



A very busy Chronic Disease Management class at White Oak Recreation Center

**AAHP MONTHLY REPORT
March 2020**



African American Health Program

March 2020

I. INTRODUCTION

March started as just another month as we looked forward to springtime, warmer temperatures and the excitement of the cherry blossom season in the D.C. Metropolitan Area. However, by the middle of March, everything changed dramatically as we all braced for the coronavirus pandemic that captured the attention of the global community, the nation, the state of Maryland and Montgomery County. On March 17, Maryland Gov. Larry Hogan issued an executive order directing that all residents stay in their homes and that nonessential businesses in the state close in an attempt to stem the spread of coronavirus. This order had a dramatic impact on the delivery of prevention and health promotion services provided by the African American Health Program (AAHP). Much of the program's health and prevention strategy, until mid-March, depended on meeting people where they live, gather, worship, and participate in recreational and leisure activities. Social distancing suddenly became a central theme for mitigating the effects of the coronavirus pandemic and any activity including more than 10 individuals were discouraged. Immediately upon issuance of this order, AAHP moved swiftly to develop a new strategy and approach to the delivery of health promotion and wellness services. At the beginning of March, AAHP staff met collectively to begin developing a plan to protect the health and safety of the staff, clients, and their families while also continuing to provide high-quality health and wellness services. Although in-person home visits before March 16 were conducted in clients' homes around the County, those in-person visits were suddenly suspended until further notice. Advanced telecommunications to sustain services emerged as a critical necessity to continue operations.

To address this new order, while also continuing to provide prevention services, AAHP staff quickly began using advanced telecommunications software to maintain contact with current and former clients and establish new communication channels to develop and expand relationships with Black residents of the County. The Chronic Disease Management Program (CDMP) staff immediately began conducting virtual webinars that included the course content previously presented during in-person classes at the White Oak Recreation Center, the Germantown Library, Leisure World, the Plum Gar Recreation Center, and other locations around the County. Similarly, AAHP community health workers organized listings of continuing clients and called them to check on them and let them know that although AAHP was discontinuing in-person meetings and health screenings, AAHP would still remain open for service online via computer, smart phone, tablet, or other devices. As a priority, the staff used these initial telephone calls to provide the most up-to-date information about effective strategies to prevent the spread of coronavirus, to discuss client needs, and to make referrals as needed. At the time of the order, there was no basis for determining how long the order would remain in place. As the month of March progressed, new information continued to emerge and staff passed along these updates to AAHP clients.

Communication with clients was first done over the telephone. Afterward, the staff quickly began using Microsoft Teams, Zoom, WhatsApp and FaceTime. These virtual tools were used to inform, educate and assess the needs of clients and their families and the visual features of these tools were leveraged to provide consultation and advice as outlined in the SMILE program's Standard Operating Procedures. The same information usually provided during past home visits continued to guide program content and procedures.

Although the SMILE staff began working remotely on March 16, they continued to receive client referrals from various sources throughout the County. AAHP's main incoming telephone receptionist line was transferred to the data coordinator who became a central link ensuring continuous communications with AAHP staff and clients. For the first time, the SMILE staff received a new referral from the Montgomery County Detention Center in Clarksburg for a pregnant female discharged from the facility. This referral was facilitated by a warm handoff between a case manager with the detention center and an AAHP SMILE nurse.

In the third week of March, the CDMP staff began offering virtual classes. Surprisingly, this new approach resulted in increased class attendance and allowed the program to offer more classes with greater time and place flexibility.

Shifting to a virtual presence also necessitated new procedures for distributing self-monitoring devices such as blood pressure and glucometers and diabetes strips to participants. Continued use of these devices is critical to consistent recording and collecting data on changes in biometric measurements such as BMI, blood pressure, and blood glucose measurements. To the extent possible, all components of class instructions previously provided during in-person classes were continued. The webinars also emphasized nutritional intervention and education, food demonstrations, and online exercise demonstrations. To supplement lectures presented in the webinars, the CDMP instructor set aside specific hours for two days each week for telephonic office visits to provide personalized consultation and to answer individual questions from participants.

Beginning on March 16, the entire staff began meeting every workday at 10:00 AM using Microsoft Teams to replace the previous in-office standup meetings. Each day, attendance was recorded, and staff submitted daily reports on their accomplishments, challenges, and concerns. In response to the need for accountability, the staff experimented with different templates to record the results of their work. All of the staff were given and encouraged to use assigned 8 x 8 virtual telephone numbers using Voice Over Internet Phone (VOIP) service to communicate with their clients. This system provides an advantage because it eliminates the need for staff to use their cell phone numbers and data plans to communicate with AAHP clients while also ensuring HIPAA compliance and security.

Technology-based service delivery platforms come with unforeseen technical difficulties but AAHP staff adapted swiftly to the new circumstances through trial and error and online tutorials. Staff achieved mastery of virtual technology and became more adept at anticipating and finding ways to reduce common technical issues such as problems accessing a meeting, activating a microphone, the use of mobile cell phones to access the class and using software features such as chat and screen sharing capabilities.

Over the last three years, AAHP staff has devoted a great deal of time and attention to the development of the AAHPMIS System. Despite numerous delays, the staff began entering data on SMILE clients and chronic disease encounters. Start up of entry was slow for each case as the nurses familiarized themselves with the new format, and the significant amount of time needed to enter all the previous data.

II. PROGRAM ACTIVITIES

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

Despite the major disruption in program services due to COVID-19, the SMILE program maintained its commitment to serving moms and babies. Though home visitations were suspended, the program quickly shifted to a virtual platform. In March, the SMILE program's caseload consisted of 55 infants and 76 mothers, including 21 prenatal and 55 postpartum cases. Two babies were born into the program in March at full term, healthy and at a normal weight. The nurses, community health workers, and social workers conducted 48 home visits during the first two weeks of March. They also conducted 102 teleconsultations.

