



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

AAHP MONTHLY REPORT June 2020



African American Health Program June 2020

I. Introduction

June was the final month of the fourth year of implementing the African American Health Program contract between McFarland and Associates and Montgomery County's Department of Health and Human Services. June also included the second phase of Covid-19 reopening based on an order (Executive Order 082 – 20) issued by the County's Health Officer on June 19, 2020. The COVID-19 pandemic forced County residents to confront harsh realities from concern for the health and safety of all County residents and their families to the financial struggles associated with mass layoffs and a weakened economy. Program activities were guided by evolving guidance and information about the rate of infection, hospitalizations and deaths in the County. The overall approach to the work required flexibility due to an uncertain timeline for returning to normal program approaches to prevention services that existed prior to March 16, 2020. Prior to the stay-at-home order, program services relied principally on face-to-face engagements. All of the SMILE visits involved home visits and all of the health screenings involved individual screenings conducted at various sites throughout the County.

To address the new requirements, the African American Health Program pivoted and refined creative ways to use digital communications as an evolving strategy for reaching and communicating with more County residents. Central to the new strategy was the COVID-19 Re-Engagement Project. Seven part-time nurses and five AAHP staff members and interns were recruited and hired and therefore played a significant role in reaching out to Black County residents to assess their health needs and provide counseling and guidance on services available to promote health and well-being. The pandemic had a substantial impact on the overall morale of all County residents and as information evolved, it became clear that Black people were disproportionately affected in terms of hospitalizations and deaths. As part of this effort, the staff made telephone calls to 2,064 residents and conducted 374 telephone interviews with residents. These interviews included 58 former SMILE clients and 316 other clients who have engaged AAHP services over the past several years. The significance of this outreach effort is that it provided an opportunity for AAHP to reach out on behalf of the County government to let black residents know about the County's concern for their health and well-being during the pandemic. Also, these calls served as a way of identifying health needs and referring residents to services offered by the African American Health Program as well as to other providers throughout the county. The survey documented the high prevalence of underlying but preventable health conditions that disproportionately affects people of African descent. More than half of all respondents (56.8%) reported having one or more chronic diseases. The problems cited most frequently were hypertension and cardiovascular disease, prediabetes or diabetes, cancer, and kidney disease. According to the Montgomery County Maryland database on COVID-19 deaths, at the end of June Montgomery County had recorded slightly more than 15,000 cases of infection and 724 deaths.

Another significant accomplishment during June was the continuing buildout and refinement of the AAHP Management Information System. COVID-19 provided an opportunity and time

for the staff to complete training on how to enter data into the system and devoted significant time to entering data on the June SMILE caseload, selected chronic disease management class enrollees, and other residents who have had encounters with AAHP over the past months. In addition, community health workers made significant progress in entering data for chronic disease clients. As part of that process of data entry, staff identified ways to improve data entry including additional questions that were added along with options for recording responses. During the process, new ways for using data to improve program services quickly emerged that were not possible without system. For example, the system allows for filtering out potentially duplicated counts of individuals who may be enrolled in more than one service component within AAHP it is significant to understand that the Covid extension project and SMILE Re-Engagement Initiative was formulated in close collaboration with the AAHP Executive Committee and the AAHP DHHS Program Manager.

II. PROGRAM ACTIVITIES

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

As the stay-at-home order continued during June, the SMILE program used FaceTime, Zoom, WhatsApp, Skype and Duo to conduct home visits with all mothers enrolled in the SMILE program. Also, the program staff developed new workflows and forms to enroll new mothers using virtual meetings to manage the enrollment process. Many of the new enrollments in June were referrals from the nurses who conducted the telephone interviews as part of the smile re-engagement program. A significant portion of referrals involved mothers who were struggling with a variety of issues exacerbated by COVID-19 such as assistance with issues pertaining to health-related conditions, food insecurity, rental assistance, domestic violence, fear, depression and anxiety. Most of these referrals were directed to the AAHP social worker for support.

In June, the SMILE program's caseload consisted of 54 infants and 73 mothers, including 19 prenatal and 54 postpartum cases. Four babies were born to mothers enrolled in the program in June, three of whom were delivered at full term, and one infant was born prematurely at 36 weeks. However, all infants were delivered at a normal weight. The nurses arranged for the delivery of car seats, cribs and other items needed to ensure a healthier adjustment for the new mothers and their infants. Nine new prenatal mothers were enrolled in the smile program during the month. As part of the enrollment process three new mothers were screened to assess their psychosocial status. This is a new procedure initiated in May in an effort to ensure increased focus on some of the social determinants that may have been missed with the discontinuation of home visits in March as a component of the intake process of new SMILE clients. The social worker provided teleconsultations to 12 additional SMILE clients during June and updated the psychosocial histories of 8 clients referred by nurses. She also followed up on three previously referred clients, provided crisis intervention, and connected them to County caseworkers for follow-up services. One impact of COVID-19 was an increase in the number of clients requesting support in reconnecting with their County case workers for various issues such as Medicaid renewal support, application assistance, and SNAP eligibility and benefits. The County's directory of services was especially helpful in reconnecting clients with their assigned case workers during COVID-19 confinement. As part of strategic teamwork, the nurses,

community health workers, and social worker conducted a combined total of 132 teleconsultations during the month of June.

At the end of June, nine of the 73 mothers were classified high-risk cases with medical issues, **three** with high-risk social issues, and **six** 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. Nine new prenatal cases, and two postpartum moms were evaluated for depression using the Edinburgh Postnatal Depression Scale. Four mothers scored high and were therefore referred to mental health service providers for further evaluation and care. Social risks are frequently related to poor emotional well-being, unemployment, poor education, unclear immigration status, language barriers, and inadequate family support. Staff addressed these issues through appropriate referrals.

At the end of June, the overall percentage of mothers breastfeeding was 65%, and the percentage of mothers breastfeeding up to three months was 100%. Both breastfeeding indicators exceed the national rates reported by the Centers for Disease Control and Prevention (CDC). Comparative data presented by CDC shows that the percentage of African American women who ever breastfed was 64.3%, and of that number, only 20% breastfed exclusively for six months after delivery.

During June, the nurses held weekly meetings to improve service delivery for prenatal and postnatal mothers participating in the smile program. **Dr. Michele Hawkins** recommended strategies for increasing enrollment and improving service delivery to program participants. As part of the improvement process, meetings included a discussion of individual cases and ways to best manage difficult cases. In an effort to increase enrollments, a local White OB/Gyn specialist who has a sizable Black patient load met with the staff virtually and committed to championing AAHP's services among his peers. In an effort to further engage participating mothers in educational programs and services, the nurses organized a virtual educational session on preterm labor that was held on June 15.

