



AAHP participates in the Patcha Foundation's HIV event at the Kings & Priests Church on March 13

AAHP MONTHLY REPORT March 2021




African American
Health Program



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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 was pleased to learn that their efforts had been acknowledged with a contract extension of an additional year. This achievement reflects the continuous growth and expansion in the breadth and quality of the program, despite the challenges imposed by the COVID-19 pandemic. Each of the client sample cases, testimonials, charts, tables, and graphs featured in the March monthly report demonstrate the positive impact the program is having on the lives of Black Montgomery County residents from pre-birth to 50 and better.

This month's report celebrates the SMILE program's largest caseload (153 for fiscal year 2021) and eight babies born healthy and at a normal weight, and features a 29-year-old unmarried middle school teacher who is hypertensive, obese despite bariatric surgery last Fall, has food allergies, gestational diabetes, and was diagnosed COVID-19 positive in January. She is now enrolled in both AAHP's SMILE and Chronic Disease Management and Prevention (CDMP) program.

The CDMP program's section features stories of three successful clients in March: the first is no longer prediabetic; the second brought her blood pressure under control and dropped her cholesterol level from 272 to 159, significantly reducing her risk of cardiovascular disease; and the third lost 50 lbs. since last February, exercises 4-5 times per week and no longer needs medication for hypertension. Twenty-four new participants joined the dMeetings program and DPP program attendance remained at 95% as two participants reversed their status and are no longer prediabetic. The Weight Management program had its first client reach her goal weight with a BMI change from 26.6 to 23.2 after losing 20 lbs.

Social work features two cases that highlight the importance of teamwork to resolve complex cases. A 39-year-old who is 24 weeks pregnant, diabetic, obese, unemployed, separated from her husband and has lost four previous loss pregnancies scheduled her first appointment with her obstetrician and MD Medicaid due to the teamwork between social work and the SMILE program. A 31-year-old Black male struggling with his mental health, lack of support, grief following the death of his father, a history of family addiction and concerns about how his drinking has impacted his personal relationships completed the intake process for mental health services after being convinced by an AAHP community health worker and social work.

In March, sexual health continued to pursue fruitful partnerships with the Montgomery County Department of Health and Human Services, homeless shelters, the County's first comprehensive sexual health campaign, "Ending HIV Epidemic in Montgomery County," and community organizations, like the Patcha Foundation, to provide HIV testing and develop sexual health public health programs for county youth and adults in the run up to National Youth HIV/AIDS Awareness Day on April 10th.

Finally, community outreach focused on providing food and vaccine assistance via phone and email as well as through in-person visits to barbershops and women's clinics. Additional

outreach efforts in March included assisting the County in recruiting East County African American churches to serve as mass vaccination sites and educating Black seniors about Alzheimer's prevention and clinical trials on diabetes medications.

II. AAHP PROGRAM ACTIVITIES

Although each monthly report focuses a great deal on AAHP's quantitative accomplishments, it is also important to recognize the disparate challenges that Black Montgomery County residents face—made even more difficult due to COVID-19—and to understand the human conditions that circumscribe their quality of life. As a result, AAHP endeavors to begin each focus area report with an example case study to underscore the fact that the reasons African Americans continue live the shortest, sickest lives are as complex and multi-faceted as the solutions.

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

SMILE Example Case

JAH is a 29-year-old unmarried middle school teacher who joined the SMILE program at 20 weeks gestation. The father of the baby is not involved, and she has moved in with her adopted parents. She is hypertensive, has food allergies, and obese despite having undergone bariatric surgery at the end of August. She is 5'6" and over 300 pounds and was diagnosed with gestational diabetes in early February after testing positive for COVID-19 in early January. She is currently enrolled in both the SMILE and CDMP programs.

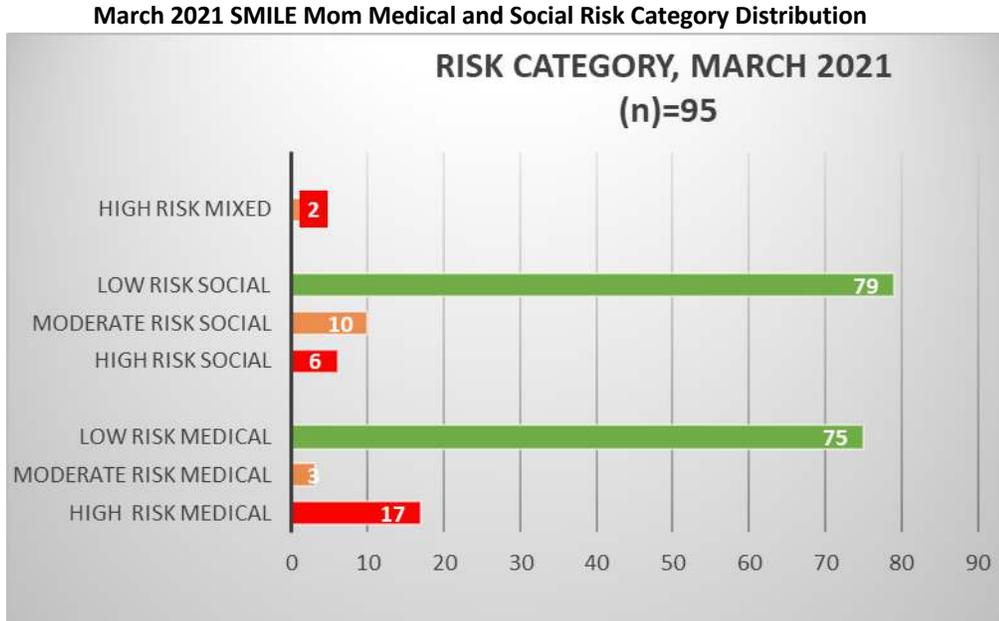
March Report

In March, the SMILE program posted the best performance of fiscal year 2021. The number of active moms increased by four for a total of 95. The number of prenatal mothers remains high, at 35. Regrettably, one pregnancy was terminated at 12 weeks, upon advice from the client's medical team due to trisomy 21 (Down syndrome). The caseload in March was 153, also the best for fiscal year 2021. The program welcomed eight new babies in March. All eight 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.

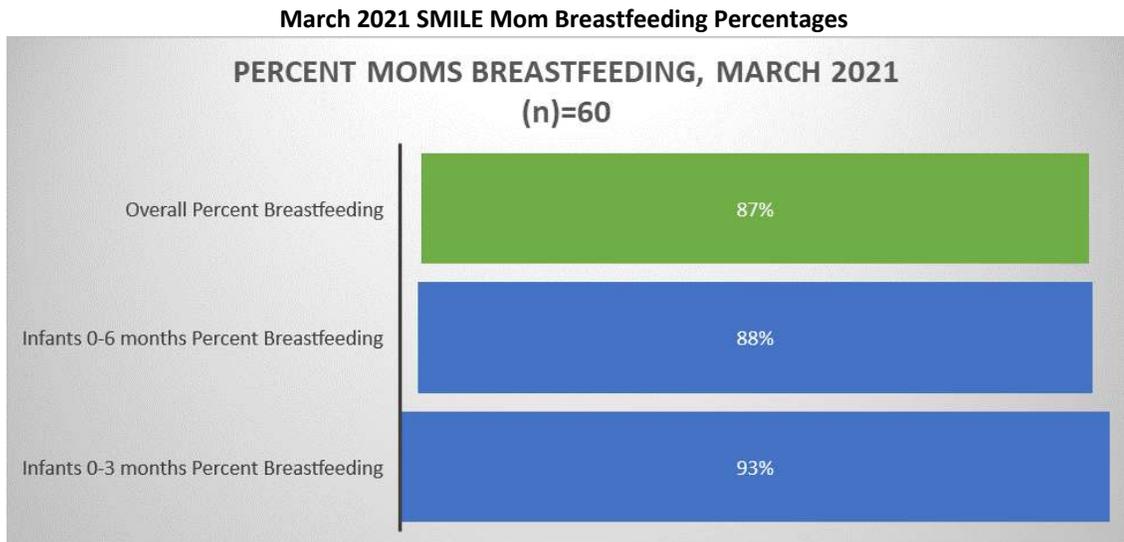
At the end of March, 17 of the 95 mothers were classified as high-risk cases because of medical issues, six cases classified as high-risk for social issues, and only two cases presented with both high medical and social risks. High-risk medical conditions included gestational diabetes, pre-eclampsia, a history of multiple past miscarriages, and advanced maternal age. 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.

