



George McFarland speaking at a Brother 2 Brother forum

**AAHP MONTHLY REPORT
January 2021**



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I. INTRODUCTION

While continuing to implement the fifth year of the contract with the Montgomery County Department of Health and Human Services (DHHS) to reduce health disparities and health risks among Black Montgomery County residents, the staff of McFarland and Associates began the new year by focusing on ways to prevent the spread of COVID-19 and distribute information about how to manage personal health, where to get vaccinated and access community resources. The fact that many staff members were able to obtain their first vaccine dose increased confidence in their ability to safely provide outstanding public health education programs and services despite the public health challenges presented by a once-in-a-generation pandemic. Due to safety concerns, in-person engagements remained limited to health screenings and community outreach at food distribution sites. And all were performed by the Centers for Disease Control and Prevention (CDC) and health department safety precautions and protocols that included social distancing and donning personal protective equipment such as masks, gloves, and face shields. Thus far, not a single case of COVID-19 infection has been reported among AAHP staff.

II. AAHP PROGRAM ACTIVITIES

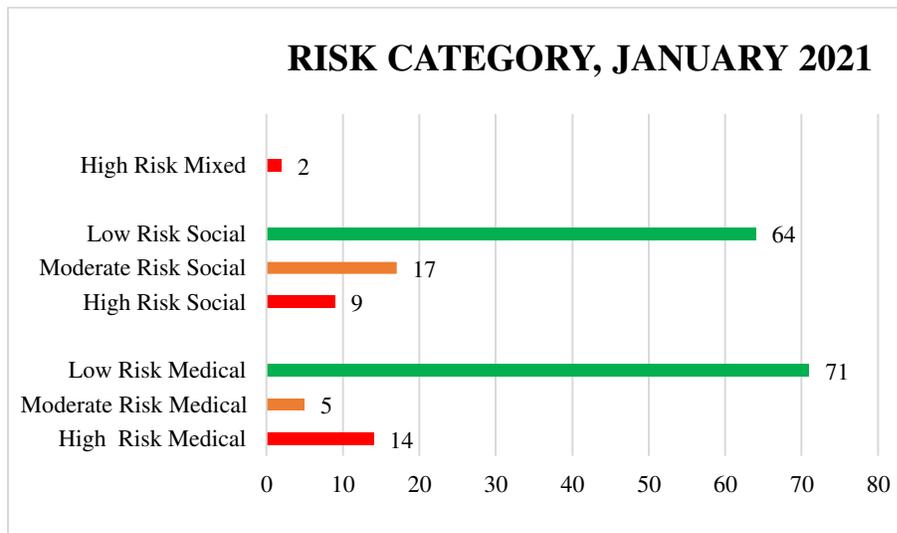
A. SMILE Program (Start More Infants Living Equally healthy)

SMILE Mom Example Case

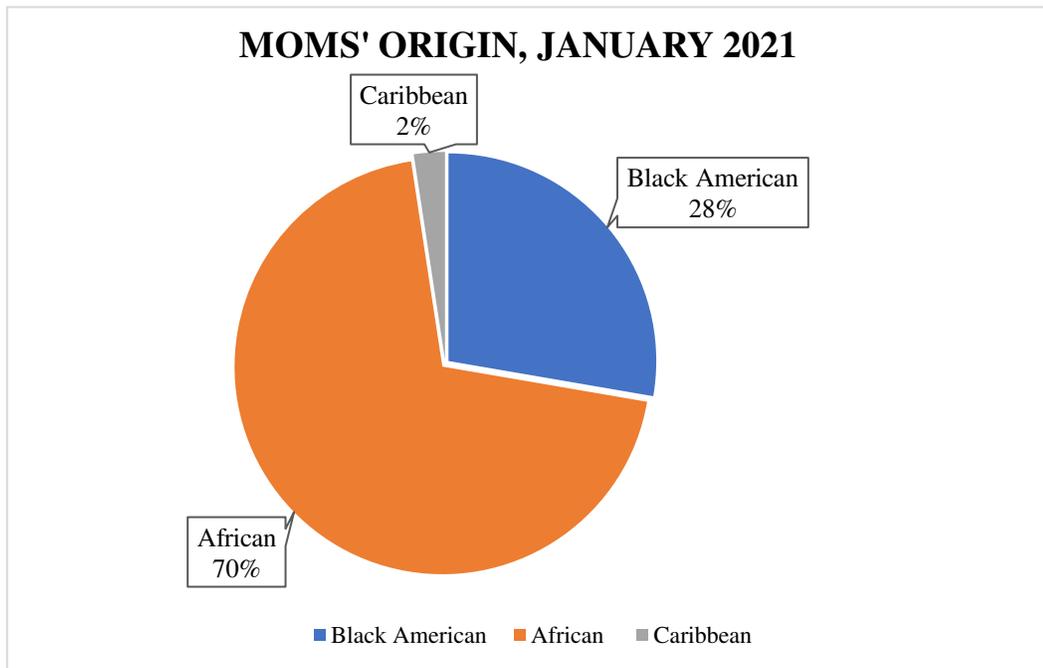
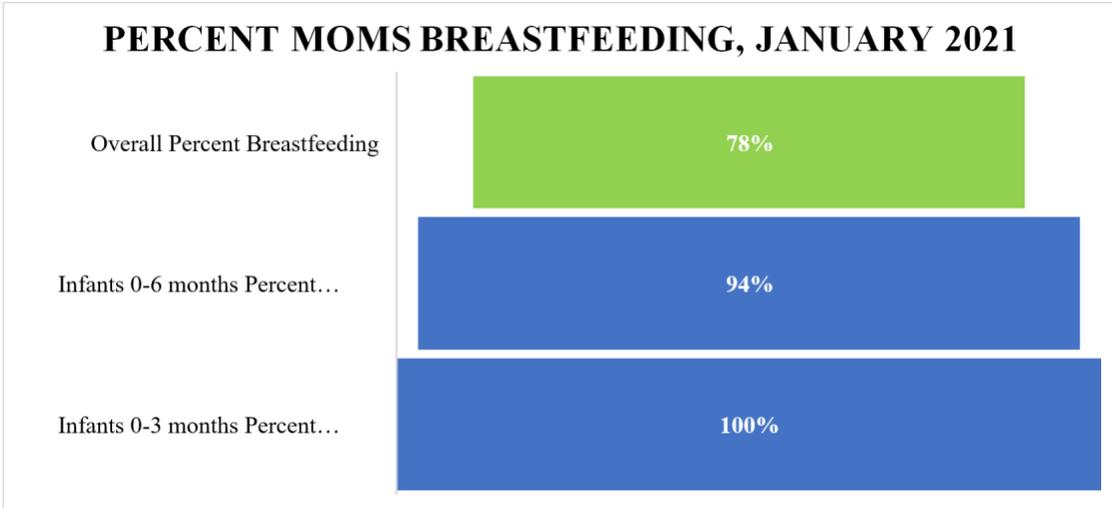
J.P. is a 36-year-old married mother delivered triplets on January 18 at 32 weeks gestation. She gave birth to two girls at four pounds each within five minutes of each other and a three-and-a-half-pound boy born feet-first one hour later. The babies were discharged from the hospital with their mother. On January 26th, J.P. was re-admitted to the hospital because she hemorrhaged at home due to “retained placental tissue.” The hospital performed a dilation and curettage and J.P. was given three units of blood. J.P.’s husband and relatives are helping with the children since she is on bed rest. The babies are being breastfed. AAHP’s clinical director donated a small refrigerator to store the breast milk. The SMILE Program also provided three car seats and three Pack and Play cribs for the triplets. J.P. needs more help at home during her recovery.