AAHP's social worker received three (3) new referrals from SMILE nurses for clients in the month of June. Clients were reached through their preferred virtual methods (ie: telephone or Facetime). All initial full phone contacts consisted of the completion of the Health-Related Social Needs screening tool developed by CMS. The social worker continues to work with an additional 12 clients on an ongoing basis this month. Clients continued to receive referrals for mental health support, food services, and housing support. Telephonic consults were successful, as goals were revisited and revised as needed, and needs were reassessed. Clients also received follow up support for Wellness Wednesday participation.

The SMILE team has continued to meet weekly to discuss high risk cases, challenges, and data collection. It has been decided to engage all new enrollees with the social worker for a completion of this screening tool. This will assist with early needs identification and tracking progress of SMILE clients.

The SMILE team met during this month of June to identify ways to increase engagement in these virtual programs, discuss some perceived challenges, share client feedback, and brainstorm ways to improve the current system. Some of the ways in which AAHP hopes to increase participation are outlined below:

1. Changed virtual platform from Microsoft Teams to Zoom, which has proven to be effective with other classes (ie: Nutrition, CDMP, etc.) and is a preferred method of consultation due to ease of use. Zoom also provides additional safety features for to protect clients' information and breakout sessions for individual care and questions. Additionally, most SMILE moms with other children in the household are familiar with this platform due to their other children using it for school.
2. Combining education and wellness class with a common topic – ie: Breastfeeding (education provided by SMILE Nurse) and the importance of skin-to-skin/connectedness (education provided by the social worker). These classes will be extended to an hour + (depending on the topic) but clients will then have the option to join for whichever portion of the class they are interested in hearing more about.
3. Incentivize participation – making classes interesting and informative, AAHP is working on ways to offer a raffle to class participants and provide a small gift for mother/baby.
4. And lastly, developing a client agreement with all SMILE members – as we continue virtual visits, all clients will be informed of the classes being offered and will sign a mutual agreement with their NCM to participate in the monthly classes. A potential stipulation may be to require participation in at least one education class each quarter to receive large gifted items such as a carseat or PackNPlay.

B. Sexual Health

In the month of June, AAHP's social worker continues to be 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 youth STI rates, unplanned pregnancies, and risky sexual behaviors. This month, AAHP' social worker initiated contact with an individual who has been involved with AAHP's World AIDS Day programming in the past. This individual is a Licensed Social Worker with a background in adolescent sexual health education/counseling, as well as a community educator on how to engage the youth on safe sexual health practices. Additionally, she was Program Coordinator for Adolescent Pregnancy and Prevention with the DC Department of Health. She has joined the team and provided her curriculum on "How to be a Trusted Adult" to be used with mentors and providers at Montgomery County Collaboration Council for Children Youth, & Families, as a way to indirectly disseminate sexual health information to their youth. The social worker will assist in the development and production of these trainings, which will be offered virtually.

AAHP is also working closely with HOC resident counselors at family sites to identify and contact residents with adolescents in the target ages. This is an ongoing process.

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

	PROFILES AND SERVICES	*Monthly Average of Reference Calendar Year 2018	June 2020	Comments
1	<i>A) Currently Active Moms</i>	92	73	
2	Prenatal (still pregnant)	28	19	
3	Postpartum (Moms who have delivered)	64	54	
	<i>B) All infants</i>	65	54	
4	Single Births	61	54	
5	Multiples	4	0	
6	Case Load (A+B)	157	127	
	MOM'S ETHNICITY			
7	African American Clients	36	28	
8	African Clients	50	44	
9	Caribbean Clients	6	0	
	REFERRALS			
10	HHS Prenatal Referrals Received	8	5	
11	Referrals from Other Sources	6	5	
12	Total Prenatal Referrals	14	10	
	NEW ENROLLMENTS			
13	Prenatal Moms Newly Enrolled During the Month	8	9	
14	Infants Newly enrolled during the month	6	4	
15	All new enrollments for the month	14	13	
	DELIVERIES during the month			
16	Term Deliveries	6	4	
17	Preterm Deliveries	1	1	
18	Total Deliveries	7	4	
	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	0	
25	Telephonic Consultations	17	132	Includes 12 by SW and 4 by CHW
26	Prenatal Discharges	1	0	
27	Infant Discharges	8	5	
28	Community Referrals Made	18	17	
29	Classes/Presentations Completed	3	12	
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%	100%	
32	Overall Breastfeeding Percent	51%	65%	
	INSURANCE			
33	Clients with Private Insurance**	30	23	
34	Clients with Medicaid Insurance**	62	53	

*Averages are rounded up to the next integer

** A client may have multiple insurances

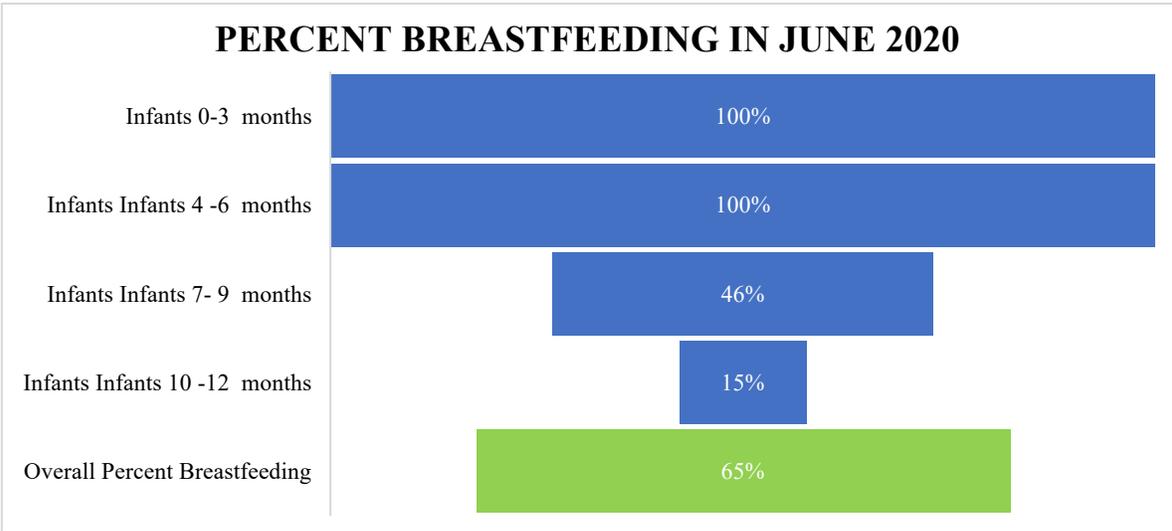
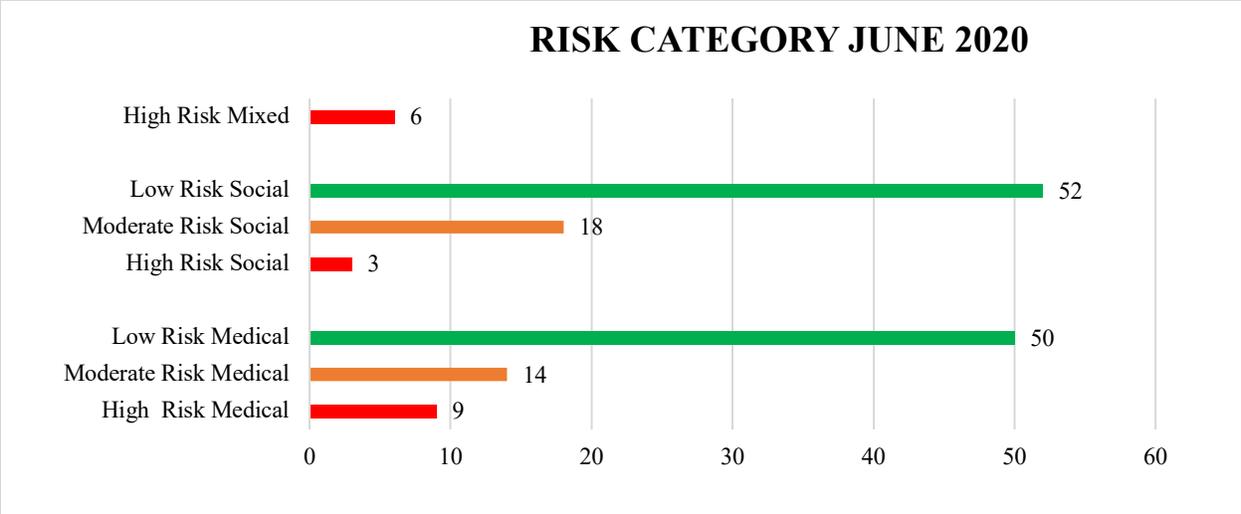
Increase above reference year