Now that AAHP's data coordinator has created a fillable version of the Edinburgh Postnatal Depression Scale (EPDS), it is easier for the SMILE team to share this document digitally since, like most AAHP programs, the SMILE program continues to operate virtually. Now that the EPDS can be completed electronically, it will be sent to all postpartum moms. In March, six new prenatal cases and six postpartum moms were screened for depression using the digital EPDS. Five mothers scored above the normal range and were referred for further evaluation and care. Other emotional health-related interventions included

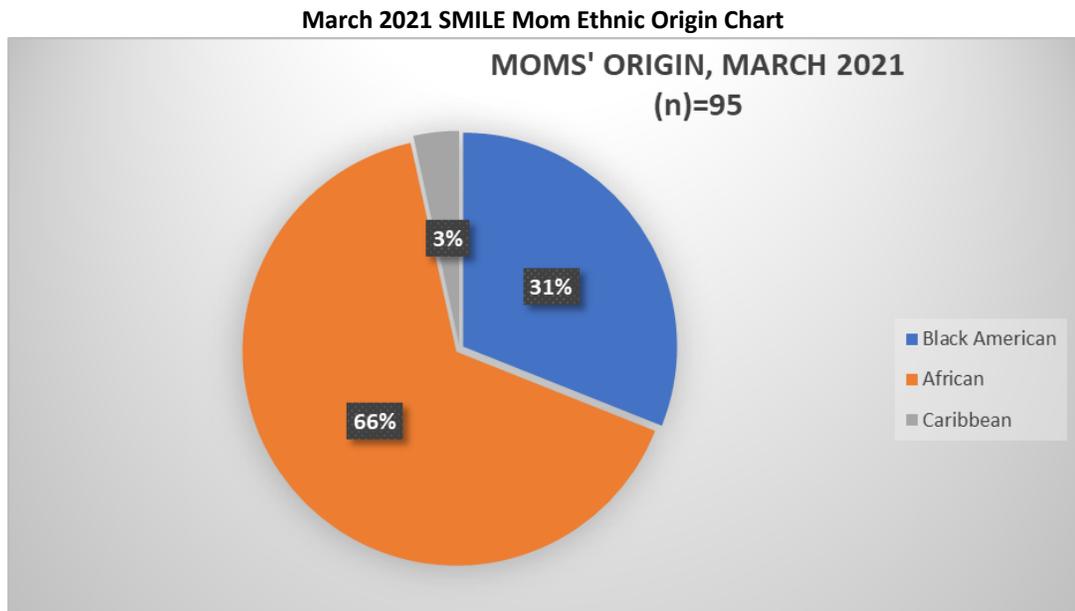
providing emotional support and stress management counseling for SMILE clients experiencing anxiety and stress due to feelings of isolation and being disconnected. The medical and social risk category distribution for SMILE moms in March is depicted in the graph below.



The percentages of SMILE moms breastfeeding in March are depicted in the graph below. At the end of March, the overall percentage of mothers breastfeeding was 93% and the percentage of mothers breastfeeding up to six months was 88%. 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.



The ethnic origin representation of mothers participating in the SMILE program in March is 66% African, 31% Black American, and 3% Caribbean as shown in the pie chart below.



AAHP's French-speaking nurse assisted SMILE nurse case managers with phone and ZOOM visits with nine French-speaking clients. The nurses checked clients' daily glucose readings and set up appointments for delivery of their baby items (cribs, car seats, blankets, and other baby items). Twenty-eight calls were made to check the wellbeing of expecting mothers, mothers, and babies. The SMILE program continues to deliver baby food obtained from the Manna Food Bank to SMILE clients on a weekly basis and has helped at least one client successfully apply for WIC and SNAP benefits and had one referral from the WIC office.

During March, 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. On March 16th, Dr. Yvonne Bronner at Morgan State University made a presentation about the Safe Sleep program to identify effective interventions that promote safe sleep practices to reduce the risk of sleep-related infant death. On March 19th, a belly therapist conducted a workshop to teach the moms how to shape and tone their abdominal muscles. On March 23rd, the team attended the Fetal Infant Mortality Review Community Action Team (FIMR/CAT) meeting during which the clinical director and SMILE staff updated the participants on the progress made by the program in caring for African American moms in Montgomery County particularly with respect to nutrition during pregnancy. The meeting participants were especially pleased to hear about the growth and development of the SMILE triplets.

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

	PROFILES AND SERVICES	*Monthly Average Calendar Year 2019	March 2021	Comments
1	A) Currently Active Moms	88	95	
2	Prenatal (still pregnant)	30	35	
3	Postpartum (Moms who have delivered)	57	60	
4	B) All infants	57	58	
5	Single Births	53	55	
6	Multiples	4	3	
7	Case Load (A+B)	147	153	
	MOM'S ETHNICITY			
8	African American Clients	39	35	
9	African Clients	46	57	
10	Caribbean Clients	3	3	
	REFERRALS			
11	HHS Prenatal Referrals Received	7	6	
12	Referrals from Other Sources	4	5	
13	Total Prenatal Referrals	11	11	
	NEW ENROLLMENTS			
14	Prenatal Moms Newly Enrolled During the Month	8	10	
15	Infants Newly Enrolled during the month	5	8	
16	All New Enrollments for the month	13	18	
	DISCHARGES during the month			
16	Prenatal Discharges	1	2	
17	Infant Discharges	5	6	
18	Total Discharges	6	8	
	DELIVERIES during the month			
19	Term Deliveries	5	7	
20	Preterm Deliveries	1	0	
	Total Deliveries	6	8	
	BIRTH OUTCOMES			
22	% Healthy Birth Weight (% of Total Deliveries)	95%	88%	
23	Number of Low Birth Weight	0	0	
24	Number of Very Low Birth Weight	0	0	
25	Infant Deaths (includes Stillbirths)	0	0	
26	Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	0	1	1 early termination due to trisomy 21

	SERVICES			
27	Total Home Visits	78	0	
28	Telephonic Consultations	8	24	It includes 17 consults by SW and 7 by CHW
29	Community Referrals Made	15	23	It includes 1 by CHW
30	Classes/Presentations Completed	4	7	
	BREASTFEEDING MOMS			
31	Percent Clients Breastfeeding Infants 0-3 months	92%	93%	
32	Overall Breastfeeding Percent	73%	88%	
	INSURANCE			
33	Clients with Private Insurance**	24	28	
34	Clients with Medicaid Insurance**	62	69	
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 Cases and Client Testimonial

C.W. is in the DPP program and has been a very active participant. She began attending CDMP classes at White Oak to support her husband. She worked hard and achieved her goals of weight loss and glucose control. She has gradually moved her diet towards a more vegetarian regime with more vegetables and less meat. Her A1C level at the start of the DPP program was 6.3 but when her primary care physician (PCP) checked it in March, it had dropped to 5.3, a normal level. She credits AAHP for this dramatic reversal of her prediabetic condition.

G.S. attends all CDMP sessions. Her favorite is the Health & Nutrition Class. In adopting a vegan diet and taking her medications as recommended, she has brought her blood pressure under control. Additionally, her cholesterol level dropped from an unhealthy 272 to an impressive 159, significantly reducing her risk of cardiovascular disease. She also credits AAHP for her remarkable progress towards a healthier life.

L.G. wrote, "February last year, I was 236 pounds. I am now 186.2 BP is normal & no diabetes. I am 50 pounds lighter & healthier. I exercise 4-5 times a week between 1-1.5 hours doing weights for my arms, frog kicks for my gut, walk a mile & other exercise to tone my body. I am no longer on hypertension meds, my back disease is under control with regular therapy stretches & NO salt or sugar or starch diet!!! I eat mainly organic veggie & fruits. I STOPPED eating chicken!!! and drink ONLY water & hot natural homemade teas! Last year, friend of mine and my sister started on this journey to lose 50lbs. So far of the three of us, I am the only one who met the 50lb challenge and lost 50lbs. I am SO excited & happy for myself!!! I got 20 more to lose by next year this time. I decided to take a slow and healthy approach to lose the

weight and get healthier. Let me know what you think of my story & journey thus far. I have also encouraged and shared with family and friends to join AAHP.”

March Report

In March, the CDMP team continued its virtual webinar curriculum which offered six classes weekly on different evidence-based topics to help participants improve their overall health and/or management of chronic disease. The month’s focus was hypertension and diabetes and included a combination of live classes and videos providing an overview and definition of hypertension and diabetes as well as the prevalence, complications, and treatment strategies of the two conditions. Participants also learned how to reduce their risk factors for hypertension and diabetes. The classes also provided an overview of cholesterol, its role in hypertension and diabetes, as well as available treatment options and a detailed discussion on how to understand food nutrition labels.

