AAHP staff maintained contact with clients during the stay-at-home order by leveraging technology.

AAHP MONTHLY REPORT
May 2020
I. Introduction
The African American Health Program (AAHP)’s work activities continued on the path of creating, refining, and implementing new ways to continuously provide outreach, health education, and wellness services to reduce health disparities between Black residents of Montgomery County and other residents. Central to all program activities was the importance of continuing to practice social distancing by communicating with residents using telephones and using computer resources to offer counsel and guidance, and to gather, store, and record needs assessment data and information.

In May, new information emerged that highlighted the disproportionate impact of COVID-19 and identification of the most prevalent underlining health conditions associated with higher infection rates among African Americans. Although this effort began in March, the outreach program shifted into high gear in May. The goal was to provide another layer of safety in preventing the spread of the virus among people of African descent by enhancing awareness and promoting precautionary measures. The initiative was designed to conduct a structured outreach program to contact former participants and provide the most current information available about the best ways to minimize the spread of COVID-19. Major guidance included handwashing, hand sanitizing, physical distancing, wearing face coverings, covering coughs and sneezes, cleaning, and disinfecting surfaces. During April and May, seven new part-time nurses and four student interns were recruited, trained, and assigned to assess and educate on the impact of the coronavirus among AAHP participants who previously enrolled in AAHP programs and services.

Data collection was essential component of the overall effort that set out to assess knowledge of COVID-19, evaluate the level of preparedness and measure the impact of the virus on individuals and families, their physical and mental health, and social factors affecting their health and wellness. Another major objective of each call was to ensure that each resident received the latest information and resources available through public and private programs and services to meet needs exacerbated by COVID-19 as well as information about behaviors that may compromise individual and family health.

As of May 26, 1,859 telephone calls were made to former AAHP participants and 169 surveys of health needs and concerns were completed. For the most part, respondents were very pleased to receive telephone calls and appreciated AAHP’s concern about their health and welfare. However, many respondents assumed that the calls were spam, Robocalls or other marketing-related calls. Initially, the ratio of calls to completed surveys was approximately nine calls to complete one finished survey. As the month progressed, the ratio of calls to completed surveys declined to a ratio of six calls per completed survey. Improvements in the completion rate of
surveys were attributed to shifting the initial conversation to focus more on providing personalized health needs assessment rather than an emphasis on conducting the survey. The needs assessment included two cohorts of respondents: one consisting of former SMILE clients and the second consisting of participants formerly enrolled in the chronic disease management classes. The average age of SMILE clients was 32 years old and the average age for chronic disease clients was 57 years old. Slightly less than two-thirds of all respondents were female and the remaining respondents (38.5%) were males. Underlying chronic disease conditions most frequently reported were hypertension and prediabetes or diabetes. Self-reporting may have understated the true prevalence of chronic disease in the survey. It was also noted that a large number of participants reported that they have been treated for hypertension but did not recall when they last had their blood pressure checked. There was concern for a greater need to ensure that all respondents continue to monitor and control their hypertension and diabetes risk which was emphasized. Approximately 84% of all respondents indicated that they do have a primary care physician. Significantly, 16% of respondents indicated that they did not have a primary care physician and they were referred to various providers in Montgomery County.

II. PROGRAM ACTIVITIES

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

Because of the need to continue adhering to the stay-at-home order and practicing social distancing, the SMILE staff continued to use virtual platforms to stay in touch with mothers, infants, and members of their families. The nurses have become quite proficient in the use of Microsoft Teams, Skype, Zoom, FaceTime, and DUO to communicate with enrollees by audio and video.

To further strengthen the level of services and client engagement, the nursing staff conducted webinars for SMILE participants on a variety of topics including preterm birth and stress reduction and conducted open discussion groups designed to give mothers a forum to combat challenges related to increased levels of depression and anxiety precipitated by social distancing and isolation.

In May, the SMILE program’s caseload consisted of 61 infants and 76 mothers, including 15 prenatal and 61 postpartum cases. Two babies were born into the program in May and all births were at full term, healthy, and at a normal weight. To continuously promote and encourage infant safety and health, the nurses arranged for mothers to pick up car seats and pack and play cribs for their infants. The nurses, community health workers, and social workers conducted a total of 164 teleconsultations during May.

During May, AAHP’s SMILE team received a very generous donation of baby items from Lee’s Little Leapers. AAHP’s social worker met with the founder and arranged for the donation of infant supplies for SMILE clients. Items included: gently used clothes, bottles, pacifiers, nipple leak shields, children books, etc. All items were separated, inspected, organized and stored by AAHP staff.

As part of AAHP’s overall approach to continuous improvement, a new protocol for assessment was initiated to include the administration of psychosocial assessments by the
social worker as part of a revised and expanded intake procedure. All initial full phone contacts will necessitate the completion of the Health-Related Social Needs screening tool developed by the Center for Medicare and Medicaid (Appendix B). During May, the social worker updated psychosocial histories of eight clients referred by nurses for social assessments and counseling. During the month, the program recorded an increased emphasis on the need for crisis intervention and collaborative support from County caseworkers. Support services included Medicaid renewal support, Medicaid application assistance, SNAP eligibility, and managing mothers who lost contact with their assigned caseworkers during the stay-at-home order. Access to the County directory has helped ensure that mothers continue to receive the services needed. Both prenatal and postnatal mothers continued to receive referrals for mental health support, food services, and housing support.

At the end of May, 11 of the 76 mothers enrolled in the SMILE program were classified as high-risk cases because of medical complications, seven mothers experienced high-risk social issues, and seven 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 May. The prenatal enrollees and eight postpartum moms were evaluated for depression using the Edinburgh Postnatal Depression Scale. Four mothers scored high for depression and were referred to mental health service providers for further evaluation and care. Social risks included poor emotional well-being, unemployment, low educational attainment, unclear immigration status, language barriers, and low levels of family support. Staff addressed these issues through appropriate referrals.

