



AAHP staff showing up for the community at a food distribution event

AAHP MONTHLY REPORT July 2020




African American
Health Program



African American Health Program July 2020

I. Introduction

The month of July marked the beginning of the fifth year of implementing the African American Health Program (AAHP) contract between McFarland & Associates and the Montgomery County Department of Health and Human Services (DHHS). July also saw the continuation of the second phase of COVID-19 reopening (Executive Order 082 – 20) issued by the County’s Health Officer in March of 2020. Management of the COVID-19 pandemic mandated social distancing to reduce the spread of COVID-19 infections. Despite the challenges imposed by social distancing, AAHP staff continued to innovate and introduce creative new ways to engage individuals and families with social media, participation in the Grab-and-Go food distribution programs, and videoconferencing. The Grab-and-Go activities involved joining other groups and agencies in distributing food along with health information and materials to promote awareness of AAHP and to stimulate increased engagement around health. During July, the staff implemented procedures to gather profile information on Grab-and-Go participants and these encounters provided an opportunity to follow up with participants and initiate a much deeper dialogue about personal and family health risks and ways that Black residents can reduce their risk and take control of their health.

Additionally, the end of the fourth year of the contract that ended in June provided an opportunity to restock the supply of educational and informational print materials for health promotion and wellness needed for implementing an enhanced information outreach strategy. AAHP hosted videoconferences on topics such as the importance of oral health, the benefits of breastfeeding, and the necessity of taking safety precautions to avoid contracting COVID-19. Collectively these new communication strategies allowed the staff to reach more Black residents while practicing social distancing.

During July, AAHP staff and volunteers distributed 875 bags of food and health information to Black county residents. The information included a wide variety of supplies and information needed to promote health and safety, including hand sanitizers, water bottles, condoms, information about how to attend the virtual chronic disease management and diabetes classes, SMILE brochures, AAHP bookmarks, and educational materials on preventing STDs and cancer. These informational bags were distributed at weekly distribution events at the People’s Community Baptist Church, White Oak Gardens, the Waterford Apartments, and the East County Recreation Center.

As the pandemic continued to affect the community life and health of Montgomery County residents, the number and frequency of requests for assistance continued to increase. Requests for assistance were related to domestic violence, unemployment, threats of evictions, food insecurity, getting tested, help in the completion of service applications, health insurance or healthcare in instances where residents are uninsured.

Before March, most of the referrals into the SMILE program were from offices within DHHS. However, since March the number of monthly referrals from the Department decreased. To

address the decline in referrals, the staff initiated new efforts to attract more referrals from other pregnant mothers who referred their friends, family members, and acquaintances to the SMILE program. Nevertheless, the current SMILE caseload at the end of July remained below the average for the previous year. During July added emphasis was directed toward increasing the frequency of personal engagement with each mother and the initiation of more conversations and interaction among mothers by facilitating peer support forums that promote group cohesion and discussions about common problems experienced during pregnancy. For example, in July, AAHP's consultants presented webinars about the importance of oral health during pregnancy, tips on preventing COVID-19 infections, and the health risks of depression and the special challenges faced by Black women.

During July the AAHP staff developed and began implementing new programs to reduce the incidence and prevalence of obesity and breast cancer among Black residents. These expanded program initiatives emphasized taking personal responsibility to reduce health risks by getting mammograms and taking preventative steps for early detection.

During July, the AAHP staff met with Dr. Kathryn Kelly, a primary care physician who contracts with the County to provide medical services for homeless residents. The purpose of the meeting was to develop a collaborative plan for resuming HIV and AIDS testing at the Progress Place Homeless Shelter; the Men's Homeless Shelter and the testing center at the Dennis Avenue Health Clinic.

In July, AAHP staff established a Mental and Behavioral Health team submitted a proposal in response to an announcement issued by the Robert Wood Johnson Foundation. Titled "Pioneering Ideas: Exploring the Future to Build a Culture of Health," the announcement requested ideas about unique ways to advance health equity in the future. The team proposed using videoconferencing to establish communication circles with African American men and women ages 65 and over to reduce loneliness, depression, anxiety, and related preventable chronic disease. Programming would include socially interactive leisure activities that appeal to participants, such as cooking demonstrations, music appreciation, arts and crafts, book clubs, gardening, home maintenance and improvement, dance and other areas of interest identified as part of the group collaborative process.

The COVID-19 pandemic and Maryland's stay-at-home order created a community-wide impact that increased feelings of isolation and disconnection from family, friends, and significant others. These factors are directly tied to a heightened risk of cardiovascular, autoimmune, neurocognitive, and mental health problems such as depression and anxiety, all of which negatively impact health and disproportionately affect African American seniors. The project will enable seniors to join in the post-COVID-19 future where much more of our personal and professional interactions are virtual.

II. PROGRAM ACTIVITIES

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

As social distancing and the COVID-19 pandemic continued through July, the SMILE program maintained an unwavering commitment to using the new AAHP case management system to record, store, update and manage information on all current mothers and children enrolled in the SMILE program. At the end of July, all cases had been entered into the

system and all of the nurses demonstrated competency in data entry for cases assigned to them.

In July, the SMILE program's caseload, while still below the monthly average before the pandemic, increased by 6%, from 127 in June to 134 cases. The July caseload included 55 infants and 79 mothers consisting of 24 prenatal and 55 postpartum cases. Two infants were born into the program in July and they were both born healthy and at a normal weight. Six new prenatal cases were enrolled. All new enrollees were screened to assess their psychosocial needs in addition to their physical health needs and risk. AAHP's social worker assessed their needs for housing, transportation, food, and interpersonal safety. The nature and magnitude of issues facing some new enrollees were demonstrated by a newly admitted 17-year-old girl who became pregnant for the first time and has a history of depression and anxiety but declines therapy. As an interim measure, her SMILE team provided crisis intervention and support. Her situation became exacerbated by the tragic and sudden death of the father of her unborn child. Because this client is most comfortable speaking with her nurse case manager and the social worker during her grieving process, the team worked closely with this client and provided support, resources, and information, to address these extremely difficult circumstances.

