

One Healthy Life Leads to Another ♦



FY 2017 ANNUAL REPORT

“WE HAVE A STORY TO TELL”

July 1, 2016 – June 30, 2017



Montgomery County, Maryland
Department of Health and Human Services
Office of Community Affairs
African American Health Program



Maternal
&
Child
Health



Community
Outreach
&
Engagement



Oral
Health



Diabetes
&
Heart
Health



Sexual
Health



Health
Promotion

Prepared by McFarland & Associates, Inc.



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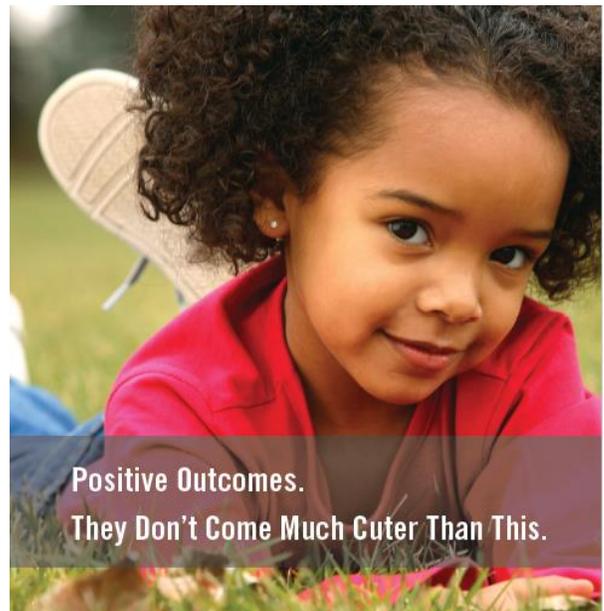
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The African American Health Program is funded by the Montgomery County Department of Health and Human Services and implemented by McFarland & Associates, Inc.



Positive Outcomes.
They Don't Come Much Cuter Than This.

INTRODUCTION

The African American Health Program (AAHP) Fiscal Year 2017 Annual Report presents clear evidence of awareness-raising and behavioral change outcomes in AAHP's target populations during the past year. McFarland & Associates, Inc. (McFarland) became the AAHP contractor on July 1, 2016. This report chronicles AAHP's achievements during Fiscal Year 2017 (July 1, 2016 – June 30, 2017) under McFarland's implementation.

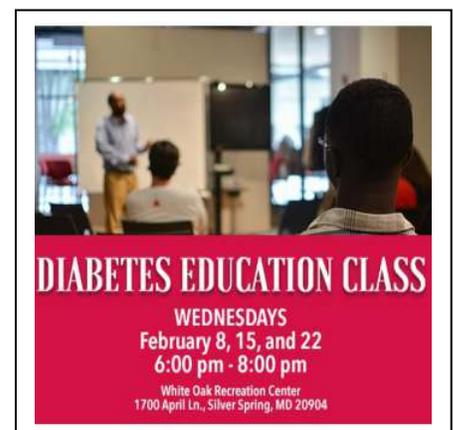
We have a story to tell: ***We are changing lives...and making a difference.*** This report documents substantial achievements during FY17, including improved responsiveness to the County's diverse population. Among its many successful strategies, McFarland has expanded AAHP's use of technology for health promotion to achieve life-changing outcomes.

Blacks¹ in Montgomery County are more likely to experience higher rates of diabetes, hypertension, obesity, cancer, HIV, STIs, and infant mortality.² Although social determinants such as access to care, poverty, and lack of education contribute to poor health outcomes, Blacks from every socioeconomic status in the State of Maryland and the County are impacted by disparate rates of disease.

With an ever-changing health care platform and innovations in health information technology, AAHP is a vitally important resource in the County. AAHP offers no-cost maternal and child health case management, health screenings (including HIV testing), education, and information about strategies that help to change behaviors and save lives.

AAHP's interventions are improving the health of our target population by:

- increasing health literacy;
- improving self-care practices;
- raising awareness of an individual's personal health status; and
- elevating self-confidence to take control of one's own health.



¹ The term "Black" encompasses people of African descent in diaspora, including African Americans, African Immigrants, Blacks from the Caribbean, and others.

² *Healthy Montgomery Community Health Needs Assessment 2016 and Blacks or African Americans in Maryland: Health Data and Resources, Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene, 2013.*

MESSAGE FROM THE AAHP COUNTY PROGRAM MANAGER

As many of you know, The African American Health Program (AAHP) has been in existence since 1999. AAHP's approaches and strategies toward the elimination of health disparities are refined to address its impact on African Americans and people of African descent in Montgomery County. General funds are allocated annually through the budget process which involves the Montgomery County's Executive and the County Council. AAHP is located within Montgomery County Health and Human Services; Office of Community Affairs.

In FY 2017, AAHP's vendor changed after almost a decade of services. Despite the change in vendor, AAHP's program areas remain steadfast to address and implement programs focused on cancer, diabetes, cardiovascular disease, maternal and child health, HIV, oral and mental health.

This past year AAHP integrated diabetes and cardiovascular disease classes to address prevention and self-management. Many people who suffer from diabetes are also victims of heart disease; both prevent individuals from leading a productive life and result in a life of early disability and sadly early death of hundreds of black men and women. AAHP was instrumental in partnering with Briggs Chaney, Gaithersburg, Ross Boddy and White Oak Community Centers as host sites for Diabetes and Heart Health Classes throughout the year.

This year marked the implementation of a special program, "Brother 2 Brother Talks". Brother 2 Brother Talks (B2B) is aimed at increasing knowledge, health education, awareness, and early detection screenings for Black males in Montgomery County. B2B's partnership has been established with faith-based

establishments such as Montgomery Hills Baptist Church, Mount Calvary Baptist Church, Mount Jezreel Baptist Church, and People's Community Baptist Church.

AAHP's oversight office joined forces with The Gaston and Porter Health Improvement Center, Inc. to offer a thirteen-week program designed for Black women between the ages of 45-75 to address hypertension through stress management, nutrition, and physical activity.

AAHP also celebrated continued success with the Health Freedom Walk (HFW); 2017 marked the 13th Anniversary of AAHP organizing and facilitating this event in Montgomery County in partnership with Health Freedom Walk, Inc. and Montgomery County Parks and Planning. HFW encourages physical activity through AAHP's Circle of Friends Clusters, incorporating healthy lifestyle training sessions and learning about the history of the Underground Railroad trail in Montgomery County.

AAHP is thankful to have the support of its Executive Committee, Executive Coalition, Sub-Committees, and Community Partners. AAHP acknowledges community residents for participating, and enjoys the opportunity to share information, resources and expand community relationships intended to improve the quality of life of Montgomery County's Black populations.

As the County Program Manager, I look forward to a more engaging year, greater impact and improved outcomes for the residents AAHP serves.

Respectfully,

Arlee Wallace, Program Manager



MESSAGE FROM THE AAHP EXECUTIVE COMMITTEE

The African American Health Program Executive Committee started the 2017 fiscal year by welcoming our new contractor, McFarland & Associates, who now has the responsibility for the implementation of AAHP. McFarland and its new AAHP staff:

- 1) Had a big challenge, which required them to ensure that the mission of AAHP continued to be carried out, as well as the services provided by AAHP resume and were up and running without any noticeable stopgaps.
- 2) Incorporated strategies and innovative approaches that focused on taking charge of one's health.
- 3) Put more emphasis on men's health through the new Brother 2 Brother program; encouraged and supported families that needed to address their health issues as a family; and strengthened the bond with the faith community so that their congregations could be healthier.

We have long understood the value of the expertise that contractors, like McFarland, and others who have served in that capacity. We applaud McFarland, the AAHP staff, and the County Department of Health and Human Services' AAHP Program Manager and staff on a smooth transition.

As we look back over these past years since 1999 when AAHP came into existence, we continue to feel encouraged that an emphasis on addressing health disparities is still being met through AAHP. However, we realize that AAHP's mission is far from being accomplished. According to a recent report by the Centers for Disease Control and Prevention (CDC, 2017), while there has been a slight decrease in the death rate of African Americans 65 years of age and older, new data is showing that "younger African Americans ages 20-30 years old are living with or dying of many conditions typically found in white Americans at older ages." To address this issue, CDC recommends the "use of proven programs to reduce disparities." (CDC, 2017).

The good news is that AAHP is an example of a proven program that is making an impact, although there is more to be done.

Our vision is that Black people will be healthier and safer than the healthiest population of Montgomery County. The goal is to eventually eliminate health disparities. To achieve this, we must remain committed in our push to ensure that AAHP has the right staff and resources to continue to deliver the valuable and much needed services to the target population. It is vital that we also understand the significant role that advocacy, community involvement, and partnerships play. In addition, individually, we need to take control of our health, take advantage of the services that AAHP provides, and support each other so that we as a people can have better outcomes.

As we embark on a new year and consider the future, we call on all parties to remain vigilant in their support of AAHP and its mission.

President Barack Obama said it best - "Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."

On behalf of the AAHP Executive Committee, thanks to all for your hard work and dedication!

Sincerely,

Pat Grant
Chair
AAHP Executive Committee

MESSAGE FROM McFARLAND PROGRAM MANAGEMENT OFFICIALS



**Message from
Mr. George McFarland, President/CEO
McFarland & Associates, Inc.**

Almost three decades ago, McFarland & Associates was founded to offer health and human services to reduce disparities between people of African descent and other populations throughout the United States and the world. Since our founding in Montgomery County in 1989, we have established, monitored, and evaluated numerous programs and services to improve the quality of life for diverse groups. Many of these efforts have centered around improving the quality of life for underserved populations by improving access to health information and social services.

To achieve our mission, we realize the importance of working closely with community stakeholders to make health a shared value and to foster cross-sector collaboration and community well-being. We have forged strong relationships with faith communities, universities, private organizations, and agencies to create a sustainable network and to expand the reach and scope of services. We realize that it takes a community to change the trajectory of health and to create and sustain a culture that promotes individual and family well-being. We are pleased to count the AAHP Program among our commitments here at home.

