



AAHP staff training new staff person at refresher/training session

AAHP MONTHLY REPORT July 2021




African American
Health Program



I. INTRODUCTION

July marked the first month of the current contract extension between the Montgomery County Department of Health and Human Services (DHHS) and McFarland & Associates, Inc. During July, AAHP staff continued to perform well in its mission of providing health promotion and prevention services while observing safety precautions and practices necessitated by the COVID-19 pandemic and the Delta variant. To address health disparities, the AAHP staff continued to evolve new and agile procedures, workflows, infrastructure, and strategies to expand the reach of health promotion and wellness services to residents of African descent in Montgomery County.

AAHP is especially pleased that in July, AAHP staff, in collaboration with the newly hired licensed Masters' level social worker, conducted 103 mental health screenings. Notably, the total number of screenings for the month far exceeded prior monthly mental health screenings. Those screenings were the result of staff who combined their efforts at community outreach events in July to encourage more Black County residents to anonymously take the test for personal well-being. The use of computer tablets to conduct individual screenings was especially effective in assisting more participants who welcomed the opportunity to participate in mental health screening events. July highlighted the importance of team effort in increasing the number of residents educated on health and wellness in the context of overall well-being. More than 520 individual bags containing health information were distributed at various community events around the County. The use of computer tablets contributed to the extraordinary number of screenings conducted.

In addition, all of the contract staff participated in a refresher training on proper techniques and procedures for biometric measurements of wellness that included body mass index, cholesterol, HbA1c, HIV/AIDS, blood pressure, and overall health. Recently, the interest in and demand for screenings has increased as the general public, organizations, and agencies have requested more in-person events. These face-to-face events have offered the opportunity to engage community residents at churches, apartment complexes, and community centers as well as underserved populations including homeless men and women at shelters operated by the County. To the extent possible, based on availability, AAHP staff consistently found new ways to engage Black County residents and referred them to the array of prevention and wellness services offered by AAHP and other health and human services organizations and agencies.

The importance of accountability is consistently woven into the overall operation of the services AAHP provides. The case management system developed over the past two years as well as other computer-based systems have consistently served as tools for documenting the delivery of prevention services. New programs for remote patient monitoring, diabetes prevention, and weight management continued to play an intricate and important role in the delivery of services.

In July, AAHP employed a new licensed registered supervisory nurse to take primary responsibility for ensuring high nursing standards for the AAHP SMILE program.

Because of a strong sense of teamwork and esprit de corps, the African American Health Program staff continues to make outstanding strides in community engagement and outreach.

Data gathering continues to be at the heart of AAHP's overall approach to accountability that focuses both on processes and outcomes. All of the staff continued to play a major role in ensuring that the data gathered on the clients served are entered into the AAHP case management computer system in a timely basis. In addition, all the staff participated in training on Tableau, a software program that allows the program the capacity to visualize data and information in ways that make it more evident for planning and policy development. Several members of the staff have become more skillful and conversant in the use of this powerful software tool. In the future, AAHP expects to play a major role in tracking and documenting the overall progress of the program as well as opportunities to improve service delivery by identifying underserved segments of the Black community who are adversely impacted by health access and racial disparities.

II. AAHP PROGRAM ACTIVITIES

The ongoing challenges of expectant Black mothers in Montgomery County have been amplified during the pandemic. In response, AAHP intensified efforts and interventions to meet the challenges of achieving favorable pregnancy outcomes by assessing physical health and mental health risks and offering advice and counsel on how to best manage and control health risks to ensure a healthy pregnancy and sense of well-being. While AAHP focuses a great deal on measurable and quantitative accomplishments in this report, the impact of social determinants on the quality of life for mothers and families is also significant. Increasingly, the nursing staff continues to look for additional strategies to improve knowledge about preconception to improve pregnancy outcomes. Virtual webinars, as well as in-person events, continued to play an important role in educating and training mothers and their significant others about the roles that they can play to promote a healthy pregnancy.

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

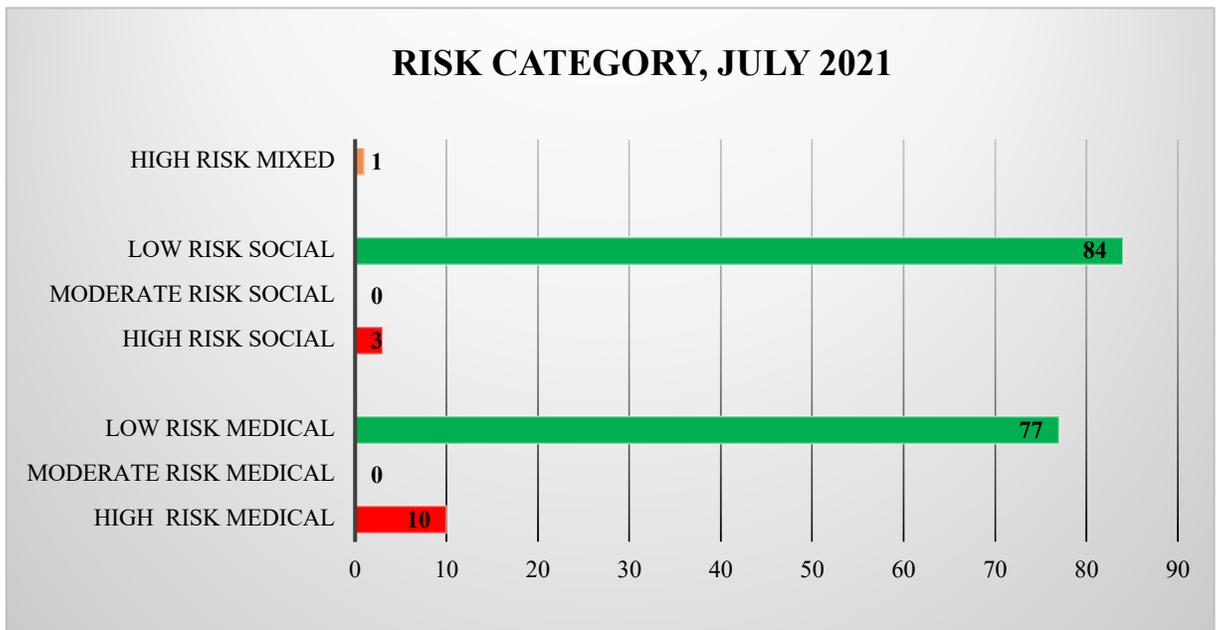
As July began the new fiscal year 2022, the SMILE Program reflected a profile status of stabilization and consolidation of the gains achieved in the fiscal year 2021 despite the exceptional challenges and circumstances created by the COVID-19 pandemic. The reference year by which each succeeding month in this new fiscal year will change from the calendar year 2019 to 2020 for comparative analysis. Also, the profile of three months at a time will be presented. A quarterly perspective will provide a better marker of changes instead of a single month which may be affected by one-time or seasonal fluctuations which are especially important when the sample size is relatively small.

