

Participants at the Black Maternal Health Day of Service January 15, 2025

# AAHP MONTHLY REPORT January 2025







## I. Executive Summary

## A. Overview

January 2025 was a productive month for the African American Health Program (AAHP), with significant progress in maternal health, chronic disease prevention, community engagement, and program expansion. Key initiatives included the Black Maternal Health Day of Service, the launch of the "In It to Win It" men's health campaign, and expanded efforts in oral health education and HIV/AIDS awareness.

## **B.** Key Achievements

# 1. Maternal and Child Health (SMILE)

- New staff additions: 2 case managers and 1 chronic disease nurse hired
- Community engagement: Organized Black Maternal Health Day of Service and hosted childbirth and breastfeeding class
- Prenatal and postnatal support: Served 218 clients (24 prenatal, 94 postpartum, 95 infants)
- Breastfeeding success: 86% of mothers breastfed for 6+ months (far above the national average)

## 2. Chronic Disease Prevention & Management (CDMP)

- Conducted CDMP classes with increased participation (avg. 32 attendees per session)
- Hosted health screenings for 71 Black residents, detecting high rates of hypertension (68.75%)
- Expanded outreach through nutrition, weight management, and diabetes prevention

# 3. Men's Health Initiative – "In It to Win It"

- Launched new campaign engaging 1,000 Black men in health education
- Partnered with Montgomery County DHHS for expanded program reach
- 4. Oral Health & Cancer Prevention
  - Introducing new oral health initiative at AAHP community events
  - Partnered with LUNGevity to enhance cancer awareness and screening access

# C. Key Challenges & Mitigation Strategies

# 1. Lower Prenatal Enrollment & Drop-offs

Challenge: Decrease in prenatal referrals and client follow-ups Solution: New outreach campaign targeting OB/GYN providers to increase engagement

# 2. Community Awareness & Participation Gaps

Challenge: Need for increased visibility for health programs Solution: Expanded social media engagement, partnerships, and community health worker outreach

# 3. Financial & Staffing Adjustments

Challenge: Transition of program management staff & hiring gaps Solution: Recruitment efforts for additional SMILE nurse positions

## **D.** Looking Ahead (February 2025 Priorities)

- 1. National Black HIV/AIDS Awareness Day event Goal: Increase testing & education
- 2. Expand "In It to Win It" Men's Health Campaign Focus on outreach in high-risk zip codes
- **3.** Improve SMILE Program Enrollment & Retention Strengthen OB/GYN partnerships
- 4. Increase Oral Health Awareness Enhance community education efforts

## **II. Introduction**

January was a busy and productive month for the African American Health Program (AAHP) as the staff launched new initiatives to enhance the reach and variety of prevention and wellness services across Montgomery County. Two additional SMILE case managers were recruited to oversee prenatal and postnatal cases within the SMILE program. A registered nurse specializing in chronic disease management was also hired to support AAHP's efforts in chronic disease prevention and intervention. Furthermore, a part-time supervisory nurse position was upgraded to full-time to enhance and expand case management services. This change aims to increase the number of prenatal cases by facilitating more visits to local obstetricians and gynecologists, monitoring nursing service delivery, and identifying opportunities for continuous improvement.

On January 15, 2025, SMILE case managers collaborated with the AAHP Executive Committee, the Black Physicians Network, and the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority to organize a Black Maternal Health Day of Service symposium at Bradley Hills Presbyterian Church. The symposium aimed to address the factors contributing to the disproportionate maternal and infant health risks faced by Black mothers and their infants in Montgomery County and across the nation. It provided an opportunity to offer solutions and connect attendees with resources that empower and support women in Montgomery County. The Chief delivered the keynote address of Public Health Prevention Services for the Montgomery County Department of Health and Human Services (DHHS).

On the same day, the Montgomery County Chapter of Delta Sigma Theta, in partnership with the African American community, donated over 200 items to support pregnant mothers and those recently giving birth. Additionally, as part of the day of service honoring Dr. Martin Luther King Jr., AAHP's community health workers conducted health screenings at the Silver Spring Civic Center.

AAHP has launched a new countywide campaign, "In It To Win It," to educate and motivate young Black men to increase their awareness of avoidable health risks and adopt healthier lifestyles. The campaign seeks to engage at least 1,000 Black men through training and educational initiatives, encouraging them to model healthier behaviors. This effort will be led by a consultant with over 35 years of experience empowering Black men to take a more active role in their families. The campaign aims to ensure that Black men in Montgomery County live healthily and as long as their counterparts in the area. The Department of Health and Human Services Director has agreed to support this initiative.

In January, the African American Health Program intensified its efforts to reduce the oral health disparities between County residents of African descent and other ethnic groups in Montgomery County. Current data indicates that oral health is the most significant health need related to disparities. To address this issue, AAHP launched a new campaign to educate Black residents about the importance of oral health in overall well-being. A long-time supporter and collaborator is leading the planning and implementation of this expanded initiative. The program will feature frequent consultations at health events and personalized oral health assessments, including the *Ask the Dentist* initiative. These outreach activities aim to educate residents on the importance of good oral hygiene and its role in preventing other chronic health conditions.

In January, six undergraduate and graduate students began completing practicum internships with AAHP. The interns include three undergraduate students from the School of Public Health at the University of Maryland, a graduate student in nursing from the University of Maryland Global Campus, and master's level graduate students in social work from Morgan State University and Arizona State. During January, the students completed onboarding and orientation. In addition, communications protocols were established to facilitate ongoing exchange of information and assignments.

In January, much planning was devoted to organizing and implementing a National Black HIV/AIDS Awareness Day celebration at the Silver Spring Civic Center on February 5, 2025. This event, spearheaded by AAHP, included 20 health program vendors. National Black HIV/ AIDS Awareness Day is an annual event to highlight the disproportionate impact of HIV and sexually transmitted diseases and to encourage every resident to know their status, get tested, and take appropriate action to stay negative. The keynote speaker for this event was the Montgomery County Health Officer, who presented detailed data about the current incidence and prevalence of sexually transmitted diseases in Maryland and the District of Columbia Metropolitan Area. Despite the inclement weather, AAHP's community health workers conducted health screenings at eight facilities and provided screening results to 71 Black residents. Student interns were also trained in screening protocols for blood pressure, body mass index, cholesterol, glucose, syphilis, hepatitis C, AIDS, and HIV. A critical objective of the health screenings is to ensure that residents know their numbers and the connection between their numbers and their overall health. Whenever biometric measurements were outside of the normal limits, participants were encouraged to seek the advice of a primary care provider.

During January, AAHP staff continued conducting virtual and hybrid classes on maintaining good health. AAHP is especially pleased that root enrollment continues to increase for most classes or is maintained at levels that exceed the national averages for similar classes. This progress report presents a more detailed discussion.

January also marked a significant change in staffing assigned to manage AAHP's contract with the Department of Health and Human Services. Effective January 30, 2025, a new program manager began transitioning into the new role and responsibility for contract management and approval.

Over the last quarter, AAHP staff and consultants renovated the AAHP website to update the software's platform and infrastructure by moving it from Oxygen Builder to Elementor. The renovation is designed to improve the website's speed, appearance, and functionality. The new, updated website was launched at the end of January.

### **II. Program Activities**

## A. Start More Infants Living Equally Healthy program (SMILE)

In January, AAHP's newly appointed SMILE nurse case manager supervisor officially assumed full-time responsibilities for overseeing and managing various SMILE program activities and services. As part of these duties, they represented AAHP as a panelist at the Maternal Health Day of Service symposium on January 15. This event was a collaborative effort between AAHP, the AAHP Executive Committee, and the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority. The symposium featured a distinguished panel of healthcare providers, researchers, and community advocates dedicated to addressing health disparities and improving maternal and child health outcomes. Notably, the Chief of Public Health Services for Montgomery County also participated as a panelist. Additionally, an AAHP SMILE mother shared her experience with the program, highlighting how its support helped her deliver a healthy baby. An AAHP nutritionist further enriched the discussion by presenting key insights on preconception planning, the role of nutrition in pregnancy, and practical tips for women looking to adopt a healthier lifestyle.

AAHP staff also hosted and participated in other events aimed at raising community awareness about the issues of excess infant and maternal mortality and morbidity in Montgomery County and strategies to eliminate disparities. Additionally, AAHP represented itself at the monthly Mortality Review Community Action Team Committee (FIMR/CAT) meeting to provide and discuss the latest information on strategies, challenges and approaches for achieving healthier outcomes.

The SMILE team was briefed on a new inter-agency initiative to assess health outcomes for mothers enrolled in the SMILE program from January 1, 2018 to December 31, 2020. This effort is being collaboratively coordinated with the Maryland State Vital Statistics and the County's Epidemiology Department to better understand the impact of prevention services on the health and well-being of mothers and infants over time. AAHP staff created a dictionary to identify the relevant data elements for data abstraction to support the data analysis.

In January, the SMILE team hosted Childbirth and Breastfeeding Classes covering essential topics such as labor and delivery, hospital admission, pain management and comfort measures, breastfeeding, postpartum care, and newborn care. Each presenter demonstrated a deep understanding of these subjects, providing valuable insights and personal stories that helped attendees connect with the material. Six expectant mothers participated in the class and received baby gift boxes generously donated by the Montgomery County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The boxes contained a total of 200 essential items, including diapers, wipes, clothing, diaper creams, and other newborn necessities. Client feedback was overwhelmingly positive, with participants expressing a sense of empowerment and readiness to embrace their upcoming labor and breastfeeding journey.

In January, the SMILE program's Mommy Chat support group featured AAHP's oral health consultant who explained the importance of oral health for mothers and their babies. Using visual aids, the consultant illustrated the consequences of poor dental care, including infections and other oral health issues. He emphasized that a mother's oral health can directly impact her unborn child. For mothers experiencing morning sickness, he advised rinsing their mouths and brushing their teeth afterward, as residual stomach acid can negatively affect both their oral health and their baby. He also demonstrated proper oral care techniques for newborns and young children, stressing the importance of establishing early dental hygiene habits. Additionally, he highlighted the necessity of regular dental check-ups, recommending at least one visit per year.