At the end of May, the overall percentage of mothers breastfeeding was 62%, and the percentage of mothers breastfeeding for up to three months after birth was 95%. 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 profile of moms indicated the following: 38% Black American, 61% African, and 1% Caribbean. Wide variations in the percentages from month to month are attributed to the small sample sizes.

During May, the nurses held weekly meetings. AAHP’s consultant recommended an active engagement with local OB-GYNs and prenatal consultations centers through visits, emails, and other media to increase enrollment in the SMILE program. The nurse supervisor will be responsible for developing the execution of the engagement plan. The consultant regularly participates in teleconsultations with the nurses to improve the quality of care for program participants. These meetings include reviewing individual cases and developing plans for conducting comprehensive teleconsultations, staffing, and 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 May 2020 as compared to the performance in the calendar year 2018.

<table>
<thead>
<tr>
<th>PROFILES AND SERVICES</th>
<th>*Monthly Average of Reference Calendar Year 2018</th>
<th>May 2020</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A) Currently Active Moms</td>
<td>92</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Prenatal (still pregnant)</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Postpartum (Moms who have delivered)</td>
<td>64</td>
<td>61</td>
</tr>
<tr>
<td>4</td>
<td>B) All infants</td>
<td>65</td>
<td>61</td>
</tr>
<tr>
<td>5</td>
<td>Single Births</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>6</td>
<td>Multiples</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Case Load (A+B)</td>
<td>157</td>
<td>137</td>
</tr>
<tr>
<td>MOM'S ETHNICITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>African American Clients</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>8</td>
<td>African Clients</td>
<td>50</td>
<td>46</td>
</tr>
<tr>
<td>9</td>
<td>Caribbean Clients</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>REFERRALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>HHS Prenatal Referrals Received</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Referrals from Other Sources</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Total Prenatal Referrals</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>NEW ENROLLMENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Prenatal Moms Newly Enrolled During the Month</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>Infants Newly enrolled during the month</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>All new enrollments for the month</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>DELIVERIES during the month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Term Deliveries</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>Preterm Deliveries</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Total Deliveries</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>BIRTH OUTCOMES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>% Healthy Birth Weight (% of Total Deliveries)</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>20</td>
<td>Number of</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Low Birth Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
<td>---</td>
<td></td>
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<tr>
<td>21</td>
<td>Number of Very Low Birth Weight</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Infant Deaths (includes Stillbirths)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**SERVICES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Total Home Visits</td>
</tr>
<tr>
<td>25</td>
<td>Telephonic Consultations</td>
</tr>
<tr>
<td>26</td>
<td>Prenatal Discharges</td>
</tr>
<tr>
<td>27</td>
<td>Infant Discharges</td>
</tr>
<tr>
<td>28</td>
<td>Community Referrals Made</td>
</tr>
<tr>
<td>29</td>
<td>Classes/Presentations Completed</td>
</tr>
<tr>
<td>30</td>
<td>Manual Breast Pumps Given</td>
</tr>
</tbody>
</table>

**BREASTFEEDING MOMS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Percent Clients Breastfeeding Infants 0-3 months</td>
</tr>
<tr>
<td>32</td>
<td>Overall Breastfeeding Percent</td>
</tr>
</tbody>
</table>

**INSURANCE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Clients with Private Insurance**</td>
</tr>
<tr>
<td>34</td>
<td>Clients with Medicaid Insurance**</td>
</tr>
</tbody>
</table>

*Averages are rounded up to the next integer

** A client may have multiple insurances

Increase above reference year

Level with reference year
B. The Chronic Disease Management Program (CDMP)

In May, the CDMP team conducted four virtual classes weekly on different evidence-based topics to help participants improve their overall health and manage chronic diseases. Two of the four weekly webinars, the ‘Kick Start Your Health’ (KSYH) series, centered on one of the four chronic conditions that disproportionately affect people of African descent.
(diabetes, hypertension, Alzheimer’s Disease/dementia, and cancer). Classes offered in May focused on hypertension and Alzheimer’s Disease and dementia. The last two webinars focused on ‘Health and Fitness’ and ‘Health and Nutrition’ respectively, both covering aspects of hypertension or Alzheimer’s disease and the impact exercise or nutrition can have on each. (See Calendar). Though the “Health and Fitness” class does have a brief education portion on the impact of fitness on a specific chronic disease, most of the class is guided exercises by a professional Zumba instructor. Having professionally guided exercises increased class attendance and engagement with the hope of having participants attend weekly to get the 30 minutes of exercise per day as recommended by federal health guidelines as a risk reducer for chronic diseases.

The ‘Health and Nutrition’ classes included a brief segment on the impact of nutrition on chronic conditions with most of the class focused on healthy cooking group demonstrations by the Food for Life Instructor. The goal is to motivate class participants to begin preparing healthy plant-based meals for their families as a sustainable lifestyle behavior. Additionally, the classes encourage and promote adherence to self-monitoring of blood pressure, glucose, HbA1c, cholesterol, and body mass index. To promote compliance, AAHP has established a dedicated FedEx account to deliver diabetes and hypertension self-management supplies to participants such as glucose meters, lancets, strips, and blood pressure monitors. In addition to distributing and instructing participants on how to properly use the self-monitoring devices, CDMP staff also encouraged all participants to monitor their numbers using the self-monitoring devices and to relay those numbers to AAHP staff during one-on-one consultations. The team also reinstituted a ‘Blood Glucose/Blood Pressure Monitoring Self-management Agreement’ with participants to encourage them to adhere to daily, weekly or monthly self-monitoring to achieve established healthy targets. To further encourage patient adherence and conformance with medical advice, CDMP’s pharmacist and MD established telehealth counseling sessions so that class participants can ask questions about their medications and explore potential alternative medications that may be discussed in subsequent visits with their primary care physician.

Below please find the CDMP monthly report for May 2020. The reporting format includes an overview of classes conducted and class content.