Level with reference year

The decrease from reference year

Untoward Outcome

Desired Outcome



C. The Chronic Disease Management Program (CDMP)

Starting in June, the CDMP team began to experiment with new ways to integrate more interactive and diverse content into the CDMP virtual webinar curriculum. The revised curriculum offered four classes weekly and covered evidence-based topics to help participants improve their health and manage their chronic disease. The Wednesday evening ‘Kick Start Your Health I’ (KSYH) series covered the requirements specified by the AADE 7 core curriculum. The curriculum focuses on 7 core areas including: Introduction to Prediabetes and Diabetes, Healthy Eating, Being Active, Taking Medications, Monitoring, Problem Solving, Healthy Coping, and Reducing Risks. Classes included tips for diabetes self-monitoring and care; discussions of barriers to care, self-care, goal setting, follow-up and outcomes measures, and educational resources.

As part of the emphasis on self-care, participants were taught how to check their feet and the importance of good dental hygiene in managing personal health. The Thursday evening KSYH II classes focused on Heart Disease and Hypertension. The curriculum covered

included: an Introduction to Hypertension and Heart Disease; Causes and risk factors for Hypertension and Heart Disease; Complications of Hypertension; Link between Diabetes and Hypertension; Healthy Eating, Being Active, Taking Medications, Monitoring, Problem Solving, Healthy Coping, and Reducing Risks and Stress management. Special emphasis was placed on Obesity's relationship to Hypertension and Heart Disease. Particular emphasis was placed on teaching participants strategies to significantly reduce risk through diet and exercise. The Lifestyle Behavior Change webinars Tuesday and Thursday morning/afternoon focused on 'Health and Fitness' and 'Health and Nutrition' respectively, both covering aspects of Diabetes and/or Hypertension disease and the ways that exercise and nutrition combines to affect overall health.

Increasingly the classes have devoted more time to exercise as a critical component in maintaining health. For example, The Health and Fitness classes included yoga instruction and guided zumba. The addition of professionally guided exercises has resulted in improved class attendance, engagement, and accountability with the hope of having participants attend weekly to achieve a goal of getting 30 minutes of exercise per day. Thirty minutes per day is suggested by federal health guidelines as a risk reducer for chronic diseases. The 'Health and Nutrition' classes still focuses on the impact of nutrition on chronic conditions with the majority of the class showcasing plant-based healthy cooking group demonstrations by AAHP's nutritionist. To complement the cooking demonstrations, a licensed nutritionist will be added to the team in July. Her presentations will emphasize "From Garden to Table" which examines the role of whole foods in reducing risk of chronic diseases and the nutritional benefits of different foods to improve health.

In June the CDMP team placed added emphasis on the importance of participants adhering to self-monitoring and tracking their HEDIS (Blood Pressure, Glucose, HbA1c, Cholesterol, BMI...) "numbers." AAHP established a FedEx account to deliver diabetes and hypertension self-management supplies including glucose meters, lancets, strips, and blood pressure monitors to participants. CDMP staff have also encouraged all participants to monitor and record their biometric measures using the self-monitoring devices and to submit those numbers to AAHP staff as part of individual consultations. To encourage compliance and engagement, the CDMP re-instituted a 'Blood Glucose/Blood Pressure Monitoring Self-Management Agreement' for participants. This agreement outlines and encourages participants adherence to daily, weekly, and/or monthly self-monitoring in concert with their goals. Additionally, participants are encouraged to identify barriers encountered in meeting established goals. AAHP offered opportunities to consult with a pharmacist, physician, and/or nutritionist. AAHP's clinical staff has established office hours for one on one counseling sessions for medical nutrition therapy (MNT); medication therapy management (MTM) often referred to as "brown bag" sessions; and general health related questions. During these "brown bag" sessions participants were able to ask questions about their medications, receive a recommendation for changes in medications to take to their physician, and follow-up by the pharmacist over the next month.

In July, the AAHP CDMP team looks forward to expanding course content to include discussions and lectures on oral and mental health with a dentist and a psychiatrist. Because

the COVID-19 is an evolving pandemic that brings new knowledge and understanding to both treatment and prevention, it will continue to be a major focus on ways to reduce infection especially as it pertains to people of African descent.

Below please find the monthly report for June 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 June 2 nd , 9 th , 16 th , 23 rd 30 th (on-line)	11am – 12:30pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month was focused on guided fun exercises of Yoga and Zumba by trained exercise professionals and AAHP staff from the comfort of participants own home aimed at promoting movement. 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, we had 12 new participants. All 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 I (Diabetes) on-line Webinar June 3 rd , 10 th 17 th , 24 th	6pm – 8pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month’s class topic was Diabetes. Topics focused on the origins of the disease state; Causes and complications Medications, treatments, and side effects; How to prevent using including diet, exercise and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals and medications. NOTABLY: In the month, we had 5 new participants . All participants continue to maintain or improve in their HEDIS measures and

			adapt and make positive behavioral changes for exercise and diet..
Health and Nutrition on-line Webinar June 7 th , 11 th , 18 th , 25 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 your 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: All 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 on-line Webinar June 4 th , 11 th , 18 th , 25 th	6pm – 8 pm	Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month's class topic was Hypertension. Our topics focused on the origins of the disease state; Causes and complications Medications, treatments, and side effects; How to prevent using including diet, exercise and stress management. NOTABLY: In the month, we had seven new people join the class All participants continue to maintain or improve in their HEDIS measures and adapt and make positive behavioral changes for exercise and diet.