Accountability is at the heart of our work, and it starts with our dedicated staff and extends to our clients, neighbors, and stakeholders. Every day, we hold ourselves accountable for making choices that optimize health. As a corporate value, we must follow the guide and counsel that we offer to our clients. We also believe that everyone should know their particular health risks and take steps to mitigate personal health risks. That information starts with knowing your numbers and your health risk.

Many of the causes of excess mortality and morbidity can be changed by making changes in lifestyle like adopting and maintaining an ideal weight, eating more nutritiously, and exercising regularly. We also recognize the importance of creating healthier communities that value equality and the opportunity for each of us to live our best lives.

We believe that we have a story to tell, and we challenge you to join us in bringing health equity to Montgomery County as a beacon of hope for the Nation.



**Message from
Rev. Cheryl Mitchell Gaines, J.D., M.Div.
AAHP Project Director**

It has indeed been a pleasure to serve as the Project Director for the African American Health Program (AAHP) on behalf of McFarland & Associates, Inc., over the past year. I know the length of the journey and scope of the vision of Mr. George McFarland. His passion for improving the health and lives of Black people in Montgomery County and in this Nation, transcends this program.

Amazingly, no matter where we come from, Black people throughout this country suffer from many of the same disparate health outcomes as those in Montgomery County. Diabetes, heart disease, HIV, STIs, cancer, poor maternal and child health, and many other health disparities plague our Black community. But, we are not forgotten in Montgomery County. The commitment of the AAHP Executive Committee, the Montgomery County government, and the Department of Health and Human Services to address these issues head on are the instruments for making a measurable difference in this demographic.

It is my hope that the future of this effort can only intensify as AAHP moves further into the integration of 21st Century health promotion tools and techniques to improve the lives of Black people in Montgomery County. AAHP will continue to spread the message that we are the change we are hoping for as we deliberately alter how we treat our bodies and the temples we have been given to steward for our lifetime.





**Message from
Nkossi Dambita, MD, MPH, MS
AAHP Clinical Director**

It takes the whole village to heal itself. As I take a retrospective look at the challenges we, at the African American Health (AAHP), encountered and the successes we achieved during this past year, I can see the awakening of our African American Village to the call of self-healing.

We embarked on a journey to tackle the underbelly of an otherwise healthy Montgomery County, where nonetheless pernicious gaps in health status are hiding and burdening our people. Members of the Community are heeding the call and responding. I saw it at health fairs, churches, classes, schools, libraries, and through the enabling collaboration of partners, volunteers, and interns. There is no greater reward for a humble public health practitioner like me than to see people empowered to manage their health and well-being and the staggering results: healthy babies born through the SMILE program; high retention rates and dramatic results in terms of behavioral changes (diet, exercise, weight control, or medication management) in our chronic disease management classes; and mobile health technology adoption, just to name these few.

I am looking forward to an even greater year ahead in FY18.

Nkossi Dambita, MD, MPH, MS
Clinical Director

McFarland's Performance Monitoring Plan

McFarland uses a sophisticated plan to monitor, assess, and report on the performance of AAHP. The Performance Monitoring Plan (PMP) includes performance indicators that are based on the project results framework. The PMP is a living document that facilitates management decision-making to ensure accomplishment of project objectives.

McFarland's PMP measures performance in the following areas:

- Infant Mortality
- Diabetes
- Cardiovascular Health
- HIV/STI
- Cancer
- Mental Health
- Oral Health
- Cross-cutting Issues
- Administrative Indicators

Each area has subtopics that help McFarland to document and act upon specific areas. For example, Infant Mortality has 16 subtopics, and Diabetes has 12 subtopics.

McFarland's PMP incorporates baseline values, annual benchmarks, and end-of-project targets. The PMP also records the data sources, the frequency of verification and reporting, and the party responsible for each subtopic.



PROGRAM HIGHLIGHTS

Our approach included hiring a diverse and knowledgeable staff with the cultural sensitivity and familiarity with the target population needed to help reduce health disparities. In addition to its Black American population, Montgomery County has a large Black immigrant population. The Ethiopian Amharic-speaking population represents the largest group in that population.



In addition to culturally competent staff, we engaged a diverse group of interns and volunteers who helped AAHP reach the wide-range of Black individuals in Montgomery County. In addition to English and Amharic, AAHP staff and interns were also able to communicate in French, Creole, Swahili, and Lingala. This diversity enabled AAHP to explain program offerings to the large and ever-growing immigrant population in the County.

Another interesting effect of hiring from the target population is that most of the staff and their families are also part of AAHP's target audiences. Consequently, it did not take long for us to discover that most of the staff were also a part of the disparate health statistics confronting Blacks in Montgomery County. Regardless of where the staff person was from, i.e., born in America or not, we could all especially identify with disparate rates of hypertension, obesity and diabetes.

McFarland hired diverse staff to better serve the County's growing immigrant population.

At first, most staff members treated the job as information only. But exposure to the information and the goal of changing the lives of our target population made us eventually concede that "We are the change we are hoping for." If we wanted to make a difference in the lives of those we reach, then we had to decide to make a difference in our own lives first.

During the year, AAHP staff decided to "walk the talk" by forming an internal walking group and deciding to apply some of the strategies AAHP taught to participants about managing their own health needs, including using technology. Staff members lost weight, lowered their A1C levels, changed eating patterns, and better managed their hypertension needs.



McFarland's effort to merge humanity and technology means that we engage technology to meet human needs. We enhanced our FY17 programmatic efforts with the use of hotspots and tablets in the field to collect more information from participants. This also helped us to ensure that we would be able to conduct follow up activities by overcoming issues like illegible contact information.



Some other key technology strategies included our introduction of technology as a platform for changing health outcomes. Mobile apps like iTriage® and Omron® Wellness were introduced at community outreach events. Participants were taught the value of using apps like these to self-manage their health care information and to know and monitor their status especially regarding blood pressure, glucose levels, and other health conditions.

Healthify is a web-based tool that was introduced to support the case management needs of the Start More Infants Living Equally healthy (SMILE) component of AAHP. Healthify enabled the SMILE nurses to locate real-time resources for their clients.



Many of AAHP's collaborations were traditional health promotion efforts, such as health fairs. One particularly successful strategy was bringing together pastors of Black churches and discussing their potential roles in sustaining healthy congregants, the AAHP faith Community Engagement approach. The Pastoral Health Summit, held at Bethel World Outreach Ministries International, provided a platform to engage numerous faith community leaders who could engage their own congregations around health promotion strategies. The result yielded health screenings at many churches after the summit, which also allowed staff to assist churches in structuring health ministries through training, referrals, and connections. This approach created an opportunity to expand services to other Black churches, such as Reid Temple North AME, Mt Calvary, Mount Jezreel Baptist, Resurrection Baptist Church, and Allen AME Church.

“The National HIV/AIDS Strategy is based on the belief that stigma reduction is essential to reducing HIV-related disparities (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2012). High levels of HIV stigma are associated with a lower likelihood of HIV testing in the general public (Fortenberry et al., 2002). Despite acknowledgment of the detrimental effects of HIV-related stigma, it remains a significant barrier to both prevention and treatment efforts (Earnshaw & Chaudoir, 2009).”³

³ “AN INTERVENTION TO REDUCE HIV-RELATED STIGMA IN PARTNERSHIP WITH AFRICAN AMERICAN AND LATINO CHURCHES”, AIDS Education and Prevention, 26(1), 28–42, 2014. The Guilford Press.

Earlier in FY17, AAHP reported that stigma was a tremendous barrier to HIV testing at churches. Another highlight of the Faith Community Engagement approach was the cultivation of valued and trusting relationships with churches that eventually led to AAHP conducting onsite HIV testing at many churches at their Sunday services. We consider it a turnaround that within the first year we could overcome this barrier at several Black churches in Montgomery County to offer HIV testing to their congregants.

McFarland overcame the barrier of stigma associated with HIV testing at churches.



Eating habits, fitness patterns and other behavioral habits are established in families. So too are our health histories. Some of the disparate health outcomes are inherited and others are transferred through family choices. A key feature of the outreach strategy of AAHP was the development of the Family Engagement approach. After encountering AAHP at her church, one woman was motivated to engage AAHP to try to change the negative health trajectory of her family. The family had a history of diabetes, cardiovascular disease, and obesity. But this one family's motivation to change the health

history⁴ of its family members led to the implementation of diabetes education classes and screenings, cardiovascular education and testing and fitness classes, where the attendance was bolstered by their own recruitment efforts.