To increase the support for pregnant and postpartum mothers, the AAHP staff developed a new electronic newsletter. The newsletter is designed to assist mothers in discovering and learning about how to improve their health and well-being during the extraordinary challenges brought on by a combination of social distancing and uncertainty about the future. As in previous months, teamwork continued to be at the center of services to pregnant mothers and their families. The nurses, community health workers, and social workers conducted a total of 122 teleconsultations during July.

At the end of July, 11 of the program's 79 mothers were classified as high-risk cases that included medical issues, seven with high-risk social issues, and five 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. Six new prenatal cases and two postpartum moms were evaluated for depression using the Edinburgh Postnatal Depression Scale. Three mothers scored high on the depression scale and were 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 appropriate referrals.

At the end of July, the overall percentage of mothers breastfeeding was 83%, and the percentage of mothers breastfeeding up to six months was 89%. Both breastfeeding rates exceeded the national rates reported by the Centers for Disease Control and Prevention (CDC). Comparative data presented by the 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 profile of the mothers enrolled in the program in July included 53% Africans, 46% Black Americans, and 1% Caribbean.

During July, the nurses, nurse supervisor, social worker, and clinical director met weekly with AAHP's consultant to review strategies to increase enrollment and ensure quality care services for program participants. The purpose of these meetings was to review individual cases, update plans for managing difficult cases, and identify ways to increase program referrals. The table and charts below present an overview of the SMILE cumulative data for July 2020 as compared to the performance during the 2019 calendar year.

	PROFILES AND SERVICES	*Monthly Average Reference Calendar Year 2019	of July 2020	Comments
1	<i>A) Currently Active Moms</i>	88	79	
2	Prenatal (still pregnant)	30	24	
3	Postpartum (Moms who have delivered)	57	55	
4	<i>B) All infants</i>	57	55	
5	Single Births	53	55	
6	Multiples	4	0	
7	Case Load (A+B)	147	134	
	MOM'S ETHNICITY			
8	African American Clients	39	36	
9	African Clients	46	42	
10	Caribbean Clients	3	1	
	REFERRALS			
11	HHS Prenatal Referrals Received	7	0	
12	Referrals from Other Sources	4	6	
13	Total Prenatal Referrals	11	6	
	NEW ENROLLMENTS			
14	Prenatal Moms Newly Enrolled During the Month	8	6	
15	Infants Newly enrolled during the month	5	2	
16	All new enrollments for the month	13	8	
	DISCHARGES during the month			
16	Prenatal Discharges	1	1	
17	Infant Discharges	5	3	
18	Total Discharges	6	4	
	DELIVERIES during the month			

	19	Term Deliveries	5	2	
	20	Preterm Deliveries	1	0	
Deliveries			6	2	
		BIRTH OUTCOMES			
	22	% Healthy Birth Weight (% of Total Deliveries)	95%	100%	
	23	Number of Low Birth Weight	0	0	
	24	Number of Very Low Birth Weight	0	0	
	25	Infant Deaths (includes Stillbirths)	0	0	
	26	Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	0	0	
		SERVICES			
	27	Total Home Visits	78	0	
	28	Telephonic Consultations	8	134	Includes 12 by SW and 11 by CHW
	29	Community Referrals Made	15	27	
	30	Classes/Presentations Completed	4	4	
		BREASTFEEDING MOMS			
	31	Percent Clients Breastfeeding Infants 0-3 months	92%	94%	
	32	Overall Breastfeeding Percent	73%	83%	
		INSURANCE			
	33	Clients with Private Insurance**	24	19	
	34	Clients with Medicaid Insurance**	62	60	

*Averages are rounded up to the next integer

** A client may have multiple insurances

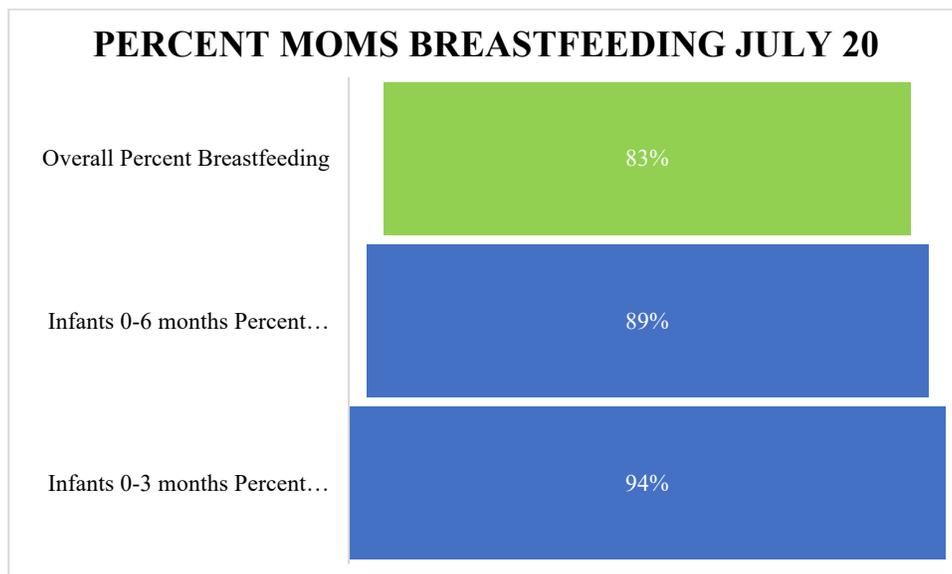
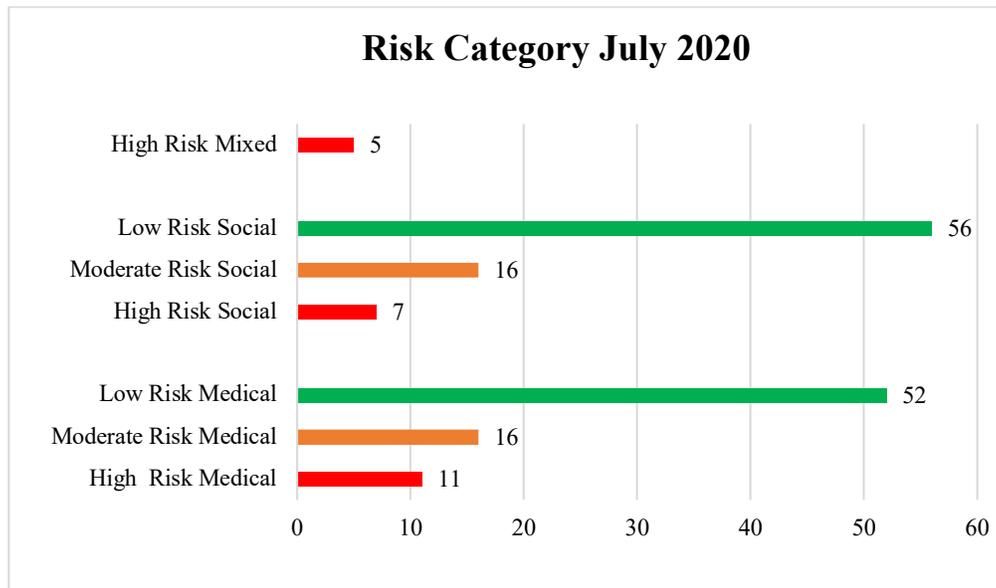
Increase above reference year

