



Staff and volunteer training on Thursday, June 23rd

AAHP MONTHLY REPORT
June 2022



I. INTRODUCTION

June was the last month in the fiscal year 2022 program implementation and operation. June was also a period of transition and change in regards to personnel changes. One of the SMILE nurses, who had been with the SMILE program since its inception retired at the end of June after more than 20 years of ongoing dedication to helping more than 400 mothers give birth to new infants and navigate the first year of life for the children and parents. In addition, after working as a nurse for the chronic disease management program for the past six years, another nurse resigned to take another position. The African American Health Program (AAHP) is grateful for their outstanding contributions and their many years of service. AAHP is also grateful for their steadfast assistance and support in working closely with newly recruited nurses and community health workers to ensure a smooth transition in delivery of services.

In June, two new nurses were hired to manage the current caseload of mothers and infants in the SMILE program. Also, two additional registered nurses were recruited to begin employment in July. Additionally, a new community health worker (CHW) was hired to assist and support the chronic disease management program. A second new community health worker, a recent graduate of the University of Maryland School of Public Health and a volunteer for AAHP, was also hired. Much of her assignment will be devoted to increasing outreach within the Ethiopian, Eritrean, and African immigrant population in Montgomery County, a segment that is underrepresented in terms of utilizing AAHP's programs and services. Over the coming months, AAHP intends to increase penetration in zip codes that are populated with more Ethiopian individuals and families.

In June, an unprecedented number of eight (8) students joined AAHP as interns to fulfill educational requirements for Masters degrees in public health. The interns consist of one high school student, one undergraduate, and two graduate students enrolled at the George Washington University Milliken School of Public Health and the University of Maryland School of Public Health. Several students bring to AAHP years of experience in various health-related disciplines including pharmacy, nursing, and other allied health professions.

During June, the AAHP staff completed hands-on refresher trainings to maintain the competence required to assist and conduct health screenings and participate in community events in June and beyond as the program continues to expand. Staff was also briefed on the importance of HIPPA Compliance and other policies and procedures needed to support successful information management.

Significantly, the number of in-person community events conducted by AAHP increased substantially in June. These events provided an opportunity to quickly integrate the new staff, interns, and volunteers into a robust and agile workflow and help them meet the increasing demand for health information and screening services. As the pandemic continues and warmer weather creates a more pressing desire to return to pre-pandemic levels of community participation, well-trained, efficient and adaptable staff become more critical in providing and advancing services. The challenge is to balance staff protection and safety concerns while simultaneously meeting the growing need for health information, assessment, and counseling services.

To meet this increasing demand, AAHP conducted community outreach at locations around the County where Black/African American residents live, gather, and worship. Health education and screening services were conducted at Leisure World, Mount Jezreel Baptist Church, The People's Community Baptist Church, the White Oak Recreation Center, Hampshire Tower, the Alpha Phi Alpha Fish Fry, the Kensington Juneteenth Celebration, the County-sponsored Juneteenth Celebration at the Black Rock Center for the Performing Arts, the Slave Museum in Sandy Spring, the Faith Community Baptist Church, The Pride Sexual Health Fair at the Veterans Plaza, and the Active Senior Health Fair at Victory Crossing. The number of screenings conducted during June exceeded the number of screenings normally conducted, especially for HIV/AIDS and mental health, with both programs recording triple-digit screenings.

II. AAHP PROGRAM ACTIVITIES

A. The SMILE program

In June, two newly hired nurses joined the SMILE team and were quickly integrated into the existing protocols to manage a high caseload of 107 mothers and 74 infants. Among the 107 mothers, there were 39 prenatal and 68 post-partum cases. The program discharged eight (8) babies whose families completed the program and the SMILE program enrolled 13 pregnant women. Nine (9) babies were born healthy and at term into the program in June, including a set of twins. The twins were recorded as "low birth weight babies" (LBW) which is frequently the case for twins. To support the mothers, new infants, and their families, AAHP staff arranged for the pickup and delivery of infant car seats, cribs, and other items for the new moms.