CDMP Virtual Webinar Attendance Metrics June '20

	Health and Fitness 11am - 12:30pm				KSYH I 6pm – 8pm				Health and Nutrition 1pm – 3pm				KSYH II 6pm – 8pm			
Date(s)	6/2	6/9	6/16	6/23*	6/3	6/10	6/17	6/24	6/4	6/11	6/18	6/25	6/4	6/11	6/18	6/25

Class Size	14	15	15	25	18	11	15	10	16	30	24	23	13	13	10	10
TOTAL attendance	69				54				69				46			
Avg.	13.8				13.5				23.25				11.5			
Natl. Avg.	4-6 (Among classes that meet weekly)				4-6 (Among classes that meet weekly)				4-6 (Among classes that meet weekly)				4-6 (Among classes that meet weekly)			

*Includes participant #s for 6/23 + 6/30 as there were 5 weeks in the month.

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	3	3	3	11
<i>Female</i>	15	18	23	13	69
<i>Non-disclosed</i>	0	0	0	0	0
<i>Total</i>	17	21	26	16	80
<i>% African American</i>	100%	100%	97%	100%	
Health Profile					
<i>Average Systolic</i>	132.2 mmHg	138.6 mmHg	134 mmHg	129 mmHg	
<i>Average Diastolic</i>	79 mmHg	81.9 mmHg	83 mmHg	82.3 mmHg	
<i>Average HB A1C</i>	N/A	N/A	N/A	N/A	
<i>Average Glucose</i>	N/A	122.8 mg/dL	98 mg/dL	145.4 mg/dL	
<i>Average BMI</i>	N/A	N/A	N/A	N/A	
<i>Average %Body Fat</i>	N/A	N/A	N/A	N/A	
<i>Average Cholesterol</i>	N/A	N/A	N/A	N/A	
Diabetes					
<i>Pre-diabetes cases</i>	1	3	5	1	10

<i>Diabetes cases</i>	3	8	5	5	21
Hypertension					
<i>Pre-hypertension cases</i>	3	2	2	3	10
<i>Hypertension cases</i>	3	9	2	4	18
<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	10	22	14	13	59

CDMP Team Consultation, Follow-up, and Outreach Efforts

CHW Consultations (Telephone):	# Given Self-Monitoring devices (BP or Glucose)
177	4 Glucose Meters; 300 Strips and Lancets, 6 BP Monitors
Pharmacist Consultations (Virtual Telehealth):	# Taught to use Self-Monitoring devices (BP or Glucose)
2	10
Physician Consultations (Virtual Telehealth):	# of People with Elevated Values
7	59
Nutritionist Consultations (Virtual Telehealth):	
3	

June 2020 HEALTH CHAMPION

This month's Health Champion is dedicated to ALL program participants and AAHP staff who have come together week after week to improve their health over this past fiscal year. From in-person classes to virtual classes, participants have promoted class recruitment and retention. Significantly, AAHP has succeeded in retaining approximately 80% of all participants in continuing classes. This rate compares very favorably to national averages where the rate of retention is approximately a 20% loss to follow-up. The AAHP staff has succeeded in adjusting to the new normal while remaining consistent with the achievement of recruitment and retention

goals and objectives. Congratulations ALL of the participants and AAHP staff on an amazing year!!!

D. Mental Health

1. Screenings/Assessments

In June, the number of mental health screenings (5) recorded a fairly sharp decline when compared to previous months. This decline is traceable primarily to a sharp reduction in screening opportunities imposed by social distancing and the attendant number of community events which reduce the number of screening opportunities.

In some ways this is unfortunate because, while mental health concerns increased because of COVID-19 and social distancing, it became more difficult to identify and monitor symptoms through screenings given the current stay-at-home order.

According to Healthline research, women, minorities, people with preexisting health conditions, and adults under 34 years reported higher than normal rates of fear and anxiety related to COVID-19 and the stay-at-home orders. However, in light of these recent findings, AAHP's social worker shifted emphasis to meet the psychosocial needs of high-risk groups currently involved in AAHP's programs. This includes more involvement with SMILE families, former and current participants, CDM clients, and college students in Montgomery County. In June clients were encouraged to share the online resource and screening tools with family and friends. Expanded efforts were also made to collaborate with other supporting organizations and agencies including students enrolled at Montgomery College campuses and other youth related groups such as the Housing Opportunities Commission family and other organizations such as Clinical Solutions PRP program, and WorkSource Montgomery.

2. Mental Health Support

To reach a broader audience of County residents, AAHP's social worker instituted new office hours for providing individualized consultations that are set aside daily between the hours of 1PM-5PM, Monday-Thursday for call-in consultations and referrals. These office hours are set aside for residents who are not affiliated with any of AAHP's current programming. An example includes a resident who found herself challenged with the task of locating a new psychiatrist that she could relate to as a Black woman with co-occurring diagnoses for PTSD, Bipolar II, and other chronic health conditions. She preferred a young Black provider offering services virtually and at a reduced cost. AAHP's social worker was able to provide support in arranging for an intake appointment. As an expression of gratitude, she said, "Thank you. You are helping me [with accessibility, referrals, resources]. I really appreciate it. And you got me feeling hopeful! I'm look forward to what's to come."

AAHP's social worker also continues to find ways to infuse behavioral health and other components of program services such as Wellness Wednesdays. Wellness Wednesday continued in the month of June with the focus being "Food, Mood, & Long-term Effects." This was the first time this topic has been addressed for SMILE participants. This wellness webinar was conducted in collaboration with AAHP's Chronic Disease Management

Program clinical director, who presented information about gestational diabetes, prevention, and treatment. AAHP's social worker provided information about the importance of sustaining and maintaining a balanced and healthy diet, especially while pregnant, for overall wellness. Both educators stressed the important connection between self-care and exercise as part of a daily routine for managing physical and mental health.

Because of the importance of cultural competency in providing mental and physical health and the small number of providers available within the county, AAHP's social worker and other staff have expanded the frequency of engagement with other Black practitioners. In June, the AAHP staff met with a Black psychiatrist with practices in Suitland, MD and Silver Spring, MD. During the month, plans were made to begin making referrals for homeless or indigent residents who may require mental health services through either the homeless shelter at Progress Place or the shelters operated by Montgomery County.

AAHP's staff also met with the executive director for Clinical Solutions, Inc., a mental health agency in Burtonsville, MD. This agency serves children and families with mental health needs through therapeutic counseling and social rehabilitation (PRP). AAHP is actively seeking opportunities to work with Clinical Solutions to meet the needs of their clientele, which they describe as diverse. We have encouraged the use of AAHP's online screening tools as a supportive social service to those in need.