Level with reference year

The decrease from reference year

Untoward Outcome

Desired Outcome



B. The Chronic Disease Management Program (CDMP)

To expand AAHP's program activities in July, the African American Health Program began a new program initiative to address obesity as a contributing factor for health

disparities. National data published by the Office of Minority Health reports that in 2018, non-Hispanic Blacks were 1.3 times more likely to be obese compared to non-Hispanic whites and African American women were 50% more likely to be obese than non-Hispanic white women and 2.3 times more likely to be overweight compared to non-Hispanic white females. This is especially important because being overweight increases the risk of high blood pressure, high levels of blood fats, diabetes, and LDL cholesterol—all risk factors for heart disease and stroke. The 2018 data also shows that African Americans are 20% less likely to engage in physical activity compared to non-Hispanic whites. To reduce the magnitude of this problem, AAHP began offering virtual classes that emphasize personal assessments, one-on-one health coaching, promotion of a buddy system, webinars, and group classes to increase knowledge, skills, and motivation to reduce and maintain a healthy weight.

In July, AAHP's cancer focus area also launched a new program to highlight breast cancer as a major problem disproportionately affecting Black residents in Montgomery County. To address this problem, the AAHP staff conducted a comprehensive literature review of the disease, diagnostic methods, treatments, and best practices. The review showed that African American women experience greater risk and mammography screening programs could reduce the problem. The review also identified barriers that prevent women from accessing them. AAHP's staff adopted a plan to increase the number of Black residents between the ages of 40 and 69 participating in the breast cancer outreach program who receive appropriate mammography each year. The goal is for 100% of the participating women will learn how to perform a breast self-exam and as recommended by the American Cancer Society. Breast self-examination empowers women to take responsibility for their health. Unfortunately, many barriers, both financial and psychological, prevent women from obtaining regular mammography, including low income, lack of insurance or not having a usual healthcare provider, lack of knowledge about risks and methods, lack of childcare or sick leave, and fear of bad news or pain from the procedure. To reduce the problem, AAHP began a partnership with Breast Care for Washington, an organization whose mission is to reduce breast cancer mortality in the greater D.C. area by promoting access to screening, diagnostics, and treatment to all women regardless of their ability to pay. On October 6, a mobile mammography van will be brought to People's Community Baptist Church and offer mammography examinations. With extensive safety and disinfection protocols, women who have not had a mammogram in the past year can schedule an appointment for potentially life-saving early detection.

In July, AAHP's Chronic Disease Management Program (CDMP) team continued offering virtual webinars that included four classes weekly on different evidence-based topics to help participants improve their health and manage chronic diseases. Because July was Minority Health Awareness Month, classes emphasized the need to educate and empower participants by increasing their understanding of how mental health affects health in general. July's classes included a variety of collaborative presenters.

Wednesday evening classes consisted of the 'Kick Start Your Health' (KSYH) series which included discussions on mental health with a renowned psychiatrist who presented information about the burden of poor mental health and illness in Montgomery County and

offered strategies to mitigate risks. The CDMP team also collaborated with Five Medicine, Inc. to expand and demonstrate the effectiveness of exercise to improve health. The clinical director of Five Medicine presented information about different ways to reduce stress and anxiety during the COVID-19 pandemic. Class participants discussed ways to reduce the contagion of COVID-19 transmission in this new normal. The final class of the Wednesday evening KSYH series included a presentation by AAHP's oral health consultant and dentist who reemphasized the importance of oral health and explained how oral health can help to reduce the risk of transmission and trauma to various organs.

The Thursday Evening KSYH educational series included a presentation by a licensed nutritionist who began a three-part series entitled "From Farm to Table" that emphasized the value of growing your food to improve health. In the series, she described the nutrient composition of different fruits, vegetables, and spices. She also conducted a guided tour of her garden and provided a healthy cooking demonstration using the food and spices harvested from her garden to prepare a plant-based meal. She continues to provide Medical Nutrition Counseling sessions to participants, including written recommendations for improving diet.

Virtual classes in July focused on lifestyle behavior change and reducing health risks through diet and exercise. The Lifestyle Behavior Change webinars on Tuesday and Thursday morning focused on 'Health and Fitness' and 'Health and Nutrition.' These sessions included a presentation about mental health, abnormal hormone levels, and the impact of exercise and nutrition. To emphasize the importance of exercise, the 'Health and Fitness' classes included yoga instruction and guided Zumba. The emphasis on guided exercises resulted in increased class attendance and engagement. Also, these classes help ensure that participants get 30 minutes of exercise that day as recommended by federal health guidelines to reduce the risk of chronic diseases. The 'Health and Nutrition' classes continue to focus on the effects of nutrition on chronic conditions, with the majority of the class involving plant-based healthy cooking group demonstrations by a Food for Life instructor.

Improving participant self-monitoring and awareness of their ABC's (Hemoglobin A1c, Blood Pressure, and Cholesterol) screening numbers, and maintain those numbers at normal ranges are some of the goals of the CDMP team. AAHP continues to encourage participants' adherence to daily, weekly, and/or monthly self-monitoring based to achieve personal goals. The Team continued to distribute diabetes and hypertension self-management supplies to participants including glucose meters, lancets, strips, and blood pressure monitors. Using our "Blood Glucose/Blood Pressure Monitoring Self-Management Agreement," CDMP staff has encouraged all participants to monitor their numbers using the self-monitoring devices and report readings to AAHP staff and their primary care provider during personal consultations. Participants also were given the option of one-on-one consults with a pharmacist, physician, and/or nutritionist for medication therapy management (MTM), often referred to as "brown bag" sessions; general health-related questions; and/or medical nutrition therapy (MNT).