In July, a high number of discharges due to program completions influenced the overall caseload which decreased by four cases, from a high point of 159 in June. At the end of July, the overall caseload was 154 cases that included 87 females consisting of 22 prenatal 65 post-partum cases and 67 under age of one. Four new healthy babies were born in July. The babies were born at term and a normal weight. The nurses and other staff arranged for the distribution of car seats, cribs, and other supplies for four new moms. Another highlight of July was the happy reunion, at home, of the twins who were born extremely prematurely earlier in the 2021 fiscal year. At the end of July, both infants were discharged from NICU and were monitored remotely by the hospital.

At the end of July, 10 of the 87 mothers were classified as high-risk cases because of medical issues, and three cases were classified as high-risk for social issues. The AAHP social worker and nurses worked tirelessly to relieve social problems and to expand a network of support and services to help mothers and their families thrive.

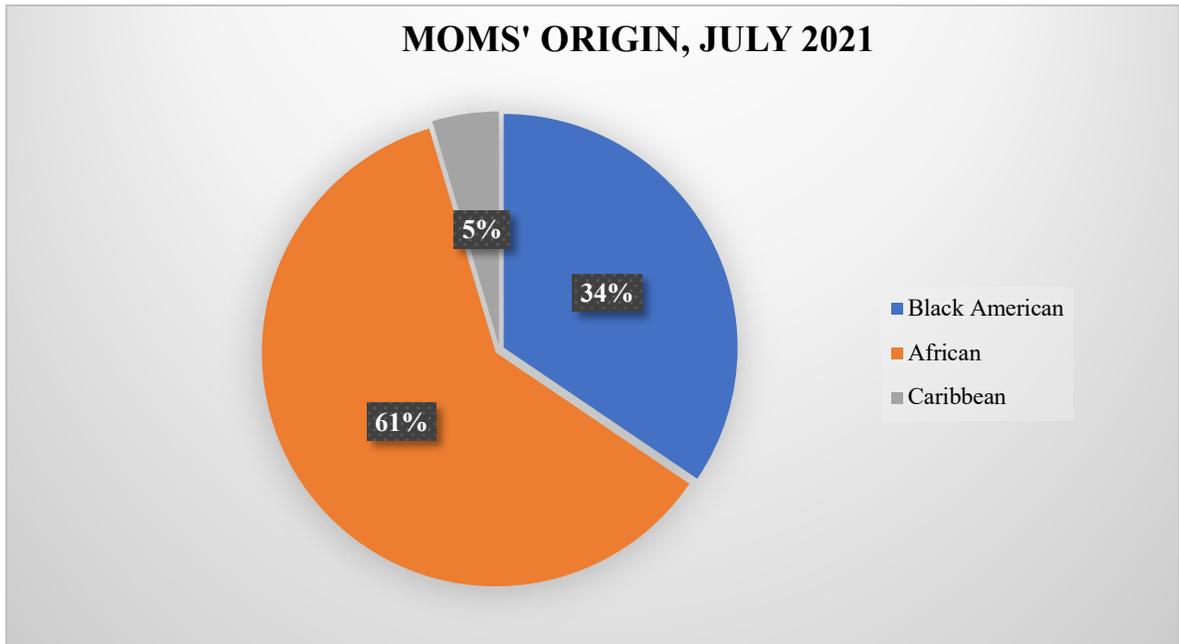
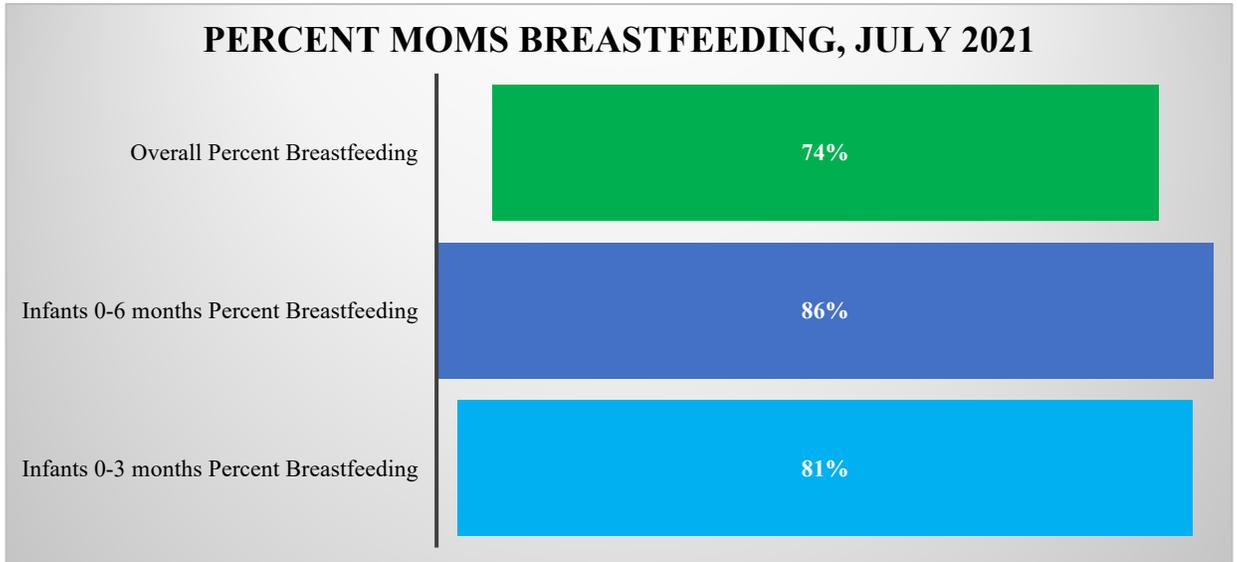
In July, only one case presented with both high medical and social risks. High-risk medical conditions included intellectual and mental challenges, gestational diabetes, pre-eclampsia, a history of multiple past miscarriages, and advanced maternal age. As in previous months, frequently cited social needs 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 follow-up services.