At the end of March, 13 of the 76 mothers were classified high-risk cases with medical issues, 12 with high-risk social issues, and 11 cases were assessed as having both high medical and social risks. High-risk medical conditions included gestational diabetes, pre-eclampsia, multiple past miscarriages, and advanced maternal age. Three new prenatal cases were enrolled in March. The prenatal enrollees and postpartum moms were evaluated for depression using the Edinburgh Postnatal Depression Scale. Two 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 March, the overall percentage of mothers breastfeeding was 77%, and the percentage of mothers breastfeeding up to three months was 100%. The overall breastfeeding percentage exceeds the average monthly performance of the program in 2018. 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.

The ethnic origin of moms in March indicates the following profile: 42% Black American, 57% African, and 1% Caribbean.

During March, the nurses held weekly meetings. Dr. Michele Hawkins provided consultation regarding ways to increase enrollment and ensure quality care services to program participants. She also provided advice about how to use "SMART" goals to establish plans of care for clients. These meetings were used to review individual cases and to plan for comprehensive home visits and staffing, and included in-depth reviews of

difficult cases in consultation with the AAHP social worker, the nurse supervisor, and the clinical director.

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

	PROFILES AND SERVICES	*Monthly Average of Reference Calendar Year 2018	March 2020	Comments
1	<i>A) Currently Active Moms</i>	92	76	
2	Prenatal (still pregnant)	28	21	
3	Postpartum (Moms who have delivered)	64	55	
	<i>B) All infants</i>	65	55	
4	Single Births	61	55	
5	Multiples	4	0	
6	Case Load (A+B)	157	131	
	MOM'S ETHNICITY			
7	African American Clients	36	31	
8	African Clients	50	43	
9	Caribbean Clients	6	1	
	REFERRALS			
10	HHS Prenatal Referrals Received	8	2	
11	Referrals from Other Sources	6	1	
12	Total Prenatal Referrals	14	3	
	NEW ENROLLMENTS			
13	Prenatal Moms Newly Enrolled During the Month	8	3	
14	Infants Newly enrolled during the month	6	1	
15	All new enrollments for the month	14	4	
	DELIVERIES during the month			
16	Term Deliveries	6	2	
17	Preterm Deliveries	1	0	
18	Total Deliveries	7	3	
	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	48	Includes 3 HV by SW
25	Telephonic Consultations	17	102	Includes 9 by SW
26	Prenatal Discharges	1	0	
27	Infant Discharges	8	7	
28	Community Referrals Made	18	53	Includes 6 referrals by SW
29	Classes/Presentations Completed	3	2	
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%	77%	
	INSURANCE			
33	Clients with Private Insurance**	30	20	
34	Clients with Medicaid Insurance**	62	.54	

*Averages are rounded up to the next integer

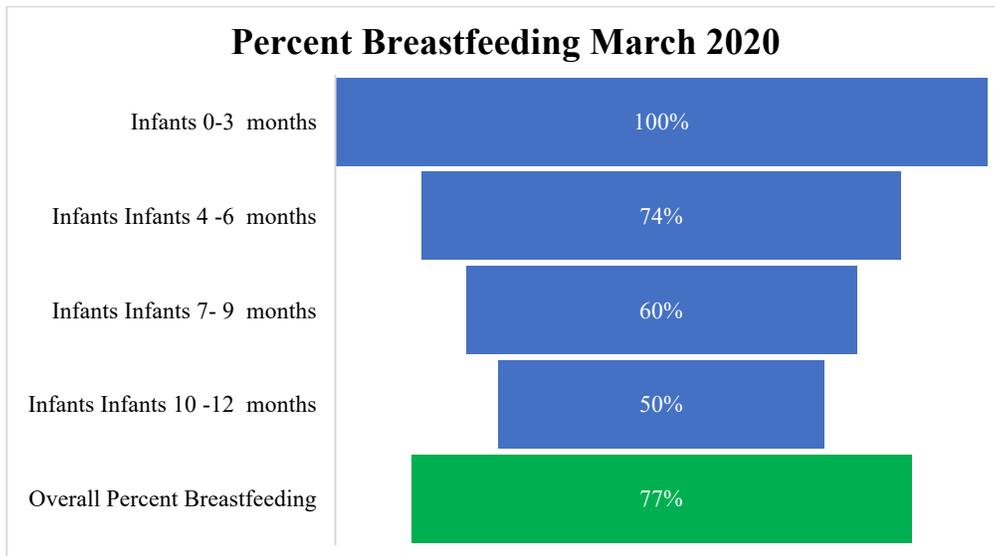
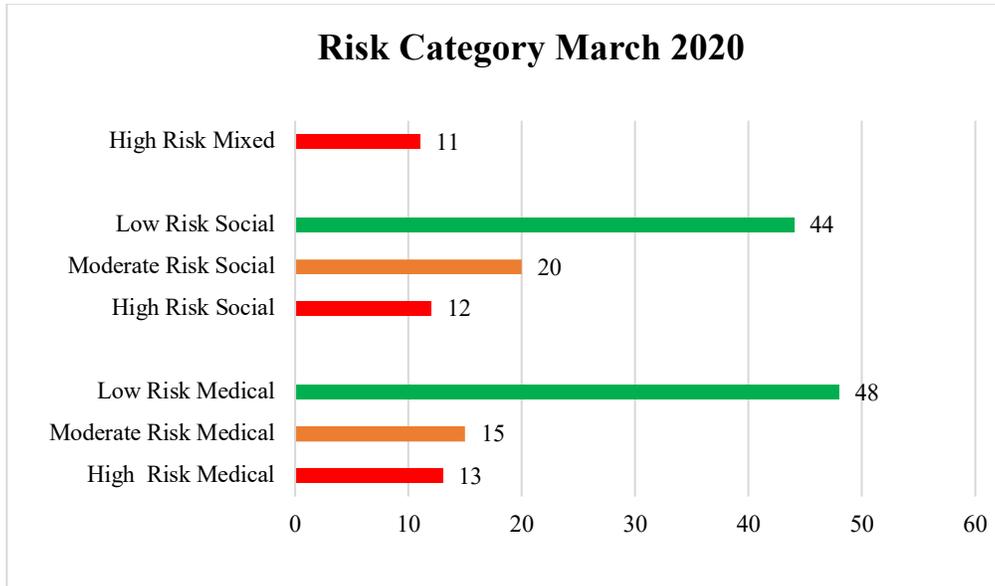
** A client may have multiple insurances