<table>
<thead>
<tr>
<th>CDMP CLASS Activities</th>
<th>HOURS</th>
<th>DATA REQUESTED</th>
<th>TOPIC COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Fitness Webinar</td>
<td>11am – 12:30pm</td>
<td>Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</td>
<td>This class included Yoga and Zumba exercises by trained professionals. Participants learned how fitness can prevent, manage, and reverse the risk for chronic diseases such as Obesity, Diabetes, Hypertension, Cancer, and Alzheimer’s Disease. The class included seven new participants. All participants maintained or</td>
</tr>
<tr>
<td>May 5th, 12th, 19th, 26th</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
improved their HEDIS measures and improved their exercise and diet.

Kick Start Your Health II (Hypertension) online Webinar
May 6th, 13th 20th, 27th
6 pm – 8 pm
Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol screenings
This month’s class topic was Hypertension specifically, the causes and complications; treatments, medications, and side effects; how to prevent using including diet, exercise, and stress management.

Health and Nutrition Webinar
May 7th, 14th 21st, 28th
1pm - 3pm
Weight, BP, BMI, %BF, Glucose, Cholesterol screenings
This month’s classes stressed the selection of healthy food choices to reduce the risk of chronic diseases. Ms. Barlow lectured and demonstrated ways to prepare plant-based foods to manage health.

Kick Start Your Health III on-line Webinar
May 7th, 14th, 21st, 28th
6 pm – 8 pm
Weight, BP, BMI, %BF, Glucose, Cholesterol screenings
This month’s class topic was Alzheimer’s Disease. The focus was on the origins of the disease state; causes and complications medications, treatments, and side effects; In the month, eight new participants joined the class.

CDMP Virtual Webinar Attendance Metrics May ‘20

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Health and Fitness 11am - 12:30pm</th>
<th>KSYH II 6 pm – 8 pm</th>
<th>Health and Nutrition 1 pm – 3 pm</th>
<th>KSYH III 6 pm – 8 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Size</td>
<td>6 14 13 11</td>
<td>22 24 16 20</td>
<td>11 22 17 19</td>
<td>9 13 12 11</td>
</tr>
<tr>
<td>TOTAL</td>
<td>44</td>
<td>82</td>
<td>69</td>
<td>45</td>
</tr>
<tr>
<td>attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg.</td>
<td>11</td>
<td>20.5</td>
<td>17.25</td>
<td>11.25</td>
</tr>
<tr>
<td>Natl. Avg.</td>
<td>4-6 (Among classes that meet weekly)</td>
<td>4-6 (Among classes that meet weekly)</td>
<td>4-6 (Among classes that meet weekly)</td>
<td>4-6 (Among classes that meet weekly)</td>
</tr>
</tbody>
</table>

CDMP Participant Self-Monitoring Clinical Measures

<table>
<thead>
<tr>
<th>Participants</th>
<th>Health and Fitness</th>
<th>KSYH II (Hypertension)</th>
<th>Health and Nutrition</th>
<th>KSYH III (Alz and Dementia)</th>
<th>Total</th>
</tr>
</thead>
</table>

9
<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Non-disclosed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>22</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>29</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>26</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>16</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>93</td>
<td>8</td>
<td>113</td>
</tr>
<tr>
<td>% African</td>
<td>100%</td>
<td>100%</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>American</td>
<td></td>
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**Health Profile**

<table>
<thead>
<tr>
<th></th>
<th>Average</th>
<th>Average</th>
<th>Average</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systolic</strong></td>
<td>120 mmHg</td>
<td>131.1 mmHg</td>
<td>118 mmHg</td>
<td>131 mmHg</td>
</tr>
<tr>
<td><strong>Diastolic</strong></td>
<td>67 mmHg</td>
<td>80.6 mmHg</td>
<td>66 mmHg</td>
<td>77 mmHg</td>
</tr>
<tr>
<td><strong>HB A1C</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Glucose</strong></td>
<td>N/A</td>
<td>116.1 mg/dL</td>
<td>102 mg/dL</td>
<td>129.4 mg/dL</td>
</tr>
<tr>
<td><strong>BMI</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>%Body Fat</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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**Diabetes**

<table>
<thead>
<tr>
<th></th>
<th>Pre-diabetes cases</th>
<th>Diabetes cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>9</td>
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<tr>
<td></td>
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<td>4</td>
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<tr>
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<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>22</td>
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**Hypertension**

<table>
<thead>
<tr>
<th></th>
<th>Pre-hypertension cases</th>
<th>Hypertension cases</th>
<th>Uncontrolled hypertension</th>
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<tbody>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>0</td>
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<tr>
<td></td>
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<td>9</td>
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<td>8</td>
<td>0</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>11</td>
<td>26</td>
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**Cholesterol**

<table>
<thead>
<tr>
<th></th>
<th>Desirable (&lt;200)</th>
<th>Borderline (200-239)</th>
<th>High Risk (&gt;240)</th>
<th>Elevated Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
</tr>
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<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>66</td>
</tr>
</tbody>
</table>
CDMP Team Consultation, Follow-up, and Outreach Efforts

<table>
<thead>
<tr>
<th>CHW Consultations (Telephone):</th>
<th># Given Self-Monitoring devices (BP or Glucose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>276</td>
<td>2 Glucose Meters; 80 Strips and Lancets, 13 BP Monitors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacist Consultations (Virtual Telehealth):</th>
<th># Taught to use Self-Monitoring devices (BP or Glucose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Consultations (Virtual Telehealth)</th>
<th># of People with Elevated Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>66</td>
</tr>
</tbody>
</table>

May 2020 HEALTH CHAMPION

This month’s Health Champion is Ms. M.M. She began attending the CDMP in-person classes at the Plum Gar Recreation Center to improve her health through changes in diet and exercise after difficulties in controlling her hypertension. M.M. saw the program as a way to combine exercise and nutrition to control her hypertension. Since April, M.M. has continued to be a mainstay at the Plum Gar virtual classes but also the virtual classes offered throughout the week. In the last three months, M.M. has reduced her weight by more than 10 lbs. and maintained her blood pressure below 120/80. AAHP commends M.M. for her outstanding commitment to improving her health and thank her for her continued participation. Congratulations on being this month’s Health Champion!