The effort by the entire AAHP staff to raise awareness about the SMILE program yielded stunning results in January, achieving the best performance of the 2021 fiscal year. This performance represents the fourth consecutive increase in the caseload, which reached 150 in January. The caseload included 60 infants and 90 mothers. Among the 90 mothers, 31 were prenatal, and 59 were postpartum. Eight babies were born during the month and the program welcomed its first set of triplets on January 18th. They were born prematurely and underweight, necessitating a few days in the neonatal intensive care unit. Mom and the triplets are now home from the hospital and doing better. The other five January babies were born healthy and at a normal weight. The nurses arranged for the distribution of car seats and cribs to four new moms and a mini refrigerator for the triplets. Nine new prenatal moms were enrolled during the month.

At the end of January, 14 of the 90 mothers were classified as high-risk because of medical issues, nine cases classified as high-risk for social issues, and only two 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. Nine new prenatal cases and four postpartum moms were screened for depression using the Edinburgh Postnatal Depression Scale. As a result of the screening, five mothers scored above the normal range and were referred for further evaluation and care. 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. Other mental health-related issues included providing emotional support and stress management counseling for SMILE clients experiencing anxiety and stress due to feelings of isolation and being disconnected.



At the end of January, the overall percentage of mothers breastfeeding was 78%, and the percentage of mothers breastfeeding up to six months was 94%. Both breastfeeding indicators exceed the national rates reported by the 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 below, the ethnic origin representation of mothers participating in the SMILE program in January was 70% African, 28% Black American, and 2% Caribbean.



During January, the nurses held weekly meetings to review individual cases and plan for comprehensive home visits and staffing. The meetings also included in-depth reviews of difficult cases in consultation with AAHP nurse case manager, social worker, the nurse supervisor, and the clinical director.

The SMILE team held a virtual baby shower in collaboration with Amerigroup and a doula participated in this event from 1:00 pm-3:00 pm on January 15th. Nineteen (19) moms were in attendance. On January 26th, the SMILE team presented an overview of the progress the program has made caring for African American moms in Montgomery County at the Fetal Infant Mortality Rate Community Action Team meeting. They also shared the link to an AAHP-produced YouTube video on Childbirth and Recovery. In January, the SMILE team also began to work on the “Did You Know?” project which will create brief

one- to two-minute educational videos on a variety of topics to be shared with clients once a week.

AAHP's French-speaking staff assisted two SMILE nurse case managers on a total of 18 phone and Zoom visits to nine French-speaking SMILE clients. To continuously encourage participation in health screenings the staff picked up snacks and refreshments from Manna Food Bank for the homeless shelters, and obtained baby food, and delivered it to the homes of SMILE babies weekly. She also checked the clients' daily glucose readings and assisted clients in obtaining baby items (cribs, car seats, blankets, etc.) by setting up appointments for clients to come to AAHP offices. AAHP provided several baby items, including car seats, a mini-refrigerator, diapers, baby clothes, Snuggles, baby bouncers, diaper disposal, and gift bags from the virtual baby shower to the mom who delivered triplets.

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

	PROFILES AND SERVICES	*Monthly Average Calendar Year 2019	in January 2021	Comments
1	A) Currently Active Moms	88	90	
2	Prenatal (still pregnant)	30	31	
3	Postpartum (moms who have delivered)	57	59	
4	B) All infants	57	60	
5	Single Births	53	57	
6	Multiples	4	3	
7	Case Load (A+B)	147	150	
	MOM'S ETHNICITY			
8	African American Clients	39	23	
9	African Clients	46	58	
10	Caribbean Clients	3	2	
	REFERRALS			
11	HHS Prenatal Referrals Received	7	7	
12	Referrals from Other Sources	4	3	
13	Total Prenatal Referrals	11	10	
	NEW ENROLLMENTS			
14	Newly Enrolled Prenatal Moms	8	9	
15	Newly Enrolled Infants	5	8	
16	All new enrollments for the month	13	17	
	DISCHARGES			
16	Prenatal Discharges	1	0	
17	Infant Discharges	5	8	
18	Total Discharges	6	8	
	DELIVERIES			
19	Term Deliveries	5	4	
20	Preterm Deliveries	1	4	Triplets born prematurely plus one high medical risk mom delivered prematurely
	Total Deliveries	6	8	
	BIRTH OUTCOMES			
22	% Healthy Birth Weight (% of Total Deliveries)	95%	50%	Four babies (including triplets born prematurely)
23	Number of Low Birth Weight	0	2	Two LBW babies, including one of the triplets
24	Number of Very Low Birth Weight	0	0	
25	Infant Deaths (includes Stillbirths)	0	0	
26	Unfavorable Birth Outcomes	0	0	

	(Congenital Anomaly, Fetal Demise, Miscarriage)			
	SERVICES			
27	Total Home Visits	78	3	Trips were taken to deliver needed supplies
28	Telephonic Consultations	8	231	Includes 14 by SW and eight by CHW
29	Community Referrals Made	15	17	
30	Classes/Presentations Completed	4	9	
	BREASTFEEDING MOMS			
31	Percent Clients Breastfeeding Infants 0-3 months	92%	100%	
32	Overall Breastfeeding Percent	73%	78%	
	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
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

January's first Health Champion is R.W. She attends nearly all of the health and nutrition classes and is also enrolled in the Remote Patient Monitoring (RPM) program. Her last visit to her health care provider indicated a dramatic improvement in her health metrics: R.W.'s BP dropped 20mm and her cholesterol lowered by 98 points. Now her BP ranges between 125/80 and 128/85 mmHg. She accomplished this through exercise and healthy eating. In warm weather, she runs four to six miles a day. During the cold weather, she rides a stationary bike through National Parks virtually via YouTube videos. She has substituted sugary snacks with fresh fruits and vegetables and has replaced fried foods with baked or air-fried foods. Her goal is to be medication-free and she is well on her way. She says, "This program is a blessing; it

holds me accountable. I have been introduced to new foods and recipes that I have never known before. I appreciate and thank AAHP for all they did for me.”

In January, the Chronic Disease Management and Prevention (CDMP) team continued its virtual webinar curriculum offering six classes weekly on different evidence-based topics to help participants improve their overall health and/or management of the chronic disease. January’s curriculum focused on cancer. The classes included a combination of live health education and videos. The curriculum included an overview of cancers and definitions as well as information on the prevalence, risk factors, and complications from different types of cancers. Participants learned how to reduce risk, the best ways to cope with a cancer diagnosis, and being on someone’s cancer team. There were also in-depth classes on lung, breast, and prostate cancers. The CDMP team incorporated an AAHP Breast Cancer Awareness video and live testimony to help participants better relate to the changes in lifestyle behaviors presented in the curriculum. The virtual CDMP classes were well attended throughout the month with steady participation, especially in the Thursday afternoon class.

At the beginning of the month, the CDMP schedule is sent to all CDMP registrants. Every Wednesday, slides, handouts, and links to the online CDMP classes are sent to all participants/registrants. Before each Thursday session, blood pressure (BP) and blood glucose (BG) readings of participants who are not enrolled in the RPM program are collected. The majority of participants’ blood pressures ranged between 128/64 mmHg and 144/85 mmHg and their pre-prandial and postprandial blood glucose levels were within the normal ranges (< 130 mg/dL and < 180 mg/dL). Based on the data, the CDMP classes have been effective in improving the health measures of our participants. They are making healthier food choices and learning to monitor and record their BP and BG daily. The table below presents the Health and Nutrition class attendance figures for January 2021.