Evidence-based health education were the highlights of the Kick Start Your Health (KSYH) I & II series on Wednesday and Thursday evenings. Quizzes, recipes, and demonstrations of healthy cooking were presented during the Health and Nutrition classes on Thursday afternoons. Zumba classes provided the opportunity to exercise on Tuesdays. Yoga classes were offered on Wednesdays. Finally, persons with prediabetes were put on a trajectory to reverse their diagnosis through step-by-step lifestyle changes in the Diabetes Prevention Program (DPP) on Tuesday evenings.

The AAHP CDMP team looks forward to continuing to provide evidence-based health education and information on lifestyle behavior changes with a particular focus on diabetes in April.

The monthly report for March 2021 (below) 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 online Webinar ZUMBA: March 2, 9, 16, 23, and 30 YOGA: March 3, 10, 17, 24 and 31	11am – 12pm 10am – 11am	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 (Hypertension) March 3, 10, 17, 24 and 31	6pm – 7pm	Class and Height, Weight, BP, BMI, %BF, cholesterol	This month’s class topic was hypertension and cardiovascular health, understanding terminology, and how to reduce risk through education, exercise, and nutrition. Guest speaker, a Doctor of Pharmacy candidate from the University of South Carolina School of Pharmacy, led an in-depth discussion on hypertension and medications used to treat it. She and the CDMP instructor answered questions and provided advice on how to save money on medications. 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 March 4, 11, 18, and 25	1pm - 3pm	Weight, BP, BMI, %BF, Glucose, Cholesterol screenings	Class topics were focused on healthy eating choices and 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. March 4, 11, 18, 25	6 pm – 7 pm	Weight, BP, BMI, %BF, Cholesterol screenings	This month's class topic was hypertension and classes focused on high cholesterol, obesity, fitness, and nutrition. The CDMP instructor explained food nutrition labels and demonstrated how to find the nutrition charts for restaurants and foods on-line. She also reviewed an example. 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.

March 2021 Planning and Administrative Activities

DATE	ACTIVITY	ACTION/NEXT STEPS
Continuously	Made contacts to establish a physician referral network, pharmacies to drop off referral and order forms to offices. Creating a physician referral network for patients and 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.

March 2021 CDMP Virtual Webinar Attendance

Class	Health and Fitness 11 am – 12 pm					KSYH I 6pm – 7:15pm					Health and Nutrition 1pm – 2:15pm				KSYH II 6pm – 7:15pm			
	Dates	3/2 & 3/3	3/9 & 3/10	3/16 & 3/17	3/23 & 3/24	3/30 & 3/31	3/3	3/10	3/17	3/24	3/31	3/4	3/11	3/18	3/25	3/4	3/11	3/18
Class Size	43	41	39	38	33	18	16	25	18	22	34	35	33	40	25	18	18	19
Total	194					99					142				79			
Avg.	39					20					36				20			
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)			

Small support groups were held after each fitness class to reinforce announcements, welcome new participants, and answer questions. All participants usually stayed till the end of class and AAHP staff asked questions during break sessions and used polling and share screen features to keep participants engaged and the classes interactive. 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. The CDMP team implemented the use of a new charting system using a spreadsheet which was more user friendly to determine average values of the Healthcare Effectiveness Data and Information Set (HEDIS) measures such as blood glucose, blood pressure, weight, height, and A1C.

March 2021 CDMP Participant Self-Monitoring Clinical Measures

Participants	Health & Fitness: Zumba/YOGA	KSYH I (Diabetes)	Health & Nutrition: Vegan	KSYH II (Diabetes-related)	Total
<i>Male</i>	21	8	6	6	41
<i>Female</i>	173	91	136	73	473
Total	194	99	142	79	514
<i>% African American</i>	100%	100%	100%	100%	100%
Health Profile					
<i>Average Systolic</i>		126.2 mmHg	124.8 mmHg	128.1 mmHg	
<i>Average Diastolic</i>		89.1 mmHg	78 mmHg	88.5 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 mg/dL	
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	6	3	3	14
<i>Hypertension</i>	3	6	4	3	16
<i>Uncontrolled Hypertension</i>	0	0	1	1	2

After the last session of KSYH classes in March, participants asked if other topics could be presented, such as arthritis, thyroid disease and COVID-19. The staff allowed a brief discussion and reinforced the importance of the focus on diabetes and hypertension education but agreed to bring the suggestion to the weekly CDMP team meeting. Ms. Inez Noelin spoke at an AAHP morning stand up meeting about the possibility of incorporating jazz into the CDMP classes in recognition of the impact of the arts on American culture and history, as well as recent reports on the benefits of music on brain health.

At the weekly meetings in March, the CDMP team continued to brainstorm new ways to increase community outreach to Black county residents. New proposals included inviting the fitness instructors to the weekly CDMP meetings; making more flyers, posters, and videos for all of AAHP’s virtual programs; creating new support groups; and reconnecting with the community centers where there were in-person classes (such as our former partners, White Oak Recreation Center and the Germantown Library) pre-COVID-19.

A handful of clients wanted COVID-19 vaccine information, so AAHP staff emailed them County resources. Two got their vaccines and reported no negative side effects from it.

CDMP Team Consultation, Follow-up, and Outreach Efforts

# of meetings with Current or Potential Partners (via MS TEAMS, Telephone, or Zoom): 3	# of Reorders for Home Self-Monitoring Devices (HSMD): 1 Glucose Meter; 2 Strips and Lancets, 1 BP Monitor
# of referrals from internal sources for CDMP: 10	# of Telehealth Visits for case management, teaching, or troubleshooting HSMD: 1
# of referrals from external sources for CDMP: 4	# of events hosted with AAHP’s Partners (video production): 1
# of referrals made for the Nutrition Consult: 2	# of potential events to be HOSTED by AAHP: 2
# of referrals for Weight Management: 2	# of recruitments made for DPP: 3

2. dMeetings

In March, AAHP added 24 new dMeetings participants. Most of the new participants came from a new partnership with Trinity University that formed after AAHP's data coordinator spoke to a university representative about the program. By the end of March 2021, dMeetings had enrolled a total of 118 participants for fiscal year 2021 and 66 have earned their certificates of completion.

dMeetings Enrollment and Completion by Month in Fiscal Year 2021

	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	21-Mar	Total
New Enrollments	8	23	10	10	23	9	8	3	24	118
Completion Certificates Awarded	4	15	3	4	18	5	5	3	9	66

3. Diabetes Prevention Program

The Diabetes Prevention Program (DPP) launched in January with a cohort of 20 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 March, the DPP class, which meets on Tuesdays from 6:00-7:00pm, emphasized the importance of staying active every day and identifying triggers and coping with them. Taught by AAHP's Clinical Director, the weekly presentations focused on four topics in March:

- Finding Time for Fitness, the importance of daily physical activities
- Coping with Triggers on how to identify them and achieve a healthy goal
- Keeping Your Heart Healthy
- Taking Charge of your Thoughts

In the meeting that explored the relationship between stress and diabetes, AAHP's clinical social worker presented on stress management with inclusion of a mindfulness activity. Participants continued to attend the sessions assiduously as evidenced by a high retention rate equaling 95% in March. There was great interest and participation and each class ended with stretching and light exercises. 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. It should be noted that two participants reversed their prediabetes status. The DPP participant attendance and health data for March are presented in the tables below:

March 2021 DPP Attendance

Participants	2-Mar	9-Mar	16-Mar	23-Mar	30-Mar	Total
Male	3	3	2	2	3	13
Female	14	13	11	11	11	60
Total	17	16	13	13	14	73
% African American	100%	100%	100%	100%	100%	100%

March 2021 DPP Health Metrics

Health Profile	Baseline	Jan	Feb	Mar	Apr	May	Jun	Goal
Average Weight (lbs.)	213.3	213	211	209.2				206.9
Average Weekly Activity (Minutes)	140	175.3	183.2	197				200
Average HB A1C (%)	5.91%							5.60%
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 AAHP's passion for working with those who seek support and assistance. One such case is illustrated below.