Social Work Services

May was an especially busy month for AAHP’s social worker. In May, AAHP’s mental health screening tools were accessed and completed 22 times and the link was retrieved 30 times, with a 71% completion rate. The majority of screenings were completed using desktop computers and cell phones by Montgomery County residents. Most screenings were completed by individuals who were Black, female; single, and/or widowed and between the ages of 55-64 years old. This observation is consistent with recently published data about the increasing prevalence of mental health concerns among young adults and seniors by the National Institute of Mental Health (NIMH) and Substance Abuse & Mental Health Services (SAMHSA). The distribution of persons electing to be screened included 91% of participants who self-identify as Black African-Americans. The specific screens included:

- 4 Wellbeing Screenings
- 11 Wide Range Screenings
- 4 Generalized Anxiety Screenings
- 1 HANDS Depression Screening
- 2 Eating Disorder Screening

C. Mental Health Support

In recognition of May as Mental Health Awareness Month, AAHP’s social worker conducted virtual discussions and presentations on the history and importance of
psychosocial assessments with clients. Based on this discussion, the AAHP clinical staff agreed to begin implementing thorough psychosocial evaluations as a standard procedure for enrollment in the SMILE program.

May 6th marked the launch of “SMILE Wellness Wednesday.” Recent counseling sessions with some of the SMILE mothers indicated a need for more engagement with other peers. In response to this need, the social worker, in collaboration with the community health workers and SMILE nurses, began ongoing discussions about “the impacts of the COVID-19 quarantine”, “isolation and loneliness”, and “the importance of self-care” as critical issues to wellness. During the sessions, SMILE moms were engaged and receptive and were able to share personal and inspiring testimonies. This is important as AAHP strives to maintain strong relationships with the client's serve and an even stronger sense of community during the current pandemic.

Although the webinar was successful, the team experienced some technical difficulties. Staff and some clients were unable to access Microsoft Teams and had trouble logging into the Teams online peer support group meeting. To ameliorate this problem, AAHP staff participated in a Microsoft Teams Training offered by DHHS on May 27.

On May 27, during the CDMP evening class, AAHP’s social worker presented a webinar entitled Mental Health 101. This presentation included general information on mental health and illness, especially as it relates to the lives of African Americans. The discussion emphasized contributing factors to mental illness, risk factors, protective factors, racial bias in providing care, and other aspects of care affecting people of African descent. Clients were receptive, inquisitive, and shared diverse points of view.

On May 28, during the CDMP afternoon Nutrition class, AAHP’s social worker presented (via Zoom) a presentation titled “Food & Mood.” This presentation provided information about how mental health affects eating habits and a tendency towards the overconsumption of certain foods. To encourage healthier eating habits, a food and mood log template was distributed. This tied in well with the Food for Life instructor’s nutrition presentation that followed.

Also, on May 28, during the evening class, AAHP’s social worker presented a discussion on stress management. Attendees learned about the health effects of chronic stress on health risks and tips and tools for mitigating risk were distributed to participants. There was also a brief discussion on caregiver support, which was a great segueway for CDMP presentation on Alzheimer’s & Dementia care.

The social worker continues to maintain office hours and provide one-on-one consultations with clients and referrals as needed. Clients often reach out following a presentation with additional questions, comments, and feedback.

D. Sexual Health

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In May, the social worker was actively involved in the weekly planning and re-development of AAHP’s youth sexual health initiative. AAHP is working to address the concerns around Montgomery County youth STI rates, unplanned pregnancies, and risky sexual behaviors. The social worker’s primary role is to create a web-based visual on the difference between healthy and unhealthy relationship habits and how to negotiate condom use. AAHP’s social worker and media consultant worked together to create and design a helpful reference tool. This infographic was developed and approved during the month and displays pertinent information for adolescents and young adults on healthy relationship reminders and local resources for dating violence and other support. This is meant to be used on AAHP’s online networks and shared electronically, until further notice.

To advance this project, several contacts and potential partnerships were also initiated during May. The team has connected with several community organizations such as Montgomery County Collaboration Council and Upcounty Network (drug prevention program); as well as reinstating contact with our previous Housing Opportunities Commission (HOC) contact. These efforts will continue throughout June.

Having access to the county directory has helped in efforts to bridge the gap when clients cannot reach the County worker. It has proven a successful means to connect with caseworkers and provide clients with the support they need.

Clients continued to receive referrals for mental health support, food services, and housing support. Telephonic consults were successful, as goals were revised, and needs were reassessed.

**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 May 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.

**E. Healthy Aging**
The aging community liaison attended five webinars to address the AAHP Aging Subcommittee’s concerns about the alarming COVID-19 infection and death rates in
nursing homes and assisted living facilities, innovative ways to combat social isolation and increase engagement for seniors, and caregiving during the COVID-19 pandemic. She also provided the AAHP Executive Committee with a comprehensive report on Aging Subcommittee-sponsored outreach activities to keep African American seniors in Montgomery County informed, healthy, and supported during the COVID-19 pandemic.

The first webinar, sponsored by the Alliance for Health Policy, focused on COVID-19 and nursing home care and noted that there is a direct correlation between the coronavirus infection rate and the size, location, and amount of traffic into a nursing facility. The second, sponsored by the Administration for Community Living (ACL), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Veterans Health Administration (VHA), and the National Coalition on Mental Health and Aging (NCMHA), in recognition of National Older Adults Mental Health Awareness Day 2020, focused on combating social isolation for seniors during the COVID-19 Pandemic and highlighted efforts like providing electronic tablets to long-term care facilities to enable residents to Facetime with their families and take virtual tours and engage with virtual pets. The third, sponsored by AARP, focused on innovative trends in COVID-19 engagements for seniors where they noted that cultural competency concerning older adults may mean using direct mail and cable television to provide information to seniors rather than social media. The fourth was sponsored by the National Hispanic Council on Aging (NHCOA) and focused on caregiving in the times of COVID-19 and offered advice to caregivers such as the importance of creating simple plans for individuals with dementia who may not remember to wash their hands for 20 seconds, and may not recognize COVID-19 symptoms. The fifth was sponsored by American Bone Health and presented by a member of the AAHP aging subcommittee and focused on the effects of medications disproportionately prescribed to African Americans for chronic conditions on bone health.