August classes will include more diverse topics that emphasize Overall Wellness which will include collaborative presentations and discussions on topics such as: ‘Is a Calorie a Calorie: Processed Food Experiment Gone Wrong’; ‘Women’s Health and Wellness’; ‘Men’s Health and Wellness’; and an ‘Overview of Cancer’. AAHP will continue to monitor the latest developments in the COVID-19 pandemic and educate participants and community members about healthy behaviors for these unprecedented times, as well as ways to mitigate health risks and fostering cultures of good health within the home.

Below please find the monthly report for July 2020 which 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	DATA REQUESTED	TOPIC COVERED
Health and Fitness on-line Webinar	11am – 12:30pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month was focused on guided fun exercises such as Yoga and Zumba by trained exercise professionals and AAHP staff from the comfort of participants' own homes aimed to get participants moving. Participants learned how fitness can prevent, manage, and reverse your risk for chronic diseases such as Obesity, Diabetes, Hypertension, Cancer, and Alzheimer’s Disease. NOTABLY: In the month, 27 participants in one class 8 of whom were new. Participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet.
Kick Start Your Health I (Diabetes) online Webinar July 8 th , 15 th , 22 nd , 29 th	6 pm – 8 pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month’s class topic was Mental Health and Awareness. How to prevent using including diet, exercise, and stress management. Participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications NOTABLY: In the month, 21 new

			participants. Participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet.
Health and Nutrition online Webinar July 9 th , 16 th , 23 rd , 30 th	1pm - 3pm	Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month's class topic was focused on helping participants navigate what healthy eating choices are and what different foods do to reduce or increase the risk of chronic conditions. The class included healthy cooking demonstrations along with education on how foods can prevent, manage, and reverse your risk for chronic diseases such as Obesity, Diabetes, Hypertension, Cancer, and Alzheimer's Disease. Ms. Barlow continues to teach the plant-based diet/healthy cooking and meal tasting portion of the class. NOTABLY: Participants continue to maintain or improve in their HEDIS measures and adapt and make positive behavioral changes for exercise and diet.
Kick Start Your Health II Online Webinar July 9 th , 16 th , 23 rd , 30 th	6 pm – 8 pm	Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month's class topic was 'From Garden to Table' Exploring the benefits of growing and cooking your food nutritionally. NOTABLY: In the month, 4 new people joined the class. Participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes for exercise and diet.

CDMP Virtual Webinar Attendance Metrics July '20

	Health and Fitness 11am - 12:30pm				KSYH I 6 pm – 8 pm				Health and Nutrition 1 pm – 3 pm				KSYH II 6 pm – 8 pm			
Date(s)	7/7	7/1	7/2	7/28	7/8	7/1 5	7/22	7/29	7/9	7/16	7/23	7/3 0	7/9	7/16	7/23	7/30
Class Size	11	16	27	19	21	17	18	40	13	14	16	11	12	15	15	14

TOTAL	73	96	54	56
Avg.	18.25	24	13.5	14
Natl. Avg.	4-6 (Among classes that meet weekly)			

CDMP Participant Self-Monitoring Clinical Measures

Participants	Health and Fitness	KSYH II (Hypertension)	Health and Nutrition	KSYH III (Alz and Dementia)	Total
<i>Male</i>	2	4	0	1	7
<i>Female</i>	25	36	16	15	92
<i>Non-disclosed</i>	0	0	0	0	0
<i>Total</i>	27	40	16	16	99
<i>% African American</i>	100%	100%	100%	100%	
Health Profile					
<i>Average Systolic</i>	128.9 mmHg	148.1 mmHg	143.1 mmHg	136.6 mmHg	
<i>Average Diastolic</i>	75.2 mmHg	79.7 mmHg	85 mmHg	87.1 mmHg	
<i>Average HB A1C</i>	N/A	N/A	N/A	N/A	
<i>Average Glucose</i>	N/A	116.5 mg/dL	N/A	132.3 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	4	4	1	10
<i>Diabetes cases</i>	2	10	3	2	17

Hypertension					
<i>Pre-hypertension cases</i>	2	7	3	3	15
<i>Hypertension cases</i>	6	11	6	5	28
<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	11	32	16	11	70

CDMP Team Consultation, Follow-up, and Outreach Efforts

CHW Consultations (Telephone):	# Given Self-Monitoring devices (BP or Glucose)
Approx. 150	1 Glucose Meters; 400 Strips and Lancets, 4 BP Monitors
Pharmacist Consultations (Virtual Telehealth):	# Taught to use Self-Monitoring devices (BP or Glucose)
1	5
Physician Consultations (Virtual Telehealth):	# of People with Elevated Values
5	70
Nutritionist Consultations (Virtual Telehealth):	
7	

July 2020 HEALTH CHAMPION

This month's Health Champion is J.F., who has attended AAHP CDMP classes for the past two years since joining the classes at Leisure World in 2018. J.F. originally began coming to class to reduce her glucose and blood pressure through diet. J.F. surpassed her glucose and blood pressure goals and now "helps to spread the word about the value of health education and proper nutrition to all of [her] family and friends." JF did not limit herself to her family and friends but has also been actively involved in publicizing the work amongst the greater Montgomery County

Community. In July, she invited her entire church. On behalf of the AAHP Team, we thank and congratulate J.F. on being this month's AAHP CDMP Health Champion!!

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. Kelley, Dr. Latta, Dr. Lawson, Dr. Jean Welsh, Dr. Ayim Djamsson, Dr. Ball (psychologist)
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 program. Processes, procedures, Paperwork, oversight.	Continuous. I Will complete one October 2020.
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.	Continuous chart maintenance and documentation. Advisory Board Meeting scheduled for TBD in October/November 2020.