In January, the SMILE program's case conferences provided updates on several clients managed by team members, focusing on various medical and social challenges. Action items were assigned to team members, including follow-ups on referral processes, community outreach, and client support initiatives. Throughout the month, the SMILE team also addressed process improvement and training related to documenting and reporting call attempts and home visits.

The SMILE team is implementing a new system on SharePoint to track community referrals, like the current system for tracking incoming referrals. Additionally, the team is planning an outreach campaign targeting obstetricians to increase prenatal referrals to the program. This initiative aims to build relationships and enhance engagement with these practitioners. The campaign's core message emphasizes that the SMILE program extends to each provider's care team, offering additional education, social support, and case management related to pregnancy and postpartum care.

January saw the emergence of multiple collaborations and connections, most notably with Delta Sigma Theta Sorority (PVAC & MVAC), local hospital social workers from Holy Cross Hospital, FMIR CAT, the planning committee for the 5th Annual Right from the Start, and the Black Physicians Healthcare Network (BPHN).

### 1. Caseload and Enrollment

The caseload in January included 213 clients, including 24 prenatal cases, 94 postpartum mothers, and 95 infants. The enrollment decreased slightly due to an unusually high number of infants who reached one-year-old (9) and three (3) prenatal cases lost to follow-up. In February, increased effort will be devoted to understanding and reducing the chances of losing contact with new referrals, as well as increasing the number of prenatal SMILE enrollees.

| <b>PROFILES AND</b> | *Monthly | Dec- | Jan- | <b>Comments for</b> |
|---------------------|----------|------|------|---------------------|
| SERVICES            | Average  | 24   | 25   | January 2025        |

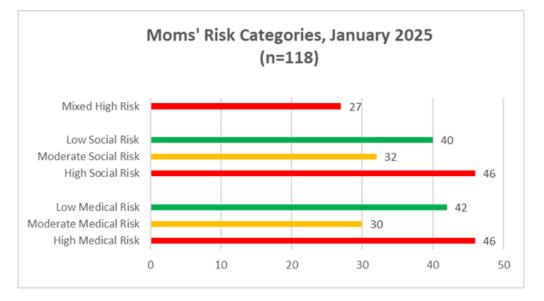
|  | Calendar Year<br>2022 | Nov-<br>24 |     |     |                |
|--|-----------------------|------------|-----|-----|----------------|
| A) Currently Active Moms                         | 112                   | 125        | 124 | 118 |                |
| Prenatal (still pregnant)                        | 32                    | 38         | 31  | 24  |                |
| Postpartum (Moms who have delivered)             | 80                    | 87         | 93  | 94  |                |
| B) All infants                                   | 83                    | 89         | 94  | 95  |                |
| Single births                                    | 75                    | 87         | 92  | 93  |                |
| Multiples  | 8                     | 2          | 2   | 2   |                |
| Case Load(A+B)                                   | 195                   | 214        | 218 | 218 |                |
| MOM's ORIGIN                                     |                       |            |     |     |                |
| Black American                                   | 43                    | 38         | 39  | 37  |                |
| African  | 64                    | 71         | 69  | 65  |                |
| Caribbean  | 5                     | 15         | 16  | 16  |                |
| PRENATAL<br>REFERRALS                            |                       |            |     |     |                |
| DHHS Prenatal Referrals<br>Received              | 4                     | 17         | 9   | 4   |                |
| Referrals Received from<br>Other Sources         | 9                     | 2          | 3   | 2   |                |
| <b>Total Prenatal Referrals</b>                  | 13                    | 19         | 12  | 6   |                |
| NEW ENROLLMENTS                                  |                       |            |     |     |                |
| Prenatal Moms Newly<br>Enrolled During the Month | 8                     | 10         | 7   | 4   |                |
| Postpartum Moms Newly<br>Enrolled                | 1                     | 1          | 0   | 0   |                |
| Infants Newly Enrolled<br>During the Month       | 9                     | 6          | 8   | 12  |                |
| All New Enrollments for<br>The Month             | 18                    | 17         | 15  | 16  |                |
| DISCHARGES During<br>the Month                   |                       |            |     |     | 1 T            |
| Prenatal Discharges                              | 1                     | 1          | 4   | 3   | 1. Lost to F/U |
| Infant Discharges                                | 8                     | 12         | 3   | 9   |                |
| All Discharges for The<br>Month                  | 9                     | 13         | 7   | 12  |                |
| DELIVERIES During the<br>Month                   |                       |            |     |     |                |
| Term Deliveries                                  | 8                     | 6          | 11  | 7   |                |
| Preterm Deliveries                               | 1                     | 0          | 0   | 1   |                |
| <b>Total Deliveries</b>                          | 9                     | 6          | 11  | 8   |                |

| BIRTH OUTCOMES  |     |      |     |     |                |
|---|-----|------|-----|-----|----------------|
| Number of Low Birth<br>Weight (LBW)   | 1   | 0    | 1   | 1   | 1 Preterm baby |
| Number of Very Low Birth<br>Weight (VLBW)   | 0   | 0    | 0   | 0   |                |
| % Healthy Birth Weight<br>(Out of Total Deliveries)                                 | 89% | 100% | 91% | 88% |                |
| Infant Deaths (including<br>Stillbirths)  | 0   | 0    | 0   | 0   |                |
| Unfavorable Birth<br>Outcomes (Congenital<br>Anomaly, Fetal Demise,<br>Miscarriage) | 0   | 0    | 1   | 0   |                |
| SERVICES  |     |      |     |     |                |
| Total Home Visits   | 1   | 48   | 55  | 44  |                |
| Telephonic Consultations  | 224 | 285  | 231 | 222 |                |
| Community Referrals Made  | 28  | 77   | 80  | 47  |                |
| Classes/Presentations<br>Completed  | 15  | 19   | 13  | 20  |                |
| PERCENT<br>BREASTFEEDING<br>MOMS  |     |      |     |     |                |
| Up to 3 months  | 88% | 97%  | 94% | 89% |                |
| Up to 6 months  | 84% | 89%  | 86% | 86% |                |
| Up to 12 months   | 71% | 83%  | 84% | 81% |                |
| INSURANCE   |     |      |     |     |                |
| Clients with Private<br>Insurance**   | 30  | 17   | 22  | 26  |                |
| Clients with Medicaid<br>Insurance**  | 77  | 108  | 102 | 91  |                |
| COLOR LEGEND  |     |      |     |     |                |
| Above reference year  |     |      |     |     |                |
| Level with reference year   |     |      |     |     |                |
| Below reference year  |     |      |     |     |                |
| Untoward Outcome  |     |      |     |     |                |

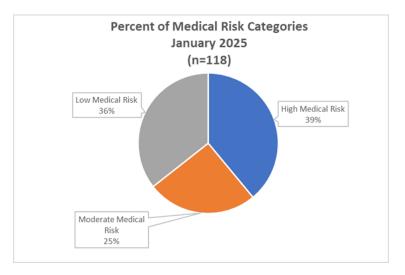
## 2. Pregnancy Risk Management

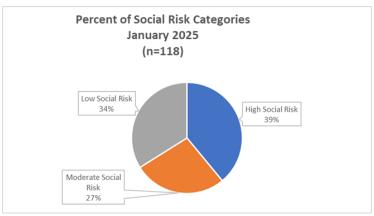
Desired Outcome

A total of 92 high-risk pregnancies were managed, including 46 with social risks (e.g., financial, housing instability) and 46 with medical risks (e.g., gestational diabetes, hypertension, advanced maternal age). Specific cases were managed for conditions



such as gestational diabetes and hypertension, highlighting the program's focus on atrisk pregnancies.



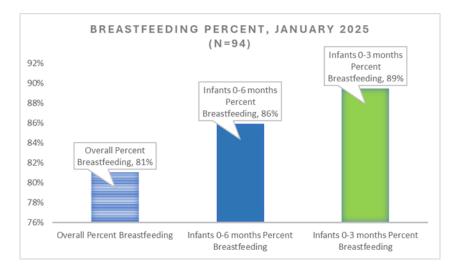


### 3. Breastfeeding Success:

The breastfeeding rates remained high in January, with the following breastfeeding rates:

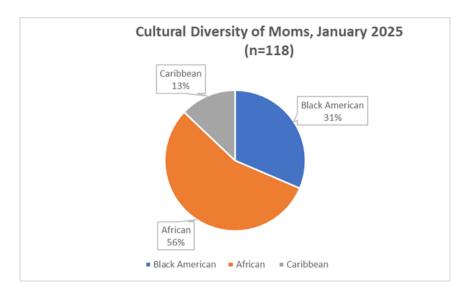
- 89% of mothers breastfed their newborns up to three months.
- 86% continued breastfeeding for up to six months.
- 81% breastfed up to 12 months.

These rates significantly exceed national benchmarks, particularly the six-month exclusive breastfeeding rate, where 86% of AAHP-supported mothers continued breastfeeding compared to just 20% of African American women nationally.



## 4. Cultural representation:

The program continues to serve a diverse group of mothers, with 56% African, 31% Black American, and 13% Caribbean participants.



5. Home visits and telephonic consultations

SMILE nurses conducted 44 home visits and 222 telephonic consultations, highlighting the SMILE program's commitment to personalized care and accessibility.

## B. Chronic Disease Management and Prevention (CDMP) Program

The CDMP's theme in January was "Winter Wonderland Wellness."