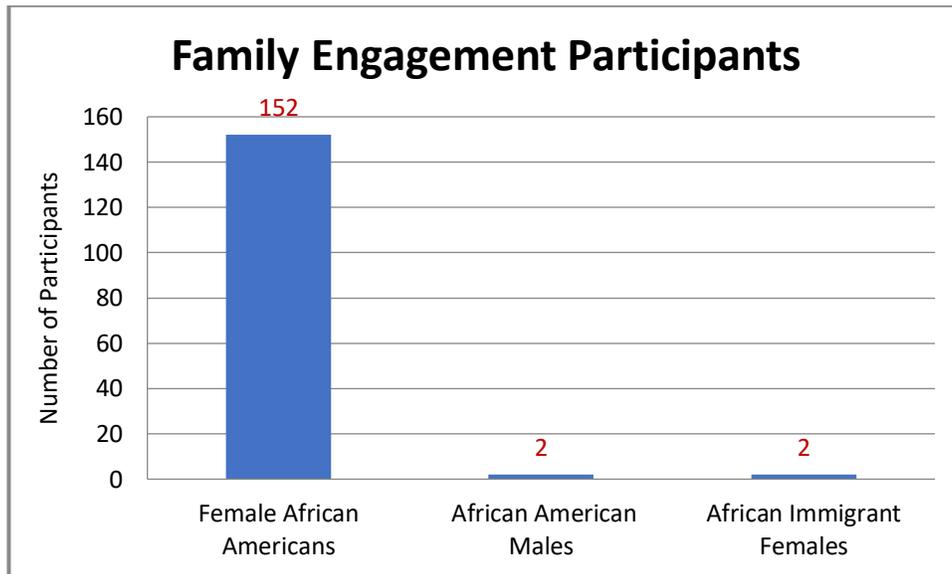
The Family Engagement approach to health promotion is AAHP's tool to provide a holistic method to health promotion within families. The strategy includes providing AAHP services within the context of family relationships. It includes awareness raising and education as well as tracking behavioral change. AAHP does the following:

1. Conducts health fairs/screenings at "Family Health Promotion Reunions" or gatherings;
2. Works with families to begin a plan for physical activity and life style changes;
3. Provides nutrition education and training which may include presentations on genetics;
4. Trains family members in how to screen their participating family members in Body Mass Index (BMI) screens;
5. Provide diabetes education classes for the family groups;
6. Provide cardiovascular education classes for the family groups;
7. Monitors and tracks health outcomes around diabetes, weight management, blood pressure, eating habits and behavior changes; and
8. Promotes an overall healthy lifestyle.

Participants completed a total of 5 weeks of classes and have an ongoing commitment to work with AAHP to improve health outcomes in their family. This replicable model will be further utilized with more Black families in the coming years.

⁴ This family indicated that they were tired of burying their young family members from heart attacks and stroke. We referred to this family's initiative as "#makingourhealthhistory History", signifying how proper intervention can overcome the negative health outcomes that may have plagued families for generations.

Figure 1. Family Engagement Participants



The 6-week Family Engagement approach reached 156 members of the target population, as reflected in Figure 1.

AAHP was also very successful at convening audiences to participate in the monthly Executive Coalition meetings that were held at the Silver Spring Civic Center. The AAHP Executive Coalition members' presentations were excellent. Utilizing the Community Health Workers proved to be a successful for increasing audience participation rates; hence, community education.

McFarland cross-trained AAHP staff to support all AAHP program areas.

A final highlight of FY17 was the cross-training tactic for the entire AAHP staff. All staff members were trained in each of the program areas of AAHP to enable them to be conversant around all AAHP focus areas. Additionally, staff were given the opportunity to take educational classes and receive certifications in areas like diabetes, mental health, CPR/AED, and HIV to enhance their skill sets.



Maternal and Child Health – AAHP SMILE

Infant mortality is defined as the death of an infant before the age of one year, per 1000 live births. “In 2014, according to the annual Infant Mortality in Maryland report, the infant mortality rate in Montgomery County stood at 4.8 per 1,000 births. Among white county residents, the rate stood at 3.6, but it was 8.3 for African Americans in the county.”⁵

AAHP SMILE registered nurses provide in-home case management for pregnant women who are 28 weeks or less through delivery and post-partum services to the infant through age 1. The goal is to improve pregnancy outcomes and reduce the incidence of infant mortality in Black women in Montgomery County. To do so, AAHP needed to increase its footprint in Montgomery County because McFarland discovered that although SMILE was the most widely known component of AAHP, a significant part of the population was unaware of AAHP.



To assure SMILE is well known in the community and seen as a resource for all Black pregnant women, a detailed Awareness Plan was developed and implemented at the mid-year point. This multi-faceted outreach and prevention plan included a cross-section of staff and the media consultant. The target audience for this effort included previous referral sources, as well as those that are potentially new sources (e.g., birthing centers and midwives).

Referrals for pregnant women increased from a low of approximately 5 per month to 19 in the last month of FY17.

Hence, some of the awareness-raising efforts targeted traditional sites like pregnancy centers and WIC offices. AAHP also developed new relationships with the Montgomery County Public Schools (MCPS), churches, and private doctor’s offices to recruit more pregnant women from the target population.

AAHP participated in the MCPS 8th Annual Choose Respect Montgomery Healthy Teen Dating conference in April. In June, MCPS listed an AAHP event on its website, <http://www.montgomeryschoolsmd.org/departments/ssl/>.

This exposure increased the enrollment of pregnant teens in SMILE. Pregnant teens are at high risk⁶ for poor pregnancy outcomes and infant mortality. High-risk clients demand a more intensive intervention, so the increased numbers of pregnant teens increased the intensity of the AAHP interventions in McFarland’s first year on this contract.

SMILE nurses also participated in the County’s Fetal and Infant Mortality Review Board (FIMR), Interagency Coalition on Adolescent Pregnancy (ICAP), and Community Action Team (CAT) meetings to examine progress in reducing infant mortality. They also discussed collaboration strategies to increase SMILE participation rates from all socioeconomic demographics in the County, especially the more affluent Black women. The more affluent and highly educated women are more likely to have children later in life.

⁵ “Working to Reduce Infant Mortality”, Washington Post, Laura Jenkins, January 15, 2016; citing, *Maryland Vital Statistics Infant Mortality in Maryland, 2014*, Vital Statistics Administration Maryland Department of Health and Mental Hygiene, September 2015.

⁶ See Appendix A for definition of high risk, medium risk, and normal.

Another high-risk factor is the age of the mother at the time of the pregnancy.⁷ Strategies to engage this demographic included working collaboratively with FIMR/CAT board to host joint awareness-raising events.

SMILE nurses were also cross-trained in all AAHP focus areas. During their awareness-raising and recruitment activities, they were able to also recruit for other program areas of AAHP. A formal awareness-raising campaign targeted the following organizations, among others:

- ❖ Maternity Partnership Meeting
- ❖ Priority Partners MCO
- ❖ Capital Women’s Care
- ❖ Pediatric and Adolescent Care
- ❖ The Muslim Community Center
- ❖ Adventist Health
- ❖ M.A.M.A.S., Inc.
- ❖ Pediatric Associates
- ❖ MedStar Health
- ❖ Contemporary OB/GYN Associates
- ❖ Colesville Child Care Center
- ❖ Kaiser Permanente
- ❖ Gaithersburg Library
- ❖ Kennedy High School
- ❖ Mount Jezreel Baptist Church
- ❖ Bethel World Outreach International Ministries
- ❖ Resurrection Baptist Church
- ❖ White Oak Recreation Center
- ❖ East County Recreation Center
- ❖ Ross Boddy Recreation Center
- ❖ People’s Community Baptist Church
- ❖ Olive Branch Community Church
- ❖ Marian’s Hair & Beauty Supply
- ❖ Montgomery County Housing Opportunity Commission
- ❖ Good Hope United Methodist Church

CHWs joined the nurses in the awareness raising activities. The joint efforts led to more referrals for SMILE and additional partnerships for the dissemination of AAHP materials and host sites for AAHP screening and testing services.

SMILE nurses also worked collaboratively with the County Program Manager, to utilize the Integrated Team Meeting (ITM). An ITM is a tool used by the County to marshal resources that are scattered throughout the County under one roof in a facilitated meeting format.

Stakeholders may include child welfare, housing, mental health professionals, and the client. This tool is now available to AAHP to assist with the ever-growing demands of high risk pregnant women from our target population and should bolster positive pregnancy outcomes and help to reduce infant mortality.

REFERRAL RESOURCES
♦ Baby’s Bounty
♦ Wider Circle
♦ Gilchrest Center
♦ MD WIC Program
♦ Shepherd’s Table
♦ C4 Closet
♦ AAHP Car Seats
♦ Pack N Plays for safe sleep



AAHP Nurses instruct mothers, fathers and other caregivers who may be present in the home to put their babies “Back to Sleep”, which is a practice that reduces the incidences of Sudden Infant Death Syndrome (SIDS). During in-home visits, SMILE nurses observe the infants and support the mother by teaching and training on best practices for healthy baby outcomes in the infant’s first year. Many of the mothers are from diverse cultural backgrounds with varying levels of parenting skills and are of various ages. The consistent messaging of AAHP nurses is to deliver information that promotes safe sleeping and other practices. Home visits also enable SMILE nurses to observe sleeping practices and to provide real time education and tools for assisting parents in the first year of the infant’s

⁷ See Appendix A for ages for high-risk designation.

life, including breastfeeding tips. AAHP nurses also promoted safe sleep by providing Pack n' Play bassinets to all mothers who needed one after delivery of her baby. Pack n' Plays have good firm mattresses, which are perfect for infants. This practice also encourages mothers not to co-sleep with their infant. Mothers can move the infant closer for monitoring and comfort. Resources and referrals are used to close the gap for some mothers who may need supportive services and baby supplies.

Sadly, despite these supportive case management services, one mother experienced the loss of an infant who died from SIDS while in the care of a non-parental caregiver. Guidance is given to parents and in some cases with caregivers who represent diverse ages, parenting skills, and cultural differences to prevent improper sleeping methods known to cause SIDS.