Seven new prenatal cases and three postpartum moms were screened for depression using the Edinburgh Postnatal Depression Scale. Two mothers scored above the normal range and were referred for further evaluation and care. Other emotional health-related issues included stress management counseling for SMILE clients experiencing anxiety and stress and feelings of isolation, anxiety, and disconnectedness.



At every encounter, the staff encouraged mothers to adopt breastfeeding when possible and practical. At the end of July, the overall percentage of mothers breastfeeding was 74%, and the percentage of mothers breastfeeding from zero to six months was 86%. The AAHP indicators exceed the national rates reported by the Centers for Disease Control and Prevention (CDC). Comparative data presented by the CDC reports that the percentage of African American women who ever breastfed was 64.3%, and of that number, only 20% breastfed exclusively for six months after delivery. As shown in the graph presented below,

the ethnic origin representation of mothers participating in the SMILE program are 61% African, 34% Black American, and 5% Caribbean.



During July, the nurses met weekly to review individual cases and plan for conducting comprehensive home visits and staffing that included reviews of difficult cases in consultation with AAHP's social worker, the newly hired nurse supervisor, and the clinical director.

The SMILE team arranged for Infant CPR and COVID-19 vaccinations on June 28th. The event was highly successful. Fifteen mothers participated in the program and four mothers were vaccinated. Mothers who were vaccinated in June returned to the AAHP office on July 19th to receive their second vaccination dose. In August the staff will encourage participation in a class on breastfeeding, AAHP will partner with AmerHealth to provide complementary manicurist services for the mothers. AAHP also arranged for other program incentives to promote active program participation.

The table and charts below present an overview of the SMILE rolling three-month data which includes July 2021 in comparison to the program performance in the calendar year 2020.

	PROFILES AND SERVICES	*Monthly Average of Calendar Year 2020	May 2021	June 2021	July 2021	COMMENTS ABOUT JULY 2021
1	<i>A) Currently Active Moms</i>	83	89	90	87	
2	Prenatal (still pregnant)	24	27	25	22	
3	Postpartum (Moms who have delivered)	58	62	65	65	
4	<i>B) All infants</i>	58	65	69	68	
5	Single Births	55	60	64	63	
6	Multiples	2	5	5	5	
7	Case Load (A+B)	140	154	159	155	
	MOM'S ETHNICITY					
8	African American Clients	31	30	31	30	
9	African Clients	49	56	56	53	
10	Caribbean Clients	2	3	3	4	
	REFERRALS					
11	HHS Prenatal Referrals Received	4	2	6	2	
12	Referrals from Other Sources	4	1	2	1	
13	Total Prenatal Referrals	8	3	8	3	
	NEW ENROLLMENTS					

14	Prenatal Moms Newly Enrolled During the Month	7	5	9	3	
15	Infants Newly Enrolled during the month	5	7	7	4	
16	All New Enrollments for the month	12	12	15	7	
	DISCHARGES during the month					
16	Prenatal Discharges	1	0	1	0	
17	Infant Discharges	5	3	5	8	
18	Total Discharges	6	3	6	8	
	DELIVERIES during the month					
19	Term Deliveries	5	5	6	4	
20	Preterm Deliveries	1	2	0	0	
21	Total Deliveries	6	7	6	4	
	BIRTH OUTCOMES					
22	% Healthy Birth Weight	95%	57%	67%	100%	
23	Number of Low Birth Weight	1	0	0	0	
24	Number of Very Low Birth Weight	1	0	2	0	
25	Infant Deaths (includes Stillbirths)	0	0	0	0	
26	Unfavorable Birth Outcomes	0	0	0	0	
27	(Congenital Anomaly, Fetal Demise, Miscarriage)	0	0	0	0	
	SERVICES					
28	Total Home Visits	17	0	0	3	
28	Telephonic Consultations	144	213	194	184	
30	Community Referrals Made	26	43	18	15	
31	Classes/Presentations Completed	9	20	22		
	BREASTFEEDING MOMS					
31	Percent Clients Breastfeeding Infants 0-3 months	92%	100%	97%	81%	

32	Overall Breastfeeding Percent	73%	85%	83%	74%	
	INSURANCE					
33	Clients with Private Insurance**	23	22	23	23	
34	Clients with Medicaid Insurance**	60	67	65	64	
35	Clients without Insurance	n/a	0	0	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

In July, the CDMP team conducted six classes weekly via virtual webinars with curriculums designed to guide participants to a healthier lifestyle. Yoga and Zumba classes included 30-45 minutes of physical activity. The Health and Nutrition classes presented education and information about alternative plant-based and vegan meals and smoothies. The Kick Start Your Health (KSYH) I and II classes offered evidence-based education to help participants improve their overall health and management of chronic diseases. The month's focus was Diabetes. The classes included live cooking demonstrations, shared recipes, diabetes education presentations, and guest speakers. KSYH I included an overview of type 2 diabetes and an introduction to type 1 diabetes. The KSYH II introduced a nurse and diabetes educator who presented information about the use of the Glycemic Index for glucose control.