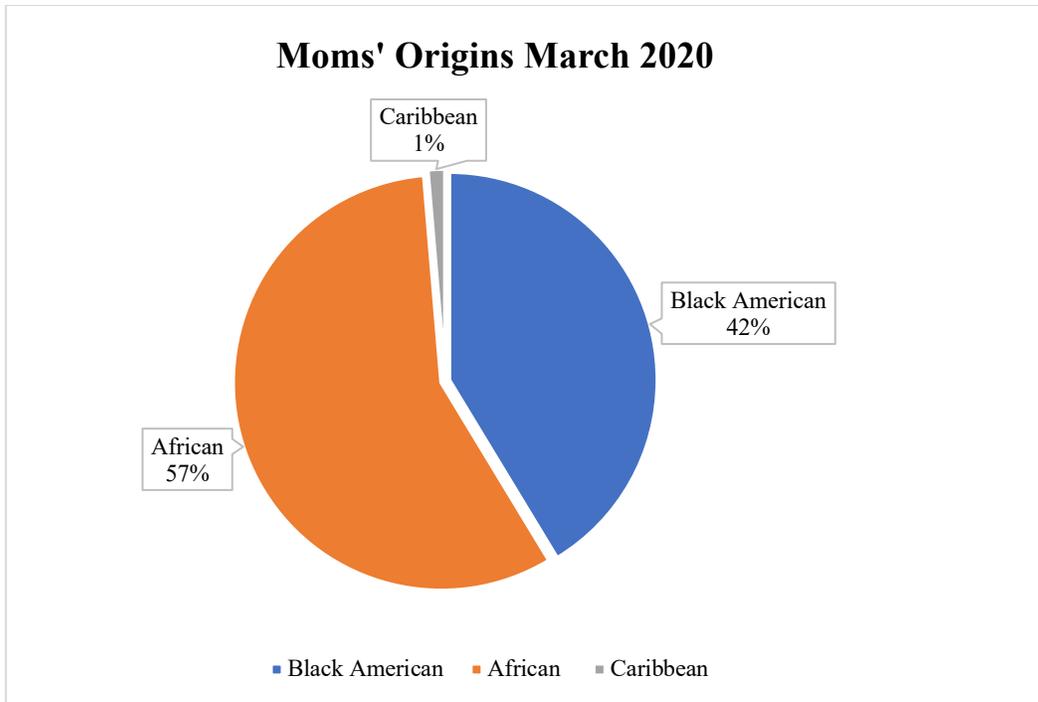
Increase above reference year

Level with reference year

The decrease from reference year

Untoward Outcome
Desired Outcome





B. The Chronic Disease Management Program (CDMP)

March was a month of many firsts for the AAHP CDMP team. While remaining focused on documentation and collection of data; outreach to potential and existing participants; participant education, follow-up, and retention; and engagement in collaboration with community partners, the emerging COVID-19 pandemic introduced new challenges. In response, the CDMP team closely monitored the latest developments and followed guidance from the CDC, the WHO, and the Montgomery County Health Department. In response to the emerging details surrounding the transmission of COVID-19, the CDMP instructor drafted a memo to class participants. His message was first to advise those who were sick or at high risk of getting severely sick from COVID-19 to stay home. He further noted that individuals over the age of 60 are at a higher risk of developing a severe case of COVID-19 according to data collected by the WHO. In addition, people above the age of 80, people with chronic conditions, and people who have underlying health conditions like high blood pressure, kidney disease, cancer, or diabetes are more likely to get very sick or die from COVID-19.

During the first two weeks of March, before the stay at home order was executed, the CDMP team took steps to decrease the potential for coronavirus infection among participants while attending CDMP classes. Specific steps included cleaning and sanitation of all touchpoints by wiping down chairs and tables both at classes and in-office spaces; additionally, class participants and staff were required to sanitize their hands upon entering the meeting room. Alcohol-based hand sanitizers were made available, and participants were required to remain at least six feet apart. Also, the team instituted telephone health checks and conducted web-based classes for all who could not attend classes. The last in-

person class occurred on Wednesday, March 11. The CDMP team met March 12 and reviewed the updated guidance from the CDC, the WHO and the Montgomery County Department of Health.

Beginning on March 16, the CDMP team began conducting weekly CDMP classes online using Zoom, a web-based platform. To initiate the process, AAHP staff sent a web link to participants' emails and cell phones that allowed them to click or call to join the class at the normal class times: Wednesdays from 6 pm-7:30 pm for White Oak Recreation Center, Thursdays from 6 pm-7:30 pm for Germantown Library, and Tuesdays from 11 am-12:30 pm for Plum Gar. Staff then followed up with telephone calls to encourage participation and provided technical advice needed to join the class using Zoom. Also, copies of PowerPoint slides and handouts were emailed in advance of each class to participants. During the class, participants used the chat function enabled by Zoom to participate in online quizzes and polls and to interact with the presenters. The Food for Life Instructor provided healthy cooking demonstrations for the second half of the online class from her home. As an added value, the program focused on increased emphasis on case management by following up with each participant and reviewing their personal goals, as evidenced by their HEDIS numbers (Glucose, BP, Weight management, Cholesterol) over time. To monitor consistent progress on an individual basis, the CDMP instructor established office hours for two days a week through a dedicated telephone contact number.

Throughout March, at both the in-person and virtual classes, curriculum content included: Introduction to Prediabetes and Diabetes, Healthy Eating, Being Active, Taking Medications, Monitoring, Problem Solving, Healthy Coping, and Reducing Risks. Class lectures and discussions included tips for diabetes self-monitoring and care; barriers to self-care, goal setting, follow-up and outcome measures; and AADE7 patient education resources. Participants received instructions about how to check their feet and the importance of dental hygiene. Online classes launched with sustained high attendance throughout the month with an average of 22 participants per class and a high of 51 participants for one particular session.