C. Social Work Services

July ushered in heightened concerns over increasing COVID-19 infections, hospitalizations, and deaths which fueled increases in emotional distress and anxiety about the future. To combat these problems among people of African descent, AAHP's social worker provided support and counsel across all AAHP program focus areas by conducting telephonic consultations to clients in need and making mental health referrals. The social worker also established hours for personalized consultations. An increasing number of residents are taking advantage of these expanded services.

AAHP's social worker honored Minority Mental Health Month by disseminating information packets donated by the National Association of Mental Illness (NAMI). This year's theme was "Not Alone." Information focused on how racism and racial trauma contributes to the rise in depression among Black youth, and how the systemic criminalization of mental health conditions in Black communities results in death or incarceration. AAHP's social worker participated in various webinars and advocated on behalf of clients to highlight the role that race and the lack of cultural competency in health care plays in shaping health outcomes. AAHP continued to support the community by being vocal about its support of Black lives and their wellbeing.

The social worker received 15 new community referred clients, including two call-in requests. Client issues included food insecurity, housing instability, and issues about finances, employment, and health care. The social worker provided brief mental health consults, referrals, and contacts to programs to support client needs. Clients were also encouraged to complete mental health screenings on the AAHP website.

The social worker received ten (10) new referrals from SMILE nurses for clients in July. Clients were reached through their preferred virtual methods including telephone or Facetime visits. All initial phone contacts were screened using the Health-Related Social Needs screening tool developed by the Center for Medicare and Medicaid (CMS). These are now incorporated into every new SMILE client's enrollment process. This process is intended to ensure careful assessment of the psychosocial needs of clients with an emphasis on social needs such as any housing and utility support, transportation to medical appointments, access to food, and interpersonal safety.

In July, AAHP's social worker also received nine (9) community referrals. Community referrals for persons not enrolled in the SMILE program or CDMP classes reached out to AAHP requesting services, support, and consultation. Some common referral needs ranged from those seeking mental health resources (i.e.: Black psychiatric providers), Medicaid assistance, and rental assistance. Referrals were made to Dr. Tracee Burroughs' office for psychiatric support, Damascus HELP for financial assistance, Faith Connections for rental support, and many other organizations for a variety of other services. Clients continue to receive follow up care coordination to ensure their needs are being met efficiently and effectively.

In July, AAHP's social worker was actively involved in the weekly planning and re-development of AAHP's youth sexual health initiative. AAHP is working to address the concerns around Montgomery County's youth STI rates, unplanned pregnancies, and risky sexual behaviors. This month, the sexual health team developed the content for a series of planned webinars to address a wide array of topics related to sexual health education, communication/relationships, and local resources. On July 29, the team met in the AAHP office to prepare for the video recording of this series. During this meeting, AAHP's social worker and sexual health educator worked together to develop the series topics and titles.

Additionally, AAHP's social worker has provided resources and support toward the development of AAHP's cancer education program which is currently underway. The

social worker developed a PowerPoint presentation entitled “The Psychological Impacts of a Cancer Diagnosis” to be used as a source of education, discussion, and awareness.

D. HIV/STI/AIDS Education

Since the implementation of social distancing starting in March, the workflow for AAHP’s HIV staff has continued to evolve and expand to fit the ever-changing demand. Because of social distancing, more emphasis shifted towards information dissemination as a prevention strategy. Important to this strategy is that it leverages teamwork. Teamwork allowed AAHP community health workers to accomplish more with limited staff and touch reach more county residents with health information resources. AAHP staff played pivotal roles in food distribution events in July at People’s Community Baptist Church, the Civic Center at Silver Spring, Waterford Tower Apartments in Briggs Chaney/East County, and White Oak Tower. In addition to distributing food AAHP distributed thousands of brochures, pamphlets, and related health information designed to increase health awareness, education, and the adoption of healthy behaviors to reduce the consequences of COVID 19 and help black residents live healthier and longer. These events were sponsors as a collaboration with community organizations including the Kingdom Fellowship AME, Nourish Now, and MCPS.

Also, the HIV/Sexual Health Coordinator led a planning team in developing curriculum and implementation plans for a countywide effort to reduce the spread of sexually transmitted diseases throughout the County. The objective of the program is to educate adolescents and young adults on ways to protect their sexual health and stimulate child and family conversations about making good decisions that affect sexual health. The planning team included staff and outside consultants. The planning process included weekly meetings and the preparation of agendas, development of curriculum content, rehearsal for videotaping, and a final rehearsal for recording the video production. Topics will include consent, condom negotiation, general education/myth busters, influences and decision-making, identifying a trusted adult, and local resources. The social worker continues to work on this project by developing content and scripts to be used in the video. AAHP’s social worker plans to appear in the series to discuss and introduce AAHP’s programs and focus areas. The lead presenter was Mrs. Adrienne Barksdale, MSW, an outside consultant. Ms. Jade-Ann Rennie from The Collaboration Council for Children, Youth and Families in Montgomery County agreed to serve as an independent expert reviewer before promoting the AAHP Teens and Adolescents Sexual Health short videos and webinars.

In August, the HIV navigator will resume HIV/AIDS testing at three sites around the County including Progress Place, the Men’s Homeless Shelter, and the Dennis Avenue Health Clinic. The new testing program will be conducted in close collaboration with Dr. Kathryn Kelly. Last month, testing sessions for HIV, blood pressure, glucose, and A1C at the Men’s Homeless Shelter and Progress Place were rescheduled to August 4 and 5. The testing sessions will then continue on the first Tuesdays and Wednesdays of each month. Dr. Kelly has agreed to provide the PPE gowns, face shields, N-95 masks, and gloves for testing at the homeless facilities. Also, she will promote the African American Health Program by adding it to the homeless program newsletter.

The HIV navigator has also provided a consistent role in supporting SMILE and CDMP participants. To support pregnant mothers, the HIV navigator participated in the SMILE weekly meetings hosted by AAHP's clinical director, consultant, and nurses. In addition, the HIV navigator conducted 22 phone, Zoom and WhatsApp SMILE to facilitate communication with seven French-speaking clients and helped new clients sign-up successfully for Medicaid.

