Residents sign up to get screened and tested for cholesterol, A1c, blood pressure and HIV at the Men's Shelter

AAHP MONTHLY REPORT
February 2021

African American Health Program

Contents

I. INTRODUCTION

While implementing the fifth year of the contract with the Montgomery County Department of Health and Human Services (DHHS) to reduce health disparities and health risks to Black Montgomery County residents by implementing the African American Health Program (AAHP), the staff of McFarland and Associates began February by continuing to work closely with pregnant and postpartum mothers to improve their pregnancy outcomes and helping County residents acquire the knowledge and skills needed to manage and prevent health-related diseases and illness, including getting screened for avoidable disease and illness and accessing health-related resources.

In February, AAHP staff took part in a discussion with a Brother to Brother panel organized by Mt. Jezreel Baptist Church about vaccines in the Black community, which is often the most vulnerable due to employment and housing conditions, and where it will be difficult to achieve herd immunity without a significant increase in vaccine administration. In addition to AAHP's involvement in community discussions, AAHP shares tools like the Vaccine Hunter spreadsheet to help County residents obtain vaccination appointments. Included on the spreadsheet are Maryland pharmacies, such as CVS, Giant, Rite Aid, Safeway, Walgreens, as well as mass vaccination sites, including M&T Bank, Baltimore Convention Center, and Six Flags.

One of AAHP's volunteers, a psychologist, and license registered nurse, shared details during a stand-up meeting about her contact tracing efforts and how she helps people navigate having to quarantine the following exposure. People need assistance in preventing the virus from spreading to the rest of their family or household and face added challenges when they don't get paid due to a loss of wages when not working.

II. AAHP PROGRAM ACTIVITIES

Although much of the work performed centers around reaching as many prenatal and postnatal mothers as possible and providing personalized education and information to prenatal and postnatal mothers and their families, it is also important to highlight many of the disparate challenges that both the mothers and families face that are made even more difficult due to COVID19. In this report, while AAHP focuses a great deal on quantitative accomplishments, it is also important to understand the human conditions that circumscribe the quality of life for mothers and families.

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

SMILE Example Case

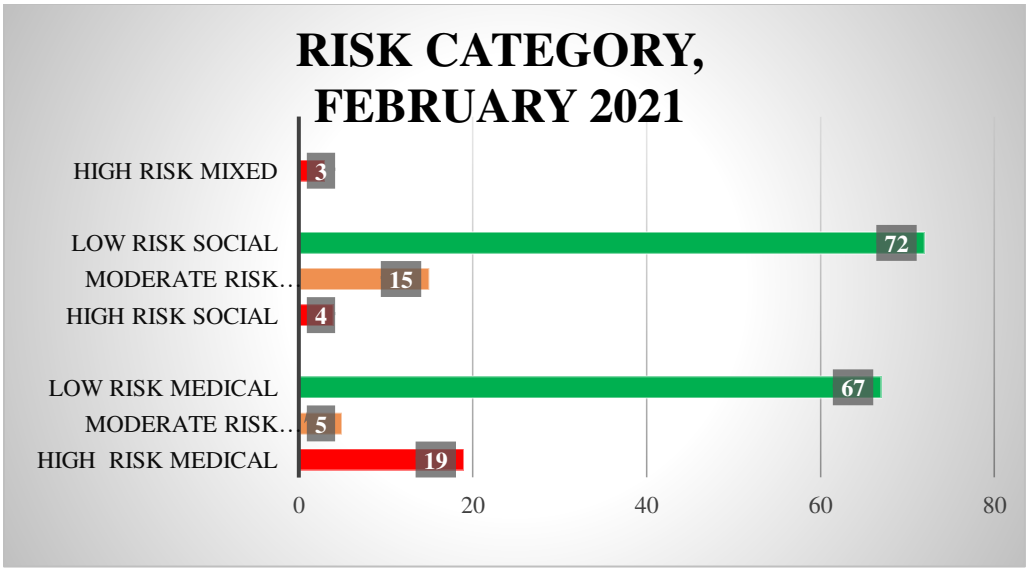
Both moms and their babies are SMILE clients, so this month's SMILE example case is focused on a 34-week premature baby, who is now normal weight and height. She and her mom are now doing well with no medical or social issues. However, earlier in the month, both were in the moderate risk category since mom was recovering from COVID-19. After a two-week quarantine, mom was advised to continue to wear her mask while watching her baby for signs and symptoms of the disease for 24 days after mom's quarantine. Naturally, during the two-week quarantine away from mom, breastfeeding stopped but mom has been encouraged to restart as soon as possible.

Although February is the shortest month of the year, the SMILE program's performance remained strong. The number of active moms increased by one to 91 from the previous month. More significantly, the number of prenatal mothers was 37, the highest recorded in the current fiscal year. The caseload in February was 148, representing the second-best for the fiscal year 2021. Five babies were born into the program in February. Sadly, one infant was born extremely premature and delivered at 22 weeks by C-section and weighed less than a pound. The newborn survived only three days in NICU. The other four babies were born healthy and at a normal weight. The nurses arranged for the distribution of car seats, cribs, and other supplies to four new moms.

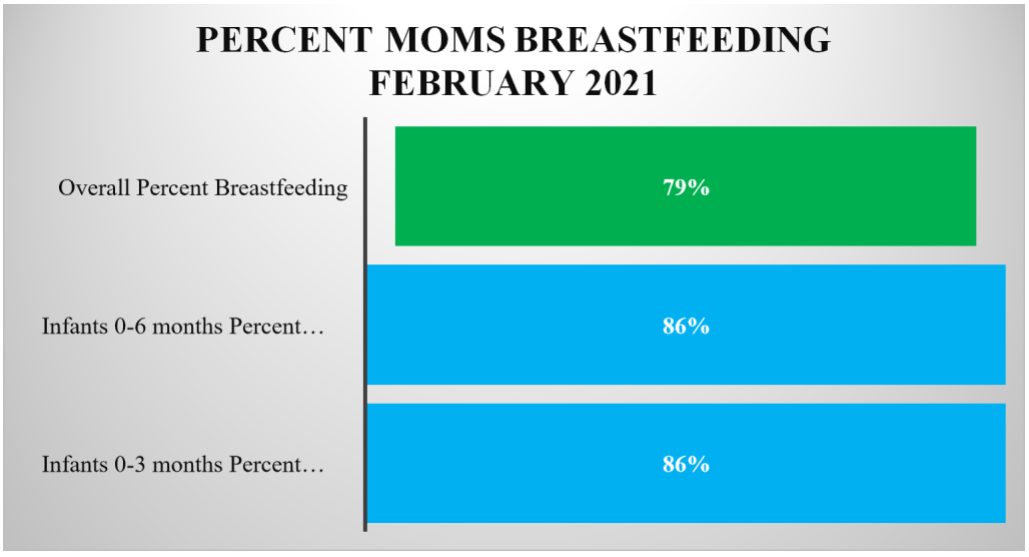
At the end of February, 19 of the 91 mothers were classified as high-risk cases because of medical issues, nine cases classified as high-risk for social issues, and only three cases presented with both high medical and social risks. High-risk medical conditions included gestational diabetes, pre-eclampsia, a history of multiple past miscarriages, and advanced maternal age. As in previous months, frequently cited social needs including housing, help with utility bills, transportation to medical appointments, food insecurity, and concerns about personal safety. Social risks included low self-esteem, unemployment, low educational attainment, unclear immigration status, language barriers, and inadequate family support. Staff addressed these issues through appropriate referrals.