In January, staff convened the Chronic Disease Management Program (CDMP) Task Force meeting to plan upcoming programming for March, April, and May. This Task Force Team, established in October by the Chronic Disease Management Team Leads, was created to streamline monthly themes for CDMP classes and enhance program effectiveness. During these quarterly meetings, AAHP staff review feedback from previous classes and collaborate to recommend themes and potential topics, incorporating participant suggestions and aligning topics with national health observances. These themes and topic recommendations are shared with instructors to assist in curriculum development and ensure relevant, impactful programming.

| Month - Theme              | Topic Recommendations  |
|----------------------------|--|
| March:                     | National Nutrition Month                                       |
| Food as Medicine           | Brain Injury Awareness (Brain Health)                          |
|                            | National Kidney Month  |
|                            | Cardiovascular and Pulmonary Rehabilitation                    |
|                            | • Well-Being Day (Self-Care in terms of comorbidities)         |
|                            | World Tuberculosis Day   |
| April:                     | • Women's Eye Health and Safety Month                          |
| Equitable Health for All   | Foot Health Awareness  |
|                            | National Public Health Week                                    |
| May:                       | Osteoporosis Awareness & Prevention Month                      |
| Healthy Movement: No Bones | National Mental Health Month                                   |
| About It                   | <ul> <li>National Physical Fitness and Sports Month</li> </ul> |
|                            | National Arthritis Awareness Month                             |
|                            | National Stroke Awareness Month                                |
|                            | Lupus Awareness Month  |
|                            | World Autoimmune & Autoinflammatory Arthritis Day              |

The themes and topic recommendations are listed below.

The team is actively planning key presentations for each month, which include the following:

| Monthly | <b>Topic Recommendations</b>                       |  |
|---------|--|--|
| March   | Kidney Presentation                                |  |
|         | • Eye Health Presentation                          |  |
|         | • Brain Health Presentation – Ethiopian Initiative |  |
| April   | Podiatrist Presentation                            |  |
|         | • Eye Health Presentation                          |  |

|     | Cancer Presentation       |
|-----|---------------------------|
| May | Psychiatrist Presentation |
|     | Bone Health Presentation  |

## 1. Take Control of Your Health

The topics discussed in the Take Control of Your Health Wednesday and Thursday classes were as follows: *Goal Setting and planning, Exercise Your Way to Better Health, Extreme Makeover: Ozempic & Friends, Medication Management, is it Ozempic Time?, Changing Your Lifestyle, Controlling Your Health, Tech Tools to Help Control Your Health, and Understanding Your Lab Values.* 

Below is the calendar summarizing the classes offered through the CDMP Program:



a. Attendance data review

In January, attendance in the Take Control of Your Health Wednesday class increased by 54 participants, reaching a total of 128 participants. The highest attendance was recorded on January 22, when the class discussed *Extreme Makeover: Ozempic & Friends*. The lowest attendance occurred on January 29, during the *Medication Management* discussion. The monthly attendance average increased by eight to 32 participants per session.

Similarly, the Take Control of Your Health Thursday class saw an increase of 37 participants, totaling 126 participants for the month. The highest attendance was recorded on January 9, during the discussion *Is it Ozempic Time?*, while the lowest was on January 16, when the topic was *Change Your Lifestyle, Control Your Health*. The monthly attendance average rose by five participants, also averaging 32 participants per session.

|         | Take Control of Your Health Series |        |        |        |       |  |
|---------|------------------------------------|--------|--------|--------|-------|--|
| TCYH 1  | Jan 8                              | Jan 15 | Jan 22 | Jan 29 | Total |  |
| Men     | 2                                  | 1      | 6      | 2      | 11    |  |
| Women   | 28                                 | 35     | 33     | 21     | 117   |  |
| Total   | 30                                 | 36     | 39     | 23     | 128   |  |
| Average |                                    | 25     |        |        |       |  |
|         |                                    |        |        |        |       |  |
| TCYH 2  | Jan 9                              | Jan 16 | Jan 23 | Jan 30 | Total |  |
| Men     | 2                                  | 1      | 2      | 4      | 9     |  |
| Women   | 35                                 | 27     | 27     | 28     | 117   |  |
| Total   | 37                                 | 28     | 29     | 32     | 126   |  |
| Average |                                    | 30     |        |        |       |  |

Below is a summary of the attendance data for each class.

### b. Registration for CDMP class

Registration for the Take Control of Your Health Wednesday class increased by 25 participants, reaching 36 participants in January. Registration for the Take Control of Your Health Thursday class grew by nine participants, bringing the total to 26 participants for the month.

## 2. Health and Nutrition class

The January 2025 Chronic Disease Management Program (CDMP) classes followed the theme "Winter Wonderland Wellness." Each session began with an introduction to the topic, followed by an open discussion during which participants shared their experiences with food and addressed questions related to the class theme. After watching an educational video, participants completed a quiz and reviewed handouts, which included recipes, tools, and other resources in PDF format. As part of the class structure, recipes were prepared and demonstrated, offering hands-on guidance for incorporating healthier food choices. Participants were encouraged to ask questions related to the class material, nutrition, and overall health. Additionally, challenges to maintaining a healthy diet were discussed, along with practical suggestions for making nutritious upgrades to everyday foods.

One standout session in Thursday's Health and Nutrition class was on January 23, titled *"Breaking the Food Seduction."* This discussion explored the addictive properties of certain foods, including cheese, chocolate, and animal meats. Participants were amazed to learn that chocolate consumption can have an opiate-like effect, as demonstrated in a study where individuals who received Narcan lost their craving for chocolate. At the same time, the medication was active in their system.

Meanwhile, the Nutrition Monday class followed the same CDMP theme but incorporated foundational knowledge of inflammatory foods and their effects on the body. One key discussion focused on six essential factors that influence health, emphasizing that good health extends beyond nutrition and physical activity. These six pillars are (N)utrition, (S)leep, (E)motional Awareness, (E)nvironment, (M)ovement, and (S)tress (NSEEMS). This holistic approach gave participants a well-rounded perspective on achieving optimal health and wellness.

In January, class topics for Health and Nutrition class were as follows:

- January 2 Universal Meals, focusing on recipes and common food allergies or sensitivities
- January 9 The Power of Your Plate, focusing on how to eat well
- January 16 Let's Go and Getting in Gear, focusing on preparing for plant-based eating
- January 23 Breaking the Food Seduction
- January 30 Digestive Health, which included a video on FODMAP Diet, with Guide to Gut Microbiome fact sheet

Cooking demonstrations with onsite samples were as follows:

- January 2 Spinach Artichoke Dip, Cauliflower and Chickpea Masala, Quickie Cinnamon Rice Pudding
- January 9 Instant Pot Ethiopian Stew, Energizing Green Tonic, Pressure Cooker, Aloo Gobi
- January 16 Chickpea Salad with Orange Miso Dressing, Cashew Ginger Stir-fry
- January 23 Ann's Arugula Beet Salad, Jerk Lentils, Gingered Melon
- January 30 Artichoke and Tomato Salad, Israeli Couscous

January's Health and Nutrition classes included various handouts and attachments, such as recipes, information on Universal Meals, a Restaurant Dining Out Card, and fact sheets covering topics like FODMAP diet steps with a linked introductory video and a guide to the gut microbiome.

The table below presents the attendance data for all CDMP classes held in January. The Health and Nutrition class has seen a steady increase in client participation each week, primarily due to participants sharing invitations within their networks and making greater use of Constant Contact for scheduling reminders and accessing resources such

as the monthly calendar, flyers, and recipes. This approach has benefited the Health and Nutrition class, where data transmission limitations have previously hindered the successful delivery of shared recipes via email. By integrating document links into Constant Contact, participants can reliably access all materials on time. While adapting to this system has been a learning curve for some attendees, AAHP's administrative coordinator continues to provide technical support during class sessions to ensure a smooth transition and improved access to educational resources.

### 3. Nutritional support services

Weight management is a key component of AAHP's strategy for preventing and managing chronic diseases such as heart disease, diabetes, obesity, and asthma. To support this effort, AAHP's certified nutritionists provide individualized consultations based on referrals from SMILE case managers and community health workers.

In January 2025, nutritionists facilitated 18 personalized weight management plans and led the Monday nutrition class in collaboration with AAHP staff. Client appointments were scheduled via email, phone, and the Healthie self-scheduling application. Additionally, all referral outcomes were documented as Healthie client reports in NextGen, AAHP's electronic health record system, ensuring seamless access for multidisciplinary staff. Client engagement in January 2025 included 14 messages, 556 journal entries, and 170 food entries.

By integrating nutrition data into NextGen, AAHP enhances care coordination across disciplines, allowing staff to provide comprehensive support tailored to each client's needs.

| Primary Referral<br>Reason | Number of<br>Clients |
|----------------------------|----------------------|
| Postpartum                 | 9                    |
| Pregnant                   | 11                   |
| Weight Reduction           | 10                   |
| Diabetes/Prediabetes       | 16                   |
| Infant                     | 1                    |
| Other                      | 7                    |

**Cumulative Client Visits by Primary Nutrition Intervention Topic** 

### 4. Weight Management Program (WMP)

In January, the Weight Management Program held several in-person and virtual exercises and informational activities. On Monday, January 6, the program hosted its first monthly motivation meeting of the year in Zoom from 8:00 to 8:30 a.m. The session included a reflection on a selected quote, a detailed review of the first chapter of Dr. Joseph Williams's book *The Journey: Principles of Total Life Transformation*, and quiet meditation.

The program hosted four in-person exercise events, though two were conducted virtually due to inclement weather. On Saturday, January 4, participants walked online via Zoom, and those unable to participate at that time were encouraged to send in photos upon completing their two-mile walk or step goal. On Saturday, January 11, the instructor led a 60-minute full-body fitness class at White Oak Recreation Center in Silver Spring, Maryland, from 9:30 to 10:30 a.m. On Saturday, January 18, participants completed a 2.8-mile walk at Fairland Recreational Park in Burtonsville, Maryland. Due to a scheduling conflict on Saturday, January 25, the full-body fitness class was held online via Zoom from 5:00 to 6:00 p.m., with 17 participants attending.