Figure 12. SMILE Performance Profile in FY17

SMILE PERFORMANCE PROFILE IN FY17	FY17	Notes
A) Participating Moms	88	Monthly Average in FY17
Prenatal (still pregnant)	30	Monthly Average in FY17
Postpartum (Moms who have delivered)	58	Monthly Average in FY17
B) All Infants		
Single Births	55	Monthly Average in FY17
Multiples	8	Monthly Average in FY17
CASE LOAD (A+B)	151	Monthly Average in FY17
MOM'S ETHNICITY		
African American Clients	42	Monthly Average in FY17
African Clients	40	Monthly Average in FY17
African Caribbean Clients	6	Monthly Average in FY17
NEW ENROLLMENTS		
Prenatal Moms Newly Enrolled	9	Monthly Average in FY17
Postpartum Moms Newly Enrolled	3	Monthly Average in FY17
Infants Newly Enrolled	59	Total All New Babies FY17
ALL NEW ENROLLMENTS FOR THE MONTH	195	Total All New Enrollments FY17
DELIVERIES DURING THE MONTH		
Term Deliveries	51	New babies in FY17
Preterm Deliveries	8	New babies in FY17
TOTAL DELIVERIES	59	All New Babies
BIRTH OUTCOMES		
Healthy Birth Weight (% of Total Deliveries)	93%	Percent during FY17
Low Birth Weight	4	Total during FY17
Very Low Birth Rate	0	Total during FY17
Infant Deaths (includes Stillbirths)	1	Total during FY17
Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	0	Total during FY17

SMILE PERFORMANCE PROFILE IN FY17	FY17	Notes
SERVICES		
Total Home Visits	923	Total home visits by nurses during FY17
Prenatal Discharges	12	Total during FY17
Infant Discharges	79	Total during FY17
Community Referrals Made	306	Total during FY17
Classes/Presentations Completed	50	Total during FY17
Manual Breast Pumps Given	44	Total during FY17
BREASTFEEDING MOMS		
Clients Breastfeeding Infants 0-3 months	13	Monthly Average in FY17
Clients Breastfeeding Infants 4 -6 months	8	Monthly Average in FY17
Clients Breastfeeding Infants 7- 9 months	5	Monthly Average in FY17
Clients Breastfeeding Infants 10 -12 months	6	Monthly Average in FY17
INSURANCE*		
Clients with Private Insurance	29	Monthly Average in FY17
Clients with Medicaid Insurance	59	Monthly Average in FY17

** Three percent (3%) of the clients have both private insurance and Medicaid insurance.*

Given the nature of the engagement between nurses and their clients, there was a gap in rebuilding the client base as the new contractor. Losing a nurse increased the current nurses' caseload. The nurse remained on staff part-time through the end of the contract year. Recruitment of a new full-time nurse was an extended yet deliberate process that yielded a great selection right when the numbers of referrals were increasing. We overcame the challenge of the delay by hiring a nurse who is highly skilled in neonatal and maternal health. The mothers easily adjusted to working with her.

Figure 3. Ethnic Identification of Moms in FY17

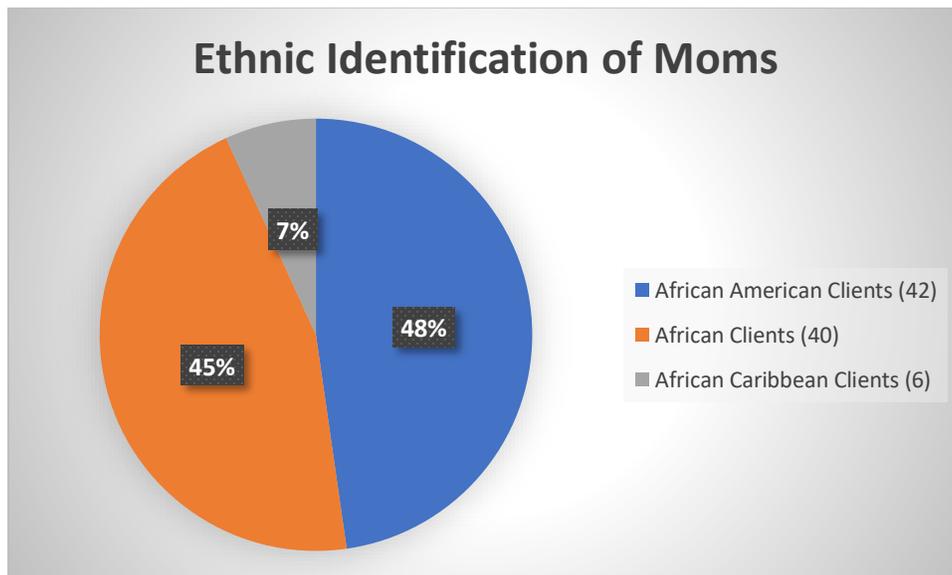
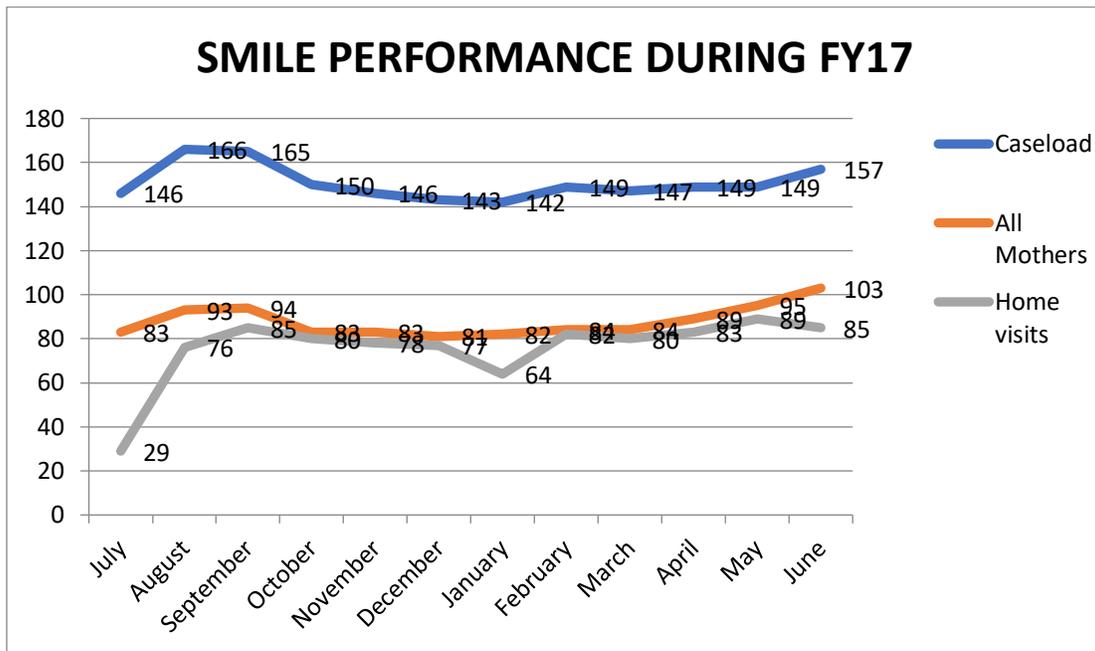


Figure 4. Monthly Trends in Performance



SAMPLE SUCCESS STORY

A Baby, a Family, and a Smile

Some call her nurse Sandra, but this family calls her “Angel.” The successful labor and delivery of Baby A led this family to hold a surprise celebration for Nurse Sandra. As she walked into the home for her routine visit, this time the encounter was anything but routine. The family greeted her at the door with shouts of joy, praises to God, songs of joy, warmth, and thankfulness. They handed the baby to Nurse Sandra. Surprised and emotionally moved by the gratitude and festivity, Nurse Sandra graciously allowed the family to conduct their traditional celebration of appreciation and praise, which also included a more than abundant supply of food native to their Ethiopian culture. **This celebration is a snapshot of the beneficial role AAHP nurses play in the families who participate in the SMILE program.**

Diabetes and Heart Health

AAHP identified the culturally competent Healing Our Village (HOV) to deliver diabetes education and cardiovascular classes that meet the needs of the target population. The HOV evidence-based program brought value to the AAHP chronic disease component. The objectives of the diabetes and cardiovascular component included the following:



- Develop, implement, and expand feedback reports on hypertension and diabetes measures, including hypertension patient visit adherence and more specific measures to drive QI performance
- Provide interventions to “high risk” diabetic and hypertension patients in the target population

- Screen and enroll patient population (those with elevated metrics) into a Hypertension/Diabetes (Chronic Disease) Wellness and Self-Management Program
- Provide patients with a depression survey (PHQ 9) and refer to a mental health professional as needed
- Navigate patients without PCP and elevated blood pressure into a patient centered medical home
- Provide at least three follow-up visits and interventions to participants
- Follow-up on all individuals screened with elevated metrics and refer to Chronic Disease Wellness Program

McFarland and HOV achieved high retention rates for diabetes and cardiovascular classes.

With the focus on implementing a Diabetes Education program, the collaboration with HOV helped AAHP to create program specific education materials, referral forms, demographic forms, and other culturally sensitive teaching aids. AAHP reached 2,538 people as reflected in Figure 5. Eighty percent (80%) of participants were female and 20% were male. One thousand one hundred twenty-seven (1,127) individuals received blood pressure screening. Nine hundred seventy-eight (978) individuals received glucose screening, and 359 Hemoglobin A1c screenings were performed. Seventy-four (74) participants received diabetes/hypertension counseling and support for self-management.

Figure 5. Chronic Disease Program Snapshot

2,538 People Reached	1,127	Blood Pressure Screenings
	978	Glucose Screenings
	359	Hemoglobin A1C Screenings
	74	Clients with Diabetes/Hypertension Counseling and Support for self-management
	45	Community Outreach Events
	51	Individuals given Glucose meters and supplies and instructed on how to use, as well as log books to track
	66	Individuals given BP monitors and instructed on how to test as well as log books to track
	11	Individuals successfully referred, tracked, and followed up into a medical home and primary care physician
	16	Medication recommendation made, 11 accepted, 5 lost to follow-up due to non-attendance
	47	Individuals screened for mental health using (PHQ9)

Figure 6 reflects the behavior modification goals and participant rates. As indicated, 100 percent (100%) of participants were trained in reading food labels, monitoring the condition of their feet, and other proven strategies designed to reduce diabetic and cardiovascular crises.