Outreach activities to County seniors included a weekly senior resource update email to 85 county senior points of contact, bi-weekly check-in phone calls, and Zoom conferences with senior points of contact at local churches and providing links to COVID-19 data tracking information throughout the state by county.

The aging community liaison also made her first report as an official liaison to the Montgomery County Commission on Aging (COA) where she recommended that all members watch the AAHP Town Hall recorded April 23 that connected the dots between the COVID-19 crisis and structural racism. She also participated in and summarized calls with COA members and County Councilmember to plan a joint virtual Racial Equity and Social Justice Town Hall focused on the effects of structural racism on public health and aging to replace the COA Public Policy Forum which was canceled due to the coronavirus. The Aging Community Liaison also worked with AAHP Aging Subcommittee and COA members to raise the issue of cultural competency.

F. 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 May, it had not yet been determined when
testing could be safely resumed. 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.

Before the stay-at-home order was issued, most AAHP efforts focused on HIV testing which required following a specific Maryland State Protocol involving pretest counseling, testing, and post-test counseling. Almost all testing was conducted at several sites around the county including the Dennis Avenue Clinic, Progress Place Homeless Shelter, Montgomery College campuses in Tacoma Park, Rockville, and Germantown. Also, tests were conducted at Hampshire Towers and selected other apartment sites based on the demand for testing services and the availability of space for testing and confidential counseling. The testing procedure required drawing blood and determining whether a specimen was positive or negative for antibodies.

Because there is no clear timetable for when normal testing can resume, AAHP strengthened efforts to engage more young people in prevention education. Before the stay at home order, the HIV coordinator, along with the AAHP social worker, started conducting sexual health educational sessions at Georgian Courts, a HOC facility and conducted workshops to help young people gain knowledge and understand how to make better decisions about how to protect their sexual health. The last session was held on February 27.

Since that last session, the emphasis on sexual health shifted to the planning and development of a video as a standalone educational tool to elicit discussion and education on sexual health and the use of either Microsoft Teams or Zoom to reignite discussions with young people while also observing social distancing.

Another strategy included the possibility of using the video to assist parents with discussing sexual health with their children. The importance of the strategy is that the video could serve as a bridge to engage both young people and their parents in discussing sexual health, an issue that is always very difficult for parents and teachers to confront.

Also, AAHP staff reached out to the Montgomery County Coordinating Council and made the connection to Bridges to the Future, a service delivery organization that works directly with the youth and families served. The host and facilitator have monthly activities for youth and young adults and facilitates a monthly support activity for parents and families. They are open to discuss the types of webinars and materials AAHP would like to make available to the community and to see how a helpful partnership can be built.

May also provided an opportunity to continue strengthening and expanding knowledge and competence in HIV-related education activities. The HIV coordinator participated in the two-day, four-part HIV Case Management Series, hosted by the MidAtlantic AIDS Education and Training Center. The first day explored HIV & long-term health co-
morbidities, understanding lab values, HIV clinical issues for case managers, and treatment adherence. The second day focused on behavioral health, self-care, and Ryan White Case Management Standards. For each series, questions were sent to participants to be answered to measure knowledge gained.

III. Planning and Administrative Activities
   A. Community Outreach Education and Administration
   In May, AAHP staff continued to provide administrative support for meetings to promote collaboration and communication between the Department of Health and Human Services (DHHS) program manager, the AAHP Executive Committee, and members of the AAHP Executive Coalition. Specifically, the staff assumed responsibility for meeting communications with Committee co-chairs and members. On May 7, 2020, AAHP staff, including the Program Director and Clinical Director participated in the monthly meeting held on May 7, 2020. 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 May 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. Tasks included setting up a conference line for remote meeting participation, distributing the agenda, and arranging for a conference line for the monthly meeting.

   B. Information System Use and Implementation
   In May, 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 structure and plan to continuously maintain communications should there be a requirement for virtual communications. The good news is that COVID-19 has forced staff to adapt to these changes and has enhanced staff’s capacity to work remotely and use mobile resources in a secure manner. Significantly, staff worked together to identify and discover technical challenges associated with the use of various communications platforms. They all have advantages and disadvantages and the staff has learned how to work around these challenges as they seek the best solution based on the particular application. For example, some clients may have FaceTime, DUO, Skype, or Zoom. We have learned to use the software solution that best fits the needs of the people that we are communicating with. AAHP’s data coordinator has become a central link for ensuring and expanding AAHP’s capacity to use these new resources to improve the lives of our clients and continuously communicate between members of the staff.
Before May, the staff used their personal cell phones to conduct AAHP-related communications outside of the office. However, in May, nine new Samsung Galaxy 10 cell phones were purchased under the contract with the County and distributed to the staff to conduct program-related communications. During May, a new cell phone use policy was implemented in compliance with regulations issued by the Montgomery County Department of Health and Human Services. In May, 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 May, AAHP staff began entering live data into the production site 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 May, almost all of the errors and problems were corrected and almost all of the staff began entering live data. Most of the challenges discovered in entering data were encountered by the nurses due to the number of data elements and the relational nature of data associated with mothers, their children, and other members of the family. To facilitate the ongoing refinement of the system, a new contract was established with the programmer for the database. This achievement is especially noteworthy because the contractor and developer for the project died unexpectedly and the future of the hard work accomplished over the last 2 ½ years was suddenly in jeopardy.
AAHP Health Notes
Date Distributed: Tuesday, May 5 at 5:20 pm
General List Recipients: 1,652 (same than April)
Successful deliveries: 1,301 (-6 from April)
Unsubscribed because of this message: 3 (same than April)
Open rate: 27% (April - 25%)
Click rate: 7% (April - 9%)