Weight Management Program members were also encouraged to join the instructor's virtual full-body fitness classes, held Monday through Thursday from 9:15 to 10:00 a.m., and Yoga, Tai Chi, low-impact, and Zumba classes hosted by the Chronic Disease Management Program. A summary of participants is provided below.

| Date                 | Class Type | # or Attendees |
|----------------------|------------|----------------|
| Thursday, January 16 | Low impact | 13             |
| Friday, January 17   | Zumba      | 17             |
| Thursday, January 23 | Low impact | 14             |
| Friday, January 2    | Zumba      | 16             |
| Thursday, January 30 | Low impact | 14             |
| Friday, January 31   | Zumba      | 24             |

In January, attendance varied due to inclement weather and scheduling conflicts. The online walk and exercise sessions averaged 13 participants, while the in-person fullbody fitness class had approximately nine attendees. The outdoor walk at Fairland Park included three participants. Attendance is expected to increase as the weather warms up in the coming months, and adjustments can be made by shifting session times or offering virtual options as needed.

At the start of the new year, members who had been inactive for several months, meaning they had not responded to communication or attended activities—were discharged from the program. This approach allowed more focus to be placed on participants actively working toward weight management goals. In January, two new members enrolled in the program, and four additional individuals were contacted via email and provided with information about the program and upcoming events. As a result, total enrollment increased from 34 to 36 participants.

By the end of January, the program had 36 registered members, including 33 females and three males. Additionally, 43 individuals reached out at the beginning of the month to inquire about their status or express interest in continuing, with the possibility of reengagement in February.

|                   | Age               |  |  |
|-------------------|-------------------|--|--|
| Men               | -                 |  |  |
| 18-35             | 0                 |  |  |
| 35-50             | 2                 |  |  |
| 50-65             | 0                 |  |  |
| 65-75             | 1                 |  |  |
| Women             | -                 |  |  |
| 18-35             | 4                 |  |  |
| 35-50             | 10                |  |  |
| 50-65             | 16                |  |  |
| 65-75             | 3                 |  |  |
|                   | Gender            |  |  |
| Mer               | 3                 |  |  |
| Wome              | en 33             |  |  |
|                   | Weight Goals      |  |  |
| Men Women         |                   |  |  |
| Gain Weight 1     | Gain Weight 0     |  |  |
| Lose Weight 2     | Lose Weight 28    |  |  |
| Maintain Weight 0 | Maintain Weight 6 |  |  |

A demographic breakdown of WMP participants is provided below.

### 5. Diabetes Prevention Program:

The Diabetes Prevention Program (DPP) continued delivering its curriculum in January, focusing on the themes "Get Back on Track," "Get Support," and "Stay Motivated to Prevent Type 2 Diabetes." These sessions marked the conclusion of the National Diabetes Prevention Program's core sessions.

By January, sixteen core sessions had been conducted. Attendance for these sessions is detailed below. All individuals who missed a session attended make-up sessions and notified their Lifestyle Health Coaches in advance. Attendance and biometric data were collected and recorded during each session in the attendance tracker. Participants who could not attend the live session submitted their biometric data beforehand.

The attendance chart for the three sessions held in January is provided below.

|             | Diabetes Preve | ention Program |        |
|-------------|----------------|----------------|--------|
|             | Jan 7          | Jan 14         | Jan 28 |
| Women       | 8              | 7              | 11     |
| Total       | 26             |                |        |
| Average     |                | 9              |        |
| Cohort Size | 15             |                |        |

| Number of | 1 |
|-----------|---|
| Drop-outs | 4 |

In session 16, participants' overall progress was reviewed based on the Centers for Disease Control and Prevention recommendations. The cohort's baseline activity level began at 266.6 minutes per week. At the midpoint evaluation, activity levels increased by 7.2 minutes, reaching an average of 273.8 minutes per week.

The cohort's baseline average weight was 167.2 pounds. By the midpoint evaluation, participants collectively reduced their weight by 25.1 pounds, bringing the average weight down to 142.1 pounds.

This cohort has demonstrated significant progress in achieving better health outcomes. Below is a table summarizing this data.

| Baseline Weight                   | 167.2      |
|-----------------------------------|------------|
| Midpoint Weight                   | 142.1      |
| <b>Baseline Physical Activity</b> | 266.6 mins |
| Midpoint Physical Activity        | 273.8 mins |

## 6. Health Screenings and Referrals

AAHP staff conducted 71 health screenings in January across six locations, as illustrated in the chart below. They also distributed health information and provided support, resulting in 170 encounters with County residents. Most screenings (71) focused on blood pressure, of which 68.75% showed elevated readings. Among these, 31.25% indicated either stage II hypertension or a hypertensive crisis. Additionally, the screenings identified new cases of hepatitis C and syphilis, while no cases of HIV were detected among the 25 individuals tested. Sixty-seven participants were screened for elevated glucose, with 12 showing elevated readings. Fifty-five of the 11 screenings were elevated. Participants were screened for abnormal values that led to referrals for care or follow-up. The table below provides details on the locations and dates of the screening events, along with the overall results of the health screenings.

### **Community Health Screening Summary**

|                               |           |                  |            |                             |                          |                       | ۵۵                      | HPCom     | munity O      | utreach F          | Vente (1             | anuary 20         | 125)               |                  |              |                  |              |                  |             |                 |                         |                   |                       |
|-------------------------------|-----------|------------------|------------|-----------------------------|--------------------------|-----------------------|-------------------------|-----------|---------------|--------------------|----------------------|-------------------|--------------------|------------------|--------------|------------------|--------------|------------------|-------------|-----------------|-------------------------|-------------------|-----------------------|
|                               |           |                  | Blood Pres |                             |                          |                       |                         | Blood Glu |               | Total Chole        |                      |                   | 201                |                  | HIV          |                  | HCV          |                  | Syphilis    |                 |                         |                   |                       |
| Event Name                    | Date D    | Non-Charge Codes | BP Normat  | BP Elevated (120-129/80-89) | Stage 1 (130-139/ 90-99) | Stage 2 (>140 / >100) | HTN Crisis (>180/ >110) | BG Normat | BG Elevated < | Cholesterol Normal | Cholesterol Elevated | A1C Normal (<5.6) | Prediabetic (<6.4) | Diabetic (6.5 <) | HIV Reactive | HIV Non-reactive | HCV Reactive | HCV Non-reactive | TP Reactive | TP Non-reactive | TOTAL # People Screened | TOTAL # Attendees | TOTAL # Referrals     |
| Progress Place                | 1/9/2025  | PP               | 4          | 6                           | 1                        | 3                     | 0                       | 12        | 2             | 9                  | 3                    | 1                 | 0                  | 2                | 0            | 10               | 0            | 9                | 1           | 9               | 14                      | 24                | 0                     |
| LWAAAC Leisure World          | 1/15/2024 | LWAAAC           | 7          | 3                           | 0                        | 7                     | 0                       | 15        | 2             | 10                 | 2                    | 8                 | 2                  | 1                | 0            | 2                | 0            | 2                | 1           | 1               | 17                      | 50                | CDMP-8<br>RPM-4 DPP-1 |
| DST Black Maternal event      | 1/15/2025 | DST              | 2          | 1                           | 0                        | 1                     | 0                       | 2         | 0             |                    |                      |                   | -                  |                  |              |                  | -            |                  |             |                 | 5                       | 35                | CDMP- 2<br>RPM-1      |
| Men's Shelter                 | 1/16/2025 | MSNS             | 9          | 1                           | 1                        | 6                     | 0                       | 13        | 2             | 12                 | 2                    | 3                 | 1                  | 1                | 0            | 7                | 0            | 8                | 0           | 6               | 16                      | 30                | 0                     |
| New Leaf Shelter              | 1/21/2025 | NLS              | 5          | 2                           | 1                        | 2                     | 0                       | 6         | 4             | 6                  | 3                    | 2                 | 1                  | 3                | 0            | 6                | 1            | 1                | 0           | 3               | 10                      | 20                |                       |
| The Sanctuary<br>Generation 1 | 1/22/2025 | WTMJ<br>GEN1     | 3          | 3                           | 2                        | 1                     | 0                       | 7         | 2             | 7                  | 1                    | . 4               | 3                  | 2                |              |                  |              |                  |             |                 | 9                       | 11                | RPM- 1<br>(potential) |
|                               | 1-10-10-0 | OLIVA            |            |                             |                          |                       |                         |           |               |                    |                      |                   |                    |                  |              |                  |              |                  |             |                 |                         |                   |                       |
|                               | TOTALS    |                  | 30         | 30                          | 5                        | 20                    | 0                       | 55        | 12            | 44                 | 11                   | 18                | 7                  | 9                | 0            | 25               | 1            | 20               | 2           | 19              | 71                      | 170               |                       |

## C. Caner Prevention

AAHP's cancer prevention efforts in January focused on raising awareness about cancer prevention in Montgomery County by addressing the morbidity and mortality associated with prostate cancer, securing funding for transportation assistance, and collaborating with local organizations to support those in need.

| Data Item  | Total |  |  |  |
|--|-------|--|--|--|
| # of cancer screening referrals                              | 5     |  |  |  |
| # of cancer LYFT REFERRALS (ON HOLD)                         | 2     |  |  |  |
| # of class attendees   | 25    |  |  |  |
|  |       |  |  |  |
|  |       |  |  |  |
| # of educational bags/materials distributed                  | 75    |  |  |  |
| # distributed to women's outreach events                     |       |  |  |  |
| # of educational material units distributed at health events |       |  |  |  |
|  |       |  |  |  |
| # of established community partnerships                      | 6     |  |  |  |
| # of internal referrals (AAHP)                               | 3     |  |  |  |
| # of resource calls received (housing, food, hospice, etc.)  | 10    |  |  |  |
| # of pre-surveys completed REVISE                            | 0     |  |  |  |
| # of post-surveys completed REVISE                           | 0     |  |  |  |
|  |       |  |  |  |

In January 2025, AAHP established a partnership with a Montgomery County Councilmember to enhance social media awareness about cancer resources and initiatives among County residents. This collaboration included discussions on local cancer initiatives and legislative support, ensuring that community members were well-informed about cancer-related issues. Efforts were made to streamline the referral process for cancer treatment by working closely with healthcare providers to ensure timely care. Additionally, the partnership advocated for community education programs focused on cancer prevention and available treatment options. To reduce cancer mortality, initiatives were implemented to improve access to early detection and treatment resources within Montgomery County. Partnerships with local organizations were also facilitated to provide cancer patients with both practical resources and emotional support. As a result, a framework for ongoing legislative support and resource allocation was established, contributing to better health outcomes in the community. Multiple stakeholders, including healthcare professionals and community leaders, participated in discussions and workshops. Support efforts included organizing cancer support classes, distributing promotional materials, and providing P.I.N.K.I.E. Bears to encourage patient well-being.