Nine new prenatal cases and four postpartum moms were screened for depression using the Edinburgh Postnatal Depression Scale. AAHP's data coordinator created a fillable version of the Edinburgh Postnatal Depression Scale. Since, like most AAHP programs, the SMILE program continued operating virtually, it is easier for the SMILE team to share this document digitally. During the month, five mothers scored above the normal range and

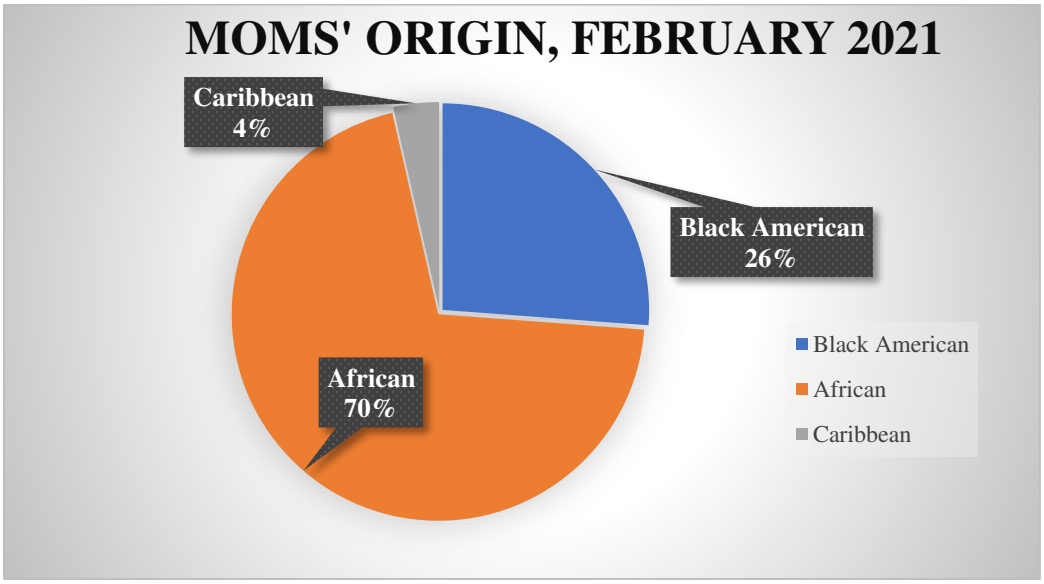
were referred for further evaluation and care. Other emotional health-related issues included providing emotional support and stress management counseling for SMILE clients experiencing anxiety and stress due to feelings of isolation and disconnectedness.



At the end of February, the overall percentage of mothers breastfeeding was 79%, and the percentage of mothers breastfeeding up to six months was 86%. Both breastfeeding indicators exceed the national rates reported by the Centers for Disease Control and Prevention (CDC). Comparative data presented by the CDC shows that the percentage of African American women who ever breastfed was 64.3%, and of that number, only 20% breastfed exclusively for six months after delivery.



As shown in the graph presented below, the ethnic origin representation of mothers participating in the SMILE program showed 70% African, 28% Black American, and 2% Caribbean.



During February, the nurses held weekly meetings. 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. In February, the team attended the Fetal Infant Mortality Review Community Action Team (FIMR/CAT) meeting during which three cases of infant deaths were reviewed. The SMILE staff updated the participants on the progress made by the program in caring for African American moms in Montgomery County. The meeting participants were especially pleased to learn about the SMILE triplets. In February, the clinical director presented an educational session on hypertension during pregnancy for the moms.

AAHP's French-speaking staff assisted two SMILE nurse case managers on a total of 16 SMILE phone calls and Zoom visits in February including work with nine French-speaking SMILE clients. AAHP's community health worker also helped the nurses by checking the clients' daily glucose readings and setting up appointments for SMILE clients to pick up items (cribs, car seats, blankets, and other baby items) from AAHP office. She also made 21 calls to check on expecting mothers, postpartum mothers, and babies to see how they were doing and continued to deliver baby food obtained from Manna Food Center to SMILE clients.

The SMILE team also attended a presentation by the founder of Fit-Tribe Wellness of Baltimore, MD. She is a personal trainer and group exercise instructor who advocates for holistic healing, positive thinking, and radical self-care. In particular, she helps postpartum moms of color deal with a medical condition called diastasis recti which can be improved through breathing techniques. Her six-week "Love your Belly" program helps postpartum moms with their posture and alignment, strengthening muscles, and protecting the midsection. She also provides lactation support and postpartum depression support.

The table and charts below present an overview of the SMILE cumulative data for February 2021 as compared to the program performance in the calendar year 2019.

	PROFILES AND SERVICES	*Monthly Average of Calendar Year 2019	February 2021	Comments
1	***A) Currently Active Moms***	**88**	91	
2	Prenatal (still pregnant)	**30**	37	
3	Postpartum (Moms who have delivered)	**57**	54	
4	***B) All infants***	**57**	57	
5	Single Births	**53**	54	
6	Multiples	**4**	3	
7	**Case Load (A+B)**	**147**	148	
	MOM'S ETHNICITY			
8	African American Clients	**39**	29	
9	African Clients	**46**	59	
10	Caribbean Clients	**3**	3	
	REFERRALS			
11	HHS Prenatal Referrals Received	**7**	5	
12	Referrals from Other Sources	**4**	16	
13	**Total Prenatal Referrals**	**11**	21	
	NEW ENROLLMENTS			
14	Prenatal Moms Newly Enrolled During the Month	**8**	11	
15	Infants Newly Enrolled during the month	**5**	7	
16	**All New Enrollments for the month**	**13**	18	
	DISCHARGES during the month			
16	Prenatal Discharges	**1**	1	
17	Infant Discharges	**5**	9	
18	**Total Discharges**	**6**	10	
	DELIVERIES during the month			
19	Term Deliveries	**5**	4	
20	Preterm Deliveries	**1**	1	22-week Pre-mature
	Total Deliveries	**6**	5	
	BIRTH OUTCOMES			
22	% Healthy Birth Weight (% of Total Deliveries)	**95%**	80%	
23	Number of Low Birth Weight	**0**	0	
24	Number of Very Low Birth Weight	**0**	1	Premature <1lb
25	Infant Deaths (includes Stillbirths)	**0**	1	22-week Pre-mature
26	Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	**0**	0	
	SERVICES			
27	Total Home Visits	**78**	0	
28	Telephonic Consultations	**8**	253	Includes 14 by SW and 8 by CHW
29	Community Referrals Made	**15**	19	
30	Classes/Presentations Completed	**4**	4	
	BREASTFEEDING MOMS			
31	Percent Clients Breastfeeding Infants 0-3 months	**92%**	86%	
32	Overall Breastfeeding Percent	**73%**	79%	
	INSURANCE			

33	Clients with Private Insurance**	**24**	25	
34	Clients with Medicaid Insurance**	**62**	65	
35	Clients without Insurance	**n/a**	0	

*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. Chronic Disease Management and Prevention (CDMP) Programs

1. CDMP Virtual Health Education Webinars

CDMP Program Example Case

February's first Health Champion is D.W. who says that she has been "following this wonderful program and has gotten amazing results." She modified her diet to primarily plant-based whole foods. Her initial weight was 157 lbs. and her initial goal was to lose 11 lbs. Her initial BMI was 27.1. She lost 26 pounds and reduced her BMI to 22.5. Her current weight is 131. She exercises by participating in Zumba classes weekly and monitors her blood pressure. It is 118/69. She has thyroid disease and diabetes runs in her family. But most importantly, she is no longer pre-diabetic. D.W. writes that "AAHP is a godsend to families and the community. I am a private person and have previously been reluctant to share. I now understand you use statistics to evaluate your effectiveness. AAHP has been a very helpful and very strong influence on these changes for me. Thank you!!"