AAHP’s May newsletter was titled “Decide to Thrive.” The feature article focused on High Blood Pressure Month and AAHP’s Chronic Disease Management team’s online class on hypertension and heart disease. The next article listed four steps to ease panic during the pandemic with positive affirmation exercises to perform when feeling overwhelmed. It also featured additional links for staying positive and a graph of the three stages of pandemic response. In the following article, AAHP provided a link to mental health screenings for Mental Health Month. For Women’s Health Week, seven self-care tips were discussed to improve Black women’s overall health and wellness. Another article reported the decline of teen pregnancy and advised how boys and healthcare providers can help to decrease teen pregnancy. The SMILE program started Wellness Wednesdays encouraging healthy habits for families. “Glorifying Our Spiritual and Physical Life Existence”, GOSPEL, was announced as a virtual six-week program aimed to improve physical discipline and spiritual growth. The Health Hint suggested benefits of reduced screen time by logging off electronics early at night with a “digital curfew.” The featured video was an excerpt from a TED Talk on urban agriculture and the transformation of Detroit by Devita Davison, a food activist and Executive Director of Food Lab Detroit. The featured recipe was savory oatmeal.

In May, 327 people opened May’s Health Notes, representing the same number of readers as last month. The open rate of 17% was slightly higher than last month’s open rate of 25%, higher than AAHP’s average of 23%, and 6% higher than the industry average. May’s click rate of 7% was lower than April’s click rate of 7%, which is on par with AAHP’s average, but lower than the industry average by 1%. The bounce rate also remained the same at 21%. Three more subscribers were added, bringing the total number of subscribers to 1,652. Unfortunately, three people unsubscribed.

AAHP website

In May, AAHP’s website performed slightly better than in April and the following metrics were recorded:

- 5,838 visits, compared to 5,385 visits last month
- 57% of visitors accessed AAHP’s website on their desktop computers, and 43% accessed the website on their phone or tablet, which reflects a continuing shift towards desktops
- 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:
626 likes, 4 new likes
22 posts, -4 from April
4 shares, -7 from April
0 comments, same as April
12 reactions, -26 from April
Top post: Women Health Week “7 Self Care Tips”

Twitter:
284 followers, 1 new followers
10 tweets
4 likes, +11 from April
4 retweets, -5 from April
0 mentions, -14 from April
20,000 impressions, -118K from April
profile visits: 34, -102 from April
Top tweet: Invitation to “Wellness Wednesday day”

Instagram (@aahpmoco):
126 followers + 9 from April
13 posts, +5 from April
58 post likes, -11 from April post likes.
4 comments, +4 from April
Top post: Wellness Wednesday

Metrics Summary:
AAHP’s social media metrics were consistent with AAHP’s previous metrics. Facebook and Instagram saw a substantial increase in followers. In May, AAHP’s Instagram account began using the “carousel” function to increase engagement by posting multiple-picture posts that tend to offer more longevity and engagement than single-picture posts. Most notably, the Women’s Health Week post with seven pictures for each of the seven tips
APPENDIX B
Food & Mood SLIDES

- Emotional (over)Eating
  - Overview
  - ABC’s of CBT
  - Food & Mood

Overview
- Different Types of Eaters
- Mentality & "Diet"
- Therapeutic Approach
- Food-Mood Journal

Types of Eaters
- Emotional: seeks to satisfy an emotion with food
- External: feeling pressure or desire to eat due to the presence/availability of food
- Restrained: deliberate restriction of food intake

Why?

When?
Why do we overeat?

**Reward:** using food as a reward can lead to an unhealthy emotional connection between eating certain foods and feeling good.

**Comfort:** anything that a person uses to feel better; often indulgent meals or snacks

**Punishment:** can lead to the development of negative associations, fear of food, and restrictive intake. Food is made to fuel our bodies, give us clear minds, and provide the energy we need, NOT as a form of discipline.

When does it start?

**Childhood:** for most people, childhood is a critical point in the development of many lifelong habits

**Period of Distress:** experienced grief and loss, a devastating new health diagnosis, relationship issues

**Unwellness:** lack of self-care, over-consumption of junk and comfort foods

**Pregnancy:** changes can lead to overindulgence and poor eating habits that are challenging to overcome

What is the relationship? Which way do the arrows go?

Stress → Depression → Obesity

Stress → Obesity → Depression

Stress ↔ Depression ↔ Obesity

Stress ↔ Obesity ↔ Depression
Obesity raises one’s risk of depression by 55%.

Not only does obesity raise depression risk, but also increased anxiety, lack of motivation and negative self-worth.

Stigma, shame of being overweight can lead to depressive symptoms.

Some research shows there are more significant positive associations between obesity and depression among women in comparison to men (race is also a factor).

Several community surveys in the US and Canada have found associations between obesity and elevated measures of psychological distress.

What are the symptoms? Anxiety & Depression

Generalized Anxiety Disorder (GAD) Symptoms:
- Excess worry
- Fatigue
- Restlessness
- Impaired concentration
- Irritability
- Difficulty sleeping

Common Symptoms of Depression:
- Fatigue
- Difficulty concentrating or remembering
- Difficulty making decisions
- Loss of interest
- Suicidal thoughts
- Apathy
- Changes in appetite
- Changes in sleep
- Changes in energy levels
- Changes in body chemistry
- Physical symptoms

Obesity’s Impact on Health

Emotional:
- Anxiety
- Severe Depression
- Helplessness
- Self-Consciousness
- Negative Self-worth
- Isolation
- Stigma

Anxiety
Severe Depression
Helplessness
Self-Consciousness
Negative Self-worth
Isolation
Stigma

Medications used to manage mood or anxiety disorders may also lead to weight gain.