Health and Nutrition Class Attendance

	01/07/2021	01/14/2021	1/21/2021
Participants	42	40	34
Staff	6	6	5
Total	48	46	39

The January Health and Nutrition Classes provided nutritional information, videos, quizzes, food preparation, and cooking demonstrations on the following topics:

- January 7 - How Foods Fight Cancer
- January 14 - Fueling Up on Low-fat, High fiber foods
- January 21 - Cancer-Fighting Compounds and Immune-Boosting Foods
- January 28 - Maintaining a Healthy Weight

The following recipes were prepared and demonstrated to the class:

- Week 1 - Sweet Potato Falafel Sandwich and Winter Kale Salad

- Week 2 - Beet Orange Arugula Salad and Calypso Cauliflower
- Week 3 - Sesame Farro Salad and Zucchini Linguine with Mushroom-Lentil Bolognese
- Week 4 - Succotash (Southern) and Winter Lentil Dahl

This month's discussion was on the relationship between food and cancer. Certain foods are known to be preventative and can help minimize the effects of cancer. The class materials stressed the importance of eating natural, minimally processed, colorful whole foods and how antioxidants and other food nutrients fight against cancer and maintain health. Class participants shared their successes and challenges in eating healthy foods.

The AAHP CDMP team looks forward to providing evidence-based health education and lifestyle and behavior modification support with a focus on Diabetes and Heart Health to Black Montgomery County residents in February.

The January 2021 monthly report for the CDMP program is below. Yoga and Zumba classes focused on wellness. Evidence-based health education was the highlight of the Kick Start Your Health (KSYH) I & II series on Wednesday and Thursday evenings. The reporting format includes the following:

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

CDMP CLASS Activities

ACTIVITY	HOURS	DATA REQUESTED	TOPIC COVERED
<p>Health and Fitness on-line Webinar</p> <p>ZUMBA: January 6th, 13th, 20th, 27th</p> <p>YOGA: January 6th, 13th, 20th, 27th</p>	<p>11 am – 12 pm</p> <p>10 am – 11 am</p>	<p>Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol Screenings</p>	<p>This month focused on Yoga and Zumba classes led by trained exercise professionals and AAHP staff. Participants followed along in the comfort of their own homes and learned how fitness can prevent, manage, and reverse the risks for chronic diseases such as hypertension. Participants continued to maintain or improve in their HEDIS measures and make positive behavioral changes regarding exercise and diet.</p>
<p>Kick Start Your Health II (Cancer)</p> <p>January 6th, 13th, 20th, 27th</p>	<p>6 pm – 8 pm</p>	<p>Class and Height, Weight, BP, BMI, %BF, Blood pressure, cholesterol</p>	<p>This month’s class topic was cancer with a focus on understanding terminology and how to reduce cancer risks through education, nutrition, diet, exercise, and stress management. NOTABLY: Participants shared how cancer impacted their lives and continued to maintain or improve in their HEDIS measures and to make positive behavioral changes regarding exercise and diet.</p>
<p>Health and Nutrition VEGAN, Plant-Based</p> <p>January 7th, 14th, 21st, 28th</p>	<p>1pm - 3pm</p>	<p>Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</p>	<p>Class topics were focused on helping participants navigate what healthy eating choices are and what different foods do to reduce or increase the risk of chronic conditions. AAHP’s nutritionist continues to teach the plant-based diet/healthy cooking and meal tasting portion of the class. NOTABLY: Additional participants from a church group. Participants continue to maintain or improve in their HEDIS measures and make positive behavioral changes for exercise and diet.</p>
<p>Kick Start Your Health II Online Webinar.</p> <p>January 7th, 14th, 21st, 28th</p>	<p>6 pm – 8 pm</p>	<p>Weight, BP, BMI, %BF, Cholesterol screenings</p>	<p>This month’s class topics were lung, breast, and prostate cancers and included an AAHP-produced Breast Cancer Awareness Video demonstrating how to conduct a proper breast examination. NOTABLY: Despite a lower number of attendees (as expected for a new year and topic), class participation increased. AAHP’s instructor shared her breast</p>

			cancer story. Other participants shared their experiences with lung and prostate cancer. All participants continued to maintain or improve in their HEDIS measures and make positive behavioral changes regarding exercise and diet.
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January 2021 Weekly Virtual CDMP Webinar Attendance Metrics

	Health and Fitness 11 am – 12 pm				KSYH I 6pm – 7:15pm				Health and Nutrition 1pm – 2:15pm				KSYH II 6pm – 7:15pm			
Date(s)	1/5 & 1/6	1/12 & 1/13	1/19 & 1/20	1/26 & 1/27	1/6	1/1 3	1/2 0	1/27	1/ 7	1/1 4	1/2 1	1/28	1/7	1/1 4	1/2 1	1/28
Class Size	31	39	30	42	11	15	10	16	43	44	35	42	15	14	17	20
TOTAL	142				52				164				66			
Avg.	35.5				13				41				16.5			
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)			

CDMP Participant Self-Monitoring Clinical Measures

Participants	Health and Fitness: Zumba/YOGA	KSYH I (Diabetes)	Health and Nutrition: Vegan	KSYH I (Diabetes-related)	Total
<i>Male</i>	9	2	5	9	25
<i>Female</i>	133	50	159	57	399
<i>Total</i>	142	52	164	66	424
<i>% African American</i>	100	100	98	100	99
<i>Health Profile</i>					
<i>Average Systolic</i>		129 mmHg	124 mmHg	130 mmHg	
<i>Average Diastolic</i>		89 mmHg	74 mmHg	89.6 mmHg	
<i>Average HbA1c</i>		6.3 %	5.4 %	6.4 %	
<i>Average Glucose</i>		119.2 mg/dL	98.8 mg/dL	98.8	
Diabetes					
<i>Pre-diabetes cases</i>	3	3	4	2	12
<i>Diabetes cases</i>	2	5	3	2	12
Hypertension					
<i>Pre-hypertension</i>	2	7	3	4	16
<i>Hypertension</i>	4	7	4	5	20
<i>Uncontrolled Hypertension</i>	0	0	0	0	0

January 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. Kelley, Dr. Jean Welsh, Dr. Ayim Djamsson, Dr. Ball (psychologist)
Implement Strategic Action Plan (SAP)	Assign roles within the organization to both Outcomes and Marketing SAPs	Continue Monthly and Quarterly reporting
Plan to conduct monthly in-service for AAHP staff	Monthly in-service to give insight into 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 due February 1st, 2021. Continuous chart maintenance and documentation. Advisory Board Meeting scheduled for TBD in January 2021.

2. dMeetings

During January, dMeetings gained eight new enrollments. Five enrollees completed the course and received their transcripts and certificates. By the end of January 2021, dMeetings had enrolled a total of 162 participants since the previous January and 96 participants had earned their certificates of completion.

In January, the departing incumbent leader for the dMeetings program began training the AAHP data coordinator to assume her responsibilities for the program. January marked the first month that he was actively involved on the Chronic Disease Management team.

dMeetings Enrollment and Completion Figures by Month

	02/20	03/20	04/20	05/20	06/20	07/20	08/20	09/20	10/20	11/20	12/20	1/21	Total
New Enrollments	28	9	9	15	10	8	23	10	10	23	9	8	162
Completion Certificates Awarded	16	6	8	6	6	4	15	3	4	18	5	5	96

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 years old, an average weight of 213.3 lbs., and an average activity level of about 140 minutes per week. They were enrolled based on A1C levels ranging between 5.7% and 6.4%, or because of a high-risk profile for diabetes based on the CDC screening test.

The first week set out the program goals and structure and provided a basic overview of type 2 diabetes. Participants practiced setting goals and making plans of action. The second week highlighted the benefits of getting active and different ways to get active and track activity. The remainder of the month was devoted to eating well and tracking food.