Participants learned how to reduce diabetes risk factors and how to manage type 2 diabetes. The CDMP team welcomed new participants and continued to emphasize the importance of lifestyle and behavior changes throughout the month. The AAHP CDMP team looks forward to August and providing evidence-based health education and lifestyle behavior changes with a focus on Cancer Awareness. Information on cancer prevention and control will focus on the primary causes of cancer for the most prevalent cancers, which are breast cancer, lung cancer, colorectal cancer, prostate cancer, as well as skin cancer, and myelomas. Much of the content will be devoted to a discussion of the importance of living beyond a cancer diagnosis and treatment. In August, AAHP's social worker will lead a discussion on the mental health aspects of cancer prevention and wellness.

The table below presents information on class participation, topics covered in the number of participants in each class.

CDMP Class Activities

ACTIVITY	HOURS	DATA REQUESTED	TOPIC COVERED
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<p>Health and Fitness on-line Webinar</p> <p>ZUMBA: Mondays</p> <p>YOGA: Wednesday</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>July focused on 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.</p> <ul style="list-style-type: none"> • Zumba Highlight: Focused on balance, movement, posture, toning, and cardio. • Yoga Highlights: Focused on purposeful movement and strengthening exercises. <p>In both classes, 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.</p>
<p>Kick Start Your Health I (Diabetes)</p> <p>July Wednesdays</p>	<p>6 pm – 7 pm</p>	<p>Height, Weight, BP, BMI, %BF, blood pressure, cholesterol</p>	<p>This month’s class topic was diabetes and understanding, terminology, and how to reduce risk through education, nutrition, and diet. Participants were encouraged to speak with their care team for screenings and risk assessments. 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.</p>
<p>Health and Nutrition VEGAN, Plant-Based</p> <p>July Thursdays</p>	<p>1 pm – 3 pm</p>	<p>Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</p>	<p>Class topics were focused on helping participants make healthy eating choices and learning how food choices can reduce or increase the risk of chronic conditions. AAHP’s Food for Life Instructor continued to demonstrate plant-based/healthy cooking to improve pre-diabetes and diabetes outcomes. She also emphasized food that supports the fight against Alzheimer’s Disease. Cooking demonstrations and recipes, including smoothies, were shared.</p> <p>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.</p>

Kick Start Your Health II Online Webinar. Diabetes Thursdays	6 pm – 7 pm	Weight, BP, BMI, %BF, Cholesterol screenings	This month's class topic was diabetes and included classes on obesity, fitness, nutrition, and insulin therapy. The guest speaker shared a list of foods with low and high glycemic indexes. Participants continued to maintain or improve in their HEDIS measures and to make positive behavioral changes and were encouraged to get away from the screen and live life. Participants improved their health behaviors in favor of more exercise and a more nutritious diet.
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CDMP Monthly Average Virtual Webinar Attendance for July 2021

	Health and Fitness 11 am – 12 pm				KSYH I 6pm – 7:15pm				Health and Nutrition 1pm – 2:15pm					KSYH II 6pm – 7:15pm				
	7/06	7/12	7/19	7/26	7/07	7/14	7/21	7/28	7/1	7/8	7/15	7/22	7/29	7/1	7/8	7/15	7/22	7/29
Date(s)	7/07	7/14	7/21	7/28														
Class Size	36	30	27	24	12	11	12	13	27	24	23	27	22	9	21	15	17	17
TOTAL	117				48				123					79				
Avg.	29				12				25					16				
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 Total Monthly Attendance for July 2021

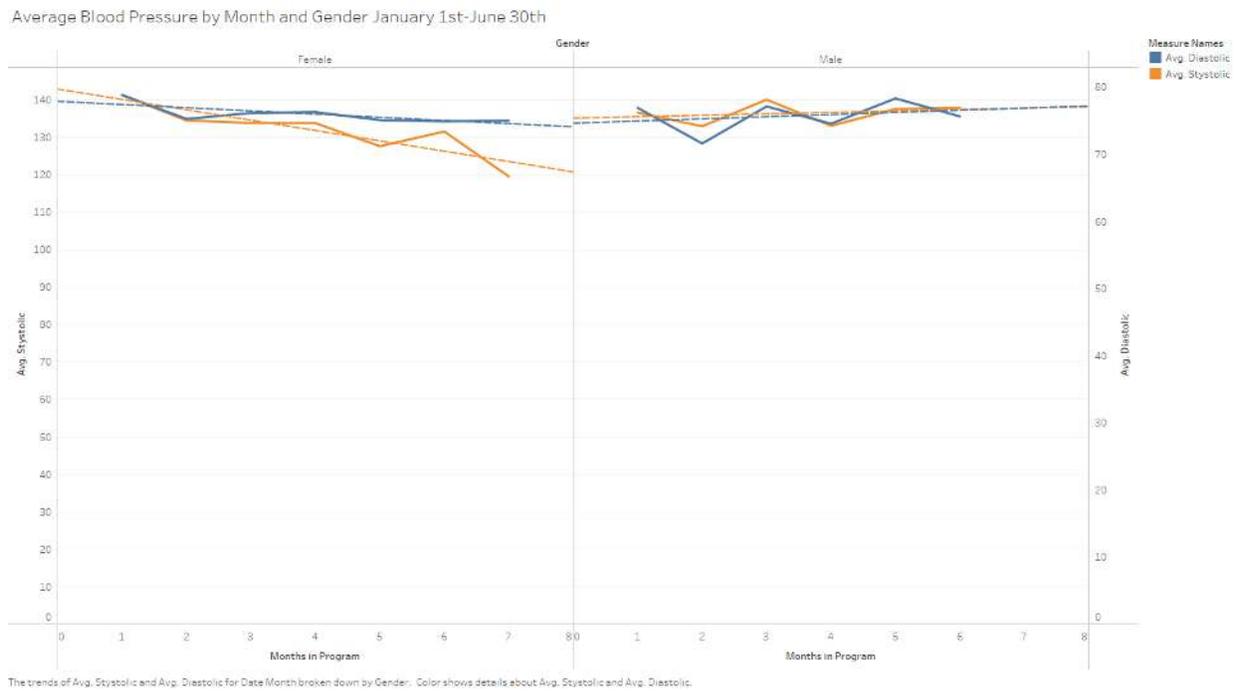
Participants	Health & Fitness: Zumba/YOGA	KSYH I (Diabetes)	Health & Nutrition: Vegan	KSYH II (Diabetes-related)	Total
<i>Male</i>	6	6	4	10	26
<i>Female</i>	111	42	119	69	341
<i>Total</i>	117	48	123	79	367
<i>% African American</i>	100%	100%	96%	100%	