Weight Management Example Case

The Weight Management program had its FIRST client reach her goal weight in March!!! Participant B.M., a 67-year-old female has lost 20 lbs. (12.9% weight loss) with a BMI change from 26.6 to 23.2 and now has a normal BMI. She joined the program August 17, 2020 weighing 155 pounds. Participant B.M. reports sleeping better and having more energy throughout the day. She has not noted any change in her blood pressure (BP), but she is hopeful that the weight loss will improve her BP. She has been meeting with the weight management program leader every two weeks since February 8th.

March Report

The current enrollment in the Weight Management program is as follows:

March 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
March	5	2	25

There are 25 participants enrolled in the Weight Management program: 18 Black Americans, five Africans, and two Caribbeans. Twenty-two are female and three are male. One of the men in the program wanted to gain 5 lbs. and to date has lost 1.1 lbs. although he continues to maintain a normal BMI. He is staying in the program to break his sugar addiction because he tends to relapse when he attends celebrations or travels. He is working with the program to develop a plan in place for his daughter's wedding in April.

Sixteen participants have come from our CDMP classes; six participants came from food distribution event recruitment efforts; one is a former SMILE participant postpartum; one is a staff referral, and the first referral comes from a current weight management client.

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

- 3 participants had a 0.2 to 2 lbs. weight gain since the start of the program (2 who joined the program in January 2021)
- 19 of the clients have lost weight ranging from 29.5 to 2.0 lbs.
 - o median weight loss being 9.5 pounds
 - o average weight loss for those losing weight is 12.6
 - o average weight loss for all clients enrolled through December is 10.6

For participants losing weight, the average weight loss for March was 2.4, up from February’s average weight loss of 1.1. The program has recently moved participants who have been seen weekly for more than 12 weeks, to biweekly. Three of these clients who were deemed at risk for weight gain were moved back to weekly sessions for four weeks. This is an important time in the program as AAHP intends to empower participants to take more ownership for their weight loss as they continue their journey. This also allows AAHP to make room for new participants.

The Weight Management support group meets on alternate Fridays. To date, six classes have an average attendance of 5.8 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. For the month of March, topics included “Why Junk Food is Addictive” and “Breaking Food Addictions.” Clients enjoyed having an article to read and talk about and watched a clip from the movie “Supersize Me.”

Participants continue to 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 their diet 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. Seventy percent of RPM clients use the CareSimple app every day.

In March, AAHP’s data coordinator distributed 29 patient reports with detailed summaries of the patients’ health metrics to participants in the RPM program. The patients can share these reports with their doctors and other health professionals. One patient got an appointment with her doctor because she continued to have elevated blood pressure even after taking her blood pressure medication.

On March 29th, AAHP’s data coordinator held the first CareSimple app training for eight RPM participants to show them on how to get the most out of the CareSimple app. He instructed clients on how to use the app, generate health reports, and how to synchronize their portals with their phones. He shared his phone screen and walked them through the different steps. Other topics included:

- Downloading the app
- Communicating on the app
- Viewing your health data
- Adding new data on the app
- Downloading and sharing health reports
- How to do a data export
- How to connect the CareSimple app with your health app

In March, 29 participants met the minimum requirement of 16 active days (see the table below).

Number of Active Days	0 days	1 day	Up to 10 days	16–27 days
Number of Participants	0	0	0	29

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

Social Work Example Case

A 31-year-old Black male disclosed that he was struggling with his mental health, lack of support, and grief following the death of his father. He also shared a history of addiction in his family and his concerns with how his drinking has impacted his personal relationships. Social work assessed for other health-related social needs and discussed the benefits of seeking counseling and therapy. The client was hesitant at first, but over the course of the month, he began to better understand the potential benefits of pursuing mental health support. By the end of the month, one of AAHP's community health workers and social work had convinced the client to agree to mental health services and social work submitted a referral to Thrive Behavioral Health Services on his behalf. The client has completed the intake process and is currently awaiting clinical services.

1. Mental Health Screenings

In the month of March, AAHP's mental health screening tools were completed a total of 23 times. The link was accessed a total of 31 times, with a 71% completion rate. All screenings were completed either via desktop or phone devices as Montgomery County residents are continuously encouraged to utilize the tool at home (eight screenings via desktop, 15 screenings via phone).

- 6 Wellbeing Screening
- 3 Generalized Anxiety
- 4 HANDS Depression
- 3 Wide Range
- 1 Disordered Eating
- 2 Posttraumatic Stress Disorder
- 2 Alcohol Misuse
- 1 Adolescent Depression
- 1 Brief Gambling

2. Mental Health Support

This month, social work provided mental health support to a total of six County residents on an ongoing basis. Clients were screened utilizing the online mental health screening tools. Of these, three clients were SMILE moms experiencing symptoms of poor stress management, depression, and/or anxiety. The additional three were community-based referrals for general mental health resources. One community client was connected to social work through the intervention of AAHP's community health worker who developed a brief rapport with a woman during a recent food grab-n-go event. After the woman expressed concern over her son's drinking habits and overall wellbeing, the community health worker assisted in transferring the case to social work for follow up care. His story is this month's social work example case (see above).

3. Community Outreach

On March 7th, AAHP's social worker participated as a panelist for the teen breakout room and provided excellent remarks for the adults and teens during "Teen Talk: A Conversation About

Teen Mental Health” sponsored by the Silver Spring Chapter of The Links, Incorporated, an African American women’s service organization. She was commended by the organizers for “thought-provoking, educational, and lively” contributions to the event.

4. Continuing Education

On March 12th, AAHP’s social worker participated in the Expressions of Anxiety in Early Childhood course offered by the Montgomery County Department of Health & Human Services (DHHS). The purpose of this training was to share with clinicians and other personnel working with family and youth how to identify the various signs and symptoms of anxiety in children. This training is especially relevant based on the growing numbers of children and teens experiencing anxiety due to the consequences of the COVID-19 pandemic. Social work found this training to be particularly relevant to her work with AAHP clients who have expressed concerns over the wellbeing and stress levels of their children, who are out of school and unable to interact with their peers. On several occasions during the pandemic, AAHP’s social worker participated in conference calls with the teachers of children whose moms are enrolled in SMILE. These calls were made with the SMILE mom’s permission and were intended to bridge the gap between at-home challenges and stress experienced by the children and their school performance. Attending this training provided AAHP’s social worker with more insight on ways anxiety may be expressed in youth (which may differ from adults) and available mental health support resources.

On March 29th, AAHP’s social worker participated in a training on Eviction Prevention Supports for Tenants. The purpose of this training was to inform Montgomery County residents and providers on the upcoming housing support and eviction prevention measures. Starting the week of April 5th, Montgomery County DHHS will begin Phase 3 of the COVID-19-related rental assistance and eviction prevention support. This webinar also provided information on how the courts will handle eviction cases, available legal counsel for tenants faced with upcoming court dates, and education on tenant rights during these difficult times. This information is relevant to AAHP as social work receives several referrals for housing support and assists AAHP clients with submitting referrals to various programs (including DHHS) for rental assistance. Housing instability is a primary health-related social need and many Black Montgomery County residents are facing mounting stress due to housing instability along with unemployment and lack of income due to the COVID-19 pandemic.

5. SMILE

Social work received four referrals from SMILE nurses for clients and completed a total of 17 telephonic visits with clients in the month of March. Most consults involved issues with and/or lack of healthcare insurance. Additional calls were made based on follow up support, mental health needs/intervention, and prenatal care appointment assistance.

The SMILE team has been diligently working with a first-time mom who is fairly new to the Montgomery County area. She is originally from Africa, however most recently relocated from a Western state. She is classified as a high-risk pregnancy due to her age, medical history, and history of previous miscarriage. She has no disclosed mental health concerns, however she is also considered socially high risk due to her lack of income, stable housing, or social support. When she began services with the SMILE program, she had no previously established prenatal care or plans for care in the state of Maryland (and no medical records). With the client's permission, social work began collaborative efforts with her assigned nurse case manager to assess her risk and to develop the best plan of action. It was discovered that the client had active Medicaid insurance in another state and she believed she would not qualify for Maryland Medicaid through Maryland Health Connection until her previous coverage ended. This caused

great delays in her care prior to joining SMILE. Social work was able to work with this client to assist her in obtaining her medical records and applying for coverage in the state of Maryland as soon as she was eligible to do so. While she anxiously awaited her approval, the SMILE team provided education, recommendations, and referrals to the client to better manage her health and wellbeing including assistance in obtaining WIC, access to food distribution services, and emergency care support as needed. Once she was approved for Medicaid in Maryland, social work and the SMILE nurse case manager assisted the client in locating a provider within network and scheduling an appointment. This is an ongoing case and the client continues to receive frequent support.