In January, DPP program staff began discussing options for making the program more accessible to those with physical disabilities, such as hearing or visual impairments which can impede participation. It is hoped that once a plan is created, a specialized program could attract CDC funding.

Nonetheless, the retention rate among current participants was high throughout the month at 85%. The program baselines and the January performance data are presented in the tables below:

DPP Attendance

Participants	January 5	January 12	January 19	January 26	Total
Male	5	5	5	4	19
Female	14	13	13	12	52
Total	19	18	18	16	71
% African American	100%	100%	100%	100%	

DPP Health Metrics

Health Profile	Baseline	Jan	Feb	Mar	Apr	Ma	Jun	Goal
Average Weight (lbs.)	213.3	213						206.9
Average Weekly Activity (Minutes)	140	175.3						200
Average HB A1C (%)	5.91%							5.70%
Average Glucose (mg/dL)		n/a						

4. Weight Management

Weight Management Example Case

G.J., a 59-year-old female, has lost 20.3 lbs. (8.7% weight loss) with a BMI change from 37.6 to 34.3. She joined the Weight Management program in late October 2020 weighing 233 pounds. G.J. reports moving from an L/XL belt to an M/L belt with a self-reported 1.0-inch weight loss between October 26th and January 19th. She is very appreciative of the AAHP Weight Management program and believes in being held accountable by her health coach has strongly contributed to her success.

Current enrollment in the Weight Management Program is as follows:

	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

Of the 23 participants enrolled, 20 are females and 3 are males. Fourteen (14) participants came from the CDMP classes, one is a post-partum former SMILE client, seven participants came from our Food Bank recruitment efforts, and one was from a staff referral.

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

- Four participants had 1 pound or less weight loss.
- 16 of the clients have lost weight ranging from 23.4 to 2.0 lbs.

- The median weight loss is 6.0 pounds
- The average weight loss for those losing weight is 9.7
- The average weight loss for all clients enrolled through January is 7.9.

The first 30 days of the program focuses on helping clients become aware of what they are eating (food logging on paper or by smartphone app “My Fitness Pal”), how much they exercise, and having the right mindset to commit to a weight loss journey. The program recommends losing one to two lbs. a week to provide sufficient time for participants to adopt habits that promote maintenance and permanent lifestyle changes.

The support group was launched in December. The first session had three clients. There were two sessions in January. The first topic was “Meal Prep Made Easy” and the second was “Portion Control.” There were three clients at both January sessions. The support group will continue to meet every other Friday. The group session lasts from 30 to 45 minutes. In addition to a short 10-15-minute lecture by the health coach, clients share their successes and roadblocks.

The demand for the weight management program remains high so the program will be modified as follows: all existing clients will be given six weekly sessions starting the week of January 4th. Weekly sessions will continue until the existing participants reach 12 to 18 weeks of weekly coaching. Going forward all new participants will be scheduled as follows:

- 1st Quarter – participants will meet with a health coach weekly for 12 weeks.
- 2nd Quarter – participants will meet with our health coach biweekly for 12 weeks.
- 3rd Quarter – participants will meet with our health coach monthly for 12 weeks.
- All participants will continue to email or text their weight to the health coach weekly.

Clients have expressed their appreciation for the daily “AAHP Weight Management Inspiration” emails sent every weekday morning between 8:00 and 9:00 am EST. All participants are learning how to coach themselves and how what they eat impacts their overall health and 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 Care Simple App helps to improve participant engagement and compliance. A total of 31 participants over 30 years of age are enrolled in the program. Among the 31 participants, 18 are hypertensive and have received blood pressure monitors, two have Type II diabetes and have received glucometers, and 23 have received weight scales. Nineteen are enrolled in the DPP program. Participants were instructed to measure their blood pressure, blood glucose, and weight for a minimum of 16 days at the same time each day. They were instructed on the proper intake of their medications, as well as maintenance of healthy lifestyle modifications to their dietary and exercise habits. AAHP case managers contact participants every week via the Care Simple App and/ or by phone. Also, participants were contacted in the following cases:

- When the measured blood pressure was $\geq 140/90$ mm Hg.
- When the pre-prandial blood glucose was ≥ 130 mg/dL and the postprandial blood glucose was ≥ 180 mg/dL.
- When participants did not measure their blood pressure, blood glucose, weight for 48 hours and had less than 16 active days.

Case managers also provide education, send secure messages, and provide feedback about the participants' data through the app. Also, participants who have smartphones were able to download their daily reports to help their Primary Care Physicians make more informed decisions regarding their care.

When compared with the baseline measurements, the data show that participants' metrics are improving (although it is too early to determine the true effectiveness of the RPM program): they are losing weight, their fasting blood glucose levels are below 130 mg/dL, and most hypertensive participants have reached the target blood pressure ($<140/90$ mm Hg). Only two participants have resistant hypertension (their blood pressure is constantly above 160/100 mmHg). For January, 28 out of 31 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	1	1	1	28

January was the AAHP Data Coordinator's first month working with the RPM program to provide supplemental support to clients. For one client, he verified that her body weight was being synced to her Care Simple portal and followed up with the appropriate person to find out whether her Fitbit could be integrated into the Care Simple platform. Unfortunately, Fitbit integration is not yet available. Another client reported that her Care Simple blood pressure monitor reported a lower number than her blood pressure monitors and requested a new device. The data coordinator assisted her with pairing her new blood pressure device with her phone once it arrived. Another client reported that she uses three different health applications to monitor her health data and has asked for assistance in finding a way to integrate all of the applications.

C. Social Work Services

Social Work Example Case

A SMILE mom seeks support to address what the social worker has identified as symptoms of postpartum depression. Symptoms include low energy/mood, inability to concentrate, little interest or pleasure in activities she once enjoyed, and self-blame/guilt. This client is also facing mounting stress because she is currently residing in the US undocumented. . She has little social support and no family in the immediate area to assist with her two toddlers. The father of her children is absent and unsupportive. She reports constant emotional manipulation and an unhealthy relationship. The mother and children live alone in a one-bedroom apartment, however, due to her current immigration status and the pandemic, it has been difficult to find work and make ends meet. These circumstances continue to recycle and cause greater issues with establishing support and maintaining a balanced life. The social worker has worked with this mom to manage the identified and expressed symptoms. Finding a local counseling agency to address her needs during the postpartum period was a difficult task since this client is uninsured and has no income. Eventually, the social worker was able to connect her with the Pro Bono Counseling Project of Maryland which provides free counseling services to individuals with limited resources.

1. Mental Health Screenings

In January, AAHP's mental health screening tools link has accessed a total of 24 times, with an 83% completion rate. All 20 screenings were completed either via desktop or phone devices as Montgomery County residents are continuously encouraged to utilize the tool at home (8 screenings via desktop; 12 screenings via phone). The mental health screenings in January were in the following categories:

- 6 Wellbeing Screening
- 3 Generalized Anxiety
- 6 HANDS Depression
- 3 Wide Range
- 1 Disordered Eating
- 1 Adolescent Depression

2. Mental Health Support

This month, the social worker provided mental health support to six County residents on an ongoing basis. Of these, three were SMILE moms. Two of these moms are interested in prenatal support but unsure of how to find help, despite a history of depression.

3. Community Outreach/ Collaboration

Throughout the month, the social worker met with AAHP's media consultant and Jessica White to develop marketing materials to post on social media sites and to begin planning for a mental health social media fair. The social worker will contact local agencies and providers to request videos and/or materials to be posted to AAHP sites to highlight services provided by and/or tailored to African Americans in Montgomery County.

Event Planning Meeting w/ Partner: Silver Spring Links- Teen Mental Health Event

This event was postponed by the organizer due to illness. It has been rescheduled for March 7, 2021.