Through legislative advocacy and targeted outreach, this collaboration significantly increased awareness and accessibility to cancer-related resources within the community.

LUNGevity partnered with AAHP to raise awareness about lung cancer and improve access to treatment options within African American communities in Maryland. The collaboration focused on community education, fundraising, and patient support initiatives to increase awareness and improve early detection efforts. Educational workshops were organized to highlight breast cancer awareness and prevention, while targeted outreach events were planned for March to engage African American men who smoke or vape, emphasizing lung, prostate, and esophageal cancer risks. To ensure patients could access timely treatment, the partnership addressed transportation barriers that often prevent individuals from making their medical appointments. Additionally, outreach efforts focused on educating the community about lung cancer and the importance of early detection, leading to improved engagement and better patient outcomes. The initiative anticipated reaching over 200 community members through various events and workshops, with logistical support provided for patient transportation and broader participation in cancer awareness efforts. By connecting patients with essential resources and assistance, the collaboration strengthened access to care and empowered the community with critical health information.

A partnership with an LCSW-C was established to enhance mental health support for cancer patients and their families. This collaboration focused on developing support groups to foster emotional resilience and provide a safe space for individuals affected by cancer. Efforts included connecting patients with essential mental health resources and publicizing educational opportunities that emphasize psychological support in cancer care. Recognizing that mental health plays a crucial role in treatment adherence and overall health outcomes, the initiative addressed emotional challenges that could hinder recovery. Facilitated support groups provided comprehensive emotional and psychological assistance, strengthening the support network for cancer patients. Outreach efforts led to the distribution of 100 educational materials, with an expected reach of at least 150 participants in future sessions. Additionally, the partnership helped improve mental wellbeing by offering structured support, resources, and community engagement opportunities, ultimately contributing to better treatment success and patient outcomes.

A partnership with a representative from Holy Cross Health Network was established to enhance cancer education and screening services within the community. This collaboration focused on organizing educational sessions in communal areas to provide residents with critical cancer resource information. Efforts were made to streamline patient referral processes within the health network, improving access to oncology services and ensuring timely treatment. Educational programs were developed to raise awareness about cancer risk factors and the importance of regular screenings, promoting early detection initiatives to improve patient outcomes.

Comprehensive resources and support services were provided to help patients better understand and navigate their cancer care journey. As a result of these efforts, participation rates in cancer screenings and health education programs increased, with approximately 100 individuals engaging in classes and health events. The collaboration also involved organizing cancer education sessions and distributing essential resources to expand community knowledge about cancer risks and available treatment options. By improving awareness and accessibility, this initiative contributed to earlier detection and better health outcomes for those at risk.

Efforts to enhance cancer education and community engagement included organizing cancer education classes and distributing essential resources to increase awareness of cancer risks and available treatment options. These initiatives helped facilitate early detection and encouraged proactive health measures.

Community outreach also involved hosting volunteer events and workshops that engaged diverse populations. Educational materials were distributed, and connections were established between patients and healthcare providers to improve access to care. By increasing awareness of cancer resources, these efforts promote healthier behaviors within the community.

A structured feedback loop was implemented to refine educational strategies and align resources with community needs. Engagement levels were assessed through participation in health events and ensuring that programming effectively addressed community concerns. Insights gained from this process helped tailor cancer education classes and informed future initiatives, fostering a more knowledgeable and proactive community.

### D. Mental and Behavioral Health

In January, the social work team completed core mental health screening and case management tasks. Due to limited screening locations, mental health screenings were lower than usual, with 46 screenings completed during the month. The screening was conducted using the MindWise mental health screening software on computer tablets at various locations, including Progress Place Shelter, Nebel Street Men's Shelter, Taft Court and Crabbs Branch Women's Shelter, New Leaf Shelter, and The Sanctuary at Mt. Jezreel Church.

Beyond mental health screenings, the team provided case management services for individuals needing resources and therapeutic support. Additional screenings were conducted to assess alcohol and opioid misuse, substance use disorders, and mental health conditions based on DSM-5-TR criteria. These efforts helped identify individuals requiring further assistance and connected them with appropriate resources.

An overview of January's mental health screenings is below.

| Mental Health Screenings     | Status |
|------------------------------|--------|
| Alcohol Use (AUDIT)          | 11     |
| Depression (HANDS)           | 8      |
| Generalized Anxiety (GD-GAD) | 7      |
| Opioid Misuse                | 3      |

| Brief Biosocial Gambling | 1  |
|--------------------------|----|
| Substance Use (ASSIST)   | 4  |
| Bi-Polar Disorder        | 2  |
| Well-Being               | 10 |
| Grand Total              | 46 |

## **SURVEY RESULTS**

|                     | Not Consistent        | 6  |
|---------------------|-----------------------|----|
| Alcohol Use         | Highly Consistent     | 2  |
|                     | Consistent            | 2  |
|                     | Total                 | 10 |
| Depression          | Not Consistent        | 6  |
|                     | Consistent            | 3  |
|                     | Highly Consistent     | 1  |
|                     | Total                 | 9  |
| Generalized Anxiety | Not Suggestive        | 0  |
|                     | Suggestive            | 2  |
|                     | Total                 | 2  |
| Opioid Misuse       | Low                   | 7  |
|                     | Total                 | 5  |
| Psychosis           | Distress Level Severe | 1  |
|                     | Not Consistent        | 0  |
|                     | Total                 | 1  |
| Substance Use       | No Result             | 1  |
|                     | Low Risk              | 1  |
|                     | Moderate Risk         | 1  |
|                     | Strong Risk           | 1  |
|                     | Total                 | 1  |
| Well-Being          | Low                   | 1  |
|                     | Severe                | 9  |
|                     | Minimal               | 1  |

## 1. Group Behavioral Health Services

## a. Mommy Chat

This month, *Mommy Chat* featured AAHP's oral health consultant, who spoke to mothers about the importance of maintaining their oral health and that of their babies. The consultant used visual aids to illustrate the consequences of poor dental care, including infections and other oral health complications that can develop without proper hygiene. The discussion emphasized the connection between a mother's physical health and the health of her unborn child, particularly the impact of morning sickness on oral hygiene. The consultant advised mothers experiencing morning sickness to rinse their mouths and brush their teeth afterward, as residual stomach acid can negatively affect their oral and baby health. Additionally, the

consultant demonstrated proper oral care techniques for newborns and young children, stressing the importance of early dental hygiene habits. The session also highlighted the need for regular dental check-ups, recommending at least one yearly visit. After the presentation, a list of dental services available in Montgomery County, including the Howard University School of Dentistry clinic, was provided to attendees.

On January 14, a group session titled "You Can't Get a Hamburger at a Hardware Store" focused on the impact of unrealistic expectations on mental health. Participants explored how expecting specific outcomes from people, situations, or life circumstances that are not realistic can lead to frustration and emotional distress. The session emphasized strategies to identify and reframe these expectations more healthily. A total of 20 participants attended.

On January 28, the "Your Best Advice to Your Younger Self" group session encouraged self-reflection and personal growth. The goal was to prompt participants to explore their inner complexities, uncover insights about their experiences, and share meaningful advice they would give to their younger selves. The interactive session involved writing exercises, with participants bringing writing utensils and scrap paper to engage in reflective discussions. A total of 17 participants attended.

#### b. Your Inner Self

In this month's "Your Inner Self," AAHP's oral health consultant presented "Your Oral Health and You." He discussed the importance of good oral health practices and the necessity of regular dental visits. The oral health consultant covered common dental diseases that affect adults and showed images of teeth with dental infections. He explained the proper techniques for brushing teeth and highlighted the significance of flossing. The oral health consultant also emphasized that individuals who wear dentures or partials should keep them clean and avoid wearing them at night. At the end of the presentation, he provided the group with dental resources available in Montgomery County and the Howard University School of Dentistry dental clinic.

### c. Caregiver Village

The Caregiver Village is scheduled to begin in March. Preparations are underway to compile a list of presenters and relevant topics for the upcoming session. The goal is to develop a comprehensive schedule for the cohort, which will be shared with individuals interested in participating. This initiative supports caregivers by providing valuable resources, guidance, and a sense of community. The schedule will cover various caregiving-related topics, ensuring participants receive wellrounded and practical information to enhance their caregiving experience.

#### E. Program Evaluation

The program evaluator began collaborating with the men's health consultant on the "In It to Win It" initiative. This grassroots campaign aims to initiate health and wellness discussions, introduce actionable steps for improvement, and engage the community in a partnership focused on enhancing health and wellness for Black men. Several documents were drafted and submitted for review, including an event registration form, program survey, "Black Heroes" nomination form, Black Men's Health Pledge, program agenda, and event questions. Planning meetings were held to discuss the details of the initiative, its next steps, targeted areas (zip codes that lack health insurance), and various challenges faced by Black men, such as co-parenting, father-son wellness, and relationship resolution. The event agenda format was discussed, including guest speakers, questions to engage attendees, health screenings, and a plan to administer a six-month follow-up for Black men who sign the pledge. Additional topics included strategies for marketing the event and the Black Heroes nomination opportunity. The program evaluator recommended adding a popup on AAHP's website, incorporating a section in the monthly newsletter that reaches over 6,000 subscribers, disseminating information to community partners, and sharing a link to the nomination form via SONAR. The program evaluator will continue collaborating with key stakeholders to ensure the smooth execution of the In It to Win It initiative over the next several months.