By risk category, the mothers were classed as 29% high medical risk, 3% moderate risk, and 68% low medical risk. Similarly, in terms of social risk, the categories were 46% high risk, 6% moderate risk, and 46% low social risk. High-risk medical conditions included mental challenges, gestational diabetes, pre-eclampsia, a history of multiple past miscarriages, and advanced maternal age. Frequently cited social needs included housing, help with food and utility bills, and transportation to medical appointments. Social risks also included problems related to personal safety, low self-esteem, unemployment, low educational attainment, unclear immigration status, language barriers, inadequate family support, isolation, and disconnectedness. At the end of June, the number of moms with high medical risk was 31 whereas the number of low medical cases was 73. The number of high social risk cases rose to 49 while the number of low social risk cases decreased to 51 cases among the 107 mothers. The high social risk cases generally require intensive intervention from AAHP's team of nurses, social worker, and community health workers who work in concert to reduce health-related risks and remove barriers to well-being.

In June, thirteen (13) new prenatal cases and five (5) postpartum mothers were screened for depression using the Edinburgh Postnatal Depression Scale. Eight (8) mothers scored above the normal range and were referred to mental health providers for further evaluation and care.

Routinely, mothers are counseled about the benefits of breastfeeding and encouraged to breastfeed for as long as possible. At the end of June, the overall percentage of mothers

breastfeeding for up to 12 months was 65%, and the percentage of mothers breastfeeding for up to six months was 90%. Both breastfeeding indicators far exceeded comparative data by the Centers for Disease Control and Prevention that indicated that nationally only 20% of African American women breastfed exclusively for six months after delivery.

As presented in the graph below, the ethnic representation of mothers participating in the SMILE program showed the following distribution: 52% African, 44% Black American, and 4% Caribbean.

Collaborative planning continued to play a major role in providing ongoing supervision and case management. The nurses met weekly to review individual cases and plan teleconsultations and other procedures that focused on reviews of difficult cases in consultation with AAHP's social worker, the nurse supervisor, the clinical director, and community health workers. Other AAHP staff assisted and supported mothers and families by providing diapers, car seats, breast pumps, pack-and-play cribs, and other items to support the growth and development of healthy mothers, infants, and families. All team members attended the annual meeting of FIMR/CAT on June 13th.

The table and graphs below present an overview of the SMILE rolling three-month data starting in April 2022 through June 2022 in comparison to the program performance in the calendar year 2020.

PROFILES/SERVICES	*Monthly Average Calendar Year 2020	April 2022	June 2022	June 2022	Comments About February
A) Currently Active Moms	83	120	110	107	
Prenatal (still pregnant)	24	36	33	39	
Postpartum (Moms who have delivered)	58	84	77	68	
B) All infants	58	92	83	74	
Single Births	55	86	77	68	
Multiples	2	8	8	8	
Case Load (A+B)	140	212	193	181	
MOM'S ETHNICITY					
African American Clients	31	46	41	47	
African Clients	49	71	67	56	
Caribbean Clients	2	3	2	4	
REFERRALS					
HHS Prenatal Referrals Received	4	4	3	2	
Referrals from Other Sources	4	11	5	12	
Total Prenatal Referrals	8	15	8	14	
NEW ENROLLMENTS					
Prenatal Moms Newly Enrolled During the Month	7	12	8	13	

Infants Newly Enrolled during the month	5	11	4	9	
All New Enrollments for the month	12	23	12	22	
DISCHARGES					
Prenatal Discharges	1	1	0	0	
Infant Discharges	5	16	14	8	
Total Discharges	6	17	14	8	
DELIVERIES					
Term Deliveries	5	10	2	9	
Preterm Deliveries	1	1	2	0	
Total Deliveries	6	11		9	
BIRTH OUTCOMES					
% Healthy Birth Weight	95%	91%		78%	
Number of Low Birth Weight	1	1		2	Twins
Number of Very Low Birth Weight	1	0		0	
Infant Deaths (includes Stillbirths)	0	0		0	
Unfavorable Birth Outcomes	0	0		0	
(Congenital Anomaly, Fetal Demise, Miscarriage)	0	0		0	
SERVICES					
Total Home Visits	17	1		0	
Telephonic Consultations	144	250		184	
Community Referrals Made	26	29		16	
BREASTFEEDING MOMS					
Breastfeeding 0-3 months	92%	91%		100%	
Breastfeeding 0-6 months		90%		90%	
Breastfeeding 0-12 months	73%	71%		65%	
INSURANCE					
Clients with Private Insurance**	23	33		31	
Clients with Medicaid Insurance**	60	87		74	
Clients without Insurance	n/a	0		2	In process