Morgan State University: Safe Sleep Practices- Weekly Stakeholder Meeting

Dr. Yvonne Bronner is leading a research study on safe sleep. The first phase of the project involved “gathering qualitative data from Baltimore City mothers on their reluctance to follow safe sleep messaging. As we enter the final phase of this project, Morgan State University [MSU] will be expanding its scope to include qualitative data from across the state. This data will be used to develop a blueprint for [Maryland Department of Health] MDH on a statewide Safe Sleep message.”

This is not only a great opportunity for the SMILE team to educate those in positions of power on the specific challenges in providing services to Black mothers in Montgomery County, but also to provide feedback on how AAHP as a provider can be more effective in delivering the safe sleep message to mothers statewide to improve mortality rates for Black infants. Additionally, the stakeholder meetings also allow for networking and socializing with other providers in the area, raising their awareness of the SMILE program and AAHP services. The social worker will continue to meet with this group every week to provide feedback and updates on how to provide families in the SMILE program with the information being developed by the MSU Safe Sleep group.

SMILE Virtual Baby Shower

The SMILE team held the annual baby shower event on January 15th, 2021. The event was well attended by expectant SMILE moms who tuned in via Microsoft Teams to participate. The social worker discussed signs and symptoms of postpartum depression and shared resources for support. Also, the social worker arranged for a professional mediator (who also happens to be a fellow SMILE mom) to demonstrate a mindfulness breathing practice to reduce stress and anxiety for new moms. This information was well received and was followed by games and giveaways.

4. SMILE

The SMILE team continues to meet weekly with the social worker to address client concerns and discuss difficult cases. The social worker received one new client referral from SMILE nurses and completed a total of fourteen telephonic visits with clients in January. A number of these consults were completed to follow up on mental health concerns, health insurance/provider issues, and housing/shelter needs.

One case involved a young woman pregnant with her first child. Recently, this client has faced homelessness due to family issues and a sudden relocation. Fortunately, the client was placed in a women’s shelter and was provided a bed to sleep, meals, and housing case management. The social worker began working collaboratively with this client and her case manager at the shelter to provide extensive support. Through this

care collaboration, it was discovered that the client not only had a previously diagnosed mental disability but also a learning disability that made it challenging to adhere to a standard plan of care. Additionally, this client has limited income (receives only SSDI), minimal family support, and has an eviction on record that makes it difficult to find an independent living. The social worker has been able to make recommendations to other agencies for additional needs as well as support the client with her housing caseworker in locating long term housing support options.

However, during the early weeks of January, the team was informed that the shelter would be closed by the end of the month, and all clients needed to relocate. It became evident that this case needed more attention than expected and more supportive parties involved to ensure that the needs of the SMILE mom were being met. Fortunately, AAHP was able to relocate this client ahead of the shelter closing date and find her a temporary living arrangement while her social security disability and housing paperwork is being processed. This is an ongoing case that will be reviewed and addressed as needed.

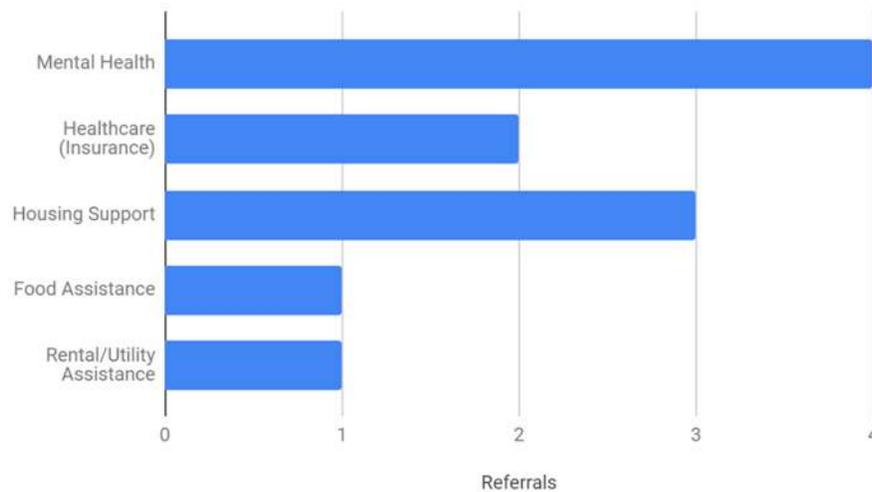
SMILE Monthly Newsletter

This month's SMILE newsletter on "Relaxation During Labor" was distributed on January 20th, 2021 and integrated into the SMILE education class topic of labor and delivery.

5. Patient Referrals

There were 11 referrals across all programs in January, as depicted in the graph below.

Referrals vs.



D. HIV/STI/AIDS

1. HIV Screenings

AAHP continues to perform HIV testing at the Montgomery County Health Department Office on Dennis Avenue in Silver Spring on Mondays each week from 1:00 pm–3:00 pm. Of the eight people tested in January, five were African American, one was Caucasian, and two were Hispanic. One female tested positive. Clients tested at the Health Department and the AAHP office in Rockville were referred for STI testing.

In January a total of 48 HIV tests were conducted at the following locations: 38 in all shelters, eight at the Health Department in Silver Spring, and two in the AAHP office in Rockville. The table below documents the demographics of the individuals tested.

Age Group	Male	Female	
1947 -1969	11	2	
1970 -1989	9	4	
1990+	7	3	
Total	27	9	36
ALL OTHERS			
1947 -1969	2	1	
1970 -1989	3	1	
1990+	5	0	
Total	10	2	
GRAND TOTAL	37	11	48

2. Sexual Health/HIV Education

The sexual health team continues to meet weekly to develop sexual health-based training and webinars. Ms. Adrienne Barksdale and the AAHP staff jointly reviewed the final PowerPoint presentation for the proposed before further review and comments by Ms. Jade Ann from the Montgomery County Youth Development Program for review. The next phase in Sexual Health Program is to acquire some incentives for the teens and adolescents that will join the webinars once they are posted on the AAHP website.

AAHP's HIV/AIDS Navigator continued to collaborate with the DHHS Program Manager on the Ending HIV Epidemic (EHE) in Montgomery County project after its launch during the World AIDS Day webinar on December 1, 2020. The goal for January was to find a Montgomery County resident to do a one-minute video on HIV/STI home tests. The kits can be ordered at www.Iwantthekit.org for free. The focus was also on helping the most affected communities get tested regularly by contacting different clinics within Montgomery County to administer more HIV/STI testing. EHE will have its inaugural meeting of Montgomery County's HIV Testing & Linkage Collaborative on February 12th, 2021. The Patcha Foundation and Us Helping Us will join the EHE planning group for this new initiative to help EHE

provide space to coordinate and scale up HIV testing in Montgomery County so that communities always have access to testing and to standardize the referral processes to ensure that everyone diagnosed with HIV has the care they need, on their terms.

III. COMMUNITY OUTREACH

A. Collaborative Partnerships

The CDMP Community Health Nurse collaborated with the Barnard Medical Center Group on Diabetes Self-Management and Education (DSME) to produce an educational video covering the essential information needed to control and manage diabetes. The new video, the Diabetes Checklist, is now accessible on the Physician's Committee for Responsible Medicine portal at <https://pcrm.widen.net/s/fjvmqcwwrh/beri-diabetes-check-list>.

On the morning of January 29th, members of the AAHP staff including the social worker, a SMILE nurse, and the program director met with Ms. Mona Negm of the American Muslim Senior Society to discuss expanded outreach and supportive partnership strategies to increase enrollment across AAHP programs. Just hours later, she sent out the following email with the SMILE brochure and referral forms attached:

Assalamu Alaykum,

AMSS is working in partnership with the African American Health Program. We are working together on developing outreach strategies in support of communities of color with health disparities. While AMSS focuses on older members, caregivers, and persons with disabilities, we think you might appreciate getting this information relating to younger mothers and their infants, especially since our Islamic Centers reach out to all age groups. If you are an Ambassador, an Imam, a community leader, we hope you can disseminate the information widely to benefit the largest possible numbers of young mothers and their infants.