During March, the program invited a representative from the University of Maryland School of Public Health and Kinesiology to present information about a study being conducted on the effects of exercise on cognitive function and prevention of Alzheimer's Disease in the elderly. The professor presented details about how to join the study and participate in exercise activities weekly. If participants met the study inclusion criteria, they become eligible to receive a stipend for participation and the possibility of training to become a paid exercise instructor.

To round out the classes, AAHP's mental health specialist conducted educational sessions about mental health risk factors, mindfulness, and stress management. Also, Dr. Lenore Coleman, PharmD, provided educational instructions online and one-on-one virtual Medication Therapy Management (MTM) sessions often referred to as "brown bag" sessions. Ms. Jandel Benjamin, RD, has agreed to provide education on Medical Nutrition Therapy (MNT). With a particular focus on the importance of weight management in

controlling hypertension and diabetes, the AAHP clinical director performed Body Composition Analysis (BCA) to determine the percentages of fat, water, muscle and bone on 22 participants at White Oak and 10 participants at Plum Gar.

An important lesson learned during March was that the program’s reach, when using online technology, is no longer bound by geography, and based on that recognition, the AAHP CDMP team has efficiently migrated classes to a web-based platform and thereby, opened classes without respect to a particular geographic boundary. Future planning includes focusing on two domains, each month, at varying times of the day. For example, morning, afternoon and evening classes can focus on hypertension Tuesday morning and Thursday evening and diabetes on Wednesday evenings and Thursday afternoons.

The CDMP team will continue to monitor the latest developments in the COVID-19 pandemic and educate class participants and the community on healthy behaviors to reduce the risk of COVID-19 infection to themselves and family members while still fostering a culture of good health within the home.

Below please find the monthly report for March 2020. The reporting format includes the following:

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

CDMP CLASS Activities

ACTIVITY	HOURS	SERVICES	TOPIC COVERED
White Oak Recreation Center, 1700 April Ln, Silver Spring, MD 20904 March 4, 11 (in-person) March 18, 25 (on-line)	6 pm – 8pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Body Composition Analysis, Cholesterol screenings	This month’s class topics were cancer, Alzheimer’s Disease, and dementia. Classes focused on the origins of the disease state; causes and complications; medications, treatments, and side effects; and prevention 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: 51 participants joined the 2nd online class. All participants continued to maintain or improve their HEDIS measures, adapt, and make positive behavioral changes for exercise and diet. AAHP’s nutritionist continued to teach the plant-based diet/healthy cooking and meal tasting portion of the class. AAHP’s clinical director performed body

			composition analysis for 22 class participants.
Germantown Library March 5 th (in-person) March 19 th , 26 th (on-line)	6 pm – 8pm	Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	This month's class topics were cancer, Alzheimer's Disease, and dementia. Classes focused on the origins of the disease state; causes and complications; medications, treatments, and side effects; and prevention including diet, exercise and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications. All participants continued to maintain or improve their HEDIS measures, adapt, and make positive behavioral changes for exercise and diet. AAHP's nutritionist continued to teach the plant-based diet/healthy cooking and meal tasting portion of the class. AAHP's clinical director performed body composition analysis for 22 class participants.
Plum Gar Recreation Center March 10 (in-person) March 17, 24, 31 (on-line)	10am-2pm	Weight, BP, BMI, %BF, Glucose, Body Composition analysis, Cholesterol screenings	This was the first month of classes at this location and this month's class topic was diabetes. The topics focused on the origins of the disease state; causes and complications; medications, treatments, and side effects; and prevention using diet, exercise and stress management. All participants received screenings and had individualized counseling and review of lab values, outcome measures, goals, and medications. AAHP's clinical director performed body composition analysis for 10 class participants.

Class Attendance Metrics March '20

	White Oak Recreation Center				Germantown Library				Plum Gar Rec			
Date(s)	3/4	3/11	3/18*	3/25*	3/5	3/12#	3/19*	3/26*	3/10	3/17#	3/24*	3/31*
Class Size	21	20	41	51	7	N/A	13	23	10	N/A	23	16

TOTAL attendance	132	43	49
Avg.	33	14	16
Natl. Avg.	4-6 (Among classes that meet weekly)	4-6 (Among classes that meet weekly)	4-6 (Among classes that meet weekly)

***On-Line**

#Cancelled due to COVID-19

In-Person Classes Outcome Measures March '20

Participants	White Oak	Germantown	Plum Gar Rec	Total
<i>Male</i>	4	1	2	7
<i>Female</i>	17	6	8	31
<i>Non-disclosed</i>	0	0	0	0
<i>Total</i>	21	7	10	38
<i>% African American</i>	100%	85%	100%	97%
Health Profile				
<i>Average Systolic</i>	148.2 mmHg	130.6 mmHg	132.4	
<i>Average Diastolic</i>	81.1 mmHg	72.2 mmHg	75.5 mmHg	
<i>Average HB A1C</i>	6.50%	N/A	6.20%	
<i>Average Glucose</i>	139.6 mg/dL	95.3 mg/dL	213.6 mg/dL	
<i>Average BMI</i>	30.4	N/A	29.6	
<i>Average %Body Fat</i>	30.00%	N/A	40%	
<i>Average Cholesterol</i>	N/A	N/A	N/A	
Diabetes				
<i>Pre-diabetes cases</i>	2	1	1	4
<i>Diabetes cases</i>	9	4	4	17
Hypertension				
<i>Pre-hypertension cases</i>	2	1	4	7
<i>Hypertension cases</i>	9	4	5	18
<i>Uncontrolled hypertension</i>	0	0	0	0
Cholesterol				
<i>Desirable (<200)</i>	0	0	0	0
<i>Borderline (200-239)</i>	0	0	0	0
<i>High Risk (>240)</i>	0	0	0	0

Elevated Values	22	10	14	46
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Self-Management Outreach Efforts

Physician Referrals Received:	# Attended class:
2 (Welsh-1 Djamsson-1; Kelly-0)	1
# Referred to Primary Care Physician	# Attended Primary Care Visit
2	2
# of Self-Management Devices distributed (BP or Glucose)	# Taught to use Self-Management devices (BP or Glucose, Glucose SM data cord)
30 (10 Glucose, 0 Blood Pressure, 20 packs of strips)	10
# of People with elevated values	# of People followed up with elevated values
48	48
# of Educational Materials distributed	# of Office Hour Consultations
500+	16

March 2020 HEALTH CHAMPIONS

This month's Health Champions are a husband-and-wife team, Mr. and Mrs. Brown. The Browns have been attending the CDMP classes at Germantown Library for the past six months after having questions about how to better manage their diabetes and how to eat healthier. The Browns have not missed a single in-person class over the past six months. They have also become ambassadors for AAHP by spreading the word about the program. The Browns have also used many of the self-monitoring techniques and healthy eating behaviors learned in class. They have lowered their glucose values and lost weight. The Browns often send the CDMP team their glucose values from self-monitoring at home to identify trends and identify ways to better manage their glucose. AAHP commends the Brown family for all they are doing to improve their health and congratulates them on being this month's Health Champions!