*Averages are rounded up to the next integer

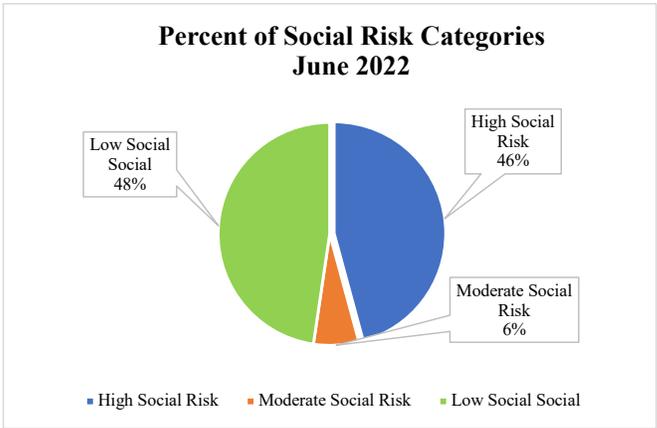
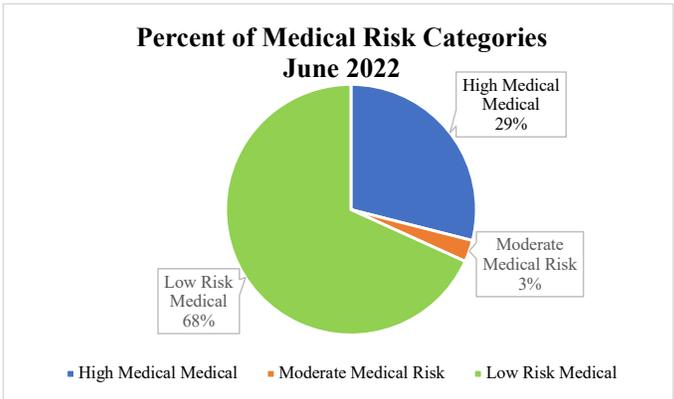
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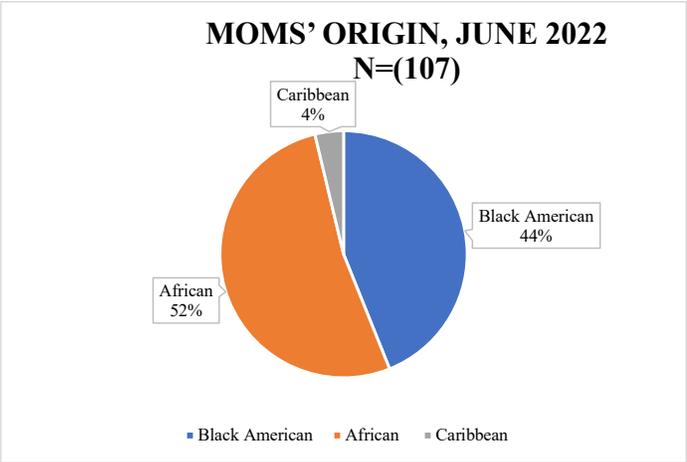
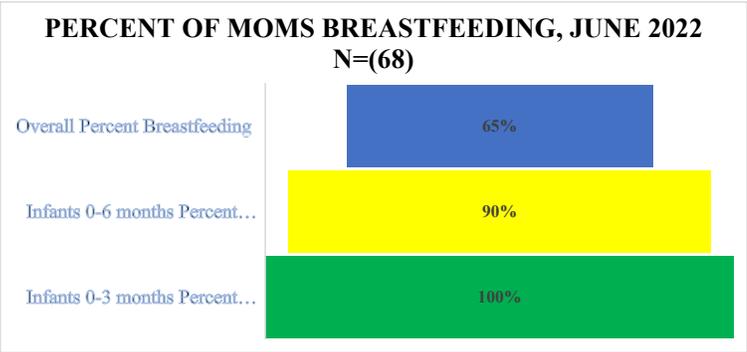
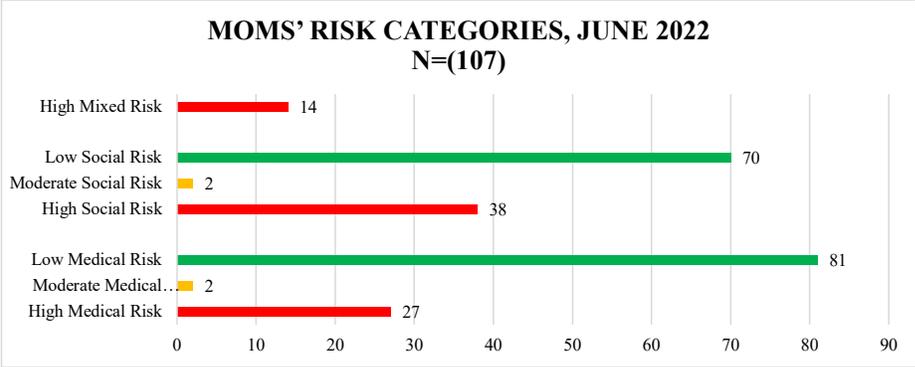
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Level with reference year