February's second Health Champion is D.D. who attends nearly all of the CDMP classes and was a regular participant at the in-person sessions at White Oak Recreation Center for several years. She adopted a vegan diet, worked hard, and achieved her goals of weight loss and blood pressure control. For the past two years, she's maintained a healthy weight and blood pressure, without medication and her A1c is now in the normal range. She continues to attend classes regularly and to publicize the benefits of the CDMP program in her community.

In February, the CDMP team continued its virtual webinar curriculum offering five classes weekly on different evidence-based topics to help participants improve on their overall health and/or management of a chronic disease. The month's focus was Diabetes and Heart Health in recognition of American Heart Month. The classes

emphasized cardiovascular health and emphasized how diabetes and heart health are related. The themes of the month were an overview of diabetes and cardiovascular disease including definitions, prevalence, risk factors, and complications. Participants learned how to reduce risk factors, the importance of physical activity and dietary changes, and the use of medications and devices to manage these conditions. The team also implemented a new data collection log that is working well and continued to emphasize the importance of clients sharing their biometrics with AAHP staff as appropriate.

In addition to quizzes, recipes, and cooking demonstrations to keep participants engaged, in February, AAHP's Food for Life nutritionist made a video on how to make butternut squash mac & cheese. AAHP staff helped an Executive Committee member prepare for a presentation for the Alpha Kappa Alpha Sorority on February 5th.

The AAHP CDMP team looks forward to continuing to provide evidence-based health education and lifestyle behavior change on topics with a particular focus on hypertension in March.

The monthly report for February 2021 is below. The report includes:

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

CDMP CLASS Activities

ACTIVITY	HOURS	DATA REQUESTED	TOPIC COVERED
Health and Fitness on-line Webinar ZUMBA: February 2, 9, 16, and 23 YOGA: February 3, 10, 20, and 27	11am – 12pm 10 am – 11 am	Class and Height, Weight, BP, BMI, % BF, Glucose, Cholesterol Screenings	This month focused on online, guided exercise, including yoga and Zumba by trained exercise professionals and AAHP staff that allowed participants to join from the comfort of their own home and get moving. Participants learned how fitness can prevent, manage, and reverse the risk of chronic diseases, such as hypertension and heart disease. Participants continued to maintain or improve in their HEDIS measures and make positive behavioral changes in favor of more exercise and a more nutritious diet.
Kick Start Your Health II (Diabetes) February 3, 10, 17, and 24	6 pm – 7 pm	Class and Height, Weight, BP, BMI, %BF, Blood pressure, cholesterol	This month's class topic was diabetes and heart health, understanding terminology, and how to reduce risk through education, nutrition, and diet. AAHP's licensed social worker presented on stress management and demonstrated techniques to reduce stress. Participants continued to maintain or improve in their HEDIS measures and to make positive behavioral changes in favor of more exercise and a more nutritious diet.

Health and Nutrition VEGAN, Plant-Based February 4, 11, 18, and 25	1pm - 3pm	Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	Class topics were focused on helping participants make healthy eating choices and learning how food choices can reduce or increase the risk of chronic conditions. AAHP's Food for Life nutritionist/chef continued to demonstrate plant-based diet/healthy cooking to the class. Participants continued to maintain or improve in their HEDIS measures and make positive behavioral changes in favor of more exercise and a more nutritious diet.
Kick Start Your Health II Online Webinar. February 4,11, 18, 25	6 pm – 7 pm	Weight, BP, BMI, %BF, Cholesterol screenings	This month's class topics were heart health, heart disease, and how diabetes affects the heart. Participants continued to maintain or improve in their HEDIS measures and make positive behavioral changes in favor of more exercise and a more nutritious diet.

February 2021 Planning and Administrative Activities

DATE	ACTIVITY	ACTION/NEXT STEPS
Continuously	Made contact to establish a Physician referral network, Pharmacies to drop off referral and order forms to offices. Creating a physician referral network for patients. System for tracking referrals	Contacted Dr. Kelly, Dr. Jean Welsh, Dr. Ayim Djamsson, Dr. Ball (psychologist)
Plan to conduct monthly in-service for AAHP staff	Monthly in-service to give insight into Chronic Disease Program to aid staff in the promotion of the program. Processes, procedures, Paperwork, oversight.	Continuous.
DPP, AHA, ADA, and AADE meetings and Accreditation and consulting	Continuing status of AAHP accreditation as a stand-alone AADE/ADA program and billing. Strategized program goals for future projects. Schedule AAHP Advisory board.	DEAP Annual Report Submitted. Continuous chart maintenance and documentation. Used CareSimple reporting functionality to document HEDIS

February 2021 CDMP Virtual Webinar Attendance

	Health and Fitness 11 am – 12 pm				**KSYH I 6pm – 7:15pm**				**Health and Nutrition 1pm – 2:15pm**				**KSYH II 6pm – 7:15pm**			
Dates	2/2 & 2/3	2/9 & 2/10	2/16 & 2/17	2/23 & 2/24	2/3	2/10	2/17	2/24	24	2/11	2/18	2/25	2/4	2/11	2/18	2/25
Class Size	42	36	40	37	15	16	13	11	33	32	37	31	14	11	18	15
TOTAL	155				55				133				58			
Avg.	39				14				33				15			
Natl. Avg.	4-6 (For classes that meet weekly)				4-6 (For classes that meet weekly)				4-6 (For classes that meet weekly)				4-6 (For classes that meet weekly)			

AAHP staff called participants and emailed them weekly to check on their activities and to get their readings, monitor their progress, and prepare them for their weekly classes. All readings were entered into SharePoint's biometric form for the month.

February 2021 CDMP Participant Self-Monitoring Clinical Measures

Participants	**Health & Fitness: Zumba/YOGA**	**KSYH I (Diabetes)**	**Health & Nutrition: Vegan**	**KSYH II (Diabetes-related)**	**Total**
Male	7	6	3	5	**21**
Female	148	49	130	53	**380**
Total	155	55	133	58	**401**
% African American	100%	100%	100%	100%	
Health Profile					
Average Systolic		129.2 mmHg	123.8 mmHg	130.1 mmHg	
Average Diastolic		89.3 mmHg	75 mmHg	89.5 mmHg	
Average HbA1c		6.3 %	5.4 %	6.4 %	
Average Glucose		119.2 mg/dL	98.8 mg/dL	98.8 mg/dL	
Diabetes					
Pre-diabetes cases	**3**	**3**	**4**	**2**	**12**
Diabetes cases	**2**	**5**	**3**	**2**	**12**
Hypertension					
Pre-hypertension	**2**	**7**	**3**	**4**	**16**
Hypertension	**4**	**7**	**4**	**5**	**20**
Uncontrolled Hypertension	**0**	**0**	**0**	**1**	**1**

2. dMeetings

During February, dMeetings gained three new enrollments. Three enrollees completed the course and received their transcripts and certificates. By the end of February 2021, dMeetings had enrolled a total of 137 participants since the previous January and 80 participants had earned their certificates of completion. In FY 2021, 94 participants enrolled for dMeetings and 57 participants received completion of certificates.