1. Remote Patient Monitoring

The table below presents data for July for participants enrolled in the remote patient monitoring program. Data collected in the RPM program from January 1st, 2021 to June 30th, 2021 were reviewed and analyzed. Glucose was originally included in the analysis but was excluded due to a small sample size of participants enrolled in that component of the program. The remote patient monitoring program is intended to assist participants in establishing, monitoring progress towards, and achieving objectives related to blood pressure, weight, and glucose control.

Average values for July's RPM data	
Women's Weight	183 lbs.
Men's Weight	262 lbs.
Systolic BP	133 mmHg
Diastolic BP	75 mmHg
Glucose	132 mg/dL

Figure 1.



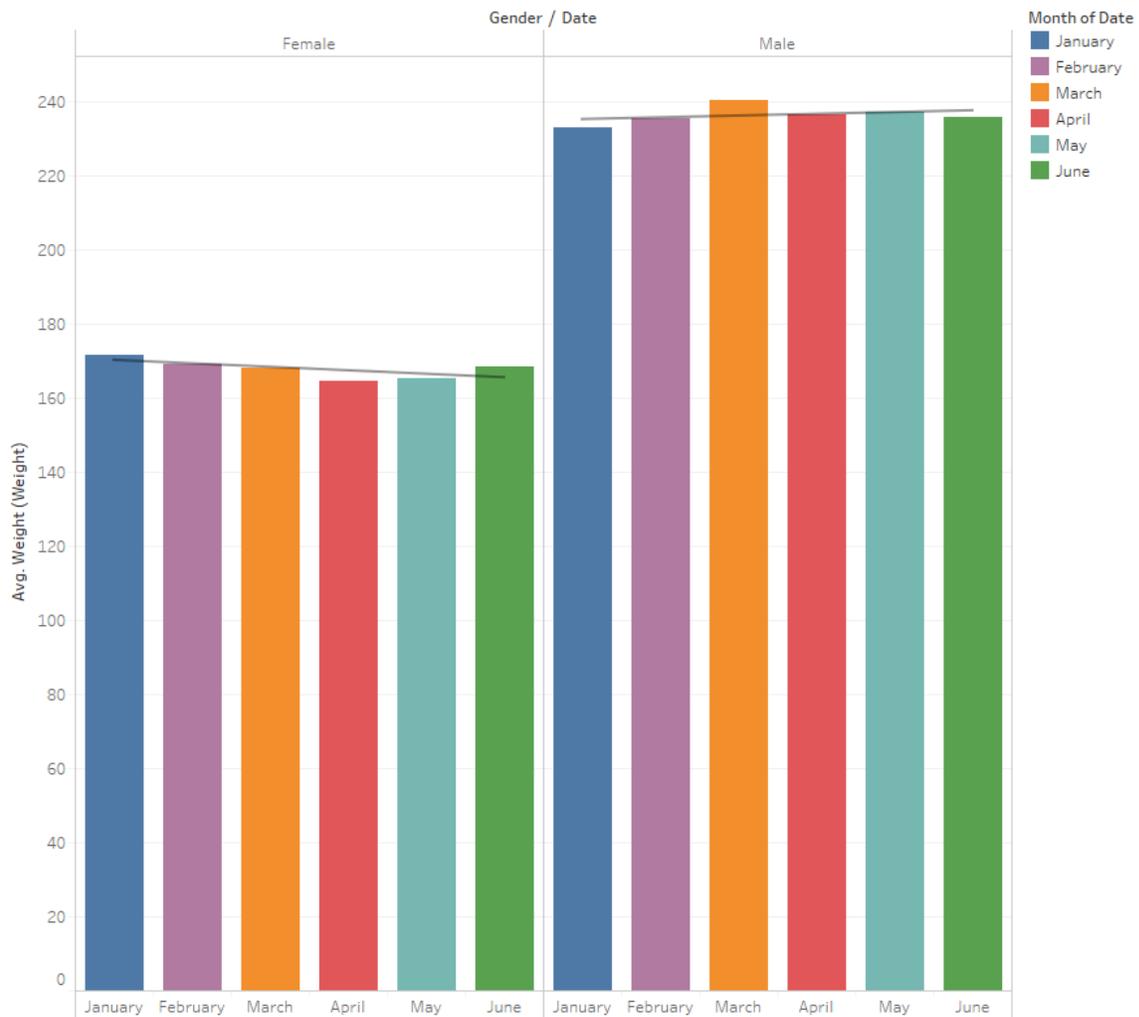
- Total n = 19
- Female (n= 16) enrolled in the RPM program had an average systolic blood pressure of 141.24mmHg and an average diastolic blood pressure of 78.82mmHg at baseline in January. After 6 months, their average systolic blood and average diastolic blood pressure were reduced to 119.50mmHg and 75.00 mmHg, respectively. The systolic blood pressure decreased 21.74mmHg and the average diastolic blood pressure decreased 3.82mmHg.
- Only three males (n= 3) were enrolled in the RPM program. At baseline, their average systolic blood pressure was 136.55mmHg and their average diastolic blood