E. Outreach

AAHP's social worker has made considerable efforts to continue community engagement and outreach. On June 3, the social worker met with the American Diversity Group to develop a partnership for upcoming food drives. This partnership proved beneficial as AAHP was able to share the details of this free food pick up service to all AAHP clients and encourage their attendance. Some AAHP staff participated in the packaging and packing of these grocery boxes. AAHP was also able to expand our reach by providing other community members with AAHP program information and contacts. In addition to this, AAHP has been supportive of the many Black Lives Matter peaceful protests throughout the County. AAHP staff recognized that congregating in large groups has inherent risk of overheating in 90+ degree temperatures. To reduce this risk in a small way, AAHP provided labeled water bottles to local organizers of student-led rallies that included bottle neck tags with reminders of safe practices to prevent the spread of COVID-19. This strategy has led to further collaboration with these groups and produced increased awareness about AAHP's commitment to health and well-being.

F. General Service Clients

The social worker received 15 new community referred clients, including two call-in requests, and continued to follow up with others. The clients' issues included food insecurity, housing instability, concerns about finances/employment, health maintenance concerns, etc. The social worker provided brief mental health consults, referrals, and contacts to programs to support clients during this time. Clients were also encouraged to complete mental health screenings on the AAHP site by the re-engagement team. Some commonly referred agencies in June included local food distribution sites, All Day Medical Care Behavioral Health Center, and Gilchrist Immigration Resource Center. Clients were also informed about and encouraged to utilize County support such as the Emergency

Assistance Relief Program (EARP) and Rental Assistance Relief, which will be available in the first week of June.

Those in need have also received AAHP's 5 Tips to Manage Stress & Anxiety, COVID edition. The social worker continues to follow up and check in on these clients periodically to ensure needs were met.

G. Healthy Aging

In June, the efforts of the aging community liaison to provide Black seniors in Montgomery County with the tools, resources, information, and access to live longer, healthier lives despite the COVID-19 pandemic can be divided into the past, present, and future.

As part of the process to transition Aging Programs to a county employee, the current aging community liaison prepared materials looking back at the first year of AAHP Aging programs. This document served as the basis for the aging community liaison's PowerPoint presentation for the June 15th virtual meeting of the Leisure World Lions Club on the AAHP's Healthy Aging programs. The invitation to participate in the ZOOM call was extended by one of the 85 Aging Subcommittee volunteers who receives the weekly senior resource update emails as a member of the Generation One ministry at The People's Community Baptist Church.

Presently, the weekly senior resource update email is shared with nearly 400 additional seniors throughout the county via senior points of contact at Leisure World and the Mt. Calvary Baptist, Kingdom Fellowship AME, and People's Community Baptist churches. The aging community liaison also has bi-weekly phone and ZOOM calls with these senior program coordinators to determine other needs and email topics. To ensure that the weekly email had up-to-date information about county services and upcoming recovery plans, the aging community liaison also attended the Virtual Senior Town Hall hosted by Senior Planet of Montgomery County focused on senior programs and services during the pandemic that featured presentations by County Executive Marc Elrich, Council President Sidney Katz, Aging and Disability Chief Odile Brunetto, Villages Coordinator Pazit Aviv, Montgomery County Fire & Rescue Service senior liaison Jim Resnick, and Recreation Director Robin Riley.

In light of the current focus on the dangerous public health consequences of structural racism, the aging community liaison also attended the American Public Health Association (APHA) webinar, "Racism: The Ultimate Underlying Condition" and shared an article from the American Journal of Public Health on levels of racism with the AAHP staff along with definitions of different types of racism. This glossary of terms was also shared with the Chair of the Commission on Aging (COA) who emailed it to every committee member and several officials in county government. The aging community liaison who also serves as the AAHP liaison to the COA also made sure that the link to the video of AAHP's virtual town hall, "Racism: A Public Health and Mental Health Crisis" was shared with COA members and included in the weekly senior resource email, along with information about the location of testing sites for COVID-19, the other public health crisis that is currently disproportionately affecting black seniors.

In addition, the aging community liaison also facilitated a virtual meeting between the staffs of ResCare (now known as Equus Workforce Solutions) and AAHP to discuss forming a referral partnership to address another public health crisis resulting from the COVID-19 pandemic: unemployment. In addition to serving as a referral for AAHP clients looking for career development resources, ResCare would provide client referrals for mental health screenings and SMILE program participants as well as additional AAHP volunteers. In addition, the aging community liaison created a comprehensive list of Montgomery county workforce/career development assistance resources and points of contact for AAHP's licensed clinical social worker to assist clients experiencing stress due to unemployment.

Finally, looking to the future, the aging community liaison collaborated with the AAHP Aging subcommittee co-chairs to review and provide aging content for the AAHP 5-Year Strategic Plan and to produce several foundational documents for Aging programs to assist in the transition to a new county employee who will serve as the aging community liaison.

H. HIV/STI/AIDS Education

Montgomery County's stay-at-home order resulted in the suspension of HIV/STI testing and counseling as of March 16. At the end of June, it has not been determined when testing can be safely resumed by either the state of Maryland or Montgomery County. Nevertheless, the importance of reducing the spread of sexually transmitted diseases remains a critical component of AAHP's commitment to improving health. However, given the realities of social distancing and the practical aspects of personal contact to draw blood samples to conduct HIV and AIDS testing, it was necessary to shift emphasis from testing to education with a particular emphasis on adolescents and young adults who account for a disproportionate share of sexually transmitted diseases in the County.

In June, plans for initiating and implementing a restart of plans for health education services aimed at youth and young adults continued to be developed and refined. Specifically, education and information educational resources and outreach activities are under development.

I. Community Outreach & Education

The killing of George Floyd on May 25 ignited national outrage during the COVID-19 pandemic was increasing and combined to fuel national and worldwide protests, demonstrations, and demands for racial justice and equality. This combination of events served to highlight the fact that racism is clearly a public health matter and Black lives matter. Moreover, as more data was published in June about the high prevalence of COVID-19 infections and deaths among people of African descent, along with the evidence of inequality and underlining health conditions and infections on excess mortality. Throughout the nation and in Montgomery County, discontent, depression, anxiety, frustration, anger, rage, and protests surfaced as a reaction to racial inequality in the United States and the world. The disproportionate impact of COVID-19 on the prevalence and incidence of infections, hospitalizations and deaths served to underscore the association between excess mortality and racism.

In June these two major crises ignited a range of raw emotions that included anger, frustration, anxiety and fear in the Community, but particularly in Black men. In order to address the physical and mental health concerns raised by these dual crises, AAHP's Clinical Director joined forces with the People's Community Baptist Church to convene a zoom evening of prayers and reflections on June 3. The Clinical Director and Dr. Kenyatta Gilbert, Associate Professor Howard University School of Divinity & Associate Minister, co-presented and 67 Black men across Montgomery County participated. The meeting provided a space to share thoughts and feelings about the crises and an opportunity to get spiritual and mental health guidance on how best to cope with the uncertainty and the anxiety of the time. A second zoom meeting was convened on June 17, 2020, with 42 Black men in attendance, during which, four zones were defined to frame collective actions to be taken through the end of the year 2020. These action zones are: Enriching Spiritual Life; Outreach to Other Racial/Ethnic Groups and the Youth; Mobilizing Voting Power; and, Police Reform.