February 2021 dMeetings Enrollments and Completions by Month

	03/20	**04/20**	**05/20**	**06/20**	**07/20**	**08/20**	**09/20**	**10/20**	**11/20**	**12/20**	**1/21**	**2/21**	**Total**
New Enrollments	9	9	15	10	8	23	10	10	23	9	8	3	137
Completion Certificates Awarded	6	8	6	6	4	15	3	4	18	5	5	3	83

3. Diabetes Prevention Program

The Diabetes Prevention Program (DPP) launched in January with a cohort of twenty highly motivated prediabetic participants. The class members presented with a baseline profile of an average age of 62.8 years old, an average weight of 213.3 lbs., and an average activity level of about 140 minutes per week. Eligibility for enrollment includes an A1C level ranging between 5.7% and 6.4%, or a high-risk profile for diabetes based on the CDC screening test.

In February, DPP lectures focused on four core principles:

- Tracking your food
- Becoming more physically active
- Burning more calories than you take in
- Shopping and cooking to prevent type 2 diabetes

There was great participation in the classes followed by stretching and light exercise. Participants attended the sessions assiduously as evidenced by a high retention rate of 85% throughout the month. AAHP staff called participants at the end of each week to check their progress and to enter their daily weight and activity into the DPP Lifestyle Coach Log. The February DPP participant health data is presented in the tables below:

February 2021 DPP Attendance

Participants	**2-Feb**	**9-Feb**	**16-Feb**	**23-Feb**	**Total**
Male	3	3	2	2	**10**
Female	14	13	11	11	**49**
Total	17	16	13	13	**59**
% African American	100%	100%	100%	100%	

February 2021 DPP Health Metrics

Health Profile	**Baseline**	*January*	*February*	*March*	*April*	*May*	*June*	**Goal**
Average Weight (lbs.)	213.3	213	211					206.9
Average Weekly Activity (Minutes)	140	175.3	183.2					200
Average HB A1C (%)	5.91%							5.70%
Average Glucose (mg/dL)		n/a						

4. Weight Management

Although the program focuses on achieving measurable and time-limited accomplishments based on personalized goals and objectives, it is the success of individuals that drives our passion for working with those who seek our support and assistance. One such case is illustrated below.

Weight Management Example Case

S.U. is a 16-year-old female and the youngest participant in the AAHP Weight Management program. She and her mother joined in October 2020. S.U. has lost 15 lbs. (from 179 lbs. to 163.4 lbs.). Her BMI is now down from 30.7 to 28 which

is still considered overweight but moving toward a normal BMI. Her mother initially lost weight then gained it back. The difference lies in portion control, different food selections, and varying stress levels. Nonetheless, both remain committed and her mother believes that she will resume her weight loss once she adjusts to the demands of her new job.

Current enrollment in the Weight Management Program is as follows:

February 2021 Weight Management Program Enrollment by Month

Month	Enrollment	Discharged	Total Participants
July	2	0	2
August	5	0	7
September	4	0	11
October	9	0	20
November	3	2	21
December	0	1	20
January	3	0	23
February	0	1	22

Of the 22 Black participants enrolled, 19 are female and three are male (one male's goal was to gain 5 lbs. and to date, he has gained 2.5 lbs. and continues to maintain a normal BMI). Fourteen participants came from our CDMP classes; one is a postpartum former SMILE participant, one is a staff referral, and six participants came from AAHP's Food Bank recruitment efforts.

Since the start of the program, the results are as follows:

- One participant gained 1.1 lbs. but has only been in the program a month
- Four participants had 1 lb. or less weight loss (three joined the program in January 2021)
- 16 of the clients have lost weight ranging from 24.7 to 2.0 lbs.
    - median weight loss is 7.0 lbs.
    - average weight loss for those losing weight is 10.6 lbs.
    - average weight loss for all clients enrolled through December is 7.9 lbs.

For participants losing weight, the average weight loss for February was 1.1 lbs. This is an important time in the program as it seeks to empower participants to take more responsibility for their weight loss journey by transitioning to bi-weekly rather than weekly one-on-one meetings after six weeks in the program. This also allows the AAHP program to make room for more participants.

To support this change, in January 2021 the program added a weekly support group meeting on alternate Fridays. Thus far, the Weight Management Program has had four classes with an average attendance of five participants. Friday support groups'

discussions included topics like mindfulness, substitutes clients can use to resist cravings, and how processed foods are made to be addictive.

Participants appreciate the "AAHP Weight Management Inspirations" which are sent by email every weekday morning between 8:00 and 9:00 am EST. Participants are learning how to coach themselves and how what they eat impacts their health and their weight.

5. Remote Patient Monitoring Program

The Remote Patient Monitoring (RPM) program is improving the participants' self-efficacy, self-monitoring, and self-management of blood pressure, blood glucose, and weight. The CareSimple app helps to improve participant engagement and compliance.

For February, 23 out of 30 participants have met the minimum requirement of 16 active days (see the table below).

Active Days of RPM Participants

Number of Active Days	**0 days**	**1 day**	**Up to 10 days**	**16–27 days**
Number of Participants	**0**	**0**	**7**	**23**

In February, AAHP's data coordinator made significant progress in getting familiar with the CareSimple platform, RPM clients, and developing workarounds to address obstacles in the system. In addition to providing information and resources to the clients about how to reduce blood pressure, glucose, and weight, the data coordinator made approximately 35 calls to patients to discuss how AAHP can help them achieve their health goals. He developed a spreadsheet to keep track of each patient and document issues or system shortcomings.

In February, two clients dropped out and one client enrolled in the RPM program. Both clients who dropped out were assigned body scales and the client who enrolled was assigned a blood pressure device. The data coordinator also created an RPM device report that documents how many clients are assigned devices. This has been particularly useful for identifying how many patients are using a particular type of device.

The data coordinator also worked with AAHP's new intern to provide information for her capstone project on RPM. All identifiable information was removed from the reports before any patient data was shared: 1) health metric history for each client in the program, 2) compilation report for all clients in the program, and 3) the amount of contact that we have made for each client.

C. Social Work Services

As the pandemic continues, evidence continues to mount about the importance of social determinants and how social, psychological, and economic factors affect health and well-

being. The case below illustrates one facet of the complex interplay of social and emotional issues that surface each month.

Social Work Example Case

J.C., a 34-year-old single mother of five and suspected victim of domestic violence, struggled to live comfortably in her own home due to mice and bug infestations. Additionally, she has a history of battling depression and PTSD in her youth. She is actively working with numerous caseworkers and has a county voucher for new home placement. She expected to move in February but was informed two days before her scheduled move date that the home was no longer available. She claims maintenance and inspectors have provided little to no support. Due to the living conditions, she has had to throw away furniture, prevent her children from sitting on their bedroom floors, and even have everyone in the family isolated in one room for the majority of the day for their health and safety. This has led to feelings of frustration, hopelessness, inability to sleep, stress, and anxiety (also experienced by her children). She reports being tormented and unable to sleep due to the infestation. These symptoms are alarming, especially given her mental health history.

AAHP's social worker has reached out to her caseworkers for case collaboration, written letters describing the hazardous conditions to her leasing office and has even purchased materials to address the infestations. Despite these efforts, conditions persist, and the social worker has connected the client with counseling services at Vesta, Inc. to address her mental health concerns. The client continues to receive targeted case management support.

1. **Mental Health Screenings**

   In February, AAHP's mental health screening tools were completed 28 times. The screening link was accessed 32 times, with a completion rate of 88%. All screenings were completed either via desktop or phone devices as Montgomery County residents are continuously encouraged to utilize the tool at home. Ten screenings were completed via desktop; 18 screenings were completed via phone).