C. Mental Health Services

In March there was a decline in the number of health screenings conducted because of the stay at home order issued by Maryland's governor to stop the spread of coronavirus that led to the cancellation of numerous community events where mental health screenings are typically conducted. In March, mental health screening tools were accessed 19 times (with a 32% completion rate).

Due to the impact of COVID-19, all in-person community events and most screening events were canceled and instead, more attention was diverted towards meeting and increasing demand created by the high level of depression, fear, and anxiety associated with the spread of the coronavirus. In response, social work shifted focus towards the use of virtual telecommunications and virtual consultations to address social problems amplified by the coronavirus. During March the social work team experienced substantial increases in calls from clients who expressed worry and fear about the health of their

families, their health status, finances, food insecurity, and housing instability. In March greater attention focused on collaborative teamwork between the SMILE nurses and community health workers in the use of brief screening instruments including the PHQ-2 (depression screening) and the GAD-2 (anxiety screening) questionnaire. which are 2-item questionnaires that can be completed in a minute or less.

With the help of AAHP's aging liaison, the AAHP social worker initiated contact with Montgomery County's Wellness and Independence for Seniors at Home (WISH) program to bring a special focus to the mental health needs of seniors as news spread about the disproportionate impact of the virus on the health of seniors. Wide concern surfaced about the vulnerability of seniors due to extreme isolation and lack of access to necessities among this population. The social worker developed appropriate guidelines to address these concerns when addressed using telephonic support.

AAHP also began collaborations with ASPIRE's Healthy Mothers, Healthy Babies program manager to develop a webinar specifically for SMILE clients on managing stress and anxiety amidst COVID-19 while pregnant and after giving birth. The social worker provided feedback on specific client needs and topics that are culturally appropriate for African/African American clients. This webinar is awaiting approval and expected to be completed and disseminated in April 2020.

In March, the social worker received twelve (12) new community referred clients and continued to follow up with three (3) previous community-based clients. The clients' issues included food insecurity, housing instability, concerns about finances/employment, and health maintenance. Parents also expressed concerns about keeping their school-aged children occupied while at home. The social worker provided referrals, resources, and contacts to programs to support clients during home confinement. The AAHP social worker provided multiple referrals to local agencies such as MANNA Food, Catholic Charities, and various County HELP programs. Additional resources included the provision of tips and study plans to parents with concerns about their children's activities, as well as multiple contact connections to Montgomery County Public Schools.

The social worker received six (6) new referrals for clients from SMILE nurses in March. The social worker continued to work with clients on a follow-up basis, scheduling and completing three (3) home visits in the first two weeks of the month. All initial home visits and full phone contacts consisted of the completion of the Health-Related Social Needs screening tool developed by CMS. Home visits were successful, as goals were revisited and revised as needed, and needs were reassessed.

Mental health agencies that confirmed the acceptance of AAHP referrals included: two (2) mental health referrals to ASPIRE, Healthy Mothers, Healthy Babies program in response to high Edinburgh scores and the client's agreement to participate in counseling. In addition one referral was to Advanced Behavioral Health Program and two (2) referrals were to Thrive Behavioral Health

D. Healthy Aging

The activities of the aging community liaison in March included planning, facilitating, and taking and drafting the minutes for the monthly aging subcommittee meeting the first Tuesday of the month. The aging community liaison also was involved in supporting the participation of the Aging Subcommittee co-chair in the monthly Executive Committee meeting.

The aging community liaison was engaged in planning to serve as a facilitator of the health and wellness breakout session in the Commission on Aging Public Policy, “Racial Equity in an Age-Friendly Community” scheduled for March 18 and the Aging Subcommittee’s participation in AAHP Community Day scheduled for April 18. Unfortunately, both events were postponed due to the coronavirus outbreak.

The aging community liaison facilitated registration and dissemination of giveaways for health screenings at Mt. Calvary Baptist Church in Rockville as part of the AAHP team and took the opportunity to connect with the Seasoned Saints (senior) Ministry at the church. As a result, the aging community liaison was invited to introduce AAHP senior programs, hold a File of Life completion event at an upcoming Seasoned Saints meeting, and in September to begin providing health screenings and presentations similar to those currently at The People’s Community Baptist Church, and to register Seasoned Saints for the Senior Home Safety Inspection program during Fall Risk Prevention Month. Due to the coronavirus pandemic, the introduction and File of Life event were postponed as well.

With the cancellation of all in-person events due to the pandemic (including the first File of Life Completion event to be co-sponsored by United Healthcare at a WISH senior housing building in Rockville), the aging community liaison began developing email and texting protocols to disseminate COVID-19 information, resources, updates, and videos to senior ministry and housing points of contact (POC) for their communities and attended a Senior Planet webinar on online health resources for older adults and the County Microsoft Teams training to develop the resources and skills needed to be effective.

The first email/text messages to senior community POCs included a brief CDC video on COVID-19 and older adults, information about the extended Medicare benefits for telehealth, and a list of grocery stores with senior shopping hours. Within days, the information had been shared with over 400 African American seniors. The second email provided an invitation, information, and instructions to participate in AAHP’s ZOOM Chronic Disease Management and Prevention webinars. She emailed a call to action to engage the participation of AAHP aging subcommittee volunteers.