Figure 6. AAHP “By the Numbers” in 2016

<ul style="list-style-type: none"> • 100% of class participants recorded having a positive health/behavior change
<ul style="list-style-type: none"> • 100% of class participants have improved A1C levels @ 3 month followup
<ul style="list-style-type: none"> • 90% of class participants that met with a Diabetes Educator will reach one goal to improve management
<ul style="list-style-type: none"> • 100% of class participants learned to read food labels
<ul style="list-style-type: none"> • 100% of class participants learned to inspect their feet daily
<ul style="list-style-type: none"> • 100% of class participants learned to take, record, and monitor their own blood pressure
<ul style="list-style-type: none"> • 90% of class participants with elevated BP showed improvement in 3 to 6 months
<ul style="list-style-type: none"> • 100% of all class participants showed improvement in nutrition and fitness behaviors over 3 to 6 months

The AAHP Diabetes component provided the following:

- American Association of Diabetes Educators (AADE) Certified Program
 - Culturally competent Curriculum
 - Instructors skilled at Behavior Change
 - Physician (PCP) integrated into the program
- Diabetes Didactic and Nutrition Therapy
- Use of AADE7 Core Curriculum
 - Healthy Eating
 - Being Active
 - Monitoring
 - Taking Medication
 - Problem Solving
 - Healthy Coping
 - Reducing Risks
- Healing Our Village (HOV) Books, Video, Blood Glucose Monitors, and Blood Pressure Monitors



By engaging Dr. Ikenna Myers of HOV as the Diabetes Education for AAHP, we provided event planning and chronic disease presentations to strategic partners, community participants, the AAHP Executive Committee, and the Executive Coalition. We also provided testing, counseling, and referrals for blood glucose and A1Cs.

Dr. Myers forged collaborative relationships with Shoppers Food Pharmacy to engage pharmacists in Medication Review Therapy for program participants called “Bring Your Brown Bag”. The pharmacists allowed participants to bring their medications to review dosage and use to ensure the participants were taking the right dosage at the right time and remaining consistent. The pharmacists reviewed both diabetes medications and hypertension medications.

AAHP also implemented a Food & Nutrition component of its Diabetes Education classes. These classes included the preparation of tasty heart healthy foods that participants were taught to prepare and that they could enjoy as a part of the class. Our approach seeks to promote lifestyle changes that include healthy eating rather than a quick fix. Fitness and exercise were also added components of the Diabetes Education and Cardiovascular components, which included the engagement of a fitness trainer who taught chair exercises, one who taught Zumba and other instructors who provided a range of fitness suggestions for a diverse group of participants.



The faith Community Engagement approach and the Family Engagement approach both served to create opportunities for the implementation of the Diabetes and Cardiovascular classes. Collaborative relationships with churches, County community centers and the U.S. Postal Service provided the occasion for AAHP to take its classes to captive audiences.

SAMPLE TESTIMONIALS

A 78-year-old female came to a diabetes class with elevated blood pressure and diabetes. Her primary care physician had told her “she would die because she didn’t take her medications.” He also told her to “send me the eulogy to your funeral.” The client felt that the PCP was ignoring the patient’s pleas that she was having problems swallowing and therefore could not tolerate the Metformin that he had prescribed. Metformin is a large pill. This participant’s A1C was 9%, and glucose at baseline was 300+. The client elected to switch to an AAHP referral physician for a next day visit. She attended the visit in which the referral physician prescribed a non-insulin injectable, which was much better tolerated by the client. The client has switched PCP’s and now has a routine glucose of 130, which is within her normal range. She indicates that she now feels amazing and will continue with the information she learned.

A 54-year-old female came to diabetes class. She was not diabetic but did have uncontrolled hypertension (>175/90). This client was counseled on hypertension medications as well as healthy eating options and exercise. AAHP education goals included introduction of meal planning, access to healthy foods and the like by looking at foods she was already eating and finding healthy alternatives. We were able to reduce her caloric intake by almost half (4500 calories per day down to 2500 calories). At baseline, she weighed 234 pounds, and at week four of the class, she weighed 214-216. She indicated she feels immensely better even with just the 18-20-pound drop. Her blood pressure has also dropped to an average of 150-155/75-81, which is a significant improvement. She has agreed to continue the meal plan and take some of the suggestions that the nutritionist has made as far as food substitutes, including using juices and oils for salad dressing and switching to less of a non-red meat non-processed meats diet and more emphasis on fish (salmon and tuna).

CONTINUOUS QUALITY IMPROVEMENT

In FY17, AAHP developed a robust, self-directed continuous quality improvement (CQI) plan that ensures high-quality services. The CQI provides highlights of the first review of the SMILE Program cases to ensure continuous revision and refinement of necessary protocols and programmatic inputs for healthy mother and infant outcomes.

The fundamental service components of the CQI process are:

1. Quality Assurance Case Reviews
2. Quality Data Collection, Reliability, and Accountability
3. Analysis and Dissemination of Quality Data
4. Feedback from Consumers and Stakeholders
5. Adjustment of Programs and Processes

The dynamic composition of the overall CQI program includes administrative functions that ultimately impact CQI directed outcomes. Each function must advance the service to evolve and impact all areas of health disparities in Black people in Montgomery County. These administrative functions include:

- Budget Planning and Resource Development
- Staff Recruitment and Retention
- Staff Development
- Policy, Procedure, and Standard Operating Procedures
- Management of the Information System
- Facility Management
- Contract and Procurement Management

Program service and administrative components are continuously being improved and the quality assurance processes will be initiated and expanded accordingly.

CHALLENGES AND RESOLUTIONS

As the new contractor, one of the initial challenges was an expectation that AAHP would continue programming along the same course. Consequently, education classes were scheduled but the retention rates for those classes were extremely poor. McFarland shifted its approach to one built on relationships with institutions like churches, community groups, and families. This approach has yielded an almost 100% retention and completion rate for participants. With the support of the County Program Manager, AAHP has been able to utilize County facilities to convene where these families and community groups gather in large numbers with families or groups that are already interested in AAHP heart health or diabetes classes.

Community Outreach and Engagement

Collaboration is the life-blood of community engagement for AAHP. All AAHP staff and volunteers engage the community and form partnerships. Community Health Workers (CHWs) are the face of AAHP who help us to forge alliances and collaborations that promote the messaging of AAHP.

Reaching more than 10,000 individuals with the messaging and services of AAHP in FY17, CHWs spent significant time cultivating new relationships to spread AAHP services across the entire County. Touches included a total of more than 5,000 AAHP promotional flyers and educational materials on chronic disease; more than 1,000 newsletter subscribers; more than 4,000 Facebook followers; nearly 2,000 people reached through a live Facebook broadcast; and more than 4,300 Twitter impressions. The outlets for AAHP's outreach included churches, schools, barber shops, beauty salons, health fairs, and community outreach events. The individuals reached included participants in AAHP's programming, screening, and testing.



The CHWs led the effort to recruit students who were interested in community health promotion initiatives. The CHWs also formalized a training program at the University of Maryland's School of Public Health. Through this network, AAHP recruited several students who volunteered for outreach and engagement activities. Two of the volunteers secured part-time work with AAHP and brought valuable skills for the implementation of technology platforms in the community.



McFarland identified early that data used to track health disparities in the County are not narrowly focused. McFarland was interested in perpetuating population health strategies that could target the areas with the highest prevalence of health disparities in our target population.

Anecdotal evidence suggested that Upper County has high incidences of pockets of health disparities. To substantiate it, AAHP needs data to support this conclusion. In FY17, in addition to numerous activities in East County, and other parts of the County, CHWs made tremendous overtures in Upper County including launching the Family Engagement Model in this area with the help of the DHHS County Program Manager.

Near the end of FY17, McFarland successfully competed for the Montgomery County, Department of Health and Human Services data management, monitoring, and reporting services contract, which was designed to monitor relevant indicators that reliably detect changes in health disparities targeted for health promotion and prevention services. This award expanded the scope of the services McFarland could provide to AAHP to include data collection, analysis, and reporting, and provides the framework within which to collaboratively engage community stakeholders in considering and selecting core measures that reliably detect changes in incidence and prevalence of health disparities within neighborhood hotspots throughout the County.

This data-driven approach will enable AAHP to better target Blacks in Montgomery County in the upcoming years. Notwithstanding, AAHP cultivated and nurtured several networks that provided consistent platforms for AAHP service delivery in FY17. Reid Temple North Campus provided the forum for AAHP health screens first monthly for the first 3 months, then, every other month. CHWs coordinated service delivery at 43 other sites where AAHP provided HIV testing, BMI screening, blood glucose and A1C testing along with information dissemination on cancer prevention, oral health, mental health and other program offerings.

While reaching large numbers of people with AAHP messaging raises community awareness of AAHP services, a more long-term approach to improved health outcomes is finding a way to promote behavior change. The Health Freedom, Inc. Celebration Walk was one way to engage the target audience over several months.



AAHP's collaboration with Jeanne Charleston of Health Freedom, Inc. is designed to promote healthy outcomes in Black people in Montgomery County through a yearlong focus on physical activity, nutrition, and other healthy lifestyle options. Health Freedom's focus on the history of the Underground Railroad in

Maryland is the focal point. Health Freedom uses Conductors to recruit and lead Circle of Friends groups who commit to a 6-week long session of physical activity, education about the Underground Railroad, and nutrition. During the Celebration Walk, each participant walks the slave trail in Sandy Spring, Maryland, in honor of a Freedom Fighter who escaped slavery or an Abolitionist who supported the Underground Railroad. The program culminates in the walk, but we encourage participants to stay together as a Circle of Friends group for a year.

The culmination of several months' preparation by the walking groups was for the three-mile walk completed at the end of FY17 in June. One-hundred fifty (150) persons participated in the Celebration Walk. The AAHP team, which included the County Program Manager, made a premier presentation of the Harriet Tubman Award to Ms. Jeanne Charleston, the founder and CEO of Health Freedom, Inc. This presentation reflected the connectivity between Black people in Montgomery County regardless of their place of origin. Health Freedom provides the opportunity for AAHP to continue to engage the enthusiastic participants in a yearlong exploration of healthy lifestyles that began with weekly walking activities.

