior home safety inspections. Dr. Barnes also completed work on the draft foundational documents for the Aging Initiative, including a list of resources, a logic model, and a menu of programs and services.

As part of the 2020 File of Life Completion Campaign, the aging community liaison met with the Program Director for WISH (Wellness and Independence for Seniors at Home) to explore how AAHP and WISH could assist each other in fulfilling their shared mission of empowering seniors to live longer, healthier lives and avoid hospitalization. As a result, AAHP completed its first 2020 File of Life campaign event at a senior residence, the Bonifant Senior Apartments in downtown Silver Spring, one of the 37 WISH residences in Montgomery County. The Aging Community Liaison also arranged for several members of the WISH leadership team to meet with AAHP at a morning stand up meeting.

In January, the aging community liaison also focused on strengthening the relationship between AAHP and the Commission on Aging (COA), including ensuring that at least one commissioner would attend the AAHP aging subcommittee meetings. The aging community liaison was also formally designated as the AAHP liaison to the COA and was selected by the COA policy forum planning committee to facilitate the Health and Wellness breakout sessions at the 2020 COA Public Policy Forum on March 18, 2020.

The aging liaison also joined the planning committee for the AAHP Community Day as the Aging Subcommittee representative and assisted other AAHP staff in providing health screenings at the Delta Sigma Theta, Inc. screening at the White Oak Recreation Center as well as the Generation One ministry at People's Community Baptist Church.

E. HIV/STI/AIDS Education

During January, the HIV coordinator continued to coordinate with other organizations and agencies to conduct HIV testing and provide counseling on STI prevention and the importance of knowing one's HIV status. Additionally, a great deal of time and attention was devoted to carefully reviewing all data collection forms and reports required by the State of Maryland to ensure completeness and accuracy in following accepted standards. The HIV coordinator also met with Lea Washington and Augustus Woyah, the Maryland State HIV coordinators for the DC Metropolitan area. The purpose of this meeting was to update AAHP staff and discuss program priorities at the state level that will impact STD services in the DC Metropolitan area. Also, the coordinator organized a joint meeting between AAHP staff and a DC-based organization known as Us Helping Us. This nonprofit organization is funded by a joint consortium of the federal and DC governments, foundations, and pharmaceutical companies to educate black residents on how to prevent and treat sexually transmitted diseases. Significantly, Us Helping Us committed the use of their mobile testing van for providing free STD testing. A part of the discussion was that AAHP join in a collaborative effort to expand HIV testing at Montgomery College campuses and offer free STD testing as part of a partnership. This is particularly important since Montgomery County is experiencing significant increases in STDs which indicates a rise in unprotected sex.

As in previous months, the HIV navigator continued to work closely with Manna Food Center to obtain food and other incentives to motivate homeless residents to be tested for not only HIV but also for hypertension, cholesterol, A1c, and body mass index. The HIV coordinator and the social worker began to meet with counselors at various Montgomery

County Housing Opportunities Community (HOC) properties to expand AAHP health promotion and wellness services including biometric screening services. During planning sessions, staff decided to devote more attention to HIV testing at all three Montgomery College campus (Takoma Park, Rockville, and Germantown) during February and March. As in previous months, on each Tuesday in January, HIV tests were conducted at the Department of Health and Human Services’ Dennis Avenue facility. Because at least five staff members are certified by the State of Maryland to conduct HIV counseling and testing, different staff were assigned to the Dennis Avenue clinic on a rotating basis. The chart below presents demographic data on the number of tests conducted in January along with information on age ranges and gender.

January 2020 HIV TESTING REPORT					
African American					
	Age Group	Male		Female	
	1947 -1969	5		4	
	1970 -1989	9		5	
	1990+	4		2	
Total		18		11	29
All Others					
		Male		Female	
	1947 -1969	2		1	
	1970 -1989	2		2	
	1990+	1		3	
Total		5		6	11
GRAND TOTAL					40

III. Planning and Administrative Activities

A. Community Outreach Education and Administration

In January of 2020, the AAHP staff continued to provide administrative and logistical support for meetings to promote collaboration and communications between the DHHS Program Manager, the AAHP Executive Committee, and members of the AAHP Executive Coalition. Specifically, the staff assumed lead responsibility for meeting logistics, including communications with the Committee co-chairs and members of the Executive Committee. Tasks included setting up a conference line for remote meeting participation, duplicating and distributing the agenda, and arranging light refreshments for participants.