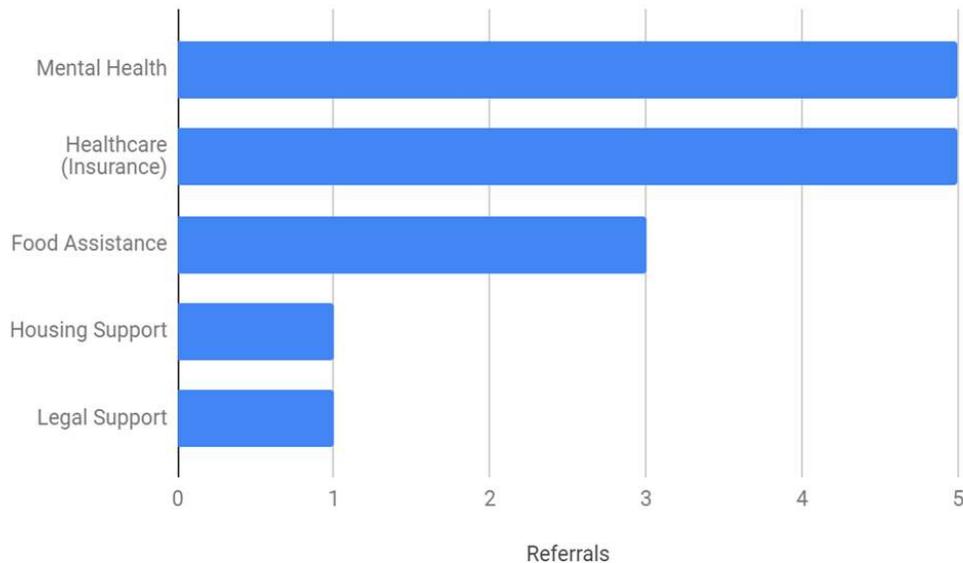
SMILE Monthly Newsletter

This month's SMILE newsletter on Postpartum Anxiety was distributed via email on March 24th. This topic was chosen based on recent conversations between SMILE moms and SMILE nurses case managers and/or social work.

6. Patient Referrals

In the month of March, social work received four new SMILE referrals for clients who are either uninsured, underinsured, and/or are well into their pregnancies (> first trimester) and had not had any prenatal care. In addition, social work continues to work with two previously referred clients to establish care. This is a growing concern as SMILE continues to notice an upward trend in the number of newly referred moms who do not have local primary care. Typically, these moms are African immigrants who are unsure of the services they may be eligible for or how to receive them. The team's top priority is to determine what type of coverage the client is eligible for (typically between Medicaid or Maternity Partnership Program), assist with the completion of the online applications, and coordinate follow up with representatives to ensure applications are received and processed before the delivery date. In March, the SMILE team experienced long application processing times, clients unable to reach their assigned case workers (which delays care), difficulty accessing providers within network, etc. This is particularly concerning for medical high-risk clients who need more frequent care but must wait for appointments and coverage before being seen by an OBGYN. On several occasions, the SMILE team has coordinated efforts with the administrator of DHHS's Maternal and Child Health Programs and others in the Office of Eligibility to determine the best way to close these gaps. SMILE is working diligently to address these client concerns.

The graph below illustrates the 15 social work referrals in March by category across all AAHP programs: five referrals made to various agencies for mental health care and five for health insurance; three clients referred to food distribution resources, WIC, and/or SNAP benefits; one client referred to the County's Housing Initiative Program (HIP) program; and one client referred for pro bono legal assistance.



C. HIV/STI/AIDS

1. HIV Screenings

In March, AAHP joined forces with the Patcha Foundation to offer HIV testing at the Kings and Priests Church in Silver Spring during two Sunday Grab & Go food distribution events. AAHP performed 29 HIV tests; all results were negative. This partnership will extend through June 2021, testing twice a month at different venues.

The Patcha Foundation provided \$20 Giant gift cards and AAHP gave gift bags containing condoms, bottles of water, hand sanitizers, masks and health information pamphlets on HIV, chronic disease, and weight management. Additional giveaway bags were distributed to African Americans coming to pick up food.

During each event, the Patcha Foundation tagged the African American Health Program on their Facebook Live to ask people to come get tested. The Patcha Foundation will also continue working with AAHP to attract youth to AAHP’s sexual health webinars and games.

In March, AAHP also continued to provide HIV testing at the Montgomery County Health Department office on Dennis Ave. in Silver Spring where four individuals were tested: two African American males, one Caucasian, and one Latino. All results were negative. Clients tested at the Health Center were referred for STI testing.

The table below presents the demographic data for all HIV tests performed by AAHP at all locations—the County health department, homeless shelters (see details in **Homeless Shelters** section of this report below), and Kings and Priests church—in March 2021.

March 2021 HIV Testing Demographic Data

Age Group	Male	Female	
1947 -1969	9	8	
1970 -1989	11	13	
1990+	4	7	
Total	24	28	52
ALL OTHERS			

1947 -1969	2		
1970 -1989	3	1	
1990+	2		
Total	7	1	8
GRAND TOTAL	31	29	60

2. Sexual Health/HIV Education

The sexual health team continues to meet weekly to develop sexual health trainings and webinars and promotional materials geared to the youth. In March, the sexual health team began mastering platforms such as “Kahoot” to engage teens once the webinars and games are posted on the AAHP website. The sexual health team has been working to get an audience for the new AAHP Kahoot games by choosing about 20 age-appropriate sexual health questions and answers for teens and adolescents. The winners will receive incentives upon completion of the trainings.

AAHP’s data coordinator participated in several of the meetings to discuss the logistics of the sexual health outreach opportunity. He also obtained sexual health data from the Maryland Department of Health which details the prevalence of different sexually transmitted infections in Montgomery County zip codes.

In March, AAHP continued its collaboration with the DHHS program manager for Ending HIV Epidemic in Montgomery County, the County’s first comprehensive sexual health campaign. The March meeting focused on planning four upcoming events in April: National Youth HIV/AIDS Awareness Day on April 10th; a panel discussion on April 20th to discuss HIV & STI epidemiology among adolescents in Montgomery County, including the limitations of analyzing sexual health through a lens of disease and pregnancy prevention, common barriers teens encounter in accessing sexual health information and resources, and envisioning a healthier future for Montgomery County youth; an April 29th event where trainers from STARTRACK will share useful information for healthcare and social service providers about creating safe, affirming spaces and services to promote sexual health for all young people, with specific considerations for LGBTQ youth, youth of color, and those most often marginalized from the healthcare and social services landscape; and plans for National HIV Testing Day on June 27th.

II. COMMUNITY OUTREACH

A. Collaborative Partnerships

Every Tuesday of the month, one of AAHP's community health workers searches online for food distribution and COVID-19 vaccine registration sites in Montgomery County and emails the information to AAHP clients. Twenty-seven new clients were added to the database in March. The community health workers also follow up by phone or email with diabetic or hypertensive Black Montgomery County residents when meeting at County food distribution sites to encourage them to consider enrolling in AAHP's CDMP classes to learn how to better manage their diagnoses.

On March 4th and March 10th, an AAHP community health worker met with the front desk staff at Capital Women's Care Clinic on Lockwood Dr. in Silver Spring to discuss the SMILE program and left SMILE program brochures to be included in bags for their patients. Also on March 4th, an AAHP community health worker visited the Hair Care Express barber shop in Silver Spring to encourage the barbers to register for the COVID-19 vaccine and leave a basket of condoms. The same community health worker returned on March 9th before visiting the AfroKutz barber shop to deliver the same message and basket.

At COVID-19 Community Committee meetings on March 10th and March 24th, AAHP staff was asked to locate diverse church locations to host COVID 19 mass vaccination sites. AAHP community outreach staff contacted representatives at the People's Community Baptist Church and Kingdom Fellowship AME Church, both in Silver Spring, and obtained their agreement to participate.

On March 17th, a founding member and former president of the American College of Endocrinology and of the American Association of Clinical Endocrinologists, and a professor in the Department of Psychiatry and Behavioral Sciences and director of the Translational Neuroscience Laboratory at Howard University offered presentations on clinical trials they are conducting on diabetes medications and Alzheimer's prevention, respectively, during the People's Community Baptist Church monthly Generation One Zoom call.

On March 24th, AAHP offered a presentation to the Lion's Club on Diabetes that focused on the Diabetes Checklist: 1) self-care every day, 2) healthy eating, 3) physical activity, 4) monitoring glucose levels, 5) medications, 6) reducing risks, 7) healthy coping, 8) problem solving, and 9) clinical tests.