The AAHP program evaluator reviewed mental health SOP revisions from contributing staff and provided additional information, which included the mission and vision of the African American Health Program, the mission and vision of the mental health program, key goals, and mental health specialist performance expectations and measures. Also, the program evaluator requested and received a mental health group survey/poll result.

After reviewing the community health screening survey responses, most participants (57 total) indicated they would likely follow up with their primary care physician. They also found the community health workers courteous, helpful, and professional. However, two respondents answered "No" to this question, which raises some concerns. The program evaluator will discuss this issue with an AAHP community health worker. Additionally, the results show that Health and Wellness classes (CDMP), Health and Fitness, Diabetes Prevention Programs, and Weight Management programs are the most frequently referred programs by Community Health Workers. Survey responses can be viewed and accessed <u>here</u>.

The program evaluator met weekly with AAHP's clinical director to discuss administering the monthly SMILE survey to participating mothers. It was agreed that five mothers would be randomly selected for each SMILE Nurse each month, contributing to evaluating SMILE Nurse performance. This process involved exporting an Excel file from NextGen, filtering and sorting the data to exclude infants (based on their date of birth), and blindly selecting every 15<sup>th</sup> mother listed in the spreadsheet. Once all mothers were selected, a list and instructions were created and submitted to a designated community health worker. This enabled her to text SMILE mothers with the survey link. However, only one response was received, prompting a shift in strategy to include AAHP interns in making telephone calls to the selected SMILE mothers who did not respond to the text message.

The program evaluation was scheduled, and a meeting was held with three AAHP interns to provide instructions on administering the SMILE survey via telephone. This training also included guidance on entering responses into Survey Monkey. The interns were tasked with maintaining an updated status list of those surveyed, those who did not respond, and those who needed to be contacted. After one week, ten surveys were completed, leaving 14 outstanding. A subsequent meeting was held to discuss strategies for capturing the remaining surveys. AAHP's clinical director set a one-week deadline for the interns to attempt to contact and complete the remaining surveys before concluding efforts for the month. One intern could not conduct surveys due to a language barrier, so the program evaluator will conduct this survey as she speaks Spanish fluently.

Several meetings were held with the SMILE nurse supervisor to discuss her new role and the process-related revisions needed to streamline the program. She indicated that she would reduce her caseload and required support in developing a NextGen "user guide" (based on the data dictionary) for SMILE Nurses. This guide will enhance data entry consistency among SMILE nurses, leading to higher quality data reporting. Additionally, the program evaluator will assist in creating onboarding training for new SMILE nurses and updating paper-based forms for client encounters until they become more familiar with NextGen.

The SMILE nurse supervisor agreed with the program evaluator's recommendation to establish clear definitions to ensure consistent and accurate data reporting among SMILE Nurses. These definitions will include terms such as "Nurse Encounter," "Home Visit," "Telehealth Visit," and "Baby Enrollment." A request will be made that the senior health advisor adjust the custom form in NextGen to reflect these new definitions. A meeting was held to discuss data entry protocols for SMILE Nurses, attended by the senior health advisor, the SMILE nurse supervisor, and the program evaluator.

Additionally, the program evaluator drafted a flowchart outlining the various pathways a SMILE Nurse may take when entering data in NextGen. **Cancer Prevention** The program evaluator met with AAHP's cancer prevention specialist to discuss updates on the transportation grant for cancer patients needing to travel to and from their treatment appointments. The cancer prevention specialist informed the program evaluator that quarterly reports are no longer required, as the criteria for Lyft rides have shifted from general cancer diagnoses to specifically breast cancer diagnoses. She also expressed concern about locating Montgomery County residents who meet the new criteria and require transportation to their appointments. Additionally, the cancer prevention specialist mentioned that a cancer prevention awareness class for senior citizens will be recommended in February. This survey was created by collaborating with AAHP's HIV Navigator and AAHP's events coordinator.

### III. Administrative & Management Services

January was a pivotal month for AAHP's administrative operations and technological advancement. The month began with a significant meeting of the Executive Committee on January 7, where AAHP's Project Director presented a comprehensive overview of recent

accomplishments and ongoing initiatives. The following week, on January 14, staff facilitated the Executive Coalition's monthly meeting, which included a crucial discussion on the impact of the presidential election results on the well-being of community stakeholders, particularly regarding Black residents' mental and physical health.

On January 19, the DHHS Program Manager invited leaders from McFarland and Associates to interview with the County's Procurement Evaluation Team. This session allowed the firm's leadership team to address questions related to their proposal submitted on July 15, 2025, in response to a solicitation from the Montgomery Government aimed at addressing health disparities affecting Black residents compared to other ethnic groups in the County.

In terms of technological enhancements, AAHP made significant improvements to its digital infrastructure. The organization bolstered its cybersecurity by upgrading Office 365 security features and governance protocols, achieving one of Microsoft's highest security ratings. Additionally, AAHP launched a major website renovation, transitioning from Oxygen Builder to Elementor with WordPress, which promises enhanced capabilities and faster performance. AAHP's data management capabilities have also advanced following the June 2023 transition from a legacy Oracle database to NextGen, an Electronic Health Record System. To manage the growing complexity of data across multiple health applications—including remote patient monitoring, nutrition, mental health, weight management, and social determinants of health— AAHP partnered with Clarion Technology. This collaboration aims to develop a comprehensive data warehouse that facilitates cross-platform access and supports whole-person health outcome decisions.

Looking ahead to February, AAHP will focus on recruiting for two vacant SMILE nurse positions that opened during the previous quarter, ensuring continued staffing for this essential program component.

## **APPENDIX A – Media Report**

|                          | December 2024 | January 2025 |
|--------------------------|---------------|--------------|
| General List Recipients: | 6234          | 6204         |
| Successful deliveries:   | 6057          | 6019         |
| Open rate:               | 33.3%         | 35%          |
| Click rate:              | .1%           | .2%          |

In January 2025, AAHP's Health Notes newsletter, titled "Make It Plain," provided subscribers with a comprehensive collection of articles aimed at enhancing health awareness within the community. The feature article "Three Essential Questions for an OBGYN" emphasized the importance of regular checkups and proactive communication with healthcare providers. It encouraged women to inquire about appropriate screening tests, the HPV vaccine, and personalized contraception and STD prevention plans. The following article "Hope for People with Sickle Cell Disease," launched AAHP's series on sickle cell and highlighted advancements in gene therapies and new medications offering improved outcomes for individuals with this condition. The following article, "Talk It Out," underscored the benefits of support groups and talk therapy in enhancing mental health and emotional well-being. The *Health Hint* encouraged writing down health goals as a simple yet effective way to stay motivated, accountable, and track progress. The *Featured Video* from PBS NewsHour highlighted the impact of CRISPR gene therapy in providing new hope for individuals with Sickle Cell. The featured recipe was cabbage steak.

The January 2025 email campaign showed strong engagement across key performance metrics. Of the 6,204 emails sent, 6,019 were successfully delivered, with 2,709 recipients opening the email, resulting in an open rate of 35%, an increase from December's 33.3%. The click rate also improved to 0.2%, doubling from the previous month's 0.1%. The campaign recorded minimal negative feedback, with six unsubscribers, demonstrating that the content continues to resonate well with its audience.

## **Facebook**

In January 2025, AAHP's Facebook engagement saw moderate changes across key performance indicators. The total number of followers increased by three, reaching 971. The platform featured 10 posts, a slight decrease compared to the previous month. Engagement showed an upward trend, with reactions rising by five to 12. Comments remained absent, reflecting a minor decline of one from the previous month. Shares improved significantly, increasing by three to a total of four. While content output slightly declined, the rise in reactions and shares suggests continued audience engagement and interest in AAHP's posts.

|                        | Followers | Posts | Likes/Love | Comments | Shares |
|------------------------|-----------|-------|------------|----------|--------|
| Total                  | 971       | 10    | 12         | 0        | 4      |
| Change from last month | +3        | -1    | +5         | -1       | +3     |

Facebook Metrics – January 2024

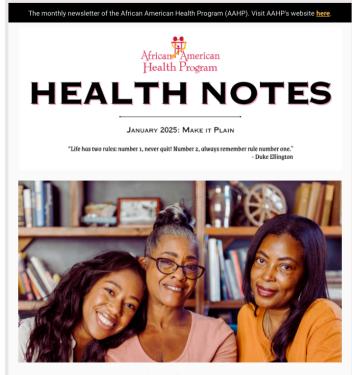
#### <u>Instagram</u>

In January 2024, Instagram metrics revealed slight changes in engagement and activity. The total number of followers increased by five, reaching 382. The account shared seven posts, two fewer than the previous month, while the number of stories remained the same at one. Post likes saw a notable improvement, rising by 13 to 19. Shares also experienced an increase, climbing by nine to reach a total of 10. Despite the slight drop in content output, the rise in engagement metrics such as likes and shares suggests that the audience remains engaged with the shared content.

|                           | Followers | Posts | Stories | Post Likes | Shares |  |  |  |
|---------------------------|-----------|-------|---------|------------|--------|--|--|--|
| Total                     | 382       | 7     | 1       | 19         | 10     |  |  |  |
| Change from<br>last month | +5        | -2    | same    | +13        | +9     |  |  |  |

Instagram Metrics – January 2024

#### **APPENDIX B – HEALTH NOTES**



#### Three Essential Questions for an OBGYN

January is Cervical Cancer Awareness Month, a perfect time for Black/African American women to focus on their sexual and reproductive health. Regardless of your age, relationship or health status, checkups with your OBGYN are critical in maintaining your health. Don't leave your next OBGYN appointment without making sure you know the answer to these important questions:

#### 1. What screening tests should I be getting based on my age and family history?

Screening tests like Pap smears, HPV tests, and mammograms are critical in the early detection of cervical and breast cancer. According to the American Cancer Society, cervical cancer screening is recommended every three years for women aged 21-29 via Pap smears and every five years for women aged 30-65 when combined with HPV testing. For breast cancer, the U.S. Preventive Services Task Force recommends that women begin regular mammogram screenings at age 40, as early detection can save lives. Discussing your risk factors for cervical, breast, or other cancers with your doctor can help you decide if you need earlier, more frequent, or specialized screenings.