B. Homeless Shelters

In January, two more shelters were added as additional screening sites for the remainder of the fiscal year until June 2021: The Men's Shelter at 6 Taft Court in Rockville and the Women's Shelter at 2 Taft Court in Rockville. These two additional sites were added to the testing that occurs weekly at Progress Place in Silver Spring and the Men's Shelter on Crabbs Branch Way in Rockville.

Dr. Nkongolo and the HIV coordinator completed 48 screenings for COVID-19, HIV, blood pressure, blood glucose, A1C screenings. The participants with elevated results were referred to Dr. Kelly with follow up calls from Dr. Nkongolo and the HIV coordinator.

The HIV coordinator went to Manna Food Center to obtain refreshments for the health screenings at the shelters and dropped off health information: 150 condoms, 150 pamphlets on Sexual Health for adults, teens, LGBTQ individuals, diabetes, weight management, and cancer.

C. County Food Distribution Sites

Throughout January, AAHP continued to conduct community outreach at food distribution sites by providing gift bags and information about AAHP programs and services to Black residents as they waited in their cars at The People’s Community Baptist Church (TPCBC), the East County Regional Services Center, two Men’s Shelters, and Progress Place. Information 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, tissue, and condoms were distributed at these locations.

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.

January 2021 AAHP Food Distribution Site Encounter Demographics

Ethnicity	Black	Hispanic	Asian	White	Other
	74	49	31	6	11

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

January 2021 AAHP Food Distribution Site Give-Away Figures

	East County	TPCBC	TPCBC	East County	TPCBC	East County	East County	Progress Place	TPCBC	Men's Shelter-Crabbs Branch	Men's Shelter-Taft Ct	TPCBC	East County
Date	2-Jan	3-Jan	6-Jan	6-Jan	9-Jan	9-Jan	13-Jan	13-Jan	13-Jan	20-Jan	27-Jan	27-Jan	30-Jan
Water Bottles		75		75	75		75	25		18	20		65
Hand Sanitizers		30		30	30		30	15		18	20		20
Tissue Packs	24												
Stress Ball		50		50	50	55	50	0		0	0	35	50
AAHP Lunch Bag	20	20	25	20	20		20	0		0	0		20
Mental Health Screening Card	20	30	25	30	30		30	0		0	0		30
AAHP Know your Number Card		25	25	25	25		25	0	30	0	0		25
Condoms		50		50	50		50	50		50	50		50
Smile Brochure		20	6	20	20	10	20	10	9	0	0	17	30
Women & Heart Attacks												17	
Breast Cancer pamphlet						29							
PrEP is for you Pamphlet		50		50	50		35	20		20	20		30
HIV treatment Work Cards		25		25	25		50	20		20	20		50
Diabetes		35		50	50		30	20	30	20	20	25	30
STD Facts for teen Pamphlet		50		35	15		50	20		20	20		50
Colorectal Cancer Booklet		10		10	10		20	10		10	10		50
Stroke Risk Pamphlet	40												
Mammogram Booklet		20		20	20		40	5		0	0		20
AAHP Bookmark		50		50	50		50	10	30	10	10		50

Cancer Pamphlets (Men)		15		15	15		30	0		0	0		15
Cancer Pamphlets Women		0		0	0	29	0	5		0	0		15
HIV- Get Tested		50		50	50		50	20		20	20		30
Cholesterol Pamphlets	44	20		20	20		40	20		0	0	35	30
Youth and Sexual		50		50	50		35	20		20	20		30
Weight Management		50		50	50		35	10		10	10		50
AAHP Card		50		50	50	50	30	15		15	15		20
African American Bags Given		50		50	50		50	20		10	15		50
Others (Hispanics, Asians, Caucasian)		25		25	25		25	5		8	5		15
Total of number bags given:	20	75	25	75	75		75	25		18	20		65

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.

a. 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.

b. Management Information System

The goal for the AAHP Management Information System (MIS) in the new year is to meet the standards of completeness, consistency, and coherence. In January, AAHP continued to take steps in this direction by making improvements to fix problems in the SMILE three-month dashboard and the SMILE annual report. Due to the inconsistencies between the manual SMILE report and the report generated from the system, the developer created a SQL script to debug components of the SMILE annual report.

Also, the data coordinator has been updating the AAHP Workplan for the previous fiscal year. Using the information in the SMILE report, monthly reports, and mental health reports, he has added information that compares AAHP's progress to previous fiscal years and will continue to improve the document and work with other staff to ensure the data is complete and accurate.

VI. APPENDIX A

Social Media Report

Facebook

AAHP's Facebook page performed similar to December's performance, slightly decreasing the engagement rate and impressions.

Facebook Metrics – January 2021

	Followers	Posts	Likes/Loves	Comments	Shares	Impressions	Engagement Rate
Total	695	22	22	0	7	799	29
Change from last month	0	+1	-5	-4	-4	-9.92%	-14.71%

Twitter

January's Twitter performance improved in some areas but decreased in the number of mentions and profile visits. The number of followers remained steady.

Twitter Metrics – January 2021

	Followers	New Followers	Tweets	Profile Visits	Retweets	Mentions	Tweet Impressions
Total	354	6	14	240	1	7	1760
Change from last month		+6	+2	-84	+1	-13	+29

Instagram

AAHP's Instagram channel continued to perform well, with better numbers compared to December. The posts promoting the Health Promotion classes perform exceptionally well.

Instagram Metrics – January 2021

	Followers	Post Likes	Engagement Rate	Impressions	Reach
Total	170	116	4%	666	32
Change from last month	9	+86	-2%	66	+2

VI. APPENDIX B

AAHP Health Notes

AAHP Health Notes - Distributed: Saturday, January 6, 2:00pm

January Campaign Metrics

	January	December
General List Recipients:	1620	1620
Successful deliveries:	1258	1261
Open rate:	18.7%	19%
Click rate	5.5%	7.1%
Unsubscribed because of this message	1	2

The January Health Notes began with a reflection on how the lessons learned in 2020 can help us move forward in 2021, particularly those from the COVID-19 pandemic which revealed the need for greater attention to the racial inequities in the health care system and an appreciation for the relationships with food, exercise, our health care providers, our family members, and ourselves to maintain our physical and mental health. The next article focused on answering three basic questions to achieve your health goals: 1) Do you have a trusted primary care physician? 2) Are you current on recommended preventive health screenings? 3) Do you know and understand your health metrics? In honor of Cervical Health Awareness Month, the next article focused on the importance of making sure that 11- and 12-year-olds take the HPV vaccine and women 21 to 65 years old get annual pap tests to prevent cervical cancer and includes a video by Dr. Margot Savoy of the Centers for Disease Control and Prevention. The next article featured the new Facebook Watch show “Peace of Mind” hosted by actress Taraji P. Henson which seeks to prompt serious conversations about mental health and reduce the stigma associated with mental illness. The January Health Hint focused on the value of having a morning and evening routine to have the day run smoother and a better night’s sleep. The featured video told the story of a young man whose partner died giving birth and how COVID-19 is increasing the incidence of black maternal mortality. The featured recipe was Creamy Asparagus and Pea soup.

The January Health Notes was opened by 235 readers, representing an open rate of 19% which is higher than the industry average of 15%. January’s click rate was 5.5%, which is lower than the industry average of 9%. The bounce rate was 22%. There was one unsubscribe.