The decrease from the reference year

Untoward Outcome
Desired Outcome





B. Chronic Disease Management and Prevention (CDMP) Programs

1. CDMP Virtual Health Education Webinars

The CDMP team developed and led six classes weekly on evidence-based topics to help participants manage chronic diseases and improve their overall health. The month's focus was on heart and lungs, with live classes and videos that described and explained how the heart and lungs function, pathologies, prevention of diseases of these organs, and treatment for various pathologies. Lectures and discussions were presented about asthma, chronic obstructive and pulmonary disease (COPD), and explanations were presented on how to reduce health risks for these conditions. Participants learned how to keep their hearts healthy by adapting good nutrition and exercise. The classes also included an overview of cholesterol, its role in hypertension and atherosclerosis, and treatment options.

The Kick Start Your Health (KSYH) I & II series on Wednesday and Thursday evenings centered on evidence-based health education. Quizzes, recipes, and demonstrations of healthy cooking were presented during the Health and Nutrition classes on Thursday afternoons and two evenings in June. Due to the success and increased interest in the Monday evening health and nutrition classes, these classes will be offered bimonthly. June was the first month that AAHP started offering two Monday classes a month and both classes recorded strong attendance of 29 and 31 participants, with many being new participants who are just joining the program.

In June, in honor of Juneteenth, a new series of Food For Life classes entitled the African American Culinary Heritage (AACH) Program was introduced. As part of this new curriculum series, content included traditional information about good nutrition along with new or modified recipes from Black/African American culture. Also, the content delivery emphasized personal experiences in adopting a plant-based diet. One video included testimonials by Blacks/African Americans who recently tried a strictly plant-based low-fat vegan diet for a month and recorded improvements in blood pressure, cholesterol, and A1C. The classes included discussion, quizzes, and other handouts, along with food preparation/cooking demonstrations. Below are the classes taught and the topics covered:

- June 2 - The Power of Your Plate
- June 9 - Foods for a Healthy Heart
- June 13* - A Diet for Maximum Weight Control
- June 16 - How Foods Fight Diabetes
- June 22** - Gestational Diabetes
- June 23* - How Foods Fight Cancer
- June 27 - Grocery Store Tour (Diabetes Program)
- June 30 - Designing a Diet for Maximum Weight Control

During June, AAHP's Health and Fitness classes continued to provide the exercise component of program services. Zumba classes were conducted every Friday and Yoga classes were conducted on Wednesdays.

CDMP CLASS Activities

ACTIVITY	HOURS	DATA REQUESTED	TOPIC COVERED
Health and Fitness online Webinar ZUMBA: June 3, 10, 17, and 24 YOGA: June, 1,8, 15, 22, and 29	11 am – 12 pm 10 am – 11 am	Class and Height, Weight, BP, BMI, % BF, Glucose, Cholesterol Screenings	This month focused on online, guided exercise, including yoga and Zumba by trained exercise professionals and AAHP staff that allowed participants to join from the comfort of their own homes 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 their HEDIS measures and make positive behavioral changes in favor of more exercise and a more nutritious diet.
Kick Start Your Health I (Hypertension): June 1, 8, 15, 22 and 29	6 pm – 7 pm	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 speakers led an in-depth discussion on hypertension and medications used to treat it. They answered questions and provided advice on how to save money on medications. Participants continued to maintain or improve 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 June 2, 9, 16, and 23.	1pm - 3pm	Weight, BP, BMI, %BF, Glucose, and 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 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. June 2, 9, 16, and 23.	6 pm – 7 pm	Weight, BP, BMI, %BF, Cholesterol screenings	The class topic was hypertension and heart health. Classes focused on high cholesterol, obesity, fitness, and nutrition. The CDMP instructor explained the importance of food nutrition labels and showed how to find nutrition charts for restaurants and foods online. Significantly, most participants maintained or improved in their HEDIS measures and made behavioral changes in exercise and nutrition.