FOCUS AREA: Sexual Health – HIV/AIDS and STI Prevention



Acquired Immunodeficiency Syndrome (AIDS), the advanced stage of disease caused by the Human Immunodeficiency Virus (HIV), has been at epidemic levels for the last two decades in the United States. In 2015, Maryland ranked 7th among the 50 states in the number of HIV diagnoses.⁸ Also in 2015, an estimated 79.5% of Maryland adults and adolescents diagnosed with HIV were non-Hispanic Blacks.⁹ Montgomery County represents 18% of the total population in Maryland¹⁰ and 12% of Maryland's living HIV/AIDS cases.¹¹ Non-Hispanic Blacks are disproportionately represented in HIV infection

rates at 12% of Maryland's population¹². In Montgomery County, as reported through June 30, 2016, non-Hispanic Blacks represented 55% of adult/adolescent reported HIV diagnoses.¹³ Through that same period, non-Hispanic Blacks represented 65% of adult/adolescent living HIV cases with AIDS.¹⁴

AAHP's mandate has been to promote HIV testing to help the target population "know your status." The CHWs and nurses also teamed up on World AIDS day to engage the students at MC Takoma Park to promote HIV testing. Using a team approach, 31 students were tested that one day. The education class at

⁸ Maryland State Health Profile, https://www.cdc.gov/nchhstp/stateprofiles/pdf/maryland_profile.pdf.

⁹ Ibid.

¹⁰ US-Places.com; Maryland population by County - percentage of Black residents, <http://www.us-places.com/Maryland/black-percentage-population-comparison.htm>

¹¹ Maryland HIV/AIDS Quarterly Update First Quarter 2016 Data reported through March 31, 2016, [https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Maryland_HIV_AIDS_Quarterly_Update-1st_Quarter_2016_\(Data_reported_through_3-31-2016\).pdf](https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Maryland_HIV_AIDS_Quarterly_Update-1st_Quarter_2016_(Data_reported_through_3-31-2016).pdf)

¹² Ibid.

¹³ 2015 Montgomery County HIV Annual Epidemiological Profile, Figure 4.

¹⁴ Ibid., Table 13.

Progress Place reached 60 participants. A combined total of 70 people participated in education presentations at the Executive Coalition meeting and at East County. Although knowing your status is valuable for controlling the spread of HIV, there is a growing incidence of sexually transmitted diseases that are becoming antibiotic resistant.

The CHWs used creative strategies to engage unconventional partnerships with churches, barbershops, and beauty salons to provide HIV testing, sexual health information, and education initiatives. AAHP distributed sexual health information at Black barbershops and salons in Downtown Silver Spring and one in Upper County. Ten barbershops and three beauty salons participated in FY17. AAHP also distributed 100 packs of condoms at these shops.

CHWs performed HIV testing. Nurses and CHWs provided sexual health information in key community locations.



AAHP also partnered with Heart to Hand to provide testing on its mobile van at the Silver Spring Veteran’s Center. This strategy enabled the Certified HIV tester to reach the target population on the streets of Downtown Silver Spring. Ninety-nine percent of the HIV testing occurred in non-clinical settings.

During the year, AAHP increased the number of certified testers from one to two full-time and one part-time. The HIV-certified CHWs renewed a relationship with the Montgomery County Corrections facility to reengage the When I Get Out (WIGO) component of AAHP, which targets reentrants and incarcerated

individuals in the target population. The HIV team in FY 18 will focus on sexual health education, in addition to HIV testing.



The HIV-positive participant was referred to the County Health Department.
Twenty-five (25) participants were referred to the County Health Department for STI testing.



MEN’S HEALTH

The Men’s Health Component of AAHP called Brother 2 Brother Talks (B2B) provides a platform to address men’s health issues in comfortable settings led by men who bring expertise in the particular topic area being discussed. Health topics like prostate cancer, colon cancer, diabetes, and cardiovascular disease in Black men have been the focus of conversations. The sessions are exclusively for males and individual experiences and questions are encouraged. Also, these meetings are provided a safe environment in overcoming health related challenges. Area churches like Mount Jezreel provided space for men to gather for B2B and for health screens of participating men.

Increasingly, AAHP has reached out to other providers to expand the reach and scope of health screening services. In collaboration with the Maryland Cardiovascular Association, B2B introduced Peripheral Arterial Disease (PAD) screening at its meetings. PAD is a serious circulatory problem in which the blood vessels that carry blood to a person’s arms, legs, brain, or kidneys become narrow or clogged. This may result in leg discomfort with walking, poor healing of leg sores, difficult to control blood pressure or symptoms of stroke and heart attack.¹⁵ AAHP also conducted other health screens at the B2B meetings including blood glucose, A1C, and BMI.

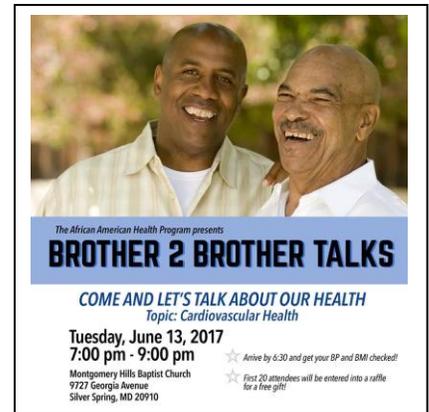
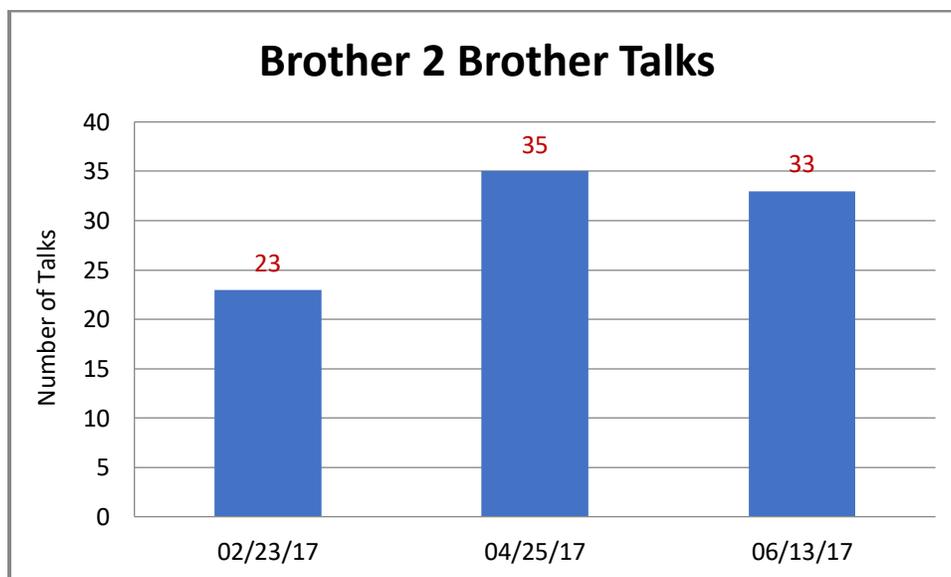


Figure 7. Brother 2 Brother Talks in FY17



CHALLENGES AND RESOLUTIONS

It is always challenging to get men to focus on their health. “Men aren’t judged by whether they are healthy; they are judged by whether they contribute financially to their households, pay child support and are active participants in their families and communities,” says Derek M. Griffith, Ph.D., associate professor of medicine and health at Vanderbilt University’s Center for Research on Men’s Health. If they can do those things, they are unlikely to see a reason to go to a doctor, Griffith says.¹⁶ AAHP sought to start the conversation with Black men about their health as an avenue for engaging them to take better care of themselves. Utilizing churches as a platform to invite the conversation was a beneficial way to engage Black men where they gather.

¹⁵ Maryland Cardiology Associates, P.C. fact sheet.

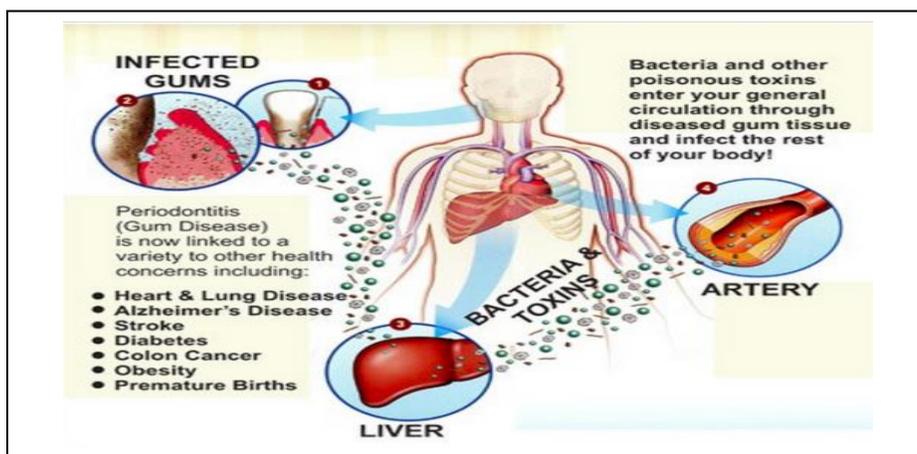
¹⁶ EBONY <http://www. Ebony.com/wellness-empowerment/black-men-health-guide#ixzz4qbyOnplk>

Oral Health

ORAL HEALTH

Oral Health needs of Blacks in Montgomery County are an important component of improving the overall health of AAHP constituents. Many of the chronic diseases addressed by AAHP are impacted by the oral health. Inflammation of the gum tissue and periodontal disease can make it harder to control blood sugar and make diabetes worse. Some of the dangers of poor oral health include:

- Bacteria from periodontal disease can enter the bloodstream, travel to the arteries in the heart, and cause atherosclerosis (hardening of the arteries).
- Atherosclerosis causes plaque to develop on the inner walls of arteries, causing thickening and the decrease and blocking of blood flow through the body.
- This can cause an increased risk of heart attack or stroke.
- The inner lining of the heart can become inflamed causing endocarditis.