The Executive Committee meeting was held on January 2, 2020. The January monthly Executive Coalition meeting was on Thursday, January 10, 2020, at the Silver Spring Civic Building. Additionally, on January 16, 2020, the AAHP Leadership Team of McFarland and Associates, Inc. met with the DHHS Program Manager and Rachael Ruffin to review contract related issues concerning financial management, data and software.

B. Information System Design and Implementation

During January 2020, the AAHP data coordinator tested various computer software packages to strengthen AAHP's capacity to collect, organize, and present actionable data and information. In this connection, AAHP's objective is to increase the accuracy and completeness of health information and data acquired either through the provision of direct services or data from outside sources. In January 2020, AAHP's data coordinator began using ArcGIS mapping published by ArcMap software. ArcGIS mapping is beneficial because it can help coordinate travel distances for the SMILE team and resolve other problems where spatial recognition is an asset in staff deployment and planning.

Despite continued and diligent efforts by both the developer of the AAHPMIS computer software case management system and the DHHS Office of Management Information System, implementation of the AAHPMIS system continues to be a challenge. Over the last several months and continuing during January, the AAHP data coordinator continued to work closely with the consulting developer, Mr. Rodney Johnson, to test the system for potential errors. When errors were detected, they were immediately reported to the developer for resolution. Although the system performs well in the test environment maintained by the developer, errors are detected when the system is installed on the County's information system. In January 2020, AAHP's data coordinator completed a User Acceptance Test (UAT) for the case management system. The primary problem involved failures of the system in saving client encounter updates.

The AAHP staff increased program emphasis on collecting and organizing data and information about customer satisfaction with health screening events conducted in collaboration with Delta Sigma Theta sorority and surveys collected for the progress Place screening for homeless residents. Two of the customer satisfaction questions asked how the participant would rate the person who conducted the event and how satisfied the participant was with the services provided. Of the 53 surveys conducted, 50 participants rated the services as excellent to good, and one person rated the services as fair. Also, staff implemented a system to keep track of brochures and pamphlets. Before every event, the staff member takes a brochure of how many brochures and pamphlets were carried to each event and how many pamphlets and brochures remained after the event each event. Monthly reports will include more information on the distribution of pamphlets and brochures as part of education and awareness activities.

APPENDIX A JANUARY 2020 MEDIA REPORT

AAHP Health Notes

Date Distributed: Wednesday, January 15

General List Recipients: 1,558 (+41 from December)

Successful deliveries: 1,232 (+27 from December)

Unsubscribed because of this message: 2 (same as December)

Open rate: 18% (December – 22%)

Click rate: 8% (December – 5%)

January's Health Notes was titled "To a Healthy 2020" and featured an array of articles aimed at motivating readers to put their best feet forward for a healthier life in 2020. First, Health Notes announced with a banner the date for AAHP's flagship event, Community Day, which will be held on April 18. The first article welcomed readers to the new year and provided a list of resources for help achieving fitness and weight-related New Years resolutions. In observance of Cervical Health Awareness Month, the next article discussed how cervical cancer impacts Black women and how Black women can prevent it. "Diagnosed with Gestational Diabetes?" discusses risk, diagnosis, and prevention of gestational diabetes and encouraged women who have or may one day have gestational diabetes to not be too alarmed. The next article explored fasting and its effectiveness for weight loss. The Health Hint explained how and why eating local foods is better for your health. January's Featured Video was from Mighty Mouth, and explained the link between diabetes and oral health. The Featured Recipe was creamy roasted cauliflower soup.

AAHP's January Health Notes performed modestly well and slightly poorer than December's Health Notes, as evidenced by a lower open rate. However, when adjusting for the higher click rate, and a larger number of recipients, a higher number of readers actually did respond favorably to the newsletter. Unfortunately, two people unsubscribed from the newsletter this month, which is the same as last month's loss.