   The results for February are as follows:

   - 13 Wellbeing Screening
   - 4 Generalized Anxiety
   - 3 HANDS Depression
   - 4 Wide Range
   - 1 Disordered Eating
   - 1 Posttraumatic Stress Disorder
   - 1 Bipolar
   - 1 Alcohol Misuse

2. **Mental Health Support**

   This month, Social Work provided mental health support to a total of seven County residents on an ongoing basis. Of these, five clients are SMILE moms experiencing symptoms of poor stress management, depression, and/or anxiety. Clients were

screened using online mental health screenings. One client shared her experience with feeling isolated and alone during her pregnancy. She has received little to no support from the father of the child and little emotional support from her family. This is her first pregnancy and she is concerned about "being a good mom." Social work actively worked with this client to address her challenges and stressors and was finding it difficult to locate a behavioral health provider in-network with her insurance. The SMILE team collaborated to locate a provider and assisted the client with scheduling her initial appointment with the clinician.

AAHP's community health team has also increased efforts to acknowledge the mental health needs of residents engaged at the food distribution locations. Two social work referrals in February were directly from community members who expressed a need for support for either themselves or a loved one at a food distribution site.

Social Work continues to make progress developing a resource spotlight campaign and has received responses from community members interested in being featured on AAHP social media pages. Providers from The Chesapeake Center for ADHD, NyLu Therapeutic Solutions, and SMR Counseling Services are amongst those interested in being included in the resource campaign. Social Work will continue to work on this project with the help of AAHP's digital media consultant.

3. **Community Outreach/Collaboration**

Morgan State University: Safe Sleep Practices- Weekly Stakeholder Meeting

Social Work continues to meet with this group weekly to provide feedback and updates on the best way to connect families in AAHP's program with the information being developed by the Morgan State University Safe Sleep program.

AAHP Chronic Disease Management Program – Presentation 02/25/2021

This month's chronic disease education topic was diabetes and heart health. Social work presented to the Thursday evening class on stress management. This was an in-depth conversation on both the long- and short-term effects of stress, how it impacts your physical and mental health, how to identify and manage stressors, and the benefits of mindfulness meditation. Attendees also received information on psychoeducation on depression and anxiety and local resources for additional support. There was also a brief discussion on caregiver support.

American Muslim Senior Society – Community Partner Event – 3rd Anniversary, Equality Through Action 2/21/2021

Social Work collaborated with the American Muslim Senior Society (AMSS) to put this event together to celebrate the AMSS's third anniversary. The event focused on community leadership and developing action plans to achieve equality and social justice. The event was successful and well-executed. AAHP was acknowledged as a contributor and provided resources for attendees.

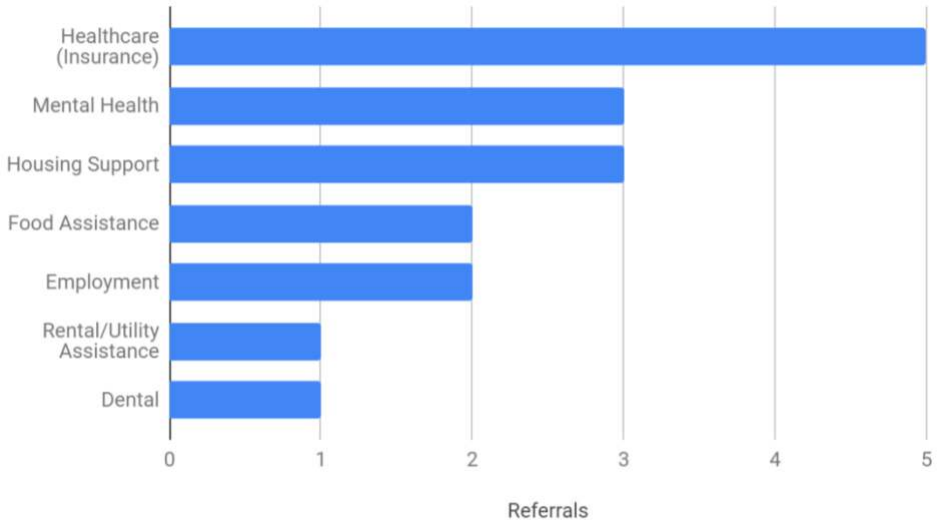
4. **SMILE**

Social Work continued to meet with the SMILE team weekly to discuss difficult cases and address client concerns. Social work received six referrals from SMILE nurses for clients and completed sixteen telephonic visits with clients in February. Similar to last month, a number of these consults were completed to address healthcare access assistance, food resources, and housing needs. Clients were reached through their preferred virtual methods (e.g., telephone or Facetime). All initial full phone contacts consisted of the completion of the Health-Related Social Needs screening tool developed by CMS. Other contacts included providing follow-up support and monitoring the progress of clients with individual/family goal plans. This process involves identifying and modifying the goal as needed, identifying obstacles and barriers to goal fulfillment, and assisting with problem-solving strategies.

The February SMILE newsletter was distributed via email on 02/25/2021. The topic was "Quarantined with Kids" and was chosen based on trends the SMILE team has noticed among parents struggling to maintain their children's wellbeing while being safe and quarantined. This newsletter was also revised and shared in the AAHP newsletter as well.

5. **Patient Referrals**

The chart below displays the 17 social work referrals by category in February across all AAHP programs.



C. HIV/STI/AIDS

1. HIV Screenings

AAHP staff performed HIV testing each Wednesday in February at the shelters listed below:

- Progress Place in Silver Spring
- Men's Shelter, Crabbs Branch Way in Rockville
- Men's Shelter, Taft Court in Rockville
- Men's Shelter, Long Branch Recreation Center in Silver Spring

AAHP also continued to provide HIV testing to six individuals at the Health Department on Dennis Ave in Silver Spring in February: four African Americans (three African American males, one female), one Caucasian, and one Latino. All results were negative. Clients tested at the Health Center were referred for STI testing.

A total of 51 HIV tests were performed in February.

- 45 at all shelters
- 6 at the Health Department

The table below presents the demographic data for all HIV tests performed by AAHP at all locations in February 2021.

Age Group	**Male**	**Female**	
1947 -1969	8		
1970 -1989	14	2	
1990+	11	1	
Total	**33**	**3**	**36**
ALL OTHERS			
1947 -1969	4		
1970 -1989	7	1	
1990+	3		
Total	**14**	**1**	**15**
GRAND TOTAL	**47**	**4**	**51**

2. Sexual Health/HIV Education

The AAHP sexual health team brainstormed with the data coordinator to increase youth engagement on sexual health topics. The team created a Kahoot account that allows AAHP staff to create trivia questions for a group via zoom or any other screen-sharing platform. The game will have multiple sexual health questions to be answered by our viewers (teens and adolescents) and the winners will receive some incentives once the games are posted on our website. The group demonstration was a success and the team agreed that this would be an interactive and entertaining way of reaching the target population.

The sexual health team continued to meet weekly with Social Work to develop sexual health-based training and webinars and collaborate with other County agencies. In

February, Social Work reconnected with contacts at the Montgomery County Collaboration Council, and the "How to be a Trusted Adult" training proposal developed by AAHP consultant, Adrienne Barksdale, LMSW was submitted to Montgomery County Youth Development Program. The team continued to make progress in developing virtual youth training and identifying community agencies interested in providing sexual health training to teens.

In February, AAHP's HIV/AIDS coordinator continued to collaborate with the DHHS Program Manager for Ending HIV Epidemic in Montgomery County. At the monthly meeting, the focus was on implementing the plan to:

1. Coordinate and scale-up HIV testing in the County so that residents always have access to testing.
2. Standardize the referral processes to ensure that everyone diagnosed with HIV in the County has the care they need, on their terms.
3. Foster working partnerships between HIV service organizations and those who serve our communities.