In the latter part of the month, the Aging community liaison focused on helping to expand the reach of AAHP’s online Chronic Disease Management and Prevention classes, AAHP’s mental health screenings, and presentations, the Brother2Brother program, and provided updates for the Senior Corner on the AAHP website.

E. HIV/STI/AIDS Education

After the first week in March, the incumbent AAHP HIV/AIDS coordinator resigned from her current position on short notice to assume a new position with the CDC due to the coronavirus outbreak. Despite the short notice, AAHP was able to immediately appoint an experienced and certified HIV tester and counselor to resume leadership for that position. Also, the new coordinator completed and submitted 60 test completion forms to the Maryland State Health Department for the tests conducted by AAHP between February and March 2020. Before the departure of the HIV Coordinator, AAHP had initiated a new series of health and educational sessions targeted for young adults who live at housing opportunity commission sites around the County. These educational sessions were part of a new initiative made possible by funding provided by the County Council in the current fiscal year. The purpose of these classes is to increase their knowledge about the importance of sexual health to overall health and to reduce the spread of sexually transmitted diseases. Although the period of testing was shortened due to the coronavirus, 16 HIV tests were conducted in March. The table below shows the ages and gender of persons tested and counseled.

HIV Testing Report March 2020

African- American				
	Age Group	Male	Female	
	1947 -1969	3	0	
	1970 -1989	8	0	
	1990+	2	0	
Total		13	0	13
All Others				
		Male	Female	
	1947 -1969	0	0	
	1970 -1989	1	0	
	1990+	0	2	
Total		1	2	3
GRAND TOTAL				16

III. Planning and Administrative Activities

A. Community Outreach Education and Administration

In March, AAHP staff continued to provide administrative and logistical support for meetings to promote collaboration and communication between the Department of Health and Human Services (DHHS) program manager, the AAHP Executive Committee, and members of the AAHP Executive Coalition. Specifically, the staff assumed lead responsibility for meeting logistics, including communications with the Committee co-chairs and members of the Executive Committee. Tasks included setting up a conference line for remote meeting participation, duplicating and distributing the agenda, and arranging light refreshments for participants.

At the beginning of March, AAHP staff held a half-day planning meeting to begin developing a plan to work remotely in the event of a need to work remotely. The staff met to develop an emergency response plan. The plan's priorities were to ensure the continued safety of the staff, clients and their families and to keep open channels of communications between AAHP staff and clients by leveraging telecommunications tools that provided audio and visual features to support the continuity of services required under the AAHP contract with the County government.

On March 19, the AAHP Leadership Team met with the DHHS Program Manager to review current and emerging administrative and program operational issues. To address some of the telecommunications needs associated with the new remote work environment, all staff were assigned VOIP numbers to ensure that they maintained the capacity to remain in contact with current and future clients while also complying with HIPPA and County regulations regarding privacy and security.

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

Also in March, the AAHP started recruiting new registered nurses to conduct follow up wellness checks with former SMILE clients who completed the SMILE program over the past 4 years to assess the impact of the coronavirus on their lives, to conduct an assessment of their health needs, and to offer support in meeting their health and social needs and concerns.

B. Information System Use and Implementation

Over the past two years, a great deal of time and work has been devoted to designing and implementing the AAHP information management system (AAHPIMS). The development and implementation of the system has proven to be both a challenge and an opportunity. The AAHP staff has played an intricate role in both the design of the data entry screens and identification of the reports that will be generated by the system when fully functional. All AAHP staff and AAHP consultants have invested ideas and recommendations to customize the system to meet the specific needs of the program with an understanding that the prevention program combines some of the best features of health promotion and an understanding of social determinants. After months of hard work, testing and acceptance, the system has now passed all of the tests and in March the staff nurses and chronic disease management staff started to enter client data into the new system.

AAHP's data coordinator has played a major role in testing the system and communicating with the developer on changes and refinements recommended by the nurses and chronic disease staff. We are pleased that the developer has continued to work with the staff to make the necessary software fixes as they have emerged. Changes involved improvements

in the ability to save data entry updates between the various pregnancy trimesters and the capacity to track who made the most recent changes to the nurse's files.

After the stay at home order issued on March 16th, all staff was required to move their primary work location from the office on Rockville Pike to their homes. This change required that each staff member learn how to continue using the County's information system from their homes. Because of security concerns, all staff had to learn how to install a virtual private network on their home computer that allows for access to the County's computer system. The AAHP data coordinator played a major role in helping staff to install the necessary software required to maintain access to the County's information system and how to login to the system.

APPENDIX A MARCH 2020 MEDIA REPORT

AAHP Health Notes

Date Distributed: Thursday, Mar 12, 2020 at 4:56 pm

General List Recipients: 1647

Successful deliveries: 1303

Unsubscribed because of this message: 0

Open rate: 24%

Click rate: 9%

AAHP's March Health Notes was titled "Makin' Good Health Happen in March." Before delving into the standard content, a brief article addressed the rapidly unfolding COVID-19 situation, indicating AAHP's commitment to following developments and keeping residents updated, and including a video from the Montgomery County Health Officer. The feature article on National Nutrition Month followed, with tips on how to "eat right, bite by bite." Next, an advertisement for AAHP's flagship event, AAHP. Community Day followed, complete with details and a registration link. In observance of Colon Cancer Awareness Month, the following article discussed the impact of colon cancer on African Americans and emphasized the importance of screening for early detection. At the end of the article, readers were invited to learn more or sign up for Chronic Disease Management classes. March 3 was World Birth Defects Day, which was observed by this article that focused on birth defects and how they impact families and the African American community. The end of the article highlighted the SMILE program and its nurses, noting that nurses are equipped with expertise and sensitivity and can provide custom referrals when needed. The following article on Diabetes Alert Day explained that many people who have diabetes do not know that they have it and encouraged readers to take a screening test. Because LGBT individuals—especially African Americans in the LGBT community—face numerous challenges, the next article was dedicated to the observance of LGBT Health Awareness Week. March's Health Hint highlighted the health benefits of laughing. The featured video demonstrated through animation what happens when a person stops exercising. The featured recipe was lemony salmon lettuce wraps.