pressure was 76.91mmHg. Six months later, their results were inconsistent: an increase of 1.29 mmHg in systolic value was observed while also a decrease in diastolic value of 1.27mmHg was noted. The inconsistent showing was probably due to the small size of the sample.

- P values for trend line
 - Female systolic chart= .00812
 - Female diastolic chart= .05955
 - Male systolic chart= .62913
 - Male diastolic chart =.63081
- The decrease in systolic value of 21.74 mmHg recorded among female participants was statistically significant at the $p \leq .05$ level. This suggests that females who enrolled in the program reduced their systolic blood pressure.

Figure 2. Six-month Weight Trends

Weight trends by month January 1st-June 30th



Average of Weight (Weight) for each Date Month broken down by Gender. Color shows details about Date Month. The view is filtered on Date Month, which excludes July.

- Total n = 25
- Females (n= 18) who were enrolled in the program in January had an average weight of 171.61lbs, at baseline. Six months later, the average weight for females in the program was reduced to 168.20lbs.
 - This is an average weight loss of 3.4lbs.
- Males (n=7) who were enrolled in the weight component of the program in January had an average weight of 232.72lbs. In June, the average weight for males in the program increased to 235.75lbs.
 - This is an average weight gain of 3.03lbs.
- P values for trend line
 - Female weight= .14867
 - Male weight= .47582

The weight change was not significant as demonstrated by a very high p-value.

2. dMeetings

	08/20	09/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	7/21	Total
New Enrollments	23	10	10	23	9	8	3	24	25	37	4	4	180
Completion Certificates Awarded	15	3	4	18	5	5	3	9	14	15	1	1	93

3. Diabetes Prevention Program (DPP)

The January cohort of DPP participants achieved remarkable results based on outcome measures of A1C, weight loss, and physical activity in June. Most participants surpassed the six-month goals established at baseline. Thus, it became necessary in July to recalibrate individual goals and move participants to a maintenance mode, starting in July. The frequency of classes switched from weekly to twice monthly, on the second and fourth Tuesdays of the month. On July 6th, a session was convened to discuss the progress report and set the new goals. Subsequent maintenance meetings were held on July 13th and 27th. The four participants who reversed prediabetes continue to attend the sessions. This is a tremendous encouragement as well as an inspiration and source of support for their classmates who are still struggling to reverse their condition. The class topics were:

- Progress Report and Goal Setting for the Next 6 Months
- Take a Fitness Break
- Selecting Good Food

AAHP staff called participants at the end of each session to check on their progress and to enter their recorded weight and activity into the DPP Lifestyle Coach's Log.

The DPP participant attendance and outcome measure for July are presented in the tables below:

July 2021 DPP Attendance

Participants	July 6	July 13	July 27	Total
Male	2	3	2	7

Female	10	10	9	29
Total	17	13	11	36
% African American	100%	100%	100%	100%

July 2021 DPP Outcome Measures

Health Profile	Baseline	Jan	Feb	Mar	Apr	May	Jun	July	Goal To Reach in December
Average Weight (lbs.)	213.3	213	211	209.2	205.7	203.4	203.1	203	200
Average Weekly Activity (Minutes)	140	175.3	183.2	197	212	211	217	215	230
Average HB A1C (%)	5.91%				5.8		5.7		5.60%
Average Glucose (mg/dL)		n/a							

CDMP Champions

AAHP has identified 3 participants across the CDMP platforms for recognition as Health Champions for July:

- 1. G.C. has been a longtime participant in the CDMP program and has taken part in all the Saturday walks organized by AAHP. She has been relentless in her pursuit of health literacy, particularly through the prevention messages and lifestyle change coaching offered by AAHP across its platforms.*
- 2. J.B. has joined the CDMP family more recently but has been assiduous in attending classes. As a long-time practitioner of plant-based eating, she has been a great contributor during the Health and Nutrition classes which she enjoyed a great deal.*
- 3. R.F. has been attending classes for a very long time and has brought her sister along. She has worked hard to adopt a healthy lifestyle. As a consequence, she has maintained herself in pretty good shape and has been preaching the gospel of good health to others.*

AAHP congratulates all three champions.

C. AAHP's Social worker Services

Although the AAHP staff were saddened by the resignation of AAHP's former social worker, AAHP was thrilled with the recruitment and appointment of a new LMSW who assumed the social worker position on July 6th. The AAHP family owes a debt of gratitude to both individuals for ensuring a smooth transition in the social worker

position. Remarkably, the former social worker’s last day of employment coincided with the current social worker’s first day.

In July, the delivery of social work services reached a new high in conducting mental health screenings. In a typical month, the number of screenings conducted has been around 50. In July, 103 mental health screenings were conducted. The vast majority of screenings (98) were for well-being, followed by screenings for depression, generalized anxiety, and one screening for eating disorders. In July, the social worker started with the achievement of ambitious goals by integrating mental health services with offerings during community outreach engagements.

Also, during July the AAHP social worker provided consultation and support to AAHP clients experiencing issues around domestic violence, mental health, abuse and neglect, and housing assistance

D. HIV/STI/AIDS

In July, AAHP’s HIV and AIDS navigator continued to implement and manage an aggressive program aimed at reducing the spread of sexually transmitted diseases. The program continued to focus on providing prevention education, information, and health screenings where participants live and gather.