Most participants stayed until the end of each fitness class and organized small support groups to put into practice the knowledge and information discussed in the class, to welcome new participants, and to ask and answer any questions. AAHP staff asked questions during break sessions and used Zoom's polling and share screen tools to keep participants engaged in class discussions. In June, the staff contacted participants via phone and email to check on their activities, record their readings, monitor their progress, and prepare them for weekly classes. All documents related to each class were entered into SharePoint's biometric form for the month. The CDMP team continued to use a new charting spreadsheet to determine average values of the Healthcare Effectiveness Data and Information Set (HEDIS) measures such as blood glucose, blood pressure, weight, height, and A1C.

CDMP Virtual Webinar Attendance Metrics June 2022

	Health and Fitness 11 am – 12 pm					KSYH I 6pm – 7:15pm					Health and Nutrition 1pm – 2:15pm					KSYH II 6pm – 7:15pm				
Date	6/01 & 6/03	6/08 & 6/10	6/15 & 6/17	6/22 & 6/24	6/29	6/01	6/08	6/15	6/22	6/29	6/02	6/09	6/13 & 6/16	6/23	6/27 & 6/30	6/02	6/09	6/16	6/23	6/30
Class Size	26	21	21	24	10	10	11	10	10	14	26	30	48	17	55	10	10	9	11	14
TOTAL	102					55					176					54				
Avg.	20					11					35					11				
Natl. Avg.	(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)				

2. Remote Patient Monitoring

In June the AAHP staff continued to remind all participants to regularly monitor and report on all their health metrics, and participate fully in AAHP classes and events. This month, some participants started using the remote patient monitoring applications later in the month which resulted in a small reduction in the number of readings recorded. Additionally, one patient was disenrolled from the blood pressure monitoring due to an inability to take consistent blood pressure readings during the month.

The objective of the blood pressure monitoring program is to encourage participants to monitor their blood pressure at least 16 times in a given month. This is particularly important when participants have a history of uncontrolled hypertension. The benefit is that the system collects and stores data on each reading and graph that data to reflect trends and patterns that can be reviewed with their primary care physician or specialty care providers. As shown by the chart below, three-quarters of all participants enrolled in the RPM program achieved the objective of adherence to program guidelines.

Active Days of RPM Participants

Number of active days	0 Days	0-5 Days	5-10 Days	10-15 Days	16-27 Days
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Participants	Health and Fitness: Zumba/YOGA	KSYH I (Diabetes)	Health and Nutrition: Vegan	KSYH I (Diabetes-related)	Total
Male	3	1	5	0	9
Female	99	54	171	54	378
Total	102	55	176	54	387
% African American					

New Enrollments	4	17	10	2	12	22	19	9	16	24	32	14	181
Completion Certificates Awarded	1	1	4	0	4	8	6	2	6	12	7	2	53

5. Weight Management Program (WMP)

In June, the WMP hosted one group walk and one exercise event. Lake Artemisia in College Park was the site of the first event on June 4th. Twenty-three participants walked 2.4 miles on the trail surrounding the lake during this collaborative event in partnership with *Relay for Life*, sponsored by the American Cancer Society, and facilitated by a breast cancer survivor now living with breast cancer. Each exercise event lasted approximately one hour and a half with allotted time for a cool down and stretching period before and after. Modifications were made during the instructional class for individuals and the walk included slow and medium-paced walking groups. Both exercise events serve as opportunities to recruit new enrollees into the program.

The WMP enrolled one new participant in June. The total enrollment of WMP members for the month is currently 38. The program experienced no dropouts during the month. Most of the participants did not achieve their desired weight goals for the month and eleven participants were *unresponsive* with no update on weight. Four (4) participants maintained their weight, without any loss or gain. The table below shows the number of participants enrolled during the past nine months. For every month, the program has increased the total number of participants for almost every month. The distribution of participants showing weight gains and losses is mixed showing some of both losses and gains.

WMP Enrollment

	Previously Enrolled Clients	Discharged Clients	New Clients	Total Clients
September	19	4	6	21
October	19	0	5	24
November	24	2	4	26
December	26	2	1	25
January	26	1	3	29
February	29	0	3	32
March	32	0	2	35
April	35	0	1	36
June	36	0	1	37
June	37	0	1	38

Reported Weight Gain/Loss

	Weight Loss		Weight Gain		Maintained	
	Male	Female	Male	Female	Female	Male
0 lb.					4	
1 lb.				1		
2 lbs.	1	3		1		
3 lbs.			1	3		
4 lbs.	1	3		4		
5 lbs.		1				
6 lbs.		2		1		
7 lbs.						
10 lbs.						