Which foods can lead us to feeling similar?

Use of alcohol, caffeine, and smoking can precipitate or mimic symptoms of anxiety. Also, low blood sugar and dehydration can cause one to feel anxious or worsen associated symptoms.

Consumption of high fats, artificial and refined sugars, fried foods, and salty foods can lead us to feeling fatigued and lacking energy; disturbed sleep cycles. May also cause one to overconform leading to weight gain, poor health outcomes, and negative view of self.

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<th>Nutrient</th>
<th>Impact on Mood</th>
<th>Food Source</th>
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| Complex Carbohydrates | * Produces a sense of calm
                   | * Lessens high-sugar cravings
                   | * Decreases mood swings                           | 100% whole grain bread and cereal, potatoes, beans, peas and corn |
| Protein           | * Boosts motivation                                  | Lean meat, fish, poultry, low-fat or fat-free    |
|                   | * Enhances alertness                                 | dairy, eggs, beans and nuts                      |
|                   | * Sharpens attention                                 |                                                  |
|                   | * Improves memory                                   |                                                  |
| Omega-3 Fatty Acid | * Produces a sense of calm                           | Flax seeds, walnuts, certain fish such as        |
|                   |                                                     | salmon, sardines, mackerel and herring           |
| B Complex (Vitamin B6, Vitamin B12, Folate) | * Improves memory and concentration                      | Fortified cereal and soy products, potatoes, chickpeas, clams, oysters, fish, lean meat, low-fat or fat-free dairy, broccoli, spinach, collard greens and 100% whole grain foods |
| Vitamin D         | * Relieves mood disorders such as Seasonal Affective Disorder | Egg yolks and fortified foods such as certain dairy products, soy milk, orange juice and cereal |

Therapeutic Approach for Behavior Change

- **Purpose:** to help a person become aware of their “maladaptive behaviors” and then replace these with adaptive ones
- Typical approaches include keeping **daily food and mood logs** or journals
  - real-time self-monitoring
- Bringing the automatic or thoughtless actions into consciousness for deliberate engagement/change

Cognitive Behavioral Therapy (CBT)
A – B – C

Affect: how you feel

Behavior: how you behave

Cognition: how you think

Food-Mood Journaling

1. Study in the American Journal of Preventive Medicine found that participants who kept a Food Journal lost twice as much weight as those who didn’t.

2. Through C.B.T., we know Mood Journals are a successful tool for addressing and treating problems such as depression, anxiety, but can also be used as a way to learn more about yourself and your emotions.

Together, a Food-Mood Journal can provide new insight into how and why you might be making some food choices, plus how your emotions could be playing a role.
**Date:**

**FOOD AND MOOD JOURNAL**

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<tr>
<th>Time</th>
<th>Food/Drink/Medication Consumed</th>
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<th>Body/Emotions</th>
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**Glasses of Water Consumed**

**Getting Your Zzzs**

Hours of Sleep:

- How did you feel when you woke up this morning?
- Did you wake up during the night? If so, when and for how long?

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References:

It's May! That means not only are flowers in bloom, but it's also a time to focus on heart health. In observance of High Blood Pressure Education Month and American Stroke Month! Did you know that high blood pressure (also known as hypertension) increases the risk of heart disease and stroke, the first and third leading causes of death in the U.S., respectively? The good news is that you can take control of your blood pressure and AAHP can show you how.

AAHP’s Chronic Disease Management Team conducts online classes on hypertension and heart disease on Wednesdays from 6:00pm to 7:15pm. By joining a class, you can learn how lifestyle changes can help you prevent, manage, and possibly reverse hypertension and a host of other chronic conditions. Taught by Dr. Keena Myers, a Certified Diabetes Educator; and Rochia Barlow, a Food for Life instructor, AAHP’s Chronic Disease Management class covers nutrition, grocery shopping, cooking, medications, the disease process, exercise—all online from your own home. As you see the results, you’ll be more and more motivated to implement what you’ve learned in class. It won’t be so difficult to avoid packaged and restaurant foods, which make up the main source of sodium in an American diet. With so much at stake, there’s no time like the present, so visit the AAHP website to learn more about the class and to sign up. Class participants with their blood pressure under control help others learn how to control their blood pressure by sharing information.

Shockingly, nearly half of all Americans have high blood pressure. African Americans are 40% more likely to have high blood pressure compared to White Americans and are less likely to have their high blood pressure under control. In addition to heart disease, stroke, congestive heart failure and kidney disease, people with high blood pressure are also at higher risk of COVID-19 mortality if they contract it. It is within your control to be on the positive side of these statistics.

Sources:
- www.coronavirus.dhhs.gov
- U.S. Department of Health and Human Services, Office of Minority Health
The concerns surrounding COVID-19 are widespread and impact every aspect of our daily lives. The uncertainty we are all experiencing can lead to fear and anxiety, a normal and expected response. Oftentimes, our minds are automatically attracted to the worst possible scenario and our imaginations can paint an inaccurate picture of reality. This is often referred to as “catastrophizing”—defined by psychologist Martin Seligman as “an evolutionarily adaptive frame of mind, that is, usually unrealistically negative.”

It can be difficult to shift from this mindset to a more present and realistic one—it’s like trying to override your body’s control center. But there is an exercise we can practice when we feel overwhelmed and anxious about a situation. “Changing Your Mind,” adapted from Martin Seligman’s technique, “Put It in Perspective,” is often used as a positive psychology technique to help shift your perspective from helplessness to optimism.

**Step 1: Explore - What is the worst possible situation?**

These are often the doom-laden thoughts that consume your thinking. For some, intentionally exploring this thought may be a challenge. But allowing your mind to identify its fear has proven helpful in diminishing its stronghold over your mind. (It can even be helpful to write these thoughts down as you work through each step.)

**Step 2: Shift - Consider the opposite, for example, what is the best possible situation?**

In this part of the exercise, begin to explore what would be the best outcome. This might be the exact opposite of your original thought, but allow your mind to explore a few different “best-case scenarios.”