B. Homeless Shelters

AAHP staff provided HIV testing each Wednesday at Progress Place in Silver Spring, and the Men's Shelters on Crabbs Branch Way and Taft Court in Rockville. In March, a total of 27 screenings were conducted for HIV, blood pressure, glucose, and A1C in all three shelters. Participants with elevated results were referred to Dr. Kathryn Kelly and AAHP staff followed up with the clients. Per usual, snacks and refreshments for each location to provide during testing were obtained from Mana Food Center. Pamphlets on sexual health for adults, teens, and the LGBT community as well as brochures on diabetes, weight management, mental health, nutrition, smoking, and cancer were also distributed.

C. County Food Distribution Sites

Throughout March, 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, 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.

March 2021 Community Outreach Food Distribution Site Encounter Demographics

Ethnicity	Black	Hispanic	Asian	White	Other
	28	4	0	0	0

March 2021 Community Outreach Follow-up and Referral Efforts

of referrals to the CDMP classes:
Added to the Food Distribution list
of referrals to CDMP classes:
of referrals for the SMILE program: 2
of Referrals for Weight Management Program:
of Follow Up Calls:
of COVID-19 Vaccine Referrals: 4

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

March 2021 AAHP Food Distribution Site Give-Away Figures

	People's Community Baptist Church	East County	Progress Place	Men Shelters	Patcha Foundation/ Kings & Priests Church
	3/10 & 3/17 & 3/24	3/6 & 3/20			
Water Bottles	110	175	50	75	100
Hand Sanitizers	50	50	50	50	40
Stress Ball	25	50	0	50	0
AAHP Lunch Bag	110	100	50	50	0
Mental Health Screening Card	40	100	30	15	30
Know Your Numbers Card	40	100	30	15	0
Condoms	100	300	250	250	400
Smile Brochure	110	100	10	0	38
PrEP is for You Pamphlet	50	20	15	20	38
HIV Treatment Cards	25	50	0	20	38
Diabetes	40	100	8	20	80
STD Facts for Teens Pamphlet	40	25	0	20	80
Colorectal Cancer Booklet	10	5	0	10	20
Mammogram Booklet	20	15	0	0	10
AAHP Bookmark	50	100	8	10	80
Cancer Pamphlets (Men)	5	10	0	10	5
Cancer Pamphlets (Women)	11	10	0	0	0
AIDS Ending the Epidemic	30	50	20	75	100
HIV- Get Tested	40	100	8	20	80
Cholesterol Pamphlets	15	10	0	0	0
Youth and Sexual	40	100	8	20	80
Weight Management	40	50	8	10	50
Holy Cross Plastic Bags	30	30	0	0	0
AAHP Card	40	100	8	15	80
Bags Given to African Americans	98	140	45	67	100
Bags Given to Others (Hispanics, Asians, Caucasians)	12	35	5	8	0
Total Bags Given	110	175	30	75	100
Grand Total Bags Given					490

III. Planning and Administrative Activities

A. Meetings

AAHP staff continued to facilitate 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 CDMP 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 chat box features were explained, announcements were made, and class participants were encouraged to register for the next classes.

C. Management Information System

In March, AAHP's data coordinator worked with the SMILE team and the system developer to address the problems that the nurses have been having with the system. The nurses have had problems with accessing the latest update of the system. After walking through the problem, all of the nurses are able to utilize all of the features of the updated system.

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IV. APPENDIX A – Social Media Report

Facebook

AAHP’s Facebook’s March performance showed substantial increases corresponding to a dramatic increase in content. Twelve additional posts were published in March compared to February, which notably garnered 40 likes/loves and seven shares. The two most successful posts were an ad for DPP (five post clicks and 11 reactions, comments, and shares) and an ad for Zumba class detailing the benefits of working out to music (11 post clicks and three reactions, comments, and shares).

Facebook Metrics – March ‘21

	Followers	Posts	Likes/Love	Comments	Shares
Total	705	32	40	2	7
Change from last month	+6	+12	+24	+2	+3

Twitter

AAHP’s Twitter metrics showed noticeable increases in March compared to February. The number of mentions was exceptional and included a top mention from Manna Food Center on AAHP’s contribution to a discussion on COVID-19 vaccines. The top tweet was an advertisement for the Kick Start Your Health class on hypertension which featured a graphic that boldly states, “Salt is Not Your Friend,” and gained 924 impressions, five link clicks and two retweets.

Twitter Metrics – March‘21

	Followers Gained	New Followers	Tweets	Profile Visits	Retweets	Mentions	Tweet Impressions
Total	363	7	32	576	13	16	5,980
Change from last month		+1	+5	+330	+13	+1	+1,824

Instagram

AAHP’s Instagram channel performed exceptionally well in March compared to February. Significantly, the number of post likes increased by 127 to 144 and the average reach rate increased sevenfold. The post with the highest engagement was the “Salt is Not Your Friend” ad for the Kick Start Your Health class focused on hypertension.

In March, AAHP’s Instagram account published a series of highlights which included COVID-19 information, AAHP’s Programs and Services, the CDMP classes, and AAHP’s observances. These highlights are always available for view and continue to perform exceptionally well.

Instagram Metrics – March '21

	Followers	Post Likes	Avg. Engagement Rate	Impressions	Avg. Reach
Total	183	144	2.7%	1,143	35.5
Change from last month	+4	+127	-.2%	418	6.5

V. APPENDIX B – AAHP Health Notes

	March	February
General List Recipients:	1622	1623
Successful deliveries:	1258	1259
Open rate:	19.6%	15.4%
Click rate	8.9%	8.2%
Unsubscribed because of this message	1	2

The March Health Notes feature was on “Quarantining with Kids” and provided helpful tips for getting through the day, including 1) remaining calm, 2) creating a schedule, 3) setting expectations, 4) talking it out, and 5) asking for and being willing to receive help. The next article, “Let’s Talk About Meat,” focused on the health benefits associated with a meatless or plant-centered diet. The next article highlighted good oral hygiene practices to prevent toothaches and tooth decay. The next article centered on Teen Mental Health and how open and honest communication with teens, proper supervision, and sharing and engaging in activities with teens can help parents and caregivers build strong bonds with the youth in their lives. The March Health Hint was about how eye strain is a common problem among adults who work at a computer daily recommended following the 20-20-20 rule from the American Academy of Ophthalmology to prevent it: every 20 minutes, look away from your computer for 20 seconds at an object 20 feet away. In the March featured video, social media influencer Tabitha Brown shared her vegan meal prep strategy for the week. The featured recipe for the month was Grilled Portobello Mushroom Steaks.

The March Health Notes was opened by 247 readers, representing an open rate of 19.6%, which is significantly higher than February’s 194 readers and open rate of 15.4% and with the industry average of 15%. March’s click rate was 8.9%, which is slightly higher than February’s click rate of 8.2% but slightly lower than the industry average of 9%. The bounce rate was 22.4%.

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



African American
Health Program

HEALTH NOTES



THE NEWSLETTER OF THE AFRICAN AMERICAN HEALTH PROGRAM | MARCH 2021

www.aahpmontgomerycounty.org



Quarantine With Kids

Most families all over the world are quarantined with kids and are forced to find new ways to balance everyday living. Check out these helpful tips on getting through the day so you can be prepared and refreshed for the next:

Remain Calm – Being able to provide your child calm and stability is extremely important, especially during these uncertain times. Although we can't predict tomorrow or what the day may bring, it's important for your children to see and know that you are consistent and stable daily. Children will often take in their parent's attitudes, personalities, and mannerisms, so if you're seeking calm in your household, start from within.

Create a schedule – Consistency is crucial to children of all ages. Before quarantine, most children were on strict school/home/sleep schedules to keep them engaged, active, and well rested. Setting a schedule as similar to their pre-quarantine schedule can make a big difference in behavior. Online school tends to be shorter and less hands-on, so it's important to not rely on that solely for activity throughout the day. Make your own learning plans that align with their online learning plans, set start and end times for different studies and check in with their progress throughout the day. Try to adjust your schedule to work with their needs but remain consistent!

Set expectations – setting a to-do list and daily goals is not only beneficial in the workplace, but in the home as well. Use age-appropriate language to discuss with your children the plans for the day, what you need to accomplish, and what you expect for them to accomplish as well. Once the daily expectations are met, you can decide what type of reward or privilege is appropriate for your child, but always acknowledge things getting done!