AAHP website

7,162 users

During the first week of January, AAHP launched a new and updated website, which features a new Senior's Corner, an enhanced Tools and Resources page, and a new health sciences resources page with RSS feeds from various health organizations. Many more enhancements are forthcoming, including a staff portal which will grant easy access to critical organizational information such as staff procedures and protocols. The new website's analytics have not yet been populated.

AAHP Social media

Facebook:

605 new likes/followers, + 1 from previous month

16 posts, same from previous month

6 shares, + 2 from previous month
1 comments, -1 from previous month
10 reactions, -10 from previous month

Top post(s): “Not one single woman ever needs to die from cervical cancer.”

Twitter:

18 tweets, + 5 from previous month
278 follower(s), same from previous month
14 likes, + 1 from previous month
9 retweets, + 8 from previous month

Top tweet: #MoCo's Annual Dr. Martin Luther King, Jr. Birthday Tribute & Celebration will be held at @strathmore today at 4pm: <http://ow.ly/suu550y08B1> #MLK #MLKDay #MLKDay2020 #MLKDayofService #MoCoBlackHealth #ihaveadream”

Instagram (@aahpmoco):

12 posts, - 4 from previous month
109 likes/followers, + 3 from previous month
8 post likes, - 1 from previous month
4 comments, -1 from previous month

Top post: “Not one single woman ever needs to die from cervical cancer. We have the tools we need to prevent this disease so let’s use them. Learn more by visiting about preventing cervical cancer from the NCCC-National Cervical Cancer Coalition.”

AAHP’s social media accounts continued to grow with the most notable accomplishments as follows:

- The number of likes and retweets on Twitter grew substantially.
- Instagram gained three new followers.
- Facebook followers shared 6 posts.

APPENDIX A JANUARY 2020 NEWSLETTER



AAHP HEALTH NOTES

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

JANUARY 2020

www.aahpmontgomerycounty.org



SAVE THE DATE! AAHP Community Day 2020 will be on Saturday, April 18!



Believe it or not, it's the year 2020! While 2020 may sound like an extraordinary year in time, in reality, it's another new year to commit to your health and wellness. Advancements in technology have brought us apps and "smart" health/fitness devices and equipment that can monitor our health metrics and help us exercise. We also have the benefit of centuries of medical research combined with anecdotal knowledge that can guide us in making health-promoting decisions. It's up to us all to use all the tools, resources, and information at our disposal to keep our minds and bodies healthy.

If you are one of the many people who made New Year's Resolutions to lose weight, eat healthy, or get fit, do you have a plan to make it happen? Good health requires discipline, willpower, and a change of routine for some. Consider finding an accountability partner to push you and remind you to stay on track. You can also sign up for one of the many group fitness classes offered by Montgomery County Parks; check out their [Winter 2019-2020 Guide](#) to learn more. You can also sign up for AAHP's Kickstart Your Health classes, which teach how to prevent and manage chronic diseases by eating healthy and adopting a healthy lifestyle; check AAHP's [calendar](#) for dates and times. With 2020 being an election year, and with political dialogue reaching unprecedented levels of negativity and anger, it's best that we preserve our individual and collective mental health by being kind to ourselves and our neighbors.

AAHP is available as your partner to help you achieve your health goals. Stay connected with us throughout the year and join our community of residents committed to improving the health of Black Montgomery County! Follow us on social media ([Facebook](#), [Twitter](#), and [Instagram](#)), share our posts, volunteer, and tell your loved ones about AAHP!



Each year in the U.S., almost 13,000 women are diagnosed with cervical cancer, and more than 4,000 women die from it. Unfortunately, Black women are twice as likely to die from cervical cancer than White women. In January, AAHP observes Cervical Health Awareness Month to educate Black Montgomery County residents on cervical cancer and how Black women can prevent it.

Relatively rare and highly preventable, cervical cancer progresses slowly, which allows more opportunities for positive intervention compared to other cancers. Cervical cancer is linked to human papillomavirus (HPV), a sexually transmitted viral infection that attacks the lining of the cervix. Early sexual activity, having multiple sexual partners, smoking, having a compromised immune system, and exposure to certain drugs can increase the risk of cervical cancer. Early detection and treatment are key survival factors. Starting at age 21, women should get regular pap tests to detect cervical cancer in a stage where it can be most successfully treated. If every woman adhered to this one preventive measure, cervical cancer, and death from cervical cancer, would be virtually nonexistent.