March's Health Notes performed modestly better than average. With more subscribers, 13 more people opened the newsletter than the previous month, corresponding to an open rate of 24% compared to last month's open rate of 23%. The click rate was slightly lower at 9% compared to last month's rate of 10%. The animated video on exercise garnered more than 50% of all clicks. The bounce rate remained the same at 21% and there were no unsubscribers this month.

AAHP website

AAHP's website continued extensive development through March, with a great deal of content being built around COVID-19. Other additions included updates to Senior News and Community Health News. The following outlines the basic website metrics for March:

- 5,715 visits, with a slight decrease from last month's metrics

- 55% of visitors accessed AAHP’s website on their desktop computers, and 45% accessed the website on their phone or tablet
- Ashburn, Virginia and Silver Spring recorded the largest numbers of visitors

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

AAHP Social media

Facebook:

1 new likes/followers, 618 total
 25 posts, +9 from February
 5 shares, +1 from February
 0 comments, -1 from February
 31 reactions, +21 from February
 Top post: Community Day invitation with Eventbrite Link

Twitter:

20 tweets, +2 from February
 -2 new followers, -2 from February
 6,072 impressions, -185 from February
 47 profile visits, +27 from February
 9 likes, -1 from February
 7 mentions, same as February
 7 retweets, -6 from previous month
 Top tweet: Community Day features mentioning GirlTrek

Instagram (@aahpmoco):

4 posts, -8 from February
 6 likes/followers, 117 total
 31 post likes, +23 from February
 2 comments, -2 from February
 Top post: AAHP is always your partner in health.

Note: due to the postponement of Community Day, the Instagram story developed for Community Day was not published.

Metrics Summary:

AAHP’s social media accounts continued to perform well in March, with the most notable details as follows:

- Facebook engagement increased substantially, as community members and partners shared posts related to AAHP Community Day.
- The number of profile visits on Twitter almost doubled, indicating a higher profile.
- Instagram recorded six new likes for the month, with only four posts, which demonstrates an increase in engagement with less interaction.

**APPENDIX B
MARCH 2020 HEALTH NOTES**



AAHP HEALTH NOTES

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

MARCH 2020

www.aahpmontgomerycounty.org



Montgomery County government is closely monitoring all developments related to the novel coronavirus (COVID-19). As of Friday, March 6, 3 cases have been confirmed within the County. While the risk to the general public is still very low, all residents are encouraged to stay informed and practice good hygiene by washing hands often, covering your mouth and nose when sneezing or coughing, and avoiding touching your face. The same measures that prevent the common cold and influenza can prevent COVID-19.

For more information, please visit Montgomery County Department of Health and Human Services [here](#).

Learn more about preventing COVID-19 from the Montgomery County Health Officer Dr. Travis Gayles:





Nutrition is the key component to good health, affecting both the quality of life and quantity of years. Nutrition factors into everything the human body **does, is and will become!** Since African Americans are more likely to be impacted by the ill effects of poor nutrition, AAHP joins other health and wellness organizations in embracing this year's National Nutrition Month campaign, "Eat Right, Bite by Bite," which promotes eating a variety of nutritious foods every day, planning and creating healthful meals each week, and the value of consulting a registered dietitian nutritionist.

To put in practice this year's National Nutrition Month theme, choose an array of nutritious foods for your meals. Fresh fruits, vegetables, and whole grains contribute most to the promotion of health and wellness. Foods high in fat, sugar, and salt should be consumed only in moderation.

After understanding which foods are the best options for a health-promoting diet, implement a strategy to help you stay in control of what you're eating at home, school, or work, whether you're dining in or eating out. If you are preparing your own meals, save time and money by making enough food for more than one meal. If you plan to dine out, pick places that serve foods that are compatible with your health and wellness goals.

During National Nutrition Month, you are also encouraged to dig deeper and develop skills to customize and create your own healthy meals. With an abundance of healthy ingredients on hand, you can experiment with different tastes and techniques and decide how best to incorporate them into your healthy lifestyle. Sometimes a dietitian may be necessary to help you plan and execute your healthy eating habits and goals, so consider how a dietitian might help you. Dietitians understand the unique relationship between nutrition and wellness and will advocate for your health accordingly.

"Developing healthful eating habits does not mean undertaking drastic lifestyle changes," said registered dietitian nutritionist Jerlyn Jones, a national spokesperson for the Academy of Nutrition and Dietetics. "Registered dietitian nutritionists help their clients develop individualized eating and activity plans with simple steps that can help them meet their health goals. These simple steps are developed to become lifelong habits."

Source:
www.eatright.org



AAHP warmly invites Montgomery County residents to attend our 7th annual AAHP Community Day on Saturday, April 18, 2020, from 9:00am - 2:00pm. Join us as we celebrate Health, Wellness, and Prevention in honor of National Minority Health Month. Attendees can enjoy a variety of health-related demonstrations, energizing group fitness activities, onsite health screenings, and interactive community information booths. This event is free and open to all ages.

Gear up for AAHP Community with a health walk led by [GirlTrek](#) from 8:30am to 9:30am. Please arrive at 8:00am to attend the walk.

Register at aahpcommunityday2020.eventbrite.com.



Did you know that African Americans are diagnosed with colorectal cancer at younger ages and have a higher prevalence and lower survival rate than their White peers? According to the National Cancer Society, incidence rates of colon cancer are 24% higher in Black males and 19% higher in Black females compared to White males and females. But why?

Socioeconomic status (one's access to income, education, and resources) closely correlates to cancer risk. Nationwide, people of African descent have the lowest socioeconomic status and the highest rates of cancer overall. When a person has little or no access to quality healthcare, they are less likely to get appropriate health screenings that can detect cancer in its earliest stages.

"If you find colorectal cancer in the early stage and remove it, the chance you will still be alive in 10 years is 90 percent. If you have metastasized colorectal cancer (cancer that has spread) your chance of being alive in 10 years is 10 percent," says Dr. Dale Shepard, a medical oncologist at the Cleveland Clinic.

It is highly recommended that African Americans begin screening at age 45 instead of 50, which is the general recommendation for people of average risk.