Talk it out – Talk to your children about how quarantine or other daily concerns are affecting them. At this point, most families know and understand that the world is a bit different than how it used to be. However, it's important that you provide a safe place for your children to openly discuss their personal challenges. Sometimes a listening ear and some reassurance is all they need to reduce anxiety, stress, and sadness. Often times these symptoms can present themselves in children as overactivity, attention seeking behavior, over/under eating, and moodiness. Talk to your children and find a professional if you notice any of these changes.

Ask and be willing to receive help – Undoubtedly, you are dealing with A LOT! Don't be hard on yourself. Reach out to your SMILE team if you are unsure where to start for support. Do the best you can and learn to forgive yourself if you fall short. Take breaks. Take deep breaths. Pray, write, stretch, exercise...whatever recharges YOU! Start from within!



Despite its common role as the centerpiece of your typical American meal, meat does not have to make the meal. A meatless meal can provide all the nutrients and flavor at a fraction of the cost. With some time and patience exploring the world of foods beyond meat, even the most dedicated carnivores can feel satisfied by a meatless meal, or a meal with less meat or healthier meats.

The benefits of ditching meat for plants are well-documented. Health-conscious people who don't eat meat (vegans and vegetarians) tend to eat more beans, whole grains, and vegetables and consume fewer calories compared to meat-eaters, so they often weigh less and have a lower risk of heart disease and other chronic diseases. People who eat red meat (beef, lamb, etc.) and processed meats (deli meat) have an increased risk of heart disease, stroke, diabetes and certain cancers, such as colorectal cancer.

If you can't let go of meat completely, consider reducing your meat consumption and opting for leaner, healthier cuts of meat. Think of meat as a "topping" or garnish instead of as the main event. Choose chicken over beef and chicken breast over chicken wings—the leaner the better.

If you crave the flavor and texture of meat, you may choose artificial meat sources such as Beyond Burger, but be sure to check the nutritional content first as many artificial meat sources are high in sodium and other unhealthy additives. Learn about meat substitutes like breadfruit and tofu, and attend [AAHP's Health and Nutrition class](#) for food demonstrations on how to cook delicious, plant-based meals.

This March, in honor of National Nutrition Month and Colorectal Cancer Awareness Month, AAHP encourages you to experiment with reducing your meat consumption or going all-out with a #MeatlessMarch.

Source: www.mayoclinic.org



Tooth decay is often first discovered at the dentist's office. Then and there, your doctor can fill your cavities and send you along with a date for your next appointment in six months. Because that process, like so many other things, has been disrupted by the COVID-19 pandemic, many people may learn of the poor condition of their teeth by suffering from a toothache.

Seeing a dentist every six months is an important oral health practice, but diligently practicing good oral hygiene is fundamental. That means brushing twice every day for a whole two minutes, flossing daily, drinking plenty of water, eating a healthy diet, and avoiding sweets and processed foods. When you're taking good care of your teeth, you don't dread going to the dentist as much. And you can feel more confident that a toothache won't pop up.

If you or your child or children are due for a dentist appointment, call your dentist and learn about their recommendations and safety protocols. Because dentist offices already held stringent infection control measures, dentists have had lower rates of COVID infection compared to other healthcare professionals. Therefore, if you're way overdue for a dentist appointment, and you've been slacking on your oral care routine and indulging your sweet tooth too often, it may be best to make an appointment before that toothache hits.

Sources:

www.clevelandclinic.org

www.verywellhealth.com



Adolescence and teenage years are not for the faint of heart, especially with COVID-19 and social media in the mix. Mental health conditions such as anxiety, depression, and even more severe mental health conditions like bipolar disorder often manifest in the teen years and can lead to a lifetime of struggle with other health issues such as drug abuse. That's why adolescents and teens need strong mental health support to grow into healthy adulthood.

Parents and caregivers can help adolescents and teens navigate these tumultuous years with **connectedness**. Open and honest communication with teens, proper supervision, and sharing and engaging in activities with teens can help parents and caregivers build strong bonds with the youth in their lives. It's also important for parents and caregivers to communicate and collaborate with other adults in a youth's life, such as coaches, teachers, and other activity leaders.

For more information, check out this handy infographic from the National Association of Mental Health (NAMI) [here](#).

Health Hint

Eye strain is a common problem among adults who work at a computer daily. To help prevent it, the American Academy of Ophthalmology recommends following the 20-20-20 rule: every 20 minutes, look away from your computer for 20 seconds at an object 20 feet away. If your eyes still consistently feel fatigued, make an appointment to see an optometrist.

Source: www.aaopt.org

Featured Video

Social media influencer Tabitha Brown discusses her vegan meal prep strategy for the week:



Featured Recipe: Grilled Portobello Mushroom Steaks



Ingredients

- 4 large portobello mushrooms, stems removed and dry brushed clean (*see notes)

For the marinade:

- 3 tablespoons balsamic vinegar
- 3 tablespoons gluten-free tamari (sub soy sauce)
- 2 tablespoons grapeseed oil or preferred oil
- 1 tablespoon vegan worcestershire sauce (sub vegan steak sauce)
- 1-2 teaspoons liquid smoke (sub with 1 teaspoon smoked paprika)
- 1 large garlic clove, minced or crushed
- 1/2 teaspoon granulated onion
- salt and fresh cracked pepper to taste

Instructions

1. In a large and shallow baking dish, whisk all the marinade ingredients together. Taste and add more seasoning if desired (*note: the flavors will be concentrated).
2. Add the mushrooms to the dish and liberally brush the marinade on all sides. You can also spoon it on. Let it sit for 10-20 minutes, flipping and brushing again midway through the marinating time.
3. Heat a grill, grill pan OR skillet over medium-high heat. When fully heated, brush with oil and place the mushrooms on top (they should sizzle when they hit the pan). Don't move them once they are in the pan, just gently press down with a spatula or tongs. Give them a minimum of 4-5 minutes so they sear. Flip over and sear the other side, adding more oil if needed (you can also brush on more marinade). Grill until browned and tender about 4-5 minutes. Enjoy!

Notes

- Use a dry, slightly damp paper towel or a soft brush to clean each mushroom. They are like sponges and will absorb a lot of water which can make them soggy.
- It's very important to heat the pan/grill thoroughly before adding the mushrooms or they won't sear properly.
- Don't overcrowd the pan or the mushrooms will steam and cause a lot of moisture.

Nutrition

Serving: 1Mushroom | Calories: 103 | Carbohydrates: 8g | Protein: 3g | Fat: 7g | Saturated Fat: 1g | Sodium: 455mg | Fiber: 1g | Sugar: 5g

Source: veganhuggs.com



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





March 2021:
Postpartum Anxiety

Many moms are familiar with the term "postpartum depression" (also known as "PPD"), but not many moms know about "postpartum anxiety" which is also a common occurrence. If you've recently given birth, you may experience postpartum anxiety, alongside PPD, or with no other symptoms at all. There are many potential reasons why this may occur. Some research points that "...the abrupt decrease in estrogen and progesterone (hormones) at the time of delivery can lead to a greater sensitivity to stress, causing some to feel overwhelmed, fearful or panicky." Other studies highlight the fact that caring for a newborn may lead to a lack of sleep (also called sleep deprivation) which may also lead to similar feelings. When we experience greater sensitivity to stress, we are less likely to use our established coping skills and therefore may not know how to properly handle a stressful situation. Oftentimes this leads to panic/anxiety attacks.

First-time moms may be at greater risk for experiencing fearfulness, worry, and panic while caring for their newborn child. This is VERY COMMON. It's natural to worry after the birth of your little one. Some moms might have racing thoughts or concerns about their newborn sleeping well, eating enough, hitting developmental milestones, getting sick, being exposed to germs, etc. You might even wonder when you'll get a full night's rest again, or who's going to do the chores, etc. Again, this is all VERY COMMON to a certain extent and usually gets easier over time. Talk to your SMILE nurse about your experiences, ways you've been able to manage, and areas you can use more support!

Check out the list below for common signs and symptoms of Postpartum Anxiety:

- constant or near-constant worry that can't be eased
- feelings of dread about things you fear will happen
- sleep disruption (yes, this is a hard one to pick out, since having a newborn means your sleep will be disrupted even without having anxiety – but think of this as waking up or having trouble sleeping at times when your baby's sleeping peacefully)
- racing thoughts

You can also have physical symptoms related to postpartum anxiety, like:

- fatigue
- heart palpitations
- hyperventilation
- sweating
- nausea or vomiting
- shakiness or trembling

If you are experiencing any of these symptoms, please reach out to your SMILE Nurse or SMILE Social Worker, Shauniqua Key at (#) 301-233-2459.