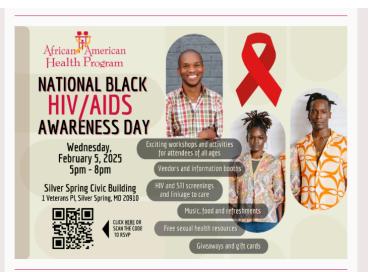
#### 2. Should I or can I get vaccinated against HPV?

Studies show that since its introduction, the HPV vaccine has reduced infections by 88% among teenage girls and 81% among young women, demonstrating its effectiveness in preventing high-risk strains that cause most cervical cancers. The Centers for Disease Control and Prevention (CDC) recommends the vaccine for everyone up to age 26 and for some individuals up to age 45, depending on their risk factors, so discuss your risk factors with your OBGYN. Even if you've already been sexually active or have tested positive for HPV, discuss the HPV vaccine with your doctor to reduce your risk for cervical cancer.

# 3. Based on my sexual health risk factors, health status, and family planning goals, what are my best options for contraception and STD prevention?

Your OBGYN can help you develop a plan for contraception and STD prevention. They can guide you through various contraceptive options, such as birth control pills, IUDs, implants, or barrier methods like condoms, while considering your health needs and lifestyle. If you've been exposed to or are at risk for an STD, your doctor may recommend regular screenings, vaccinations (such as for HPV), or preventative treatments like pre-exposure prophylaxis (PrEP) to reduce the risk of HIV. Your OBGYN is also equipped to address how different methods of contraception and STD prevention can work together to provide the best protection.

Sources: www.cancer.org www.cdc.gov www.uspreventiveservicestaskforce.org



#### Hope for People with Sickle Cell Disease



In the U.S., one in 365 Black children is born with sickle cell disease (SCD), a hereditary condition where red blood cells are shaped like sickles instead of being round and flexible. These abnormally shaped cells are prone to clumping and blocking blood flow, leading to severe pain, organ damage, and other severe complications, including strokes and anemia.

Now, SCD is entering a groundbreaking era of hope as scientists develop advanced gene therapies to tackle its root cause. A therapy named CRISPR-Cas9 involves editing the mutated gene so that the body can make healthy red blood cells. In addition to gene therapy, new medications

are reducing the frequency of painful episodes and improving patients' quality of life by targeting inflammation and oxygen delivery. These advancements offer more hopeful futures for people with SCD.

AAHP is proud to be part of this movement, launching a new initiative to improve care and support for Black Montgomery County residents with SCD. We invite you to follow this *Health Notes* series on SCD, where we will explore advancements in treatment, community resources, and the personal stories of those living with SCD. Stay tuned!

Sources:

www.scientificamerican.com/article/new-hope-for-treating-people-with-sickle-cell-disease/ www.fda.gov

#### Talk it Out



Support groups and talk therapy are powerful tools for improving mental health and emotional well-being. Talk therapy has been shown to improve overall mood and help participants develop healthier coping strategies. Similarly, support groups offer safe spaces to share experiences, learn from others, gain emotional support, and connect with others facing similar challenges. AAHP provides essential mental health services through therapy and support groups to help Black Montgomery County residents improve their mental health and understand the connection between mental health to overall health.

Led by AAHP's mental health specialist, AAHP's Mental

Health Matters group helps participants better understand anxiety, depression, bipolar disorder, and other mental health challenges. Through open discussions about symptoms, triggers, and coping strategies, members find strength in supporting one another while developing practical skills for their own wellness journey. Each session explores meaningful topics that connect daily life to emotional well-being. For example, a recent session titled "You Can't Get a Hamburger at a Hardware Store" explored how unrealistic expectations can harm mental health and taught participants how to reframe expectations to reduce stress.

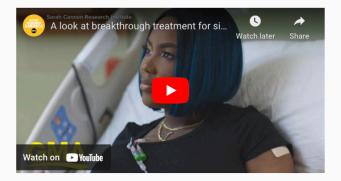
In addition to Mental Health Matters, AAHP offers **Mommy Chat** for SMILE moms, monthly mental health sessions through **Your Inner Self**, and workshops like **Cancer Chat & Chew: Conversations for Wellness** for individuals living with or recovering from cancer and their caregivers. If you or someone you love could benefit from these services, contact AAHP at (240) 777-1833 or visit the SMILE program online <u>here</u> or visit AAHP's mental health focus area <u>here</u>.

#### Health Hint

Writing down your health goals is a simple but powerful way to stay motivated and focused. Whether you intend to eat healthier, exercise more, or improve your sleep habits, writing down your goals helps you stay accountable and track your progress. Try keeping them in a journal, planner, or even on sticky notes where you'll see them every day. Take a moment each morning to read them and remind yourself of the positive changes you're working toward.

#### Featured Video

This powerful PBS NewsHour video highlights the impact of CRISPR, a groundbreaking gene therapy for Sickle Cell Disease:



#### Featured Recipe: Cabbage Steaks

#### Ingredients

- 2 large heads of cabbage
- ¼ cup olive oil, 78 ml
- 1 teaspoon salt, 6 grams
  ½ teaspoon ground black
- pepper, 1 gram2 teaspoons garlic powder, 6
- grams • 1 teaspoon onion powder, 2.4 grams
- Juice of 1 lemon
- ¼ cup chopped fresh parsley, 15 grams

#### Instructions

- Preheat the oven to 400°F (200°C) and line a baking sheet with parchment paper.
   Trim the stem ends of the cabbage heads, then cut each cabbage into 1-inch thick slices,
- creating "steaks". Place the cabbage steaks on the prepared baking sheet.
- 3. Whisk together the olive oil, salt, black pepper, garlic powder, and onion powder, and brush the mixture onto both sides of each cabbage steak to coat.
- 4. Roast the cabbage steaks for 25 minutes or until tender and slightly golden brown.
- 5. Remove the steaks from the oven, drizzle with lemon juice, and garnish with parsley.

#### Source: www.jessicainthekitchen.com/cabbage-steaks



### **APPENDIX C – SURVEY AND ATTENDANCE REPORTS**

#### Take Control of Your Health – Wednesday Edition

| January 8th   |   |
|---|---|
| Feedback Question   | Participants Response (Anonymous)   |
| What was the highlight of today's session?                | <ul> <li>Goal setting</li> <li>Listening to people's journeys in goal setting (voice and in the chat).</li> <li>Refining my goals using the SMART guidelines</li> <li>New way to look at Goal setting.</li> <li>Goal setting outline</li> <li>Goal setting</li> <li>Implementation of measurable goals</li> <li>Goal setting.</li> <li>I love how she explained goal setting. Great presentation</li> <li>SMART Goals, really everything discussed</li> <li>The specific details to setting goals</li> <li>The class helped me to home in and focus more readily on my GOALS for the new year.</li> <li>SMART Goal Setting</li> <li>Explaining the importance of the SMART program</li> <li>Goal setting</li> </ul> |
| What information do you wish the presenter had discussed? | <ul> <li>Yes</li> <li>Give examples of SMART goals that don't involve losing weight.</li> <li>All was great</li> <li>How to re-group when you are failing at meeting your goals.</li> <li>A lot of great information</li> <li>Staying motivated to achieve the goals set. I believe this was covered but I need baby steps</li> <li>Taking time for self</li> <li>I think it was thorough as is</li> <li>She did a great job.</li> </ul>  |

| To help AAHP plan for future classes, what<br>topics would you be interested in learning<br>about? | <ul> <li>More re methods used for motivation</li> <li>I can't think of what was missing.</li> <li>The content was just enough. Too much information = 0 retention.</li> <li>PTSD</li> <li>Stress</li> <li>Strategies for steep aging with our goals. Have a quarterly review session for goals updates/setting</li> <li>How to let go of things that weigh you down and not feel guilty.</li> <li>None today</li> <li>long term care for the future</li> <li>I have to think about it</li> <li>Stress</li> <li>I think anything about becoming a better version of yourself is a great topic</li> <li>I really liked the course we just had.</li> <li>Mindset, identifying distractions</li> <li>Good job. Like the variety as presented.</li> <li>Pelvic Exercises for the Bladder</li> <li>Healthy eating</li> <li>Ovarian cancer</li> </ul> |
|--|--|
| How can AAHP improve in Take Control of<br>Your Health?  | <ul> <li>Doing a great job.</li> <li>Continue to incorporate sessions that<br/>focus on overall health issues, not<br/>just diabetes.</li> <li>Tell people to keep their comments<br/>brief. Otherwise - continue same</li> <li>Just right</li> <li>Provide handouts for visual learning</li> <li>Good information</li> <li>Offer different time slots for<br/>presentations</li> <li>I would like a class on how to<br/>meditate.</li> <li>Continue</li> </ul>  |

| • More programs to help improve the |
|-------------------------------------|
| health of younger people            |

| January 15th  |   |
|---|---|
| Feedback Question   | Participants Response (Anonymous)   |
| What was the highlight of today's session?                | <ul> <li>Learning something new about<br/>weight loss and causes for not losing<br/>although one is eating right and<br/>exercising</li> <li>I liked learning more about what it<br/>means to "fast" and the effects on the<br/>body. Additionally, I enjoyed the<br/>discussion regarding the benefits of<br/>exposure to cold temperatures.</li> <li>This was my first time. I'm still<br/>getting used to the format.</li> <li>Explanation of difficult words.</li> <li>Discussion on Autophagy.</li> <li>Metabolism tips</li> <li>I enjoyed all of the insight that was<br/>shared</li> <li>Different exercises</li> <li>New information on a cellular level<br/>for metabolic responses.</li> <li>Exercise</li> <li>Fitness and how it supports our<br/>wellbeing.</li> <li>Exercise and eat well for better<br/>health</li> <li>Learning about autophagy.</li> <li>How exercise impacts the body</li> </ul> |
| What information do you wish the presenter had discussed? | <ul> <li>More of #2 above</li> <li>How some medications can cause weight gain and also have side-effects that make it difficult to eat meals/food on a healthy schedule.</li> <li>The presentation was thorough. She could pace herself a little better to</li> </ul>   |