AAHP launched a formal Oral Health Program by engaging Dr. Joseph Latta, an experienced pediatric dentist, to train AAHP staff on the impact of oral health on overall health of individuals and the impact of oral health on pregnancy. He also unveiled an oral health risk assessment that will be used at outreach events that focus on oral health. The goal of the oral health prevention initiative is to increase awareness and understanding of the relationship between oral health and overall health and to improve oral health outcomes in the target population. Dr. Latta also conducted oral health presentations at the Executive Coalition and Executive Committee meetings, as well as to SMILE participants during one child birth and breast feeding class.

The related objectives are to:

- Conduct individual oral health risk assessments for all clients and patients;
- Identify actions that individuals can take to ensure good oral health;
- Prevent tooth decay over the life span from infancy to old age;
- Assist and encourage every individual to establish a dental health home;
- Increase awareness about eligibility and access to dental care; and
- Help every individual manage and control the cost of dental care.

Oral health resources were obtained by one of the AAHP nurses who acquired oral health kits for children and adults from the Maryland State Dental Association in Columbia Maryland to use in future outreach and health screening events. CHWs also cultivated relationships with dental schools, County dental clinics, and a mobile dental unit as a potential FY 18 partner to enhance the AAHP oral health component. Oral health materials were distributed to 100 children and adults. Oral health education presentations on pregnancy, HIV, and general health issues reached 55 persons in June, alone.

CANCER PREVENTION

Cancer is the second leading cause of death in Maryland and in the United States.¹⁷ Despite improvements in cancer incidence rates in Montgomery County, there is still a disparity in incidence and mortality rates between Blacks and other races living in the same County.¹⁸ In fact, according to Healthy Montgomery, Blacks have the highest rates of death from cancer in Montgomery County than any other group. The leading causes of cancer deaths for Blacks in Montgomery County by type include prostate, colon, breast, and lung cancer. AAHP cancer prevention activities included conducting presentations on prostate cancer at the B2B meetings as well as at men's ministry meetings at participating churches.



Additionally, AAHP implemented a 2-week cancer presentation that immediately followed its heart health and diabetes classes. One-thousand two hundred sixty-five (1,265) cancer prevention promotion encounters occurred in FY17, including education classes and information dissemination activities. Also, AAHP has received and distributed materials from the African Women's Cancer Awareness Association (AWCAA) and the American Cancer Society (ACS) on signs and symptoms of breast cancer.

MENTAL HEALTH

"Mental illness is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Mental illness is associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases and higher risks of adverse health outcomes."¹⁹



To successfully address the needs of the target population, AAHP utilized mental health interventions to educate, screen, and refer clients to appropriate mental health resources. "Overall, only one-third of Americans with a mental illness or a mental health problem get care. Yet, the percentage of African-Americans receiving needed care is only half that of non-Hispanic whites. One study reported that nearly 60% of older African-American adults were not receiving needed services."²⁰

¹⁷ Maryland Department of Health and Mental Hygiene, 2014 Cancer Report.

¹⁸ *Blacks or African Americans In Maryland: Health Data And Resources*, Office of Minority Health and Health Disparities Maryland Department of Health and Mental Hygiene, December 2013

¹⁹ <http://www.apa.org/helpcenter/data-behavioral-health.aspx>

²⁰ <http://montgomery.md.networkofcare.org/mh/library/article.aspx?id=1423>

To better address the mental health needs of Black residents, AAHP adopted a program of awareness, assessments, and referral services. We routinely distribute materials at health fairs and community events on emotional stress.

AAHP uses a variety of evidence-based tools for assessing one's mental health status. One hundred percent (100%) of SMILE clients were administered the Edinburg Postnatal Depression Scale at prenatal and at 6-8 weeks postpartum. The Edinburg Scale is a tool of the Substance Abuse and Mental Health Services Administration (SAMHSA).



In addition, an electronic tool, Healthify, was used to assess the social determinants that are linked to isolation, stress, and insecurity and to provide appropriate referrals. The staff social worker conducted support groups for pregnant women and new mothers to address a wide variety of emotional issues and to provide positive personal interaction with others.

The SAMHSA-approved depression screening PHQ9 was administered by the Diabetes Educator with participants in diabetes and heart health classes. This tool also screens for depression and assists the administrator in assessment and treatment.

Health Promotion

HEALTH PROMOTION VIA SOCIAL MEDIA

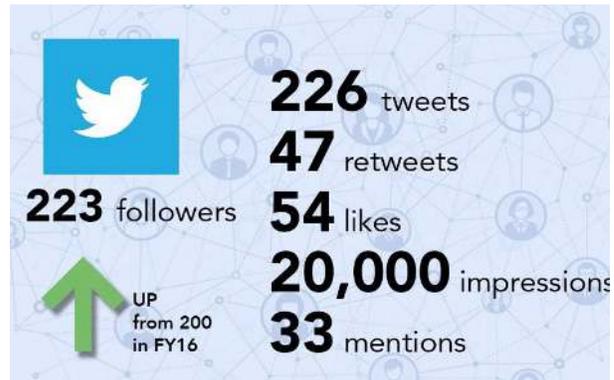
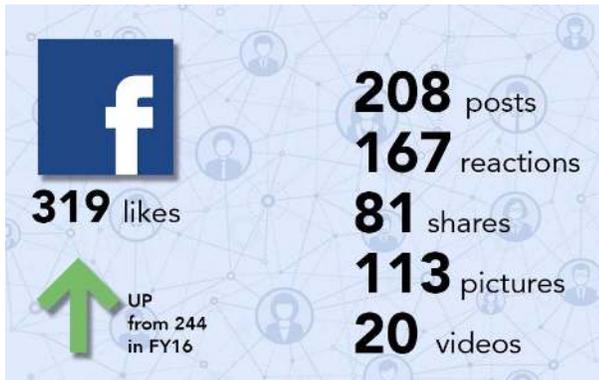
AAHP maintains a robust social media presence on Facebook and Twitter. In FY17, AAHP's social media presence evolved in content and branding, leading to higher quality and quantity engagement with AAHP's constituents. AAHP's social media channels helped AAHP fulfill its mission to reduce health disparities by:

- Advertising AAHP's upcoming classes, events, and services
- Providing a variety of health information including health tips, statistical data and other pertinent information related to AAHP's six focus areas
- Promoting awareness of health issues that disproportionately impact Black people
- Observing and promoting government health campaigns

AAHP's social media design and content is created using industry best practices with design features consistent with all other AAHP marketing materials. The use of high-quality, exclusive stock photos further enhanced the visual appeal of AAHP social media posts, which increased engagement.

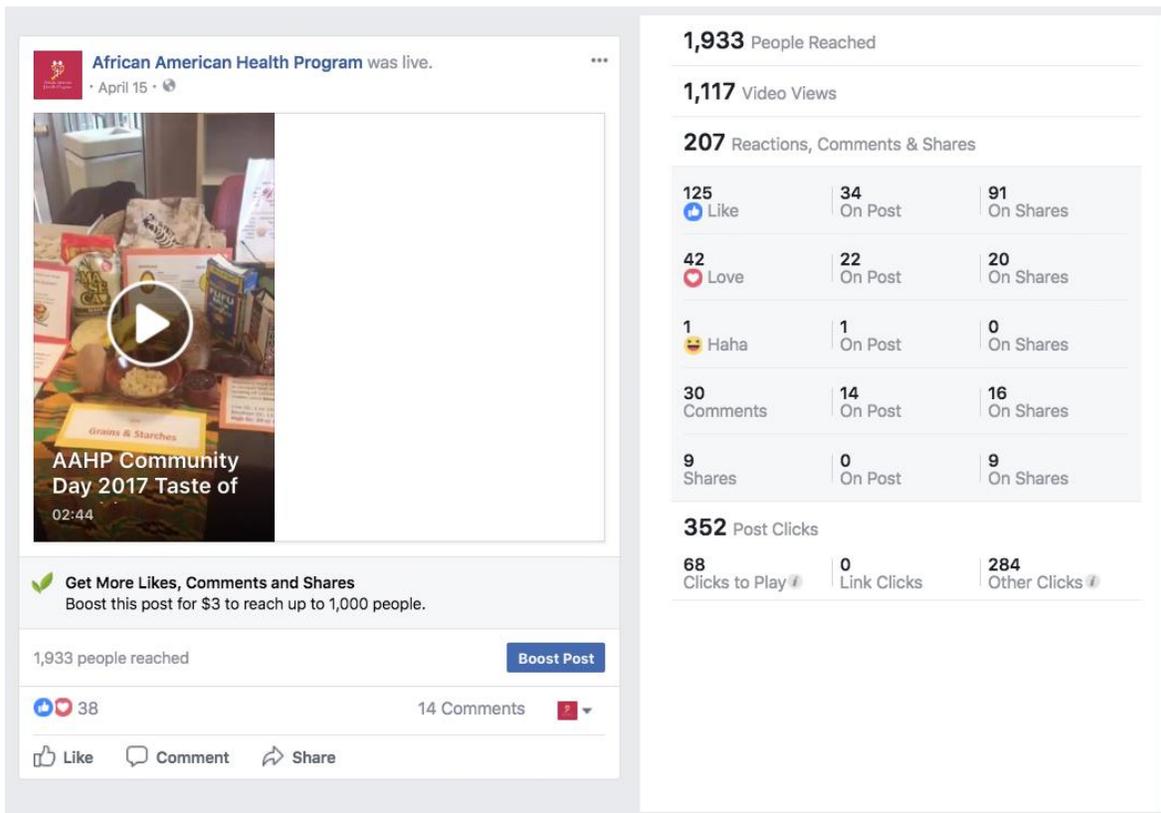
AAHP social media posts include shares, articles, and videos from prominent sources like the Cleveland Clinic and Harvard School of Public Health. AAHP social media also engages and shares information with local organizations such as Montgomery County Parks, the Black Woman's Health Imperative, and Fit Fathers.