A message from the Weight Management Program

March 2021:
Marching Away from Cravings

What's New

Support Group! If you are interested in joining our support group on alternating Fridays from 12:30 to 1:15 pm, please contact Regina at rbarnes@mcfarlandassociate.com or (301) 233-9612. Our next sessions are April 2 and April 16, 2021.

Junk Food is Created to Addict You

On March 5, 2021, the support group reviewed an interesting article on how junk foods are designed to addict you. It is long but so informative; it even reads like a suspense novel—once you start, you won't be able to stop! Check it out here:

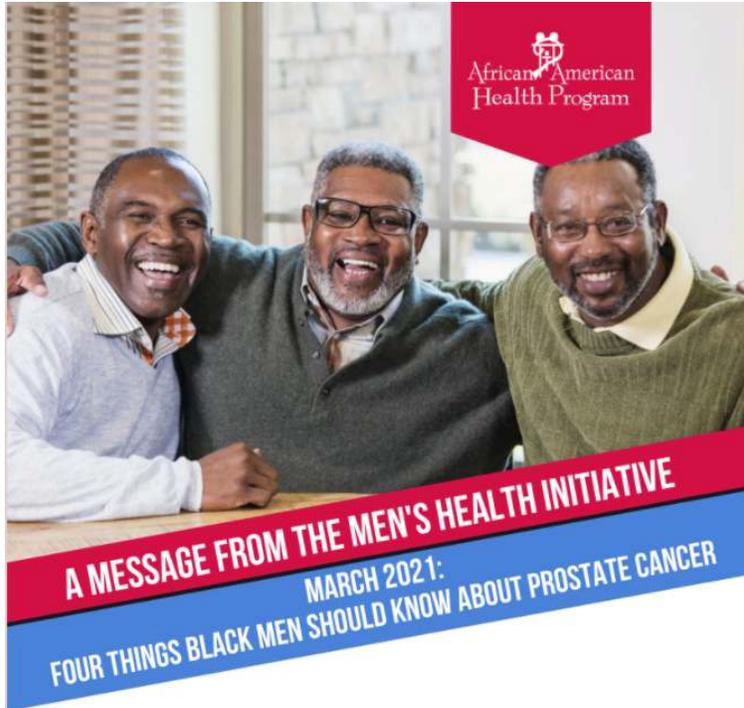
www.nytimes.com/2013/02/24/magazine/the-extraordinary-science-of-junk-food

Breaking Food Addictions

How do you deal with cravings, triggers, and food addictions? It is alarming to know that some foods are designed to be addictive (click [here](#) to learn more). There might be certain foods that you should avoid altogether—these are the foods that you simply cannot stop eating or foods that have power over you. For those foods that YOU have power over, you should consider using mindfulness and portion control to limit your servings and serving size. Different people have different addictions; for me, it might be one thing but for you, it might be another. Here is a list of suggestions to keep those cravings in check:

1. Be aware of the foods you are addicted to.
2. Distinguish between regular homemade healthy foods and occasional treats.
3. List the "false-fix" foods. These are the foods you eat when you are feeling down or depressed or when you're hyped or anxious (such as when you're dealing with a work project, financial deadlines, family drama, etc.)
4. Keep them out of sight.
5. Replace them with healthy, wholesome alternatives.

Source: [5 Ways To Break Your Addiction To Bad Food - Off The Grid News](#)



Cancer does not discriminate, except when it does. Prostate cancer takes a harsher toll on Black men more than other American men, including other men of color. Dr. Philip Kantoff, Chair of Memorial Sloan Kettering's (MSK) Department of Medicine, talks about the reasons for this disparity and offers insights into whether Black men — and their doctors — should change the way they approach prostate cancer screening and treatment.

1. Black men both get and die from prostate cancer at a higher rate.

"Black men are 50% more likely to develop prostate cancer in their lifetime and twice as likely to die from the disease," says Kantoff. And it is difficult to untangle the various factors that might affect the risk and outcome of prostate cancer. "Prostate cancer in Blacks tends to have biological characteristics associated with more aggressive disease," Kantoff explains, "There is evidence suggesting that this is partly related to inherited genetic factors."

In addition to differences in tumor biology, the higher risk may be tied to disparities in environment and behavior, including social stress or more exposure to cancer-causing pollutants. Smoking, poor diet, and lack of exercise, which can cause obesity, may also have effects. Disparities in outcome could also be affected by differences in when the cancer is diagnosed and how the men are treated after diagnosis.

2. Black men should be screened for prostate cancer more proactively.

According to Kantoff, given the higher risk of developing and dying from prostate cancer, Black men are more likely to be saved by screening. The main prostate cancer screening tests are a digital rectal exam, in which a doctor checks for swelling and inflammation, and a PSA test, which measures the level of prostate specific antigen (PSA) in the blood.

Overall, Blacks may need earlier and more frequent screening than the general guidelines would suggest. Kantoff explains that a calculation commonly used in the context of screening is: How many men need to be screened to save one life? Screening guidelines have been based on studies that included very few Blacks, so they may underestimate the screening benefit for this group.

3. Black men and their doctors should be more cautious about active surveillance.

Active surveillance is an approach in which low-risk prostate cancer is not treated with surgery or radiation therapy. Instead, it is monitored very closely for any signs of change over months or years. Many men embrace this approach because the side effects of treatment, usually surgery or radiation therapy, can be significant.

But since Black men are more likely to develop more aggressive prostate cancer, active surveillance may be less appropriate. Unfortunately, as with screening guidelines, Black men have been underrepresented in active surveillance studies, so there is little evidence to provide guidance one way or the other.

4. Large research studies are seeking participants to help understand prostate cancer in Black men.

In 2018, the National Cancer Institute and Prostate Cancer Foundation launched a five-year, large-scale study called RESPOND (Research on Prostate Cancer in Men of African Ancestry: Defining the Roles of Genetics, Tumor Markers, and Social Stress) to research the underlying factors that put Black men at a higher risk for the disease. The goal of the study is to enroll 10,000 Black men with prostate cancer. For more information, go to www.respondstudy.org.

If you are a Black man who wants to talk about your physical and mental health concerns with other Black men, join the African American Health Program (AAHP) and local healthcare providers at virtual Brother2Brother (B2B) forums. Go to AAHP's website at www.aahp.montgomerycounty.org and to find the date and topic of the next B2B.

Adapted from "4 Things Black Men Should Know about Prostate Cancer" at www.mskcc.org/news/4-things-black-men-should-know-about-prostate

Breaking Food Addictions

A person may think they are hungry when they are thirsty. Read that again ... I will wait ... What this means is when you feel hungry, you might be thirsty. If you have been eating balanced meals (protein, vegetable, and complex carb), and you haven't had enough water for the day, try having 6-8 ounces of water, then wait 15-20 minutes to see if your "perceived" hunger goes away. This small tip can help curb **unnecessary snacking**.

In a **2014 study**, 50 overweight females drank 16 ounces of water 30 minutes before breakfast, lunch, and dinner, in addition to their regular water consumption, for eight consecutive weeks. The participants experienced a reduction in body weight, body fat, and body mass index (BMI).

This article covers six reasons why drinking water may help a person to lose weight.

1. Water is a natural appetite suppressant – drinking water can lower your appetite.
2. Water increases the number of calories you burn by 2-3%.
3. Water helps to remove waste from the body.
4. Drinking water can reduce overall liquid calorie intake – water is so much better than calorie-loaded sodas, juice, sports drinks, alcoholic beverages, and sweetened coffee or tea.
5. Water is necessary to burn fat – the first step to breaking down stored body fat involves hydrolysis (breaking down by water), so water is necessary.
6. Water helps with workouts – it reduces muscle cramps and fatigue.

[6 reasons why drinking water can help you to lose weight \(medicalnewstoday.com\)](http://medicalnewstoday.com)

Coach's Corner - Spring has Sprung

Spring is finally here!!! Spring is a time for new beginnings to renew, refresh and revive. This is a great time to reset your goals and resolutions. (Resolutions are not just for the start of a new year). It is a great time to get outdoors, burn calories in the garden, or simply take a nice walk! Take advantage of the next four weeks; we have more daylight, and we should have spring temperatures (not too cold, not too hot). Take advantage of this time to ramp up your weight loss.



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