Also, the Clinical Director presented a Primer of COVID-19 pandemic at the 22nd International Fatherhood Conference, convened virtually, on June 10 and 11. The presentation covered the pathogenesis, epidemiology, impact and recommended preventive measures. Two hundred people from 37 states participated.

J. COVID-19 Re-Engagement

The COVID-19 Re-engagement was initiated on April 23, 2020 with three part-time nurses. In June, seven part-time nurses, five AAHP staff members and five student interns worked on the project. Collectively, they called 2,064 former AAHP contacts. Fifty percent could not be reached on the first call. Of those reached, 427 individuals or 42% completed a conversational survey that lasted an average of 25 minutes. A total of 295 survey participants were women and 130 were men. This indicated a much higher level of participation than most national telephone surveys, including the Pew Research or the CDC's Behavioral Risk Factors Surveillance Survey (BRFSS). National telephone surveys generally garnered a participation level ranging from 7% to 13%, even with incentives. AAHP's survey included questions on demographic and personal characteristics, knowledge of COVID-19, underlying conditions, preparedness to handle the crisis, coping mechanisms and needed resources. Those surveyed were happy and relieved that AAHP reached out to them during a period of high anxiety. In fact, 25% of them reported symptoms of stress and anxiety. The overwhelming majority of survey participants (90%) had not been tested for COVID-19. Of 48 tests administered to survey participants or members of their household, nine (9) were positive. This is a positivity rate of nearly 19%. A high percentage of survey participants (>80%) observed social distancing and other precautions recommended by public health experts. A comprehensive analysis is under review and will be shared soon.

K. Planning and Administrative Activities

A. Community Outreach Education and Administration

In June, AAHP staff continued to provide administrative support for meetings to promote collaboration and communication between the Department of Health and Human Services

(DHHS) program manager, the AAHP Executive Committee, and members of the AAHP Executive Coalition. AAHP staff assumed responsibility for meeting communications with Committee co-chairs and members. On June 7, 2020, AAHP staff, including the Program Director and Clinical Director participated in the monthly meeting. The meeting consisted of discussions about a wide variety of issues including progress in filling vacant positions within the DHHS for AAHP budgeted positions as well as progress in filling positions being recruited for by the contractor. Other significant issues included progress implementing the COVID-19 re-engagement initiative, data collection activities associated with COVID-19, and related matters. Also, subcommittee reports were discussed. On June 21, AAHP's leadership team met with the DHSS 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 soon.

B. Information System Use and Implementation

In June, telecommunications and computer technology continued to serve as a critical link for communications and engagement between AAHP staff, the County government, clients, and community stakeholders. AAHP consistently recognized the importance of information-sharing and communications as central to health promotion and wellness. During the first week of March, AAHP staff worked as a team to maintain virtual communications. In June the staff continued to find new applications for using different communications platforms to promote frequent communications with all stakeholders. All staff was assisted in setting up both computer and telecommunications hardware and software to adapt to these changes to enhance the staff's capacity to work remotely and securely use remote and mobile resources. Significantly, the staff worked together to identify and discover technical challenges associated with the use of various communications platforms. They all have advantages and disadvantages and the staff has learned how to work around these challenges as they seek the best solution based on the particular application. For example, some clients have FaceTime, DUO, Skype, or Zoom. Staff learned to use the software solution that best fits the individual needs of the clients. AAHP's data coordinator has become a central link for ensuring and expanding AAHP's capacity to use these new resources to improve the lives of our clients and continuously communicate between members of the staff.

Before June, the staff used their personal cell phones to conduct AAHP-related communications outside of the office. However, in June, nine new Samsung Galaxy 10 cell phones were used to conduct program-related communications, and a new cell phone use policy was implemented in conformance with regulations issued by the Montgomery County Department of Health and Human Services. In June, the phones were distributed to all staff who are in regular contact with clients and stakeholders in instances where personal health information is communicated. Further, to ensure HIPPA Compliance with encrypted communication, each staff member was assigned an 8x8 telephone number that allows for encryption.

Beginning in March and continuing in June, AAHP staff began entering live data into the

AAHP production site of the management information system (AAHPMIS). As the staff began entering data and information, a series of minor technical problems emerged such as problems saving partially completed records, accessing the database through the virtual private network (VPN) maintained by the County, data entry options, and user errors. During June, almost all of the errors and problems were corrected and almost all of the staff began entering live data. Most of the challenges discovered in entering data were encountered due to the relational nature of data associated with mothers, their children, and other members of the family. To facilitate the ongoing refinement of the system, a new contract was established with the programmer for the database and he continues to make changes to the system as requested.

APPENDIX A MAY 2020 MEDIA REPORT

AAHP Health Notes

Date Distributed: Friday, June 12 at 3:52pm

General List Recipients: 1,647

Successful deliveries: 1,285 (-22 from April)

Unsubscribed because of this message: 0 (same than April)

Open rate: 20% (May – 23%)

Click rate: 9% (May – 7%)

AAHP's June newsletter was titled "Let's Be Vigilant and Resilient" and opened with a special message on institutional racism from County Executive Marc Elrich. The feature article focused on Men's Health Month and addressed how Black men are disproportionately affected by police violence and COVID-19. The following article highlighted National HIV Testing Day and the theme "Doing it My Way," which encourages readers to get tested for HIV in the way that is most comfortable for them. In observance of National Cancer Survivor's Day on June 7, the next article offered resources on how cancer survivors can protect themselves during the pandemic. Family Health and Fitness Day was June 13 and the following article offered tips, resources and encouragement for individuals and families to spend active time in one of the many parks in Montgomery County. An article on Alzheimer's and Brain Awareness Month highlighted how Black County seniors can learn more about preventing and managing Alzheimer's and dementia at AAHP's Chronic Disease Management Program's classes. The next article informed readers that the deadline to enroll in special coverage is June 15. Because Father's Day was fast approaching, an article served as a short advertisement for the upcoming Fit Father's Day, hosted by one of AAHP's partners, Fit Fathers. The Health Hint reminded readers to remain vigilant in preventing the spread of COVID-19 amid protests and lifted restrictions. The featured video TED-Ed showcased the history of African American social dance. The featured recipe was black-eyed peas salad.

June's Health Notes was opened by 257 people, which represents a significant decrease of 97 readers. The open rate of 20% was slightly lower than last month's open rate and AAHP's average of 23%, and 3% higher than the industry average. June's click rate of 9% was 2% higher than last month's, steady for AAHP's average but lower than the industry average by 1%. The bounce rate also remained the same at 21%. There were no new subscribers or unsubscribers.