In Montgomery County, African American residents have lower poverty levels than White residents and higher rates of colorectal cancer. This disparity can perhaps be explained by diet and lifestyle, which also play an important role in colorectal cancer prevention. High consumption of red meat and processed meat, tobacco and alcohol use, obesity, and a sedentary lifestyle increase the risk for colorectal cancer and other cancers as well.

Each March, AAHP observes Colorectal Cancer Awareness Month as an important opportunity to address how African Americans can take a stand against this highly preventable disease. Montgomery County residents can learn more about how to prevent colorectal cancer at this month's [Kickstart Your Health classes](#). AAHP is excited to announce new Kickstart Your Health classes at Plum-Gar Community Center on Tuesdays from 12:30pm to 2:00pm. Classes are also held at White Oak Recreation Center on Wednesdays from 6:00pm to 8:00pm and at Germantown Library on Thursdays from 6:00pm to 8:00pm.

Learn more about Montgomery County's free colorectal cancer screenings for eligible residents [here](#).

Sources:
www.health.usnews.com
[World Cancer Research Fund](#)
[Health in Montgomery County, 2008-2016](#)



March 3 was World Birth Defects Day. It is estimated that 4 million babies (1 in 33) are born every year with structural or physical abnormalities put them at risk for long term disabilities. Because their quality of life matters, and because these abnormalities, when combined with the higher risk of complications from pregnancy and childbirth for African American women, disproportionately affect African American communities, AAHP stands with other organizations who advocate, support, and care for these most vulnerable and precious members of society and their families.

Congenital abnormalities, or birth defects, are abnormalities that can occur due to prenatal developmental conditions. Approximately 50 percent of birth defects have no known causes, while some have identifiable causes and known risk factors. Among the non-genetic factors are micronutrient deficiencies, poorly managed diabetes, smoking, obesity, excessive alcohol consumption, lack of protection against infectious diseases, and the use of radiation, chemicals, and/or drugs while pregnant. Folic acid has been known to prevent the development of certain birth defects, so women who may become pregnant should get 400-800 micrograms of folic acid daily.

AAHP's SMILE Program is committed to helping moms and their families care for their infant through both minor and major health issues. With compassion, sensitivity, and expertise, SMILE nurses support new moms with home visits and custom referrals to advanced care when necessary. Learn more [here](#).

Sources:

www.worldbirthdefectsday.org

www.who.int/topics/congenital_anomalies



More than 30 million Americans have diabetes, with 7 million unaware that they have it. Could you be among them?

Diabetes Alert Day is a day for you to learn if you or someone you love has type 1 or type 2 diabetes or prediabetes and to become aware of the causes of and risk factors for diabetes. Diabetes is a chronic health condition, which, if left untreated, can lead to serious health complications including blindness and amputation. The earlier diabetes is detected and treated, the lower the risk of complications. Although a thorough examination is required for a firm diabetes diagnosis, this quick and simple [Diabetes Risk Test](#) is a good place to start.

If you find that you have prediabetes, you may want to know how best to prevent the disease from fully developing. This may be possible with a few lifestyle changes such as modifying your diet and establishing an exercise routine. You will have to watch your intake of carbohydrates, sugars, and most fatty foods. If you're overweight, weight loss and exercise are mandatory. You can learn more about preventing and managing diabetes from AAHP's [Diabetes/Heart Health focus area](#).

Studies show that African Americans are 60% more likely to be diagnosed with diabetes and twice as likely to die from it than non-Hispanic Whites. So make sure you know where you stand so you can take action now if necessary!

Sources:

www.minorityhealth.hhs.gov

[National Institute of Diabetes and Digestive and Kidney Diseases](http://NationalInstituteofDiabetesandDigestiveandKidneyDiseases)

www.diabetes.org



LGBT Health Awareness Week, observed this year from March 23-29, highlights the unique health and safety issues faced by lesbian, gay, bisexual and transgender people. Various human and civil rights challenges related to discrimination, violence, bullying, and other issues are linked to high rates of psychological disorders, substance abuse and suicide among LGBT individuals. In addition, LGBT individuals have less access to quality healthcare and are more likely to be uninsured compared to their heterosexual counterparts. For LGBT African Americans, these challenges can be more severe. Reducing health and safety disparities that impact the LGBT community helps ensure that ALL people can lead healthy and productive lives.

Learn more about promoting the health of the LGBT community at [Healthy People 2020](#), an initiative of the U.S. Office of Disease Prevention and Health Promotion, and the [National LGBT Health Education Center](#) at the Fenway Institute, an interdisciplinary research center working to advance the health of the LGBT individuals.

Source: www.thetaskforce.org

HEALTH HINT

You've surely heard that laughter is the best medicine and it's actually true. Laughter doesn't just make you feel good, it can actually improve your physical health! Laughter can stimulate your heart, lungs, and muscles; support circulation; and aid in muscle relaxation to reduce the physical symptoms of stress. So next time you're feeling down, watch a comedy show or read a funny story.

Source: [The Mayo Clinic](#)

FEATURED VIDEO

Have you ever wondered what happens to your body when you start exercising? This animated video from explains why exercise is so good for us:



Featured Recipe: Lemony Salmon and Lettuce Wraps



Ingredients

- 1 can cannellini beans, rinsed and drained
- 1 can wild red salmon, drained, skin and bones removed if you like
- ½ lemon, zested and juiced
- 1 spring onion, finely chopped
- 1 tbsp Greek yogurt
- 1 tbsp dill, chopped
- 8 large romaine lettuce leaves

Instructions

1. Mix together all the ingredients except the lettuce in a bowl.
2. Trim the chunky part of the stalk at the base of each lettuce leaf so they are easier to roll up, then place the leaves in pairs on top of each other, head to toe. Spoon on the salmon mixture, then roll up and keep in place with strips of baking parchment, which make the wraps easier to hold and eat. Pack into a container to keep the wraps from getting crushed and, if possible, chill to keep the lettuce crisp.

Source: www.bbcgoodfood.com

We have moved!

FIND US AT:

**1401 Rockville Pike
Rockville, MD 20852**







DMeetings

FREE ONLINE DIABETES EDUCATION

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

Log in at www.aahpmontgomerycounty.org/dmeetings

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



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