Each participating agency was asked to prepare a 1-3 minute "TED-Talk" style introduction with as much of the following information as is relevant to each organization.

- The Organization's Name & Brief Mission
- Testing info:
- If we are doing HIV testing in the County, who are we hoping to reach, where, and when?
- If we are doing HIV testing somewhere else, what would it take for you to begin testing in Montgomery County?
- If we are not providing testing, where do we refer your clients for testing?
- Links-to-care info
- If we regularly refer newly diagnosed or out-of-care people for HIV care, what does that process look like, and where do we refer them?
- What kinds of HIV prevention and sexual health resources do we help our client access and how does that look?

II. COMMUNITY OUTREACH

A. Collaborative Partnerships

AAHP staff recruited five clients to join the Montgomery County Community Health Needs Assessment Focus Group. The list was provided in collaboration with the County Commission on Health.

B. Homeless Shelters

C. County Food Distribution Sites

Throughout February, AAHP continued to share information with AAHP clients and to conduct community outreach at food distribution sites providing gift bags and information about AAHP programs and services to Black residents. Brochures on diabetes, weight

management, HIV/AIDS prevention, nutrition, hypertension, the SMILE program, CDMP classes, mental health tools, sexual health, cancer in men and women, as well as hand sanitizer, stress balls, lunch bags, and tissue, and condoms were distributed at The People's Community Baptist Church (TPCBC), the East County Regional Services Center, three Men's Shelters, and Progress Place.

AAHP staff also continued to track encounters with individuals at food distribution sites to provide follow-up calls and to make referrals to AAHP and other County-supported programs to connect Black and Latino residents to the resources they needed during the pandemic.

February 2021 AAHP Food Distribution Site Encounter Demographics

Ethnicity	Black	Hispanic	Asian	White	Other
	56	49	40	19	0

The table below is a list of the items AAHP staff distributed at the February food distribution sites.

February 2021 AAHP Food Distribution Site Give-Away Figures

	Peoples Community Baptist Church	Peoples Community Baptist Church	East County	East County	East County	Progress Place	Men's Shelter Crabbs Branch	Men's Shelter Taft Ct	Men's Shelter Long Branch
Date	**3-Feb**	**10-Feb**	**6-Feb**	**13-Feb**	**20-Feb**	**3-Feb**	**10-Feb**	**17-Feb**	**23-Feb**
Water Bottle	75	75	75	75	65	25	18	20	20
Hand Sanitizer	30	30	30	30	20	15	18	20	20
Stress Ball	50	50	50	50	50	0	0	0	0
Lunch Bag	20	20	20	20	20	20	20	20	20
Mental Health Screening Card	30	30	30	30	30	10	15	20	20
Know your Number Card	25	25	25	25	25	10	15	20	20
Condoms	50	50	50	50	50	50	75	100	100
SMILE Brochure	20	20	20	20	30	10	0	0	0
PrEP is for you Pamphlet	50	50	50	35	30	20	20	20	20
HIV Treatment Work Card	25	25	25	50	50	20	20	20	20
Diabetes Booklet	35	50	50	30	30	20	20	20	20
STD-Teens Fact Pamphlet	80	50	40	50	50	20	20	20	20
Colorectal Cancer Booklet	10	10	10	20	50	10	10	10	0
Mammogram Booklet	20	20	20	40	20	5	0	0	0
AAHP Bookmark	50	50	50	50	50	10	10	10	0
Cancer-Men Pamphlets	15	15	15	30	15	10	10	10	5
Cancer-Women Pamphlet	0	0	0	0	15	5	0	0	0
HIV- Get Tested Booklet	50	50	50	50	30	20	20	20	20
Cholesterol Pamphlets	20	20	20	40	30	20	0	0	0
Youth and Sexual Health	50	50	50	35	30	20	20	20	20
Weight Management	50	50	50	35	50	10	10	10	10
AAHP Card	50	50	50	30	20	15	15	15	15
Bags Given to African Americans	45	50	50	50	50	20	15	15	20
Bags Given to Others (Latinos, Asians, Whites)	25	25	25	25	15	5	8	10	5
Total bags given:	70	75	75	75	65	25	23	25	25
Grand Total Bags given									**458**

III. Planning and Administrative Activities

A. Meetings

AAHP staff continued to facilitate the execution of the monthly AAHP Executive Committee and Executive Coalition meetings by setting up Zoom functionality and transmitting announcements and links in advance of the meeting.

B. Videoconferencing System Use and Training

AAHP staff continued to send weekly reminders to the participants (with all the zoom links) and text messages using the Flock Note app on the day of the CDMP classes and after the class send emails to thank all attendees, provide resources based on their needs during the session, and include a video recording for those who missed the session. AAHP staff continued to host short sessions after each CDMP class to welcome new members and answer any questions, provide next steps to facilitate discussion, walk through the chat features, resource navigation, outreach, referral, and data collection to ease communication and initiate follow up. Educational materials were emailed, the zoom Share Screen and chatbox features were explained, announcements were made, and class participants were encouraged to register for the next classes.

C. Management Information System

In February, AAHP's data coordinator met with the SMILE team to resolve technical problems discovered during the last quarter and work closely with the developer of the system to resolve system-related problems and create an updated version of the AAHP Management Information System. The latest version of the system contains the following adjustments:

- Increasing the amount of data that can be stored in the follow-up comments fields.
- Changing the label of the Estimated Pregnancy date (based on last menstrual period (LMP)) field to the Estimated Delivery Date (based on LMP) on the Prenatal Assessment form.
- Changing the label of the Estimated Delivery Date to Estimated Delivery Date based on Sonogram on the Prenatal Assessment form.
- Changing the following labels on the Baby Assessment 0-5 form:
    - Baby can feed on propped bottle checkbox to bottle propped
    - The infant has a constipation checkbox to constipation
    - The infant has a diarrhea checkbox for diarrhea
- When creating a new Baby Assessment 0-5 form, pre-populate specific checkbox fields with the values from the previous form when an infant is selected.
- When creating a new Baby Assessment 6-12 form, pre-populate specific checkbox fields with values from the previous form when an infant is selected.
- When creating a new Postpartum Assessment form, pre-populate the LMP date and Estimated Delivery Date based on LMP fields with values from the most recent Prenatal Assessment form.
- When creating a new Prenatal Assessment form, pre-populate the Delivery Hospital and Pre-pregnancy weight fields with values from the most recent Mother Enrollment form.
- A new menu item for creating and exporting Teleconsultation Logs.

- Tabs have been added to the Maternal Child Health forms that allow easier access to all forms for a given participant without exiting the record.

IV. APPENDIX A – Social Media Report

Facebook

AAHP's Facebook's February performance was similar to January's performance with a slight decrease in the engagement rate and reactions. Four new followers were added. The diabetes prevention program's post performed notably well.

Facebook Metrics – February '21

	Followers	Posts	Likes/Love	Comments	Shares	Impressions	Engagement Rate
Total	699	20	16	0	4	960	20
Change from last month	4	-2	-11.11	0	-3	36.56%	-13.4%

Twitter

AAHP's Twitter metrics from February showed similar numbers as of January's. The number of profile visits, mentions, and impressions increased significantly.

Twitter Metrics – February '21

	Followers	New Followers	Tweets	Profile Visits	Retweets	Mentions	Tweet Impressions
Total	361	6	19	246	0	15	4156
Change from last month		+2	+5	+6	-1	+8	2396

Instagram

AAHP's Instagram channel continued to perform well, with a sizeable increase in followers compared to January. The most popular posts were for the mental health screening test and the health promotion class on hypertension.