AAHP website

The following outlines the basic AAHP website metrics for June:

- 5,240 visits, compared to 5,385 visits last month
- 55% of visitors accessed AAHP's website on their desktop computers, and 45% accessed the website on their phone or tablet, which is a substantial shift towards desktops
- Silver Spring and Rockville recorded the largest numbers of visitors

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

AAHP Social media

Facebook:

642 likes, 16 new likes
35, +13 from May
26 shares, +22 from May
3 comments, +3 from May
31 reactions, +19 from May
Top post: Women Health Week “7 Self Care Tips”

Twitter:

307 followers, 9 new followers
29 tweets, +19 from May
54 likes, +50 from May
41 retweets, +36 from May
3 mentions, +3 from May
22.5K impressions, +2K from May
34 profile visits, +130 from May
Top tweet: Cancer Survivor’s Day

Instagram (@aahpmoco):

130 followers + 4 from May
21 posts, +8 from May
77 post likes, +19 from May
5 comments, +1 from May
Top post: Health and Fitness Class ad

Instagram (@aahpmoco):

130 followers + 4 from May
21 posts, +8 from May
77 post likes, +19 from May
5 comments, +1 from May
Top post: Health and Fitness Class ad

Instagram (@kickstart_your_health):

5 followers
6 posts
18 post likes
0 comments
Top post: Health and Fitness Class ad

Metrics Summary:

AAHP’s social media accounts performed exceptionally well in June. With a substantial increase in the amount of content, metrics increased. Most notably, Facebook gained 16 new followers and Twitter, after months of stagnant growth, saw an increase of 9. Twitter also garnered a high number of retweets and likes.

Appendix B June Health Notes



AAHP HEALTH NOTES

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

JUNE 2020

www.aahpmontgomerycounty.org



"While we are not responsible for all the wrongs that have happened, we must find ways to help. Our tools are limited at the County level, but we will use them. We will engage the community to address policing issues and other issues like housing, economic opportunity and health – including mental health.

The fact is that a divided society hurts all of us. It saps our humanity and a large part of our population has been prevented from developing to their full potential. And that has robbed all of us of sources of knowledge and skill from which all would benefit.

Together we must address institutional racism and work toward a more just community."

-Marc Elrich, Montgomery County Executive



Each June, AAHP celebrates Men's Health Month to spread awareness of men's health issues and to encourage Black men towards good health habits. We acknowledge the increased health risks Black men face with COVID-19 and with incidents involving law enforcement. This Men's Health Month, let's focus on sharing resources that can help Black males improve and maintain their physical, mental, and emotional health.

According to [Montgomery County's COVID-19 dashboard](#) , African Americans have the highest rate of infection compared to all other racial and ethnic groups, and males have a 10% higher infection rate than females. Black men are more severely impacted by COVID-19 because they are more likely to be essential workers, to face more obstacles in social distancing, and are less likely to have paid sick leave and access to affordable healthcare. That's why Black males should focus on fortifying their health by eating a nutrient-rich diet, not smoking, drinking alcohol only in moderation, getting regular health screenings, and by practicing other good health habits.

In addition to the disproportionate impact of COVID-19 on African American men, the recent killings of George Floyd and other African Americans further challenges the emotional and physical health of Black men specifically and African Americans in general. According to the [American Medical Association](#) :

"Racism as a driver of health inequity is also particularly evident in findings from a 2018 study showing that law enforcement-involved deaths of unarmed black individuals were associated with adverse mental health among Black American adults—a spillover effect on the population, regardless of whether the individual affected had a personal relationship with the victim or the incident was experienced vicariously. The trauma of violence in a person's life course is associated with chronic stress, higher rates of comorbidities and lower life expectancy, all of which bear extensive care and economic burden on our healthcare system while sapping the strength of affected families and communities."

The leading causes of death among men overall include heart disease, cancer and unintentional injuries. However, among Black males, homicide is within the top five causes for those between 15 and 44. In 1900, the estimated life expectancy for Black males in the U.S. was 32.5 years. In 2013, the life expectancy for Black males was 72.3.

Friday, June 19 is #WearBlue Day. Join AAHP in promoting awareness of men's health issues by posting a picture of yourself wearing blue with the hashtag #AAHPWearsBlue. Follow @aahpmoco on Facebook, Instagram, and Twitter to take part in this campaign for men's health.

Sources:

www.menshealthnetwork.org/wearblue/

[US Department of Health and Human Services Office of Minority Health](#)

[National Institutes of Health](#)



NATIONAL HIV TESTING DAY

Get tested. Share your story. Use the hashtag. #DoingItMyWay



#DoingIt MyWay

JUNE 27

Let's talk about getting tested! Saturday, June 27th is National HIV Testing Day, and this year's theme is "Doing It My Way." We're promoting getting tested how and where you want—at home, a testing center or a doctor's office, with a trusted friend or loved one or alone.

Studies from the Center for Disease Control show that only one in seven African Americans who have HIV know that they have it. Due to socioeconomic challenges leading to poor health outcomes, it's no surprise that African Americans are impacted by HIV/AIDS more than other races/ethnicities. A 2018 study revealed that African Americans made up 42% of new HIV diagnoses while making up 13% of the U.S. population. The good news is that we're headed in the right direction; from 2010 to 2017 there was a 15% decrease in HIV diagnoses among African Americans.

AAHP's HIV/AIDS/STI focus area fights the spread of HIV by conducting HIV testing and counseling and prevention education throughout Montgomery County. AAHP staff works hard to develop strategies to reduce the stigma, increase sexual health awareness, and to make getting tested easier.

For resources on where and how to get tested, visit Montgomery County Department of Health and Human Services' website [here](#).

Sources:

www.cdc.gov/hiv/library/awareness/testingday

www.cdc.gov/hiv/pdf/library/factsheets/expanded-HIV-testing-african-americans.pdf

www.cdc.gov/hiv/group/raciaethnic/africanamericans

www.cdc.gov
National Institutes of Health



For cancer survivors, every day of life is a celebration, but Sunday, June 7th made it official with National Cancer Survivors Day. In previous years, celebrations for National Cancer Survivors Day have included candle-lighting ceremonies, awareness walks, and other cancer-themed events. This year, virtual celebrations were carried out in recognition of cancer survivors and online channels promoted awareness and continued research into cancer treatment.

New developments surrounding COVID-19 are being discovered daily, and because cancer survivors have compromised immune systems and are therefore at higher risk of getting seriously ill or dying from COVID-19,

AAHP encourages all cancer survivors and their loved ones to stay informed on protecting cancer survivors from COVID-19. Check out the following resources:

- [Coronavirus and COVID-19: What People With Cancer Need to Know](#) – an article from cancer.net about special precautions cancer survivors should take, updated daily
- [Common Questions About the New Coronavirus Outbreak](#) – from the American Cancer Society
- [The Centers for Disease Control & Prevention's COVID-19 page](#) – updated information on knowing symptoms, what to do if you're sick, and more.