Learn and share the facts about cervical cancer prevention this month from AAHP's social media channels on [Facebook](#), [Twitter](#), and [Instagram @aahpmoco](#).

Sources:

[The Mayo Clinic](#)
www.cancer.org
[Cleveland Clinic Journal of Medicine](#)



Gestational diabetes describes a condition in which diabetes manifests during pregnancy. By itself, diabetes is a chronic medical condition, but when it occurs during pregnancy, it has serious implications for both mother and baby. When the blood sugar of a pregnant woman rises, the blood sugar of her baby rises also. This affects the unborn baby's growth, typically resulting in a large infant which can be uncomfortable and necessitate a C-section. Risk factors for gestational diabetes include being overweight (before pregnancy), being over the age of 35, having a family history of diabetes, and having had gestational diabetes in a previous pregnancy.

While a diagnosis of gestational diabetes may be alarming for some women, it's important for women to know that gestational diabetes, like diabetes Type 2, can be prevented and managed by eating healthy and exercising regularly before, during, and after pregnancy. Women with gestational diabetes must also monitor their blood sugar throughout the day. Because women who develop gestational diabetes are more likely to develop Type 2 diabetes after pregnancy, diabetic testing is recommended every six to 12 weeks after giving birth and every one to three years thereafter. Nearly 50% of women will develop Type 2 after having gestational diabetes.

AAHP's Chronic Disease Management program and AAHP's SMILE Program work together to help Black women manage and prevent diabetes and experience healthier pregnancies and childbirth. Learn more on AAHP's [website](#).

Sources:

www.cdc.gov/pregnancy/diabetes-gestational
[The Mayo Clinic](#)
www.americanpregnancy.org



Most of us fast, or voluntarily abstain from eating and drinking, at some point in our lives. A person may fast before a medical procedure, for religious reasons, or to remove toxins from the body or lose weight. Recently, "intermittent fasting" has become more prominent as a safe and effective way to lose weight, however research shows that fasting is no more effective than any other diet. In fact, many people find fasting difficult and its sustainability for long-term weight loss is inconclusive.

Instead of fasting for an entire day, simply changing the timing of meals to extend your "overnight fast" can benefit your metabolism and can potentially help you lose weight and keep it off. Evidence suggests that the "circadian rhythm fasting approach," when meals are restricted to an eight to 10-hour period of the daytime, is indeed effective for weight loss, especially when combined with a healthy diet and lifestyle. To put this approach in action, eat your meals earlier in the day, such as between 7am to 3pm, or 10am to 6pm, and avoid eating in the evening before bed.

As should be done prior to adopting any new eating or exercise regimen, people considering going on a fast should discuss with their physician how it can impact their health. Those at risk for health complications due to fasting include people with eating disorders, people who exercise while fasting, and people taking diabetes medications. Regardless of health status or weight loss approach, almost anyone can improve their health and lose weight by simply eating fewer calories and more nutrient-rich foods.

Sources:
[Harvard Medical School](#)
[The Mayo Clinic](#)

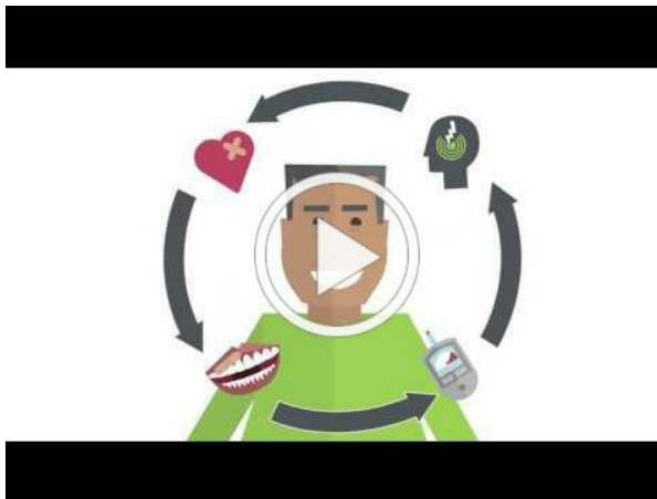
HEALTH HINT

Did you know that buying food grown within 100 miles of where you eat it is actually better for your health than eating food from unknown origins? Food grown locally retains more nutrients because it is allowed to ripen naturally, instead of being picked before it's ripe and shipped across long distances. So opt for locally-grown foods when possible!