Instagram Metrics – February '21 16 11

	Followers	Likes	Post Likes	Engagement Rate	Impressions	Reach
Total	**179**	11	24	44.3%	725	17
Change from last month	8	+5	-17	45.8%	-68	0

V. APPENDIX B – AAHP Health Notes

AAHP Health Notes - Distributed: Friday, February 5, 3:45pm

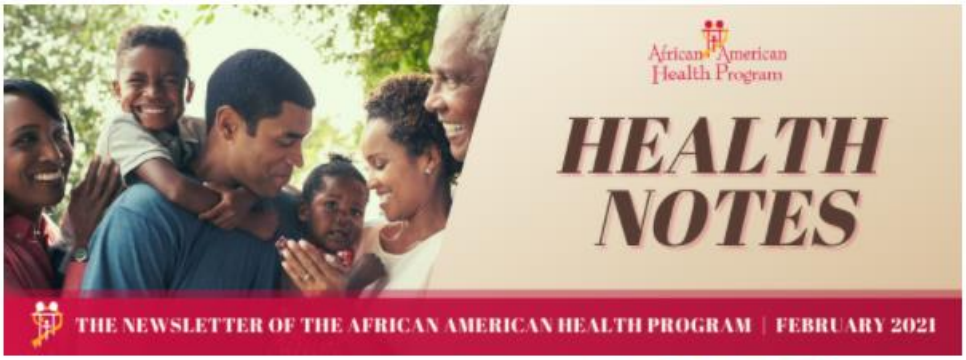
February Campaign Metrics

	February	January
General List Recipients:	1623	1620
Successful deliveries:	1259	1258
Open rate:	15.4%	18.7%
Click rate	8.2%	5.5%
Unsubscribed because of this message	2	1

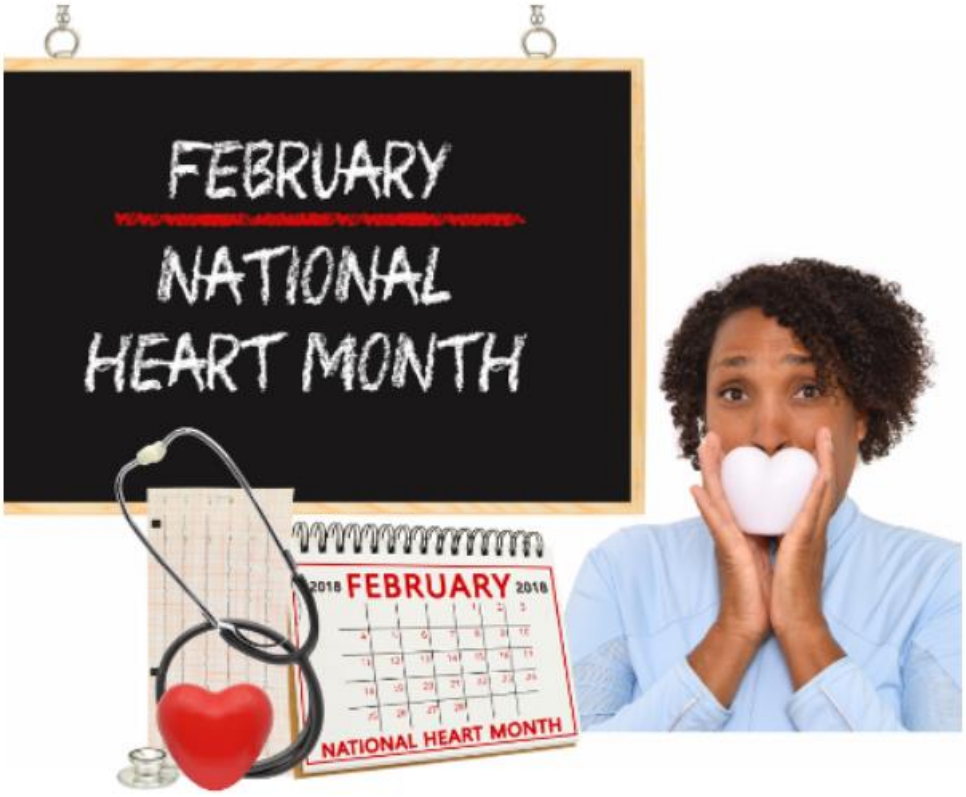
In recognition of National Heart Month, the February Health Notes' lead article featured five lifestyle tips to combat heart disease: 1) get moving, 2) eat heart-healthy, 3) get 7-8 hours of sleep, 4) manage stress, and 5) track your heart health stats. The next article focused on AAHP's partnership with the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) to celebrate Black History month and the Montgomery County Department of Health and Human Services' virtual tribute honoring 29 African American Montgomery County residents for their military careers and beyond. The next article took a closer look at the Moderna coronavirus vaccine, which was based, in part, on the work of a Black virologist at the National Institutes of Health. The next article recommended preventive measures related to the COVID-19 vaccine: 1) getting the vaccine at a hospital if you have a history of severe allergic reactions; 2) continuing to wear masks, social distance, and practicing frequent handwashing even after getting the vaccine; and 3) wearing two masks when you are unable to social distance. The Health Hint focused on how you can reset your taste buds to appreciate foods in their natural state by gradually cutting back on sugar. The featured video from the National Heart, Lung, and Blood Institute (NHLBI) explained how COVID-19 affects not just the lungs, but also the heart. The featured recipe was Valentine's Day Fruit Salad.

The February Health Notes was opened by 194 readers, representing an open rate of 15%, which is lower than January's 235 readers and open rate of 19% and on par with the industry average of 15%. February's click rate was 8.2%, which is higher than January's click rate of 5.5% but slightly lower than the industry average of 9%. The bounce rate was 22.4%. There were two unsubscribers, which is one more than the number of unsubscribers from January.

In February, AAHP also emailed three targeted community health notes to the AAHP community from the SMILE, Weight Management, and Men's Health programs. See below:



www.aahpmontgomerycounty.org



Did you know that people who have close relationships at home, work, or in their community tend to be healthier and live longer? One reason, according to the National Heart, Lung, and Blood Institute (NHLBI) is that we're more successful at meeting our health goals when we join forces with others. NHLBI launched the #OurHearts movement to inspire us to protect and strengthen our hearts with the support of others.

Heart disease is the leading cause of death for both men and women in the United States. Health problems that increase the risk of heart disease are common in African American communities, including being overweight and having high blood pressure, high blood cholesterol, and diabetes. We can combat heart disease through our connections with others. Consider these five lifestyle tips and share them with those you care about:

Get Moving!
Keep your body active throughout your day. Aim for at least 150 minutes of physical activity each week. Build up to activity that gets your heart beating faster and leaves you a little breathless. Invite family, friends, colleagues, or members of your community to join you in your efforts to be more physically active by making walking dates or by joining an online fitness class like AAHP's **Health and Fitness classes for Zumba on Tuesdays at 11am, and yoga on Wednesdays at 10am**.

Eat heart healthy!
We tend to eat like our friends and family, so ask others close to you to join in your effort to eat healthier. Together, try NHLBI's free Dietary Approaches to Stop Hypertension (DASH) eating plan, which is free and scientifically proven to lower high blood pressure and improve cholesterol levels. Find delicious heart healthy recipes at NHLBI's Heart Healthy Eating.

Get your sleep!
Sleeping 7-8 hours each night helps improve heart health. To get better sleep, try going to bed and waking up at the same time each day. Turn off all screens at a set time nightly. Instead of watching TV before bed, relax by listening to music, reading, or taking a bath.