In January, AAHP also emailed three targeted community health notes to the AAHP community from the SMILE, Weight Management, and Men’s Health programs.

HEALTH NOTES

THE NEWSLETTER OF THE AFRICAN AMERICAN HEALTH PROGRAM | JANUARY 2021

www.aahpmontgomerycounty.org



NOTES FOR THE NEW YEAR

For many weary souls, 2021 couldn't have gotten here soon enough! After a challenging 2020, a brand-new year before us offers new opportunities to be better, stronger, and healthier. As we celebrate and wish each other all the best in the year ahead, let's reflect on how the lessons from 2020 can help us conquer 2021 and beyond.

The COVID-19 pandemic illustrated the importance of health and the reality of racial health disparities. In the aftermath of disproportionate sickness and death from COVID-19, the shining light placed on African American health has prompted a loud call to action. The healthcare industry has been forced to reckon with its long history of mistreatment and neglect of African Americans. The COVID-19 pandemic motivated many people to take their health more seriously and led to increased participation in self-managed health and wellness activities and increased awareness of nutrition, exercise, and mental health. By keeping the momentum going, individually and collectively, we can transform our health in sustainable ways.

We also approach 2021 with a deeper appreciation of social interaction and healthy interpersonal relationships. Stay-at-home orders and social distancing measures made it easier for people to bond with loved ones inside their households while making it more difficult to spend time with loved ones outside their homes—both circumstances have highlighted the value of relationships to mental health and well-being. The rise in domestic abuse, suicide, and substance abuse has also emphasized the need for mental health resources. As we look forward to a post-pandemic world, we can work to strengthen and promote healthy relationships and positive social interactions to build our collective mental health and emotional resilience.

Let's work together to make 2021 a year of comebacks and help each other grow in new ways. AAHP invites you to learn more about our health services by visiting our website [here](#). You can also spread the word by sharing and promoting AAHP's resources and services with your network.



As you work to achieve your 2021 health goals, be sure to have the basics down:

Do you have a trusted primary care physician (PCP)? A trusted PCP can help you navigate your health journey towards longevity and a better quality of life. [According to Primary Care Progress](#), “adults in the U.S. who have a primary care provider have 19% lower odds of premature death than those who only see specialists for their care.” AAHP provides referrals to PCPs for AAHP clients as a critical part of chronic disease prevention and management strategy.

Are you current on recommended preventive health screenings, vaccinations, and tests? Based on your age, gender, and other factors, evidence-based preventive services such as mammograms and colonoscopies detect disease so you can seek treatment sooner rather than later. Vaccinations help build immunity against communicable diseases like measles, flu, HPV, and COVID-19. Routine STD testing can help you manage your sexual health and prevent the spread of STDs. Check out the Cleveland Clinic’s [Health Maintenance Guidelines for Adults](#) for more information.

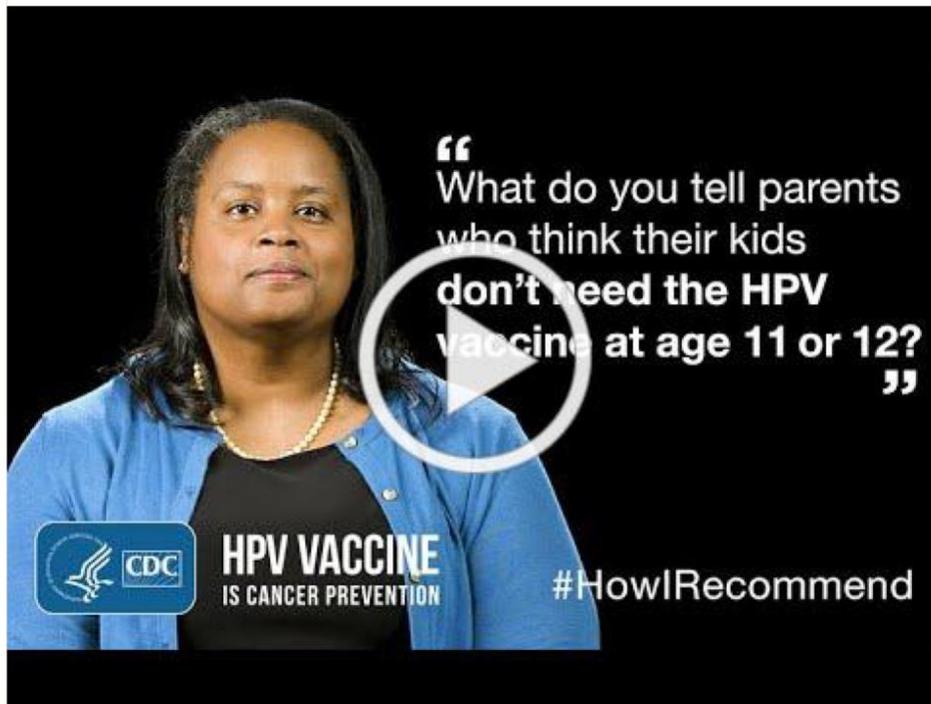
Do you know and understand your health metrics? Your health metrics include your BMI (body mass index), blood cholesterol, blood pressure, and blood glucose. These numbers are especially important if you are obese, prediabetic or diabetic. Carefully monitoring these numbers is vital to developing a plan that includes goals and benchmarks towards improving your health and preventing the development of heart disease and other serious health complications. AAHP offers free health screenings by enrolling in remote patient monitoring or at select sites: see our [calendar](#) for dates and locations.

Sources:
[American Heart Association](#)



Speaking of vaccines, did you know the HPV vaccine (Gardasil 9) is 99% effective in preventing HPV (human papilloma virus), the virus that most often causes cervical cancer?