Source:
www.foodrevolution.org

FEATURED VIDEO

This animated video from [the Mighty Mouth](#) explains the link between diabetes and oral health:





DMeetings

FREE ONLINE DIABETES EDUCATION

- 10 video sessions
- Conference calls with registered dietitian
- Individual appointments with doctor, dietitian or AAHP health professional
- Weight, bp and A1C assessments

Log in at www.aahpmontgomerycounty.org/dmeetings



KICKSTART YOUR HEALTH

FREE food tastings & cooking demos!

FREE consultations with a physician, pharmacist, or nutritionist!

FREE health screenings for blood glucose, blood pressure, A1c, cholesterol, BMI, weight!

FREE health BINGO, games, and prizes!

<p>WEDNESDAYS 6PM</p> <p>WHITE OAK RECREATION CENTER 1700 April Lane Silver Spring, MD</p>	<p>THURSDAYS 6PM</p> <p>GERMANTOWN LIBRARY 19840 Century Blvd. Germantown, MD</p>	<p>A class to help you TAKE CHARGE OF YOUR HEALTH and MANAGE and PREVENT chronic diseases like DIABETES, CANCER, and HYPERTENSION.</p>
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KNOW YOUR NUMBERS, EAT BETTER, AND EXERCISE!

Featured Recipe:
Creamy Roasted Cauliflower Soup



Ingredients

- 1 large head cauliflower (about 2 pounds), cut into bite-size florets
- 3 tablespoons extra-virgin olive oil, divided
- Fine sea salt
- 1 medium red onion, chopped
- 2 cloves garlic, pressed or minced
- 4 cups (32 ounces) vegetable broth
- 2 tablespoons unsalted butter
- 1 tablespoon fresh lemon juice, or more if needed
- Scant ¼ teaspoon ground nutmeg
- For garnish: 2 tablespoons finely chopped fresh flat-leaf parsley, chives and/or green onions

Instructions

1. Preheat the oven to 425 degrees Fahrenheit. If desired, line a large, rimmed baking sheet with parchment paper for easy cleanup.
2. On the baking sheet, toss the cauliflower with 2 tablespoons of the olive oil until lightly and evenly coated in oil. Arrange the cauliflower in a single layer and sprinkle lightly with salt. Bake until the cauliflower is tender and caramelized on the edges, 25 to 35 minutes, tossing halfway.
3. Once the cauliflower is almost done, in a Dutch oven or soup pot, warm the remaining 1 tablespoon olive oil over medium heat until shimmering. Add the onion and ¼ teaspoon salt. Cook, stirring occasionally, until the onion is softened and turning translucent, 5 to 7 minutes.
4. Add the garlic and cook, stirring constantly, until fragrant, about 30 seconds, then add the broth.
5. Reserve 4 of the prettiest roasted cauliflower florets for garnish. Then transfer the remaining cauliflower to the pot. Increase the heat to medium-high and bring the mixture to a simmer, then reduce the heat as necessary to maintain a gentle simmer. Cook, stirring occasionally, for 20 minutes, to give the flavors time to meld.
6. Once the soup is done cooking, remove the pot from the heat and let it cool for a few minutes. Then, carefully transfer the hot soup to a blender, working in batches if necessary. (Do not fill past the maximum fill line or the soup could overflow!)
7. Add the butter and blend until smooth. Add the lemon juice and nutmeg and blend again. Add additional salt, to taste (I usually add another ¼ to ½ teaspoon, depending on the broth). This soup tastes amazing once it's properly salted! You can also a little more lemon juice, if it needs more zing. Blend again.
8. Top individual bowls of soup with 1 roasted cauliflower floret and a sprinkle of chopped parsley, green onion and/or chives. This soup keeps well in the refrigerator, covered, for about four days, or for several months in the freezer.

Source: [Cookie and Kate](#)