III. Planning and Administrative Activities

A. Meetings

In July, AAHP staff continued to provide administrative support for meetings to promote collaboration and communication between the DHHS program manager, the AAHP Executive Committee, and members of the AAHP Executive Coalition. AAHP staff assumed responsibility for meeting communications with Committee co-chairs and members. On July 7, 2020, AAHP staff, including the program director and clinical director participated in the monthly meeting. Significant issues discussed included progress implementing the COVID-19 engagement initiative, data collection activities associated with COVID-19, and related matters. Also, subcommittee reports were discussed. On July 16, AAHP's leadership team met with the DHHS program manager to review programmatic issues including data management support, data services anticipated unspent and carryover of funds request, contract renewal for 2021, data entry software for the AAHP management information system, COVID-19 re-engagement progress and plans for possibly reopening office operations for AAHP.

B. Information System Use and Implementation

In July, AAHP's data coordinator worked closely with the software developer of the management information system (MIS) to ensure that AAHP staff understands the capabilities of MIS and is proficient in entering, storing, and accessing patient information. The data coordinator trained four staff on its extensive features and functionalities. During each session, the staff learned to enter patient information for each new encounter, find participant data, create multiple encounters for the same participant, display patient data organized by location, and to generate reports based on existing client data. As MIS integrates into the AAHP workflow, its features and capabilities continue to expand. In July, new fields were created to include the Postpartum Social Support Screening assessment information as part of the social worker's efforts to better identify and understand the clients and determine the most effective ways to improve their health and well-being. AAHP's Healthcare Effectiveness Data and Information Set document (HEDIS) measures are now integrated into the system for use in the Chronic Disease Management Program to monitor the overall health of the patients with weekly interactions. AAHP also had two meetings with a mental health consultant to review AAHP's system and discuss areas of improvement.

Over the month, AAHP's staff continued to enter client encounters into the MIS. AAHP's community health workers met with the clinical director to develop a plan for getting complete patient information into the system thoroughly and accurately. As more data was entered into the system, AAHP's data coordinator monitored the data for completeness and accuracy and flagged duplicate entries. AAHP currently has 1,503 encounters documented in the MIS.

APPENDIX A

July 2020 Media Report

AAHP Health Notes

Date Distributed: Wednesday, July 1, 4:30pm

General List Recipients: 1,647 (same as June)

Successful deliveries: 1,285 (+53 from June)

Unsubscribed because of this message: 2, +2 from June

Open rate: 25% (June – 20%)

Click rate: 6% (June – 7%)

AAHP's July newsletter was titled "Minority Mental Health Month." The featured article highlighted the devastating impact the coronavirus pandemic had on Montgomery County and the high death rates within the African American community. Additionally, Montgomery County declared racism a public health issue, and AAHP pledged to continue to promote healthy choices and resources for African Americans, encouraging people to seek more information by phone or visiting the website and social media outlets. The next article explored how stress and mental health can be managed and supplied websites as resources. The following article helped people identify and track the amount of hidden sugar and salts in their foods, so they are not consuming more than the daily recommended amount, in order to avoid health issues. "How Seniors Can Improve and Maintain Memory and Cognition" gave five ways the aging population can stay mentally strong. The "Generational Health" article encouraged people to break the dysfunctional cycles of dealing with health by learning their family history and dispelling generational myths. Announcements were made for a Contact Tracer job opening with Montgomery County and the Maryland Health Connection extended the Coronavirus Emergency Special Enrollment Period deadline to July 15. The Health Hint emphasized getting out in nature more often to improve well-being. The featured video was a YouTube link of comedian and vegan influencer, Tabitha Brown, and how veganism inspired her life. The featured recipe was watermelon salad with feta.

July's Health Notes was opened by 323, which represents an increase of 66 readers. The open rate of 25% was substantially higher than last month's open rate of 20%, AAHP's average of 23%, and 6% higher than the industry average. July's click rate of 6% was 1% lower than last month's, and lower than AAHP's average and industry average. The bounce rate also remained the same. There were two unsubscribers.

AAHP website

The following outlines the basic AAHP website metrics for July:

- 5, 575 visits, compared to 5,240 visits last month.
- 49.2% of visitors accessed AAHP's website on their desktop computers, and 50.8% accessed the website on their phone or tablet, representing a shift away from the dominance of desktop access reflected last month

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

AAHP Social media

Facebook:

649 likes, 6 new likes
25 posts, -10 from June
24 likes, -11 from June
14 shares, -12 from June
2 comments, +1 from June
Top post: #ThrowbackThursday post showing AAHP's clinical director at CDMP classes at White Oak

Twitter:
307 followers, 4 new followers
19 tweets, -10 from June
3 likes, -51 from June
4 retweets, -27 from June
9 mentions, +6 from June
4,543K impressions
52 profile visits, +18 from June
Top tweet: An ad promoting CDMP classes

Instagram (@aahpmoco):
130 followers, +4 from May
4 profile visits
0 link in bio clicks
15 posts, -6 from June
111 post likes, -34 from June
5 comments, +1 from May
Top post: #ThrowbackThursday post showing AAHP's clinical director at CDMP classes at White Oak

Instagram (@kickstart_your_health):
5 followers
7 posts, +1 from June
11 post likes, -7 from June
0 comments
Top post: Health and Fitness Class ad

Metrics Summary:

AAHP's social media accounts well in July, following an especially productive month in June. With a substantial increase in the amount of content, metrics increased. In addition, AAHP's account began attracting high-profile followers who have shared content with their followers, which can be seen by the increase in retweets on Twitter. Most notably, Twitter had 52 new profile visits.

In order to increase enrollment in program activities and AAHP's CDMP classes in particular, AAHP's Instagram accounts are now equipped with a "link in bio" functionality, which allows followers to click on a link to access AAHP web pages and external links to zoom. The number of clicks are expected to increase with the upcoming increase in content and interest.

Appendix B July Health Notes



AAHP HEALTH NOTES

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

JULY 2020

www.aahpmontgomerycounty.org



The coronavirus pandemic has sent shockwaves throughout our entire society, not only challenging individual and public health, but also ravaging the economy, severely limiting our social lives, and bringing into sharper focus racial health disparities that have festered for centuries. In Montgomery County, the 2nd hardest-hit County in Maryland, 700 people have died from COVID-19 as of this writing, with African Americans accounting for 25% of deaths despite being 19% of the population. County Executive Marc Elrich and County Health Officer Dr. Travis Gayles have issued numerous advisories and announcements as the County transitions from the Stay-at-Home order to reopening.