C. HIV Testing and Counseling Services

In June, AAHP increased the number of Black residents screened for HIV infection. The table below shows the location where tests were conducted, the date of testing, the number of participants screened, the results of screening tests for each site, and the overall results of the tests.

Sites	Date	Number Screened/ Information Dissemination	HIV Results	Normal Blood Pressure	Elevated Blood Pressure	Normal Blood sugar	Elevated Blood Sugar	A1C Normal	Total Cholesterol Normal
Progress Place	June 8	20	20 HIV Negative	24	8	13	9	6	5 for Staff
Leisure World	June 9	18	None	17	2	15	3	11	7
Women Shelter-C. B	June 11	19	19 HIV Negative	15	1	13	6	6	8
Hampshire Towers	June 17	42	29 HIV Negative	19	2	14	4	7	10
Pride Event Civic Center	June 26	85	None	0	0	0	0	0	0
Active Senior	June 27	27	None	11	1	16	8	15	17
Men Shelter Nebel St.	June 29	27	24 HIV Negative	22	10	23	12	8	11

The screenings totaled 137 and included blood pressure, glucose, and A1C at various locations: Women’s Shelter, Men shelter, and the Senior Living facility. The participants with elevated results were referred to the medical director’s office and at Dennis Avenue Health Center for STD/STI screenings. Food donated by Manna Food continued to serve as an incentive to participate in testing and screening services.

In summary, the screening services included HIV testing of ninety-two (92) clients that yielded all negative results. A breakdown of persons tested by ethnicity and gender is below:

HIV TESTING REPORT					
Also during June, AAHP's HIV Navigator continued to provide referrals to two HIV-positive clients with needs for medical, dental, housing, and mental health services.	African- American				
		Age Group	Male	Female	
		1947 -1969	13	8	
		1970 -1989	15	12	
		1990+	9	11	
	Total		37	31	
		All Others			
			Male	Female	
		1947 -1969	6	0	
		1970 -1989	7	4	
		1990+	5	2	
	Total		18	6	
	GRAND TOTAL				92

AAHP's social worker assisted in identifying essential resources needed by these clients. The navigator visited one client weekly and called both daily to provide follow-up support and services. Both clients are fully compliant with their prescribed medications. Over the past two years, AAHP's HIV navigator has worked collaboratively with the medical director for the County's homeless shelters to ensure that adequate follow-up services are made available to all cases that record critical values based on their test results. All such cases are referred to the medical director for follow-up and care.

D. Social Work Services

Increasingly the field of human services has embraced the knowledge that physical health cannot be separated from mental or behavioral health and therefore it is necessary to consider the whole person's care as the focus of health. Mental health is particularly challenging due to the stigma attached to it. Allowing individuals in the community to objectively look at themselves using validated and objective instruments to assess their emotional health and risk is one method of separating mental health from its stigma. The screening instruments are designed to focus on feelings and behaviors rather than labels. The emphasis is on what you perceive happened to you rather than the labels associated with those experiences.

In June, 158 mental health screenings were conducted with Black/African American County residents to assess their mental health. The screenings were administered using three computer tablets or through links to the screening portal on AAHP's website. The

increased number of community events conducted in June afforded more opportunities to encourage residents to take advantage of the mental health screenings without fear. The self-administered screenings provide users with a framework for understanding how experiences, feelings, and behaviors influence their mental health status. Screenings are anonymous so fear of judgment or labels about being called insane are less significant. The participant can find help when screening results indicate the need.

In June, mental health screenings were conducted at community events, churches, senior housing, and virtual presentations. Non-English-speaking residents, County residents with limited literacy, and the visually impaired experienced challenges in completing the screening test. To facilitate the screening process, AAHP's social worker read the questions on the screening to the clients and encouraged each participant to select the answer that best reflected their feelings, experiences, attitude, and symptoms.