Manage your stress.
Reducing stress is good for your heart! Implement stress management techniques such as breathing exercises and relaxing mind-body exercises like yoga and tai-chi. Physical activity also helps reduce stress. Join a friend or family member to do a relaxing activity every day, like walking, yoga, or meditation, or participate in a stress management program together. If you are feeling especially troubled, talk to a qualified mental health provider or someone you trust.

Track your heart health stats.
Keeping a log of your blood pressure, weight goals, physical activity, and if you have diabetes, your blood sugars, will help you stay on a heart healthy track. Ask your friends or family to join you in the effort. Check out NHLBI's Healthy Blood Pressure for Healthy Hearts: Tracking Your Numbers worksheet.

Learn about heart health and heart healthy activities in your community at nhlbi.nih.gov/ourhearts. Use #OurHearts on social media to share how you and your friends, colleagues or family members are being heart healthy together.

During the month of February, AAHP will partner with the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) to celebrate the achievements of African Americans and honor the significant role and impact African Americans have made on all facets of life and society throughout U.S. history. This year's campaign will highlight the impacts COVID-19 has on African Americans with underlining health issues such as uncontrolled hypertension. The focus will also be on preparing communities for the vaccine and promoting the continued practice of COVID-19 safety measures, including the three Ws: Wear your mask, Watch your distance and Wash your hands and also avoid crowds and poorly ventilated areas.

The Montgomery County Department of Health and Human Services observes Black History Month with a virtual tribute to honor African American Montgomery County residents who served in the U.S. Armed or Uniformed services. This collaboration with the Montgomery County Commission on Veterans Affairs will profile 29 exemplary veterans and the contributions they have made in their military careers and beyond. This virtual tribute can be seen here.

Healthcare workers in Montgomery County have recently received the COVID-19 Moderna vaccine, and are gearing up to vaccinate more residents as additional vaccines arrive. Provided by the federal government through the Maryland Department of Health, these vaccines will be offered free of charge; however, even with insurance, the hospital bills for persons that skip the vaccine and get COVID-19 can run into the thousands.

Everyone should research and understand the facts about the COVID-19 vaccine and make an informed decision about getting vaccinated. While we must always remember the history of racism, abuse and neglect African Americans have experienced by government systems and the healthcare industry, we must also acknowledge what has changed and act on opportunities to preserve our health and build our futures.

Dr. Kizzmekia Corbett, a Black viral immunologist at the National Institutes of Health was a key scientist behind the Moderna vaccine. Knowing the reluctance that many African Americans have about taking a COVID-19 vaccine, Dr. Corbett felt that it was important to be visible. "This person who looks like you has been working on this for several years and I also wanted it to be visible because I wanted people to understand that I stood by the work that I'd done for so long," Dr. Corbett said.

Clinical trials proved the Moderna vaccine to be 94.1% effective at preventing COVID-19 illness in people who received two doses and who had no evidence of being previously infected. Clinical trial participants consisted of males and females of diverse ages, and races/ethnicities and among persons with underlying medical conditions.

According to the CDC, the hospitalization rate for African Americans was almost four times the hospitalization rate for White Americans and the death rate was almost three times that of White Americans. Montgomery County Health Officer Dr. Travis Gayles was among the first to receive the vaccine. "I think the vaccines are safe, and are a new tool to help alleviate the burden of COVID-19 in our communities, particularly in those communities hit disproportionately," he said.

The vaccine is not recommended for people who have severe (anaphylactic) allergic reactions or are allergic to any ingredient in an mRNA COVID-19 vaccine, people who have had an allergic reaction after a first dose, and people who are allergic to polyethylene glycol or polysorbate.

Please visit Montgomery County's COVID-19 Vaccination page for more information about vaccine distribution and when you can receive one.

Sources:
www.montgomerycountymd.gov
www.cdc.gov/coronavirus
www.cnn.com
www.abcnews.go.com

While it is highly recommended that individuals over 18 get a COVID-19 vaccine as soon as it is available to them, everyone should research the best course of action according to their own personal health profile. Although a severe allergic reaction to a COVID-19 vaccine is rare, individuals who tend to have allergic reactions should plan to get vaccinated at a hospital where they can receive immediate care in the event of a severe adverse reaction. Pregnant women should know that, based on lab research, the mRNA vaccine does not affect pregnancy or fertility. (In fact, the immunity provided by the mRNA vaccine may be passed on to babies in utero and breastfed newborns.)

After getting your second vaccine dose, you may be overwhelmed with relief and tempted to let your guard down. Please don't. Much remains unknown about how protection from COVID-19 vaccines works in the real world. Even though the vaccine can help your body fight a possible infection, it is unclear whether it can prevent you from infecting others. Preventative measures such as mask wearing, social distancing, and washing hands frequently will continue to be critical for reducing opportunities for COVID-19 to spread.

With the advent of a new and more contagious COVID-19 variant, many public health experts have suggested wearing two masks. While the CDC has not yet recommended wearing two masks, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and Chief Medical Advisor to President Joe Biden explains why it makes sense in this video. Wearing two masks may be extremely helpful particularly in instances where social distancing isn't possible.

Source: www.cdc.gov/coronavirus

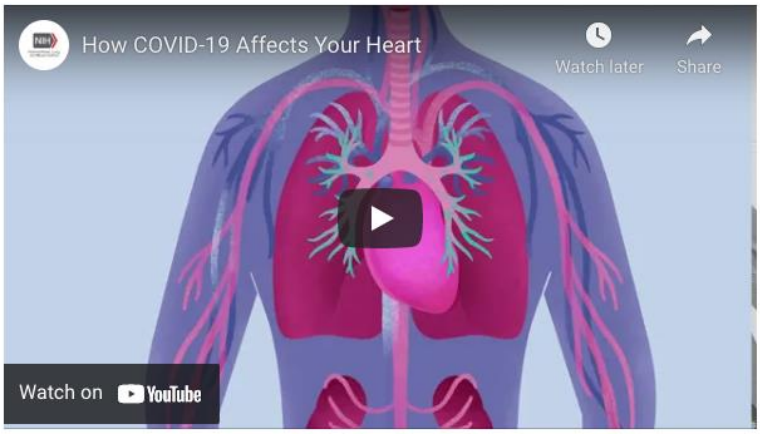
Health Hint

Limiting your consumption of sugary, fatty, or salty foods can help you reset your taste buds to appreciate the taste of whole foods in their natural state. Try gradually cutting down the amount of sugar and salt you add to your food. For example, if you typically have three sugars in your coffee, try adding just two this week, and next week, add only one. Within a month, you'll notice you can enjoy your coffee with less sugar.

Sources: www.womenshealthmag.com

Featured Video

COVID-19 does not just affect the lungs. Watch this video from the National Heart, Lung, and Blood Institute (NHLBI) to learn how it affects the heart:



Featured Recipe: Valentine's Day Fruit Salad

INGREDIENTS

- 1 cup red grapes
- ¾ cup pomegranate seeds
- ½ cup raspberries
- 2 Tbsp orange juice
- 1 Tbsp honey
- 6 strawberries

INSTRUCTIONS

1. Wash and slice the grapes lengthways. Place in a bowl with the pomegranate seeds and raspberries.
2. In a small bowl, whisk together the orange juice and honey until combined.
3. Pour the juice and honey mixture over the bowl of fruit, then mix it all together with a large spoon until the fruit is coated in the dressing.
4. Hull the strawberries by cutting a V into the top to remove the leaves. Cut each strawberry in half so that they form hearts.
5. Place the fruit salad into a serving bowl then top with the strawberry hearts to decorate.

Source: www.eatsamazing.co.uk