1. Collaboration with Dr. Kathrine Kelly at the Homeless Shelters in Montgomery County (KCM)

HIV testing was conducted at the following sites:

Sites	Date	Number Screened
Women’s Shelter-Taft Ct	July 13	13
Progress Place	July 14	9
Men Shelter-Crabbs Branch	July 28	13
Men Shelter-Taft Ct	July 29	10
AAHP Office	July 30	5

A total of **50** screenings for HIV, blood pressure, glucose, and A1C were conducted in all three (3) shelters. The participants with elevated results were referred to Dr. Kelly. AAHP staff followed up with the clients screened at the Dennis Avenue Health Center.

A total of 50 HIV Tastings were completed in July, with all results negative.

- *28 African American Male
- *13 African American Female
- *1 Hispanic Male
- *4 Asian Female
- *1 Caucasian Male
- *3 Asian Male

HIV TESTING REPORT		Jul-21		
African- American				
	Age Group	Male	Female	
	1947 -1969	10	4	
	1970 -1989	12	6	
	1990+	6	3	
Total		28	13	41
All Others				
		Male	Female	
	1947 -1969	1	2	
	1970 -1989	2	2	
	1990+	1	0	
Total		5	4	9
GRAND TOTAL				50

In addition to the work of reducing the spread of sexually transmitted diseases through health education, screenings, and information dissemination, the HIV navigator also serves as a principal link for communicating with SMILE mothers who are not comfortable speaking English. Currently, the program has 15 mothers receiving assistance in French. These services are significant in building trust and engagement. During July, the services included managing 18 zoom visits, conducting 25 calls to check on pregnant and postpartum mothers to see how they are doing, and supporting applications for Medicaid and WIC for their babies and healthcare services available through the Maternity Partnership. Obtaining support for applicants for these services is critical for undocumented mothers in receiving health benefits during pregnancy.

E. Community Outreach to Combat Breast Cancer

Breast cancer is the most commonly diagnosed cancer among women worldwide, and the second leading cause of cancer death among women in the U.S. One in eight women will be diagnosed in their lifetime, and African American women have the highest mortality rate out of any racial or ethnic group. In preparation for breast cancer awareness month this October, AAHP is working in collaboration with Harvest Intercontinental Church and Kingdom Fellowship A.M.E. Church to hold health fair events on Sunday, October 3rd, and Sunday, October 10th, respectively. At these events, AAHP intends to provide wellness screenings, educational materials, and prizes, in addition to demonstrations for healthy cooking and how to conduct self-breast examinations. Any activities that will take place during the event will be by safety protocols and guidelines set forth by state and local health departments regarding COVID-19. AAHP has also established partnerships with local organizations to join in these initiatives. 2 for 2 Boobs has a mission to help save Black lives from breast cancer

by educating, engaging, and empowering women, men, and teens. Similarly, Touch 4 Life is a breast cancer awareness non-profit to decrease the incidence of late-stage breast cancer diagnoses. AAHP also plans to present a virtual panel discussion during October, where survivors will share their personal stories to raise awareness about the signs, symptoms, and variations of breast cancer. AAHP operates under the full belief that educating the community on breast cancer can help save lives.

III. Administrative and Logistical Support

During July, AAHP staff members worked very closely with members of the AAHP Executive Committee to manage virtual facilitation of the monthly meeting held on July 1 and compiled the monthly meeting minutes that were sent to members in advance of the August meeting. Also, the program receptionist and data coordinator provided support and assistance in distributing plaques to many of the presenters who worked collaboratively with the Executive Committee to make the Annual Community Day a big success. Also, the staff managed all logistics and communications related to the monthly Executive Coalition meeting held on July 8.

I. APPENDIX A – Media Report

AAHP Health Notes - Distributed: July 7, 2021, 4:55pm

July Campaign Metrics

	June	July
General List Recipients:	1535	1622
Successful deliveries:	1169	1237
Open rate:	15.8%	26.3%
Click rate	11.4%	4.9%

AAHP’s July 2021 Health Notes was titled “Cool, Smart, and At Peace.” The feature article focused on senior health and safety and offered tips on how seniors can prevent potential accidents and keep themselves safe from fires in their homes. The article also highlighted AAHP’s collaboration with Montgomery County Fire and Rescue Service in conducting home visits that included home inspections and health screenings. Because July is the hottest month of the year, the next article offered three tips on how to stay cool and protect yourself from sun damage. To promote health literacy, “Do you Know Your Cancer Prevention Vocab?” provided an overview of cancer prevention terminology utilized in many AAHP activities and courses. The health hint advised how vulnerable seniors and young children home alone during the summer months should respond to strangers at their door. In observance of Minority Mental Health Month, the featured video showcased a clip from the Daily Show, in which Trevor Noah, host and comedian, hilariously discussed the state of Black mental health. The featured recipe was coconut lime popsicles.

AAHP’s July Notes recorded similar metrics as in previous months. The open rate of 26% was higher than last month’s open rate of 11.4%, on par with AAHP’s average and substantially higher than the industry average (which is in the teens). July’s click rate of 4.9% was lower than last month’s rate of 11.4% and lower than AAHP’s average and the industry average. This can be attributed to the lower number of links. The bounce rate also remained the same and two people unsubscribed.

Facebook

AAHP’s Facebook page’s performance in July decreased from June, particularly with lower engagement. However, two new followers were added.

Facebook Metrics – July 2021

	Followers	Posts	Likes/Love	Comments	Shares
Total	724	23	11	1	6
Change from last month	+2	-7	-46	-12	-15

Twitter

AAHP’s Twitter profile recorded decreases in profile visits, mentions, and impressions. However, the audience grew by three followers.