In June, the following screenings were administered:

- 32 Wide Screen
- 70 Wellbeing Screening
- 20 CD-GAD Generalized Anxiety
- 6 Audit Alcohol
- 5 Eating Disorder
- 3 PTSD
- 32 Wide Screen
- 16 Hands (Depression)
- 2 Bipolar
- 2 Gambling
- 2 Adolescent Depression

The following results were indicated:

- Audit Alcohol screening: 19% of respondents showed consistent alcohol dependence.
- Generalized Anxiety screening: 45% suggest symptoms of anxiety
- PTSD screening: 67% consistent with PTSD symptoms
- BSAD Adolescent Depression: 50% have symptoms of depression
- Eating Disorder: 40% may be at risk for eating disorders
- Bipolar: 100% showed signs consistent with Bipolar
- Wide Screen: 75% showed signs consistent with other disorders
- Gambling: 100% are at risk for gambling addiction
- Well Being: 4% severe symptoms

While some respondents indicated that they have been treated for disorders, many more have symptoms and have not been treated. When respondents who demonstrated symptoms consistent with specific disorder were asked if they were willing to seek treatment, 50% indicated that they would not receive treatment for their disorder.

Important notes from the screening:

- The highest racial identity to participate were African Americans at 78%.

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- Most participants (89%) had never been treated for an emotional disorder.
- When participants were asked if they would seek help, 50% said no.

III. Administration

Privacy and security are critical issues for both County and contract staff. All staff with access to the County's network are required to participate in monthly training to reduce the potential for phishing and virus infections that could compromise the overall security of the system. Each member of the contract staff is monitored on their compliance with the completion of mandated training.

Since social distancing and remote work started, telecommunications have taken on a more critical role in providing health promotion and wellness services. Also, AAHP has managed and improved the patient information system (CMIS) used to collect, store, and manage information about each encounter with community residents. Work in June resulted in improvements to data entry and report generation to gain insights and gather evidence of data quality control, which is necessary to measure program performance and achieve program objectives and outcomes.

Increasingly the SMILE mothers are recent immigrants whose first language is French rather than English. For the most part, AAHP has relied on the bilingual skills of a single community health worker who is fluent in French and English for translation support. In June, AAHP negotiated a new arrangement with AYUDA, an organization that provides translation services in multiple languages and can provide support on-demand or as part of prescheduled interpretation assignments. Language services are essential to AAHP's work in providing education and counseling to the County's most vulnerable residents.

APPENDIX A – Media Report

AAHP Health Notes - Distributed: Tuesday, June 21st at 4:50pm

Campaign Metrics

	May	June
General List Recipients:	7,691	7,570
Successful deliveries:	7,168	7,018
Open rate:	33.6%	28.1%
Click rate	.2%	.3%

AAHP's June 2022 Health Notes entitled "It's Time for Some Action!" was sent on Tuesday, June 21st at 4:50pm. In recognition of Men's Health Month, the feature article, "It's Time for Some Action on Black Men's Health," shone the light on the health status of Black/African American men and boys, encouraging the reader to learn and share knowledge about health and AAHP's programs and services with the Black/African American men and boys in their lives. The following article, "Conversations with Someone with Dementia," discussed the realities of managing communication with a person who has dementia, particularly if they are hostile, confused, or in denial. "Monkeypox Overview" provided an overview of the monkeypox virus, including how it is spread, its symptoms, treatment, and vaccines. The Health Hint advised readers against neglecting the health of their skin and to wear sunscreen, noting that Black/African Americans are most likely to die of skin cancer due to being diagnosed at a later stage. The featured video was a moving talk presented by TEDxSJSU with Sean J. Fletcher, PhD, discussing anxiety attacks and how Blacks/African Americans can destigmatize mental health. The featured recipe was Tabitah's Brown's Vegan Carrot Hot Dogs.

Of the 7,018 people who received June 2022 Health Notes, 1,970 people opened the newsletter, which is 437 fewer people than last month and represents an open rate of 33%, which is modestly higher than last month's open rate of 28.1%, which is lower than last month's extraordinarily high open rate of 33%. June's click rate of .3% was slightly higher than last month's rate of .2%, lower than AAHP's average click rate of 2%, and lower than the industry average of 4%. The number of successful deliveries decreased by 150 and there were 13 unsubscribers, which is expected with the dramatic increase of new addresses in the last month.

Facebook

AAHP's Facebook page's performance in June showed increases in comments and shares and decreases in posts and reactions. Three new followers were added in June.