Learn more about preventing and managing cancer at AAHP's Chronic Disease Management Program classes. For more information or to register, click [here](#) .

Sources:

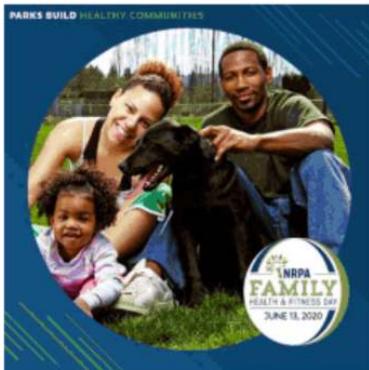
www.copingmag.com/coping-with-cancer/coronavirus-and-cancer

[National Cancer Survivors Day](#)



Family Health and Fitness at Montgomery Parks

June 13, 2020



Spending time in nature, like going on daily walks, is a free and easy way to maintain good health, reduce stress, and foster calmness and relaxation. It's also a great way to enjoy quality time with family for this year's Family Health & Fitness Day on Saturday, June 13th. In observance of this year's theme, "Parks Build Healthy Communities," AAHP encourages African American families to enjoy the many wonderful public spaces of [Montgomery County Parks](#).

Whether you're getting out or staying home for Family Health & Fitness Day, Montgomery Parks has tons of options to choose from. But before you plan your day, check out [Montgomery Parks' FAQs for practicing social distancing outdoors](#).

For the adventurers, Montgomery Parks has more than 200 miles of trails to explore for biking, horseback riding and hiking. Take a look at Montgomery Parks website [here](#) for trail options, etiquette and safety tips, and [here](#) for their updated trailhead and parking map.

For fun virtual options, Montgomery Parks' "[Explore From Home](#)" has a list of programs like yoga, backyard gardening, workout challenges, at-home activities, and more to do with your family to practice health and fitness.



June is Alzheimer's & Brain Awareness Month. As the sixth leading cause of death, Alzheimer's disease (and other dementias) are a major public health issue. For reasons that are not completely understood, African Americans suffer disproportionately from Alzheimer's and related brain illnesses.

Black Montgomery County residents can learn more about preventing and managing Alzheimer's and dementia at AAHP's Chronic Disease Management Program's classes, held online on Zoom throughout the week. Check the schedule [here](#) for dates and times. AAHP's Aging Liaison works closely with AAHP's Aging Subcommittee and community partners to develop strategies and resources to help Black County seniors stay in good health as they age. More information on AAHP's initiatives for seniors can be found [here](#).

Source:
www.alz.org



helping marylanders
connect to health coverage



Monday, June 15th is the deadline for the Maryland Health Connection's Coronavirus Emergency Special Enrollment. When you enroll by June 15th, your coverage is effective from June 1st. This opportunity is available to newly enrolled, uninsured Marylanders, and is not available to those currently enrolled wishing to change their coverage. The Maryland Health Connection's insurance companies, Kaiser Permanente and CareFirst, will cover your costs for COVID-19 testing, visits related to testing, and treatment. Lab fees, co-payments, coinsurance, deductibles for coronavirus testing at a doctor's offices, and treatments from urgent care centers or emergency rooms will also be waived. Visit marylandhealthconnection.gov to enroll or download the app. If you need help with enrollment, you can talk to live agents on the phone at 855-642-8572 Monday through Friday, 8:00am – 6:00pm.

Fit Fathers to Host Their 7th Annual Fit Father's Day Celebration

The graphic is a promotional poster for the 7th Annual Fit Fathers Day Celebration Virtual Edition. It features a central text area with a grey background and red borders. The text reads: "7th ANNUAL FIT FATHERS DAY CELEBRATION VIRTUAL EDITION", "LOG ON TO FitFathersDay.com", "SUNDAY JUNE 21ST 9-11AM EST". To the left is the Fit Fathers Day logo, which includes a stylized figure holding a barbell. To the right is a photograph of a group of people performing a group exercise outdoors. A Facebook Live logo is in the top right corner. At the bottom, there are three social media hashtags: #FitFathers, #FitFathersDay, and #FathersDay.

Fit Fathers, an AAHP partner, presents its 7th annual Fit Father's Day Celebration! This virtual celebration will be held on Sunday, June 21, from 9am-11am on Facebook Live. Go to www.facebook.com/FitFather/ to watch and participate in a family workout featuring dynamic boxing, full body fitness, yoga, spin, and more, hosted by Fit Fathers's founder, Kimatni Rawlins.

Health Hint

Although recent traumatic events have overshadowed the coronavirus pandemic, African Americans must remain vigilant in preventing the spread of COVID-19. As much as possible, continue to follow health recommendations such as wearing a face mask in public, washing hands thoroughly and frequently, not touching your face, and practicing social distancing. As Montgomery County reopens and as we face even more challenges to our mental and emotional health, these practices are now more important than ever.

Featured Video

African Americans have always used dance as a way to heal and express joy. This lively TED-Ed video documents the history of African American social dance:



Featured Recipe: Black-Eyed Peas Salad



INGREDIENTS

- 1 large tomato diced
- 1/2 medium red onion finely chopped
- 1 small red bell pepper finely chopped
- 1 jalapeno pepper finely chopped
- 2 tbsp green onions chopped
- 2 tbsp fresh parsley chopped
- 1/4 cup unseasoned rice wine vinegar
- 1/4 cup canola oil
- 1/2 tsp sugar
- salt and freshly ground black pepper
- 2 15-oz. cans black-eyed peas drained

INSTRUCTIONS

1. Combine the first 6 ingredients in a bowl.
2. In a separate small bowl, whisk together the rice wine vinegar, canola oil, sugar, salt and pepper.
3. Toss all together with the black-eyed peas and let marinate for up to 8 hours in the refrigerator before serving.

Source:

www.texasfoodheritage.com/juneteenth-a-celebration-of-freedom/

Featured Recipe: Black-Eyed Peas Salad



INGREDIENTS

- 1 large tomato diced
- 1/2 medium red onion finely chopped
- 1 small red bell pepper finely chopped
- 1 jalapeno pepper finely chopped
- 2 tbsp green onions chopped
- 2 tbsp fresh parsley chopped
- 1/4 cup unseasoned rice wine vinegar
- 1/4 cup canola oil
- 1/2 tsp sugar
- salt and freshly ground black pepper
- 2 15-oz. cans black-eyed peas drained

INSTRUCTIONS

1. Combine the first 6 ingredients in a bowl.
2. In a separate small bowl, whisk together the rice wine vinegar, canola oil, sugar, salt and pepper.
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Source:

www.texasfoodheritage.com/juneteenth-a-celebration-of-freedom/

African American Health Program
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