Last month, in the wake of social unrest due to the killing of George Floyd, the Montgomery County Council unanimously passed a resolution declaring racism a public health issue. "Disparities in health outcomes have been amplified during the COVID-19 pandemic, as African Americans have the highest number of recorded cases and deaths," Montgomery County Council said in a release.

As winter and the upcoming flu season draw nearer, AAHP understands the urgency of this moment and is prepared, as always, to rise to the challenge. AAHP will continue to emphasize the lifestyle choices and changes that promote good health and combat obesity, high blood pressure, diabetes, and heart disease—all COVID-19 comorbidities. Now, more than ever, it is critical that every African American in Montgomery County knows that they can access services and programs that can help them fortify their health. AAHP strongly encourages every person in the AAHP community to tell other African Americans about AAHP's free services and resources. Follow AAHP on [Facebook](#), [Instagram](#), and [Twitter](#), and share our posts about health promotion and disease prevention with your loved ones.

It's so important that we come together—mostly virtually—and support each other during this time of social distancing. Through the power of the internet, we can cultivate outlets and online conversations where people can express their frustrations and receive the support and compassion they need.

Call AAHP at (240)777-1833 to make an appointment for a free health assessment and to find out how we can help improve your health at no cost.

For COVID-19 information and resources, visit:
www.montgomerycountymd.gov/COVID19 or call 240-777-1755.

Sources:
Montgomery County COVID-19 Dashboard
www2.montgomerycountymd.gov



NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

The year 2020 ushered in fierce reckonings with racial health disparities and racial violence, two dire issues that have challenged African Americans for centuries. This Minority Mental Health Awareness Month, AHP will focus special attention on how African Americans can individually and collectively manage their emotional health during these unprecedented times.

Many people can manage their mental and emotional health with self-care strategies and mind-body practices like exercise, prayer, meditation, and conscious breathing. Even simple physical activities like taking a brisk walk or jogging around the block can improve one's outlook. Regarding prayer and meditation, [Dr. Paul Hokemeyer](#), a marriage, family and addictions therapist says, "Prayer and meditation are highly effective in lowering our reactivity to traumatic and negative events. When we sit down and engage in prayer or meditation, we are able to shift away from this frightened and stressed survival mode into 'an intentional state.'" According to [Dr. Andrew Weil](#), celebrity physician and proponent of alternative medicine, conscious breathing techniques, such as "[4-7-8 Breathing](#)," can help the practitioner reach a desired physical or mental state almost immediately.

If you wish to seek mental health care, take the time to find a good therapist. Make sure your new therapist is a good match for your personality, lifestyle and needs. Because therapy can be costly, check to see if your health insurance offers mental health services or if your employer provides employee health services that include therapy. Don't forget to congratulate yourself for successfully removing the stigma around therapy and taking steps towards a healthier you!

For a list of mental health services, get a preliminary mental health assessment at screening.mentalhealthscreening.org/aahpmontgomery. After completing this anonymous screening, participants receive free, customized referrals for local mental health resources.

If you or someone you know would like to pursue mental health treatment, but are concerned about the cost, you may qualify for free or low-cost treatment by visiting www.findtreatment.samhsa.gov or by calling the National Treatment Referral Helpline at 800-662-HELP (4357).

Sources:

[Department of Health and Human Services Office of Minority Health](#)
www.anxiety.org/black-americans-racism-anxiety-barrier-to-mental-health-care



Did you know that salt and sugar are hidden in everyday foods?

Because consuming too much sugar in your diet could lead to cardiovascular disease, the American Heart Association (AHA) recommends 25 grams (5.8 teaspoons) of sugar a day for women, and 36 grams (8.4 teaspoons) a day for men. Sugar often embellishes or disguises itself with different names, so recognizing those names will help you accurately track your sugar intake. Note that cane sugar and raw sugar are still sugar, and syrup—as in corn syrup and rice syrup—are also sugar. You should also be mindful of ingredients ending in “-ose,” like fructose, maltose, dextrose and sucrose. Other forms of sugar include honey, molasses, agave, juice concentrates and fruit nectars. Sources of high amounts of hidden sugar include cereal, flavored yogurt, condiments, salad dressings, and sauces. Always check the nutritional label to add up those sugar grams.

Too much salt can also lead to high blood pressure, stroke, and other health problems. The AHA recommends consuming no more than 2,300 mg of sodium per day, with 1,500 as ideal, especially for individuals with high blood pressure. Most hidden salt is found in processed, packaged, or prepared (restaurant) foods. A study by the Centers for Disease Control reported that almost a third of Americans get their sodium from breads, chicken dishes, pizza, egg dishes, and pasta dishes. Read food labels and opt for foods that are low-sodium, salt-free or “no salt added.” Eating more fresh or frozen fruits and vegetables and more home-cooked meals in general is an easy way anyone can reduce their sodium intake. Even then, limit the salt you add to your plate.

If you want to learn how to cook flavorful meals without adding so much salt and sugar, join AAHP’s Health and Nutrition classes on Zoom to see AAHP’s nutritionist’s interactive demonstrations on cooking healthy meals like vegetarian chili, smoothies, salads, healthy snacks, and more. Check AAHP’s [calendar](#) for dates and times.

Sources:

[The American Heart Association](#)

www.hopkinsmedicine.org

www.health.clevelandclinic.org

www.health.harvard.edu



Staying mentally fit is just as important as maintaining physical fitness. If you want a healthy brain for clear thinking, good memory, sharp motor skills, strong sensory function and emotional well-being, you can promote your cognitive health by following these tips:

Give Yourself Peace of Mind. Make sure you're on top of your regular doctor visits and recommended health screenings. Take your medicines as prescribed and follow standard health practices like eating a nutrient-rich diet, exercising, not smoking, drinking alcohol only in moderation, getting adequate rest and hydration, and managing stress in healthful ways. When you know you're doing your best to be healthy, you feel more confident and at peace as you age.

Embrace the Adage "You Are What You Eat." If you want your brain to stay fresh, feed it fresh food! Eating fresh or frozen vegetables and fruits, whole grains and lean meats is a great start. Try to limit salt, sugar and fat. The Mediterranean diet (mainly fruits, veggies, seeds and nuts) is highly recommended and is known to lower the risk of mild cognitive impairment.