Facebook Metrics – June 2022

	Followers	Posts	Likes/Love	Comments	Shares
Total	754	15	16	3	15
Change from last month	+3	-7	-19	+3	+6

Twitter

AAHP's Twitter performance in June decreased in all metrics compared with May's extraordinary performance. One new follower was added.

Twitter Metrics – June 2022

	Followers	New Followers	Tweets	Profile Visits	Mentions	Tweet Impressions	Retweets	Likes
Total	432	1	9	76	1	1,941	3	10
Change from last month		-7	-12	-938	-2	-1,192	-9	-2

Instagram

AAHP's Instagram performance in June showed decreases in number of posts and impressions, and the same number of post likes and LinkedIn bio clicks. One new follower was added.

Instagram Metrics – June 2022

	Followers	Posts	Post Likes	LinkedIn bio clicks	Impressions
Total	265	12	40	0	393
Change from last month	+1	-4	same	same	-84

APPENDIX B – June 2022 Health Notes



It's Time for Some Action
on Black Men's Health!



It's time for some action on Black/African American men's health! Far too frequently we find ourselves mourning the untimely death of another Black/African American male. We must face the fact that, compared to all other demographics, Black/African American men live the shortest and sickest lives, and we must confront this truth with action.

June is Men's Health Month, so take some time to learn more about the unique health risks that Black/African American men face and how they can reduce their risk for preventable diseases. Although we are aware that racism, high incarceration rates, unemployment, poverty, lack of access to quality medical care and social services, and many other issues contribute to the health disparity impacting Black/African American men, we can encourage ourselves and the Black/African American males in our lives to make lifestyle choices that promote good health. As more and more Black/African American males commit to eating a healthy diet, being physically active, avoiding drugs and excess alcohol, getting regular health checkups—including mental health checkups, and seeking early treatment for disease and injury, the overall health status of Black/African American males will improve.

If you want to take action on Black Men's Health this Men's Health Month, tell a Black/African American man you know about AAHP's programs and services, especially AAHP's Health Promotion classes (view the schedule [here](#)). Follow and share AAHP's content on social media.

Sources:
www.verywellhealth.com/black-american-mens-health
www.menshealthmonth.org
www.cdc.gov

Monkeypox Overview



Is the spread of monkeypox a major concern?

Monkeypox is a rare virus closely related to smallpox. On Friday, June 3rd, the CDC announced 21 monkeypox cases in 11 states, with more expected. Approximately 800 cases of monkeypox have been reported worldwide. Scientists and public health officials are concerned about the virus's spread beyond Africa, where it is endemic, or regularly occurring.

Monkeypox is primarily spread by close physical contact with patients who have lesions caused by the virus. Monkeypox symptoms include fever and sore throat, followed by swollen lymph glands and general discomfort. The illness can be severe and lead to death in some cases, but most people recover completely. Even without special treatment, recovery normally takes two to four weeks.

Currently, smallpox vaccines are being administered to people who have been exposed to monkeypox or who have high risk potential. The smallpox vaccine is said to be 87% effective against monkeypox.

Sources:

www.webmd.com

www.cdc.gov/poxvirus/monkeypox

Health Hint

Don't forget the sunscreen! Sunscreen protects you from skin cancer by reducing the amount of UV light that penetrates your skin. Even though darker-skinned people have a lower risk of skin cancer, they can still get it, and Black/African Americans are more likely to die of skin cancer due to being diagnosed at a later stage.

Source: blog.uvahealth.com

Featured Video

In this moving talk presented by TEDxSJSU, Shaun J. Fletcher, PhD, discusses his experience having anxiety attacks and how Blacks/African Americans can destigmatize mental health conditions and improve their mental health:



Featured Recipe:
Tabitha Brown's Vegan Carrot Hot Dogs



Ingredients

- 8 carrots (cut ends off to match bun size, and cut skin off)
- 2 cups of water
- 1 cup of Braggs Amino Acids or Soy sauce
- 2 tbsp of Liquid smoke
- 2 tbsp of A1 sauce
- 2 tbsp of Agave
- 2 tbsp of ketchup

Instructions

1. Boil carrots in marinade for 10 minutes uncovered. Then cover and boil for 10 more minutes but check for tenderness of the carrots while boiling so they don't get too soft.
2. After the second boil, turn off stove and let sit for 3 minutes in the sauce.
3. Take them out of sauce and put on a paper towel to drain for 3 minutes.
4. Then make your carrot dog the same way you would a regular hotdog.

Source: [Tabitha Brown's YouTube channel](#)

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