Figure 7. Program Outcomes – Social Media by the Numbers



HIGHLIGHTS

On April 15, 2017, AAHP broadcast live on Facebook for AAHP Community Day’s presentation, “Taste of Nutrition.” The video documented an area doctor explaining how to prepare various traditionally African, West Indian, and Black American foods more healthfully. The video garnered a great deal of engagement as followers expressed appreciation.



Source: Facebook Insights

On April 5, AAHP participated in National Public Health Week Twitter Chat sponsored by the American Public Health Association. During the event, AAHP responded to questions using an official hashtag. Participating in the Twitter chat produced a spike in engagement, with one tweet earning more engagement than any other tweet that year.



Stay Connected:     [Subscribe to AAHP](#)  [Join Our Newsletter](#)

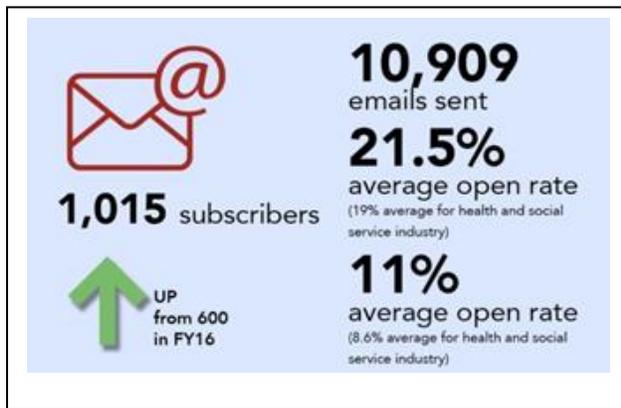
REVISIONS AND TECHNOLOGICAL ENHANCEMENTS

AAHP's digital marketing properties underwent significant transformation during FY17. Most notably:

- ◆ AAHP's Facebook and Twitter profile pictures were upgraded from a static image of AAHP's tagline to beautiful, panoramic photos of a multigenerational Black family rotating with headers advertising special AAHP events. The new profile pictures made the social media pages more attractive and informative and provided another opportunity to promote and advertise AAHP's services and events.
- ◆ AAHP's newsletter adopted the name *AAHP Health Notes* along with several additional improvements. The content is lengthier, more substantial, and more relevant to the target population as well as current health trends and news. The format is more consistent and includes recurring feature articles such as the Recipe of the Month and the McFarland staff feature. Additionally, AAHP Health Notes is offered on the website and in print.
- ◆ AAHP took advantage of Facebook's new live streaming feature during AAHP Community Day. By broadcasting live from the event, AAHP showcased the exciting activities in real time. We also invited comments from viewers and in-person participants long after the event.

HEALTH LITERACY PROMOTION

Every month, AAHP publishes *Health Notes*, an email newsletter currently sent to (as of the end of FY17) 1,015 subscribers. *Health Notes* includes articles on government health observances, critical health issues impacting the Black community, advertisements for and news about AAHP classes and events, and recurring feature articles. *Health Notes* experienced tremendous growth in FY17, with enhancements in the quality and quantity of content and visual appeal. Metrics for views, clicks, and opens also improved. *Health Notes* expanded its readership by offering the newsletter in print and on the AAHP website.



Subscriptions to AAHP's email newsletter, Health Notes, increased by 69% in FY17.



July 2016 Newsletter

June 2017 Newsletter

One healthy life leads to another.



AAHP E-newsletter: Special Summer Edition

Minority Mental Health Month

July is Bebe Moore Campbell National Minority Mental Health Awareness Month. According to the U.S. Department of Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population. Common mental health disorders among African Americans include depression, attention deficit/hyperactivity disorder (ADHD), suicide, and post-traumatic stress disorder (PTSD), which are often rooted in socioeconomic conditions like poverty, homelessness and violence. Bipolar disorder and schizophrenia also disproportionately impact African Americans because of lack of access to health care. The perception of mental illness and depression as personal weaknesses and the tendency to manage mental health issues within the family and church community also hinder African Americans from seeking professional medical treatment.

To further advance the African American Health Program (AAHP)'s commitment to the total health and wellness of African Americans and persons of African descent in Montgomery County, AAHP will add mental health as a focus area. We will provide resources and education to promote understanding of and treatment for mental health. We will also work to dispel the stigma that surrounds mental health.

Join the movement to turn stigma into hope. Learn more about how you can help by taking the pledge to bring understanding and education to others.

[Take the Pledge](#)

"Once my loved ones accepted the diagnosis, healing began for the entire family, but it took too long. It took years. Can't we, as a nation, begin to speed up that process? We need a national campaign to destigmatize mental illness, especially one targeted toward African Americans...It's not shameful to have a mental illness. Get treatment. Recovery is possible."



-Bebe Moore Campbell

Protect Yourself from Zika

According to the Centers for Disease Control, 400 pregnant women in the US and DC have tested positive for the Zika virus. Learn how you can protect yourself.

Quick Links

[CDC Zika Virus Page](#)

[Maryland Department of Health and Mental Hygiene](#)
[Pan American Health Organization/World Health Organization](#)



AAHP HEALTH NOTES

The newsletter of the African American Health Program of Montgomery County, MD | June 2017



AAHP OBSERVES MEN'S HEALTH MONTH

Healthier men live longer, happier lives. During the month of June, which is Men's Health Month, we work to raise awareness about men's health issues and promote good health behaviors among men and boys. Unfortunately, Black men have the lowest life expectancy and lowest health status compared to women and men of other races. The disparity is stark: Black men experience disease earlier, face more complications with disease, and have less access to quality health care and state-of-the-art treatment. Given this reality, it is especially critical that Black men equip themselves with the knowledge and motivation to make their health and well-being a priority.

Black men can take action to ensure their health and safety by getting informed about their health, making health-promoting decisions, and taking preventive measures. These measures include:

- **Eating healthy** – A healthy diet rich in fruits and vegetables provides nutrients that help prevent chronic diseases. An unhealthy diet consisting mainly of starches and fat (as well as excess sugar and salt) increases the risk of chronic disease. A recent study indicated that younger Black men were the least likely to eat at least three servings of fruits and vegetables per day, when compared to women and men of other racial/ethnic groups.
- **Getting regular physical activity** – Exercise helps control weight and can help lower the risk for heart disease and several types of cancer. It can also help ward off depression and improve mental health.
- **Avoiding tobacco** – Ending habitual and occasional cigarette smoking and avoiding second-hand smoke lowers the risk of heart disease, cancer, lung disease, and other smoking-related illnesses. Lung cancer is the leading cause of cancer-related death among men, and smoking cigarettes is the cause of most lung cancer cases.
- **Reducing and managing stress properly** – By seeking personal and professional support for depression, anxiety, and severe mental health issues, men can avoid common negative reactions to stress such as smoking, overeating, drinking alcohol and using drugs.
- **Getting regular checkups and screenings** – Certain diseases and conditions may not have symptoms, so checkups and screenings help identify and detect issues when treatment for them is most effective and before they become more problematic. Consider AAHP's free health screenings for blood pressure, BMI, blood glucose, and other health conditions that can signal the need for a lifestyle change or a trip to the doctor for a treatment plan. Men should discuss getting screened for colorectal cancer and prostate cancer with their doctors.



The African American Health Program presents

BROTHER 2 BROTHER TALKS

COME AND LET'S TALK ABOUT OUR HEALTH
Topic: Cardiovascular Health

Tuesday, June 13, 2017
7:00 pm - 9:00 pm

Montgomery Hills Baptist Church
9727 Georgia Avenue
Silver Spring, MD 20910

★ Arrive by 6:30 and get your BP and BMI checked!
★ First 20 attendees will be entered into a raffle for a free gift!

In observance of Men's Health Month, AAHP invites all Black men in Montgomery County to attend our next Brother 2 Brother Talk on Tuesday, June 13 from 7:00 pm - 9:00 pm at Montgomery Hills Baptist Church. This month's focus is cardiovascular health. Light refreshments will be served.

For more information or to enroll, please email aaahp@mcfarlandandassociates.com or call 240.777.1833.

CONCLUSION

The accomplishments and challenges of the past year have better prepared AAHP for continued growth and success. FY17 provided the basis for the engagement of 21st Century technologies that support AAHP's health promotion aims. AAHP continues to provide training and technical assistance that empowers target populations to implement these technologies in health self-management. The application of strategies that seek to engage target populations where they gather, live, or work have shown great promise.

The data management, monitoring, and reporting services contract will help AAHP to implement population health approaches that streamline resources and target communities where the greatest disparities exist. Strong collaborative relationships with the faith community, MCPS, colleges, key health community stakeholders, and the AAHP Executive Coalition are also critical to the future success of this program. We look forward to the next chapter in the development of AAHP as we strengthen our community ties and expand the scope and delivery of services to Black people in Montgomery County.

VISIT US

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APPENDIX A: MATERNAL HEALTH RISK DEFINITIONS

High Risk

- Advanced Maternal Age: Advanced maternal age includes women at the ages of 35 years and above, which increases the risk of unfavorable outcomes including baby born with Down syndrome.
- Teen pregnancy or adolescent: This category has a significant high rate of preterm birth, low birth weight, miscarriages, and even death.
- Overall health status
- History of miscarriage, still birth, and other pregnancy complications
- Primigravida
- History of gestational diabetes and /or pre-eclampsia
- Social determinants like homelessness, domestic violence, and others
- Positive tests in communicable and non-communicable diseases

Medium Risk

- Within normal range or expected maternal age
- Presence of various social determinants which can lead to unfavorable outcomes
- Lack of lack of supporting system which can create a poor supporting environment
- Elevated level of stress that parent is facing

Low (Normal) Risk

- Overall health within normal limits
- Under prenatal care
- Good support system