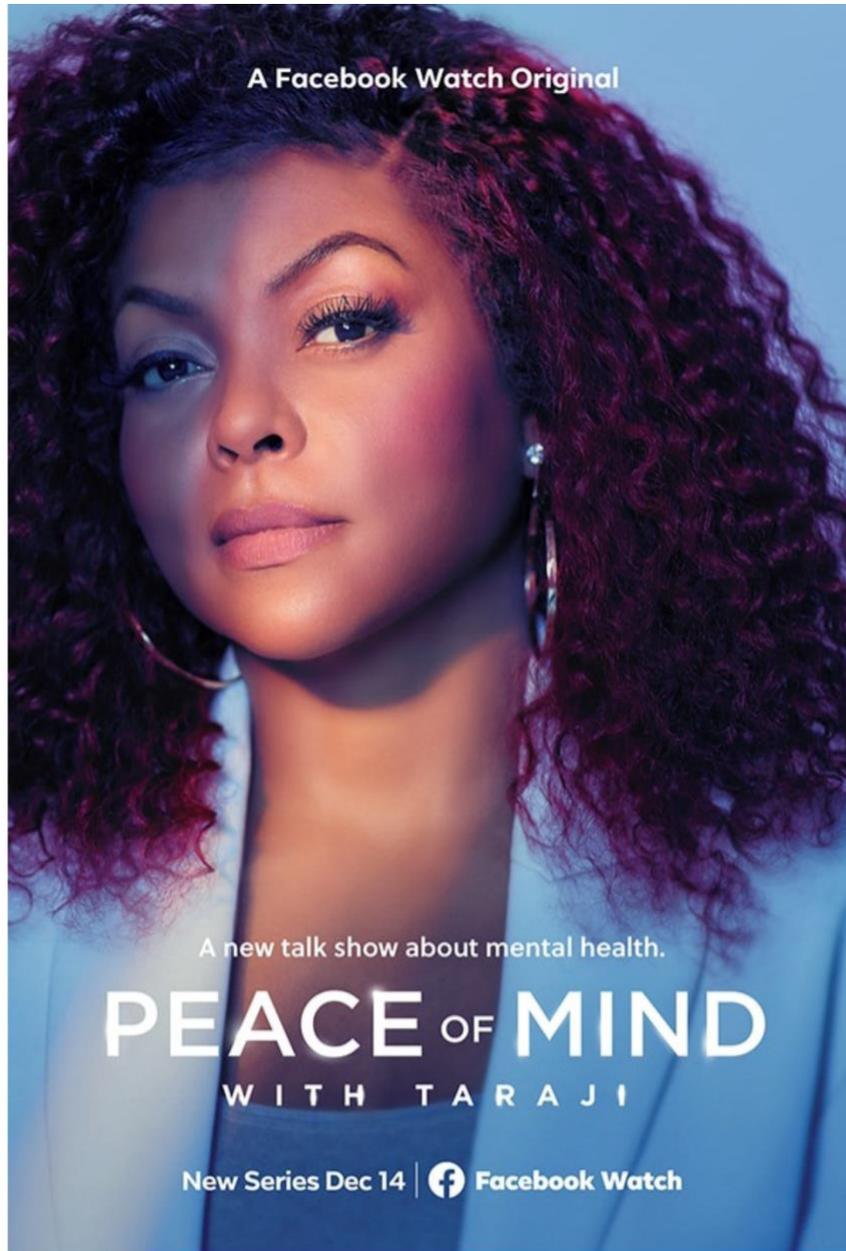
HPV is an extremely common STD that consists of thousands of strains, some of which cause cervical cancer. Although cervical cancer is highly preventable, in the U.S., nearly 13,000 women are diagnosed each year and more than 4,000 die from it each year. Highly effective in preventing HPV infection, the HPV vaccine is routinely recommended for boys and girls ages 11 and 12. In the video from the Centers for Disease Control (CDC) below, Dr. Margot Savoy, MPH, discusses why the HPV vaccine is so critical and addresses the concerns parents have about getting their 11 and 12-year-olds vaccinated:



Gynecological screenings (pap tests) can also help prevent cervical cancer by detecting precancerous cells in the cervix. As with most cancers, early detection is key! The CDC recommends women ages 21-65 get a pap test every two to three years. Most women who die from cervical cancer did not have regular pap tests.

This Cervical Cancer Awareness Month, AAHP encourages you to learn and share info about cervical cancer. If you are due for a pap test, make an appointment! If you or your child is eligible to take the HPV vaccine, do your research and make an appointment to get it! Learn more about Montgomery County's cervical cancer screenings [here](#).

- Sources:
- [American Cancer Society](#)
 - [The Mayo Clinic](#)
 - [American Sexual Health Association](#)
 - [The American Cancer Society](#)
-



Golden Globe-winning actor, writer, and producer Taraji P. Henson brings mental health awareness to social media with her new talk show, *Peace of Mind with Taraji*, which airs new episodes on Facebook Watch on Mondays and Wednesdays. With her best friend Tracie Jade as cohost, Taraji discusses mental health with celebrities, mental health experts and regular people. The series premier aired on Tuesday, December 14 and featured Gabrielle Union who discussed having post-traumatic stress disorder (PTSD) after being sexually assaulted. The show seeks to prompt serious conversations about mental health and reduce the stigma associated with mental illness.

> Watch *Peace of Mind with Taraji* [here](#). (Click the follow button and turn on video notifications.)

“Mental health issues are huge in communities of color,” Henson told Healthline in a 2018 interview. “We experience trauma on a daily basis, in the media, in our neighborhoods, schools, the prison system, or simply walking down the street, you name it.” Henson’s father, a Vietnam veteran, suffered from PTSD and was eventually diagnosed with bipolar disorder. Having witnessed her father’s experience with mental illness and having struggled to find an African-American therapist to help support her own mental health, Henson was driven to start [The Boris Lawrence Henson Foundation \(BLHF\)](#), a nonprofit organization named after her father. The BLHF works to strengthen mental health support for African Americans in urban schools, prisons, and communities.

Mental health support for African Americans is now more important than ever. Prior to the COVID-19 pandemic, African Americans were 10 percent more likely to report having serious psychological distress than non-Hispanic whites, but only 1 in 3 African Americans received mental health treatment, according to the [U.S. Health and Human Services Office of Minority Health](#). A recent study by Johns Hopkins showed that the suicide rate among Black Maryland residents appears to have doubled the recent historical average during lockdown (March 5 through May 7). As COVID-19 continues to wreak havoc on everyday life, threatening the progress made in reducing health disparities, African American organizations are tasked to create resources and opportunities to support mental health and emotional resilience. [AAHP Mental Health Screening Tool](#) is for individuals to make an anonymous informal personal assessment of their mental health and to receive referrals for local mental health resources.

Health Hint

To help the days, weeks, and months of 2021 run more smoothly, focus on building solid morning and bedtime routines. An efficient morning routine can help you remain focused and productive throughout the day while an effective bedtime routine can help you sleep better, which in turn helps you maintain your morning routine.

Source: www.calendar.com

Featured Video

NowThis News tells the story of a young man whose partner died giving birth:



Featured Recipe: Creamy Asparagus and Pea Soup



Ingredients

- 2 Tbsp olive or avocado oil
- 12 ounces asparagus (trimmed // 1 large bundle yields ~12 ounces)
- 10 ounces fresh or frozen peas (2 cups yield ~10 ounces)
- 4 cloves garlic (minced)
- 1 medium shallot (thinly sliced)
- Salt + Pepper
- 1 1/2 cups almond milk
- 1 1/2 cups vegetable broth

- 1-2 Tbsp nutritional yeast, optional
- 1/2 medium lemon, optional

Instructions

1. Preheat oven to 400 degrees F and spread asparagus on a bare baking sheet. Drizzle with oil of choice and season lightly with salt and pepper. Toss to coat.
2. Roast for 15 minutes, then set aside. If making croutons, reduce heat to 325 degrees F at this time.
3. Heat a large saucepan or pot medium heat. Once hot, add 2 Tbsp. oil, shallot and garlic. Season lightly with salt and pepper and stir to coat. Cook for 2-3 minutes or until fragrant and translucent. Reduce heat if garlic begins browning.
4. Add peas, vegetable broth and almond milk and season with salt and pepper once more.
5. Transfer soup to blender along with asparagus (reserve some for garnish if desired). Blend soup until creamy and smooth. Transfer back to pot and bring to medium heat and simmer.
6. Add nutritional yeast and whisk. Continue cooking until warmed through and simmering, then reduce heat to low.
7. Taste and adjust seasonings as needed, adding more salt and pepper if desired. Remove from heat and add lemon juice.
8. If serving with croutons, prep while soup is simmering by lowering oven heat to 325 degrees F.
9. Add breadcrumbs to a mixing bowl. In a separate bowl, whisk together oil and seasonings and pour over breadcrumbs and toss to combine. Season once more with a bit more garlic powder, salt and pepper. Toss once more.
10. Spread on a clean baking sheet (or the one you used earlier) and bake or 15-20 minutes or until golden brown. Flip/stir at the 10-minute mark to ensure even baking.
11. Serve soup with croutons, a touch of black pepper, and/or vegan parmesan cheese.

Nutrition per serving: calories 143, carbohydrates 16.4 g, protein 9.2 g, fat 5.5 g, saturated fat 0.7 g, trans fat 0 g, cholesterol 0 mg, sodium 652 mg, fiber 6.5 g, sugar 5.9 g

Source: www.minimalistbaker.com

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



The African American Health Program is funded and administered by the Montgomery County Department of Health and Human Services and implemented by McFarland & Associates, Inc.