Twitter Metrics – July 2021

	Followers	New Followers	Tweets	Profile Visits	Retweets	Mentions	Tweet Impressions
Total	389	3	23	231	7	11	3,412
Change from last month		-4	-13	-434	+0	-22	-1,302

Instagram

AAHP's Instagram channel performed well with five new followers, a slight increase in the number of posts, and more impressions. The number of post likes remained the same, while the reach and Linkin bio click decreased slightly.

Instagram Metrics – July 2021

	Followers	Posts	Post Likes	Linkin bio clicks	Impressions	Reach
Total	208	44	78	1	862	20
Change from last month	+5	+1	same	-5	+136	-25

II. APPENDIX B – Health Notes



www.aahpmontgomerycounty.org



For seniors, managing life safely in the comforts of one's own home can be especially challenging, especially for seniors who live alone. Accidental falls and burns are two of the most common health and safety concerns affecting the elderly.

If you are a senior living alone, you can safety proof your home by keeping all pathways well-lit and clear of any objects over which you can trip and fall. A rug lying around on a slippery floor is an accident waiting to happen. Make sure there are no loose rugs anywhere in your pathway. You may want to tape your rugs down to prevent any chance of slipping and falling.

Fires can be frightening for anyone. If there is a fire in your home, don't try to put it out yourself. Know at least two ways that you can leave your home or apartment and leave quickly. Make sure you have fully functioning smoke detectors installed throughout your home so that you can be alerted before the fire gets out of control.

AAHP collaborates with the Montgomery County Fire and Rescue Service (MCFRS) to help keep Black/African American seniors in Montgomery County healthy and safe from falls and fires in their homes. In the Fall of 2019, AAHP staff and senior volunteers and MCFRS conducted home visits in which AAHP provided health screenings and MCFRS personnel checked smoke and carbon monoxide alarms, reviewed fire prevention tips, and discussed injury prevention. For updates and information on similar events, check out the [Senior's Corner](#) on AAHP's website.

Sources:

www.healthinaging.org

www.seniormatter.com

blog.mavencare.com



July is the hottest month of the year, with temperatures ranging between the low 80s to the mid to high 80s. When a person is unable to adequately cool themselves, they may experience heat-related disease or even death. Seniors, small children, infants, and people who have chronic medical problems are more vulnerable to heat-related sickness and mortality. In the U.S., more than 700 people die each year from severe heat. To protect yourself from extreme heat and sun damage, adhere to the following tips:

1. Avoid being out in the sun between 10:00 a.m. and 3:00 p.m, when ultraviolet (UV) rays are strongest and produce the most sunburns and most intense sun damage.
2. Protect yourself with appropriate clothing. Wearing long sleeves, pants, and a wide-brimmed hat can safeguard your body from the damaging effects of the sun. Wear sunglasses that filter UV rays to protect your eyes.
3. Wear sunscreen during the day every day.

“People with dark skin may have the misconception that they are immune to skin cancer because their skin has more melanin – or pigment,” says [Ana Ciurea, M.D.](#) “While they are less likely to get skin cancer, they are still at risk.”

Track extreme heat in your area with the [CDC Heat & Health Tracker](#). This nifty resource provides up-to-date local information on heat and health to help individuals and communities better plan for and react to severe heat events.

Sources:

www.cdc.gov

my.clevelandclinic.org

www.healthywomen.org



Many of AAHP's programs and classes use vocabulary only known by individuals with high levels of health literacy. Empower yourself with knowledge to prevent and fight cancer and other chronic diseases by making sure you know and understand the following terminology:

Antioxidants – “Good” molecules that protect the body from “bad” molecules (free radicals) that damage cells and cause disease. Antioxidants naturally occur in our bodies but can be supplemented by foods to maintain the best balance of antioxidants and free radicals.

Carcinogen – A substance that causes cancer.

Colonoscopy – an exam used to detect precancerous tissue or polyps in the colon or rectum. Colonoscopies are performed by inserting a tiny video camera inside a person's body so a doctor can view inside the colon.

Free radicals – molecules formed in the body that can cause disease. Free radicals serve important functions for health but should always be balanced by antioxidants.

Mammogram – an x-ray used on the breast to look for early signs of breast cancer.

PSA (prostate-specific antigen) test – a blood test to locate a protein made by normal cells and cancer cells in the prostate gland.

SPF (sun protective factor) – a measure of how much UV radiation from the sun can burn skin when using sunscreen compared to not using sunscreen. SPF value increases as sunburn protection increases.

Source: www.preventcancer.org

Health Hint

Seniors and children home alone while their parents are at work during summer are vulnerable to predators. Make sure you as well as the children and seniors you love are savvy about personal safety. A child or senior home alone should not allow strangers, salespeople, and/or uninvited guests into their home. Personal information should never be shared with anyone before talking it over with a trusted friend or family member. A senior should never sign anything they do not understand or give in to pressure to donate money to a cause or charity. In these situations, it's best to say NO.

Featured Video

July is Minority Mental Health Month. Comedian and Daily Show host Trevor Noah presents this humorous and informative clip on the state of mental health in the African American community:



Featured Recipe: Coconut Lime Popsicles



Ingredients

- 1 1/2 cup vanilla Greek yogurt
- 3/4 cup lime juice
- 2 lime zest
- 1/2 cup cream of coconut

Instructions

1. Juice limes and zest two limes. In blender add vanilla Greek yogurt, lime juice, lime zest, and cream of coconut.
2. Pour in popsicle molds and allow to freeze for 1 hour. After popsicles are starting to firm up add popsicle stick and allow to freeze completely.

Nutrition Facts: 99 calories, 2 g fat, 1 mg cholesterol, 18 mg sodium, 17 g carbohydrates, 14 g sugar, 2 g protein

Source: www.ohsodelicioso.com