Get physical! Your brain loves when your body is active. Studies show that exercise improves memory, spatial memory, and learning. Stay active at home by getting extra-physical with chores or by following an exercise program on YouTube. Go for a walk in the park or around the block or spend quality time actively playing with the grandkids. Every movement your body makes counts as exercise.

Engage Your Mind . Intellectual engagement and mental stimulation help to maintain and strengthen your cognitive faculties. All work and no play is dull, so do things you enjoy like practicing a hobby, teaching, volunteering, learning a new skill, reading, or playing games.

Stay Social. Even in the age of social distancing, seniors can avoid feelings of isolation and loneliness by socializing with family and friends, online or in person with physical distancing. Social engagement is known to reduce the risk of dementia and cognitive impairment.

Source: [National Institute on Aging](#)



Family health history impacts individual health and well-being more than most people realize. Pathologies, trauma, and lifestyle habits can be passed from generation to generation just like facial features and mannerisms. Learning about your family's mental and physical health history can help you identify negative patterns and behaviors and apply interventions and coping mechanisms.

Many adults who struggle with their health grew up watching their parents and other elders manage stress in dysfunctional ways, repress their emotions, or silence and ignore abuse. While some individuals may pass to the next generation those behaviors, beliefs, and traumas, a self-aware and emotionally resilient person will make an effort not to do so. As more family members address their own health and unite with other family members to address their family's health history, families create opportunities to bond through deeper conversations, get help and healing together, and plan and implement healthy behavioral changes that can transform and redirect health trends for future generations.

This summer, AAHP encourages you and your family to discuss your family's health and health history.

Source: *The Association for Child and Adolescent Mental Health*



Coronavirus Special Enrollment Period Extended to July 15

The Maryland Health Connection has extended the deadline of its Coronavirus Emergency Special Enrollment Period. Uninsured Marylanders now have until Wednesday, July 15, 2020 to enroll in the state's health insurance marketplace. To enroll, visit [MarylandHealthConnection.gov](https://www.MarylandHealthConnection.gov). Individuals also can download the free "Enroll MHC" mobile app. Free consumer assistance is available by calling 855-642-8572 from 8 am to 6 pm on weekdays.

Montgomery County is Hiring Contract Workers

Montgomery County's Department of Health and Human is currently hiring long-term temporary (6-12 months) Contact Tracers to aid in the County's response to the COVID-19 pandemic. These entry level public health professionals are responsible for identifying and contacting individuals who may have come in contact with persons recently diagnosed with COVID-19. Contact tracers provide education, deliver guidance on minimizing the risk of potential transmission, and explain the necessity for the contact to quarantine responsibly in order to reduce the risk of transmission to others. Apply [here](#).

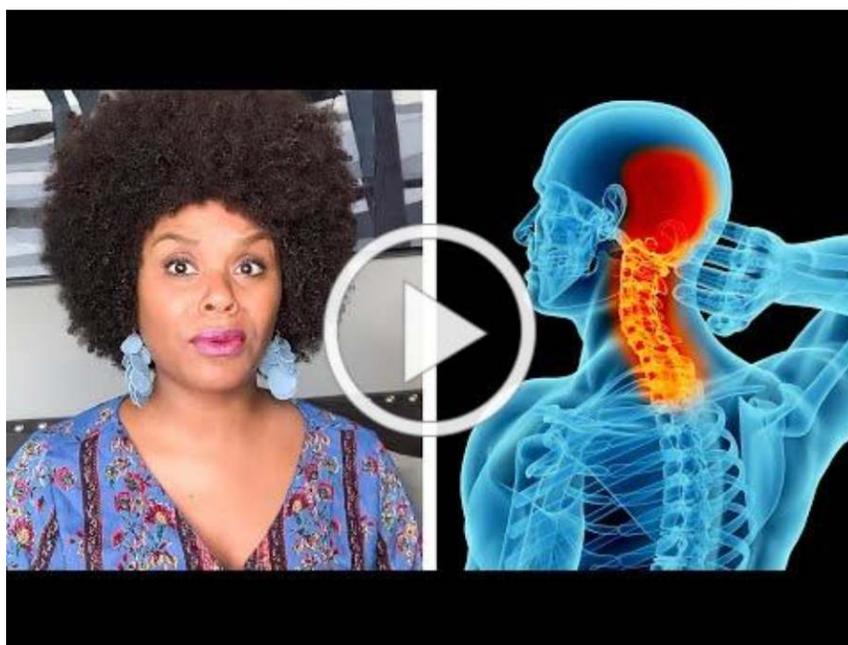
Health Hint

Studies show that increased contact with natural environments such as parks, trails and woodlands is linked to better health and well-being in high-income, urbanized communities like Montgomery County. Citizens living in green urban areas have lower probabilities of heart disease, obesity, diabetes, mental distress, and other physical and mental health conditions. So why not spend some time in a [Montgomery County park](#) this weekend?

Source: www.nature.com

Featured Video

Comedian and vegan influencer Tabitha Brown discusses how going vegan influenced her health, life, and career:



Featured Recipe: Watermelon Salad with Feta



Ingredients - Dressing

- 2 tablespoons extra-virgin olive oil
- 3 tablespoons lime juice
- ½ garlic clove, minced
- ¼ teaspoon sea salt

Ingredients - For the salad

- 5 cups cubed watermelon
- 1 heaping cup diced English cucumber
- ¼ cup thinly sliced red onions
- ½ cup crumbled feta cheese
- 1 avocado, cubed
- ½ cup torn mint or basil leaves
- ½ jalapeño or serrano pepper, thinly sliced, optional
- Sea salt

INSTRUCTIONS

1. Make the dressing: In a small bowl, whisk together the olive oil, lime juice, garlic and salt.
2. Arrange the watermelon, cucumber, and red onions on a large plate or platter. Drizzle with half the dressing. Top with the feta, avocado, mint, and serrano pepper, if using, and drizzle with remaining dressing. Season to taste and serve.

Source: <https://www.loveandlemons.com/watermelon-salad/>

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Black Montgomery County Faces COVID-19

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