**Step 3: Focus - Ask yourself, what is most likely to happen?**

Now, returning to your present moment, narrow your thoughts down to what is most likely to occur. This may be a combination of ideas or one you haven’t considered at all yet. But what is the most realistic outcome?

**Step 4: Plan - Finally, develop a plan for the most likely outcome.**

It helps no one to waste energy on something that is unlikely to occur. Instead, work on developing a plan that is most realistic for YOU. Your plan will be individualized and may mean making arrangements for childcare, organizing your savings for specific needs, stockpiling on medications, etc. Making a plan ahead of time for a realistic scenario can help relieve the stress of trying to come up with a plan if faced with that scenario.

For similar exercises and more information, find these free resources online:
- Creative Activities and COVID-19 Guidebook from www.creativactuvities.com
- Positive Psychology in Practice, Harvard Mental Health Letter
- Mindfulness & Other Tools (Massachusetts General Hospital)
- Mental Health Month Tools from Mental Health America
This Mental Health Month, AAHP invites you to take a mental health screening test to gain access to professional tools and resources that can help you thrive at any time.

Go to: screening.mentalhealthscreening.org/aahpmontgomery
May focuses on Women’s Health, and every year Women’s Health week begins on Mother’s Day. It’s a
kind reminder for women and girls everywhere to literally “take care.” It’s no secret that Black women
(compared to women of other races/ethnicities) are often at highest risk of debilitating health conditions,
and even when prevalence is higher in White women—breast cancer, for example—Black women
often have a higher mortality rate. But we can change that, with both big and small choices every day.
Here’s a list of simple ways for Black women to improve their physical, mental, spiritual and emotional
health. It’s easier than you think, but requires commitment! Are you ready?
1. Get Screened. Early detection saves lives! When you’re getting regular checkups, it’s easier to
detect and treat diseases.
2. Be active. Did you know that some of the exercises we did as kids have high-impact results for
full body health? Doing 50 to 100 jumping jacks or jumping rope for 3 to 5 minutes a day (for
starters) are great total-body exercises.
3. Sleep is often slept on. Find out how much sleep is ideal for you. The average adult needs
between six to eight hours of sleep.
4. Stay hydrated (in a good way). Drink more water by taking 10 gulps at a time. Add lemon juice,
agave or other natural sweeteners or fruit slices to enhance the taste.
5. Do Nothing. Yep, in this “I’m so busy” world of overproduction, doing absolutely nothing actually
has its benefits. Let the mind rest. Stare into the clouds. Zone out while listening to music.
6. Eating fresh is best. Frozen and canned fruits and vegetables count, but fresh is always best.
Eating plant-based meals low salt and fat keeps you on the path of good health.
7. Connect with others. We need each other now more than ever while sheltering-in-place during
the COVID-19 quarantine. Call up your loved ones and catch up to share a laugh or comfort and
support each other in these uncertain times.
Good news! The Center for Disease Control (CDC) reports that the teen birth rate dropped between 1991 and 2016, resulting in $44.4 billion in public savings in 2016 alone. Teen pregnancy has a staggering effect on teen parents, their immediate families, and society. Teen mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, and more likely to be incarcerated or unemployed as young adults.

In the fight against teenage pregnancy, teenage boys, their parents, and healthcare providers have been tasked to do more. Teenage boys need to become better communicators at sexual health as well as be more proactive in sharing the responsibility of using contraception. Healthcare providers and parents should discuss sexual health education and awareness with boys more frequently, according to the National Institutes of Health.

While we work to further reduce the rate of teen pregnancy, teen parents in Montgomery County can find support with the Teen Parent Support Program run by nurses and Montgomery County Public School staff. Call (240) 777-1670 to learn more.

Source: [www.accesstoonline.org](http://www.accesstoonline.org)

The SMILE Program Presents Wellness Wednesdays!

The SMILE team would like to invite moms and moms-to-be to Wellness Wednesdays! Because the coronavirus has affected everyone in different ways, it’s so important for us to support each other and fellowship. We’ll discuss the importance of family and how we can join forces in keeping our families safe and strong during these challenging times. We look forward to seeing online you at the first event:

**Wednesday, May 6, 1:00pm to 1:30pm**
**RSVP by calling (240) 777-1833 or emailing bestime@nicfarierandassociate.com**

HEALTH HINT

Log off. For both children and adults, using electronic devices and watching TV within an hour of bedtime can impair sleep. The artificial blue light these screens emit can delay your body’s internal clock, making it more difficult to fall asleep and to stay asleep. Try setting a “digital curfew” to allow more time between screen time and bedtime.

Source: [www.sleepfoundation.org](http://www.sleepfoundation.org)
FEATURED VIDEO

Deviia Bivens, food activist and executive director of Foodlab Detroit, explains how urban agriculture has transformed her city and its people in this stirring TED Talk from 2017, which is extremely relevant today.
Featured Recipe: Savory Oatmeal

INGREDIENTS
- 1 cup rolled oats
- 1 tomato
- 1/2 onion
- 2 tsp pesto
- 1 tsp olive oil
- 2 eggs
- 1 tsp minced garlic

INSTRUCTIONS
In a medium pot, boil two cups of water. While waiting for the water to boil, chop the tomato and dice the onion. Once the water is boiling, add in the oats. Just before the oats have absorbed all of the water, after about eight minutes, stir in the pesto and turn off the heat. Let the oats sit for a couple of minutes to absorb the pesto. While the oats are resting, heat the olive oil and garlic in a pan over medium heat. When the garlic is browned, add in the onions and sauté until slightly soft. Add the tomatoes to the pan and let simmer on low heat for about 15 minutes, or until tomatoes are soft and some juice have been released. In another pan, fry the eggs. Once the tomatoes are done, combine the oats and tomatoes in bowls and top each portion with a fried egg.

Source: www.bostonmagazine.com

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

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