| To help AAHP plan for future classes what<br>topics would you be interested in learning<br>about?<br>How can AAHP improve in Take Control of | <ul> <li>spend more time on each slide<br/>instead of having to rush through<br/>some at the end.</li> <li>All great information</li> <li>Options for persons with physical<br/>disabilities.</li> <li>Maybe talk about salt and sugar a<br/>little</li> <li>This was a good session</li> <li>I think that we could discuss more<br/>about what foods convert to sugar<br/>and are stored as sugar and for how<br/>long.</li> <li>Eat before exercise or not eating</li> <li>Possibly the important of rest day<br/>when you are working out 5 to 6<br/>days a week</li> <li>More information on fasting</li> <li>Recipes</li> <li>Weight loss, HIIT</li> <li>Muscle imbalances and improving<br/>balance/posture.</li> <li>I'm new to the program so I don't<br/>have any now.</li> <li>Women's health-menopause</li> <li>The cause of Vitiligo and is there any<br/>treatment.</li> <li>Sodium intake how to lessen and<br/>what salt does to the body</li> <li>Specific exercises that are good to do<br/>from your chair when at work</li> <li>The psychology of self-care</li> <li>Eating</li> <li>Pancreas cancer</li> <li>How not to have to get up in the<br/>middle of the night so many times to<br/>go to the bathroom</li> <li>It's great. I love Dr. Monica!</li> </ul> |
|--|--|
| Your Health?   |  |

|  | <ul> <li>I am going to forget to write down<br/>my SMART goal.</li> <li>Keep doing a great job</li> <li>I think you are doing an awesome job<br/>already</li> <li>15 more minutes, please? :-)</li> <li>By providing more information Eati</li> <li>You are doing a stellar job.</li> <li>By continuing to educate people</li> </ul> |
|--|--|
|--|--|

| January 22nd                               |   |
|--|---|
| Feedback Question                          | Participants Response (Anonymous)   |
| What was the highlight of today's session? | <ul> <li>How drugs mimic what naturally occurs in the body.</li> <li>Discussion of GLP-1 agonist and their action</li> <li>Coverage of all weight loss methods</li> <li>Everything</li> <li>Learning how the weight loss drugs work</li> <li>Learning that Obesity is a disease.</li> <li>Today's session was very informative</li> <li>Learning about the Heart Attack Grill</li> <li>Weight gain history over time</li> <li>Overview of obesity in US</li> <li>Discussion on weight trends universally.</li> <li>Risks and rewards of the drugs</li> <li>The different weight loss drugs explained</li> <li>All the information</li> <li>All the content</li> <li>Ozempic and weight loss</li> <li>General discussion about weight loss drugs</li> <li>Have a realistic plan</li> </ul> |

| What information do you wish the presenter had discussed?   | <ul> <li>Talking in-depth about GLP1<br/>medication</li> <li>Weight control</li> <li>Very informative</li> <li>definition of ultra-processed</li> <li>Info about the costs</li> <li>NA</li> <li>More about the differences between<br/>them and why one would be<br/>prescribed over another</li> <li>A bit more details on tips as to what</li> </ul>  |
|---|---|
|   | <ul> <li>to say to your doctor when asking to<br/>be prescribed any GPL1 drug.</li> <li>I think a lot was covered on weight<br/>loss drugs. I cannot think of anything<br/>left out.</li> <li>More on prescription oral drugs<br/>(names) weight loss patches and<br/>weight loss gummies and over-the-<br/>counter weight loss drugs?</li> <li>More about the medical indications</li> </ul> |
|   | <ul> <li>More about the medical indications for drugs so that persons who their doctors believe will help with medical conditions are not frightened or discouraged.</li> <li>Very inclusive</li> <li>Surgeries that cause death</li> <li>She did all</li> </ul>  |
|   | <ul> <li>There are so many rumors out there, it is hard to know where to begin.</li> <li>more time to discuss options to lose weight</li> <li>She covered all my questions</li> <li>She discussed everything</li> <li>Food that will help in process</li> </ul>   |
| To help AAHP plan for future classes what<br>topics would you be interested in learning<br>about? | <ul> <li>Low blood pressure</li> <li>reading food labels</li> <li>Kidney Stones</li> </ul>  |

|   | <ul> <li>anything</li> <li>rheumatoid arthritis and other<br/>inflammatory diseases</li> <li>Neuropathy; how the Vagues Nerve,<br/>and the pituitary gland affect health,<br/>Parkinson's Disease, and other<br/>autoimmune diseases that affect<br/>people of color.</li> <li>Seniors aging in place, fall<br/>prevention, brain health and<br/>neurological challenges as people<br/>age.</li> <li>Boosting immunity and reducing<br/>inflammation</li> <li>Continue more on this subject per<br/>what I listed in #3 above</li> <li>Self esteem</li> <li>Repeat</li> <li>Will let you know when I can think<br/>of something.</li> <li>What options do we have to lose<br/>weight safely</li> <li>What can you eat or supplements to<br/>help increase your collagen after the<br/>age of 60?</li> <li>Reduce chronic disease</li> </ul> |
|---|---|
| How can AAHP improve in Take Control of<br>Your Health? | <ul> <li>I am benefiting from these presentations - relevant.</li> <li>Doing a great job already</li> <li>You do a fabulous job</li> <li>You already have</li> <li>The class is great. More opportunities to ask questions and shorter presentations.</li> <li>Continue providing awesome life changing information regarding health, medication and lifestyle.</li> </ul>  |

| M 1 (1 1 1 1 1                        |
|---------------------------------------|
| • Make the workshops more engaging.   |
| Perhaps we will have some breakout    |
| groups and small discussions.         |
| Continue hosting virtual classes      |
| • Your format is great                |
| • The team is doing an excellent job. |
| • Keep it coming                      |
| • Keep giving information             |
| • So far, so good.                    |
| • Educate people                      |
|                                       |

| January 29th  |  |
|---|--|
| Feedback Question   | Participants Response (Anonymous)  |
| What was the highlight of today's session?                | <ul> <li>I learned that the pharmacist can be very helpful and may save your life when drug interaction is involved. Always keep the printout that comes with a new prescription. Fill at same drug store.</li> <li>none - I am in the health field - nothing new</li> <li>Interaction in class.</li> <li>Great information all around</li> <li>open discussion</li> <li>Great reminders about type of conversations to have with pharmacist</li> <li>Experiences of the participants</li> <li>All</li> <li>Medication Management</li> <li>Great discussion.</li> <li>Managing your meds and being aware of harmful side effects</li> <li>Read about all the side effects of any medication that you may need to take or that the doctor wants you to take before it is prescribed.</li> </ul> |
| What information do you wish the presenter had discussed? | Very informative.  |
|   | • I would have preferred to hear her presentation before the questions   |

|   | <ul> <li>All my questions and concerns were answered</li> <li>Great</li> <li>She did it all</li> <li>Good review.</li> <li>Taking control of how you take your medication</li> <li>Wish we had more time to discuss this topic further</li> </ul>                        |
|---|--|
| To help AAHP plan for future classes what<br>topics would you be interested in learning<br>about? | <ul> <li>Low blood pressure.</li> <li>Lymphedema</li> <li>Skin and hair care.</li> <li>Types of meds for blood pressure</li> <li>Great</li> <li>Repeat this topic</li> <li>More about Medication Management</li> </ul>   |
| How can AAHP improve in Take Control of<br>Your Health?   | <ul> <li>Great job.</li> <li>Give lecture first before the questions</li> <li>Keep having the classes</li> <li>Great</li> <li>More information</li> <li>Glad the instructors try to mix the approach.</li> <li>More time allowed sometimes for certain topics</li> </ul> |

## <u> Take Control of Your Health – Thursday Edition</u>

| January 9th                                |  |
|--|--|
| Feedback Question                          | Participants Response (Anonymous)      |
| What was the highlight of today's session? | • Important information about lifetime |
|  | versus medication                      |
|  | Great visuals                          |
|  | • Med for weight loss                  |
|  | • Discussion with everyone             |
|  | • Knowledge with compassionate         |
|  | discussion                             |
|  | • great info                           |
|  | • Costs of the weight loss meds        |
|  | • Everything                           |

|   | <ul> <li>Lecture</li> <li>Lots of information - well organized</li> <li>Learning that lifestyle changes and<br/>GLP1 meds can be used together to<br/>be successful</li> <li>Information pros and cons on GLP's</li> <li>Lifestyle vs Medicine discussion</li> </ul>  |
|---|---|
| What information do you wish the presenter had discussed?   | <ul> <li>Enough information was presented</li> <li>Well covered</li> <li>Excellent presentation as it was presented</li> <li>How to stop Ozempic</li> <li>New diet medicines</li> <li>More time to discuss topic</li> <li>Negative sides of GLP-1</li> </ul>  |
| To help AAHP plan for future classes what<br>topics would you be interested in learning<br>about? | <ul> <li>High blood pressure medication</li> <li>Continue with obesity</li> <li>Bone health and what vaccines or<br/>shots needed after 50</li> <li>Pancreas cancer testing</li> <li>how to stop Ozempic</li> <li>Unsure at the moment. Maybe<br/>vitamins are beneficial to seniors.</li> <li>More on lymphedema.</li> <li>Other options for weight reduction</li> <li>Loss of Collagen.</li> <li>More GLP-1 meds</li> </ul> |
| How can AAHP improve in Take Control of<br>Your Health?   | <ul> <li>Continue sharing verity information<br/>on Multiple subjects that seems to be<br/>prevalent in black and brown<br/>communities</li> <li>By Education</li> <li>Continue addressing proactive<br/>healthcare needs for 2025</li> <li>You all are doing a stellar job.</li> <li>Impossible</li> <li>You do a wonderful job.</li> </ul>  |

| • Longer time for this topic - two |
|------------------------------------|
| sessions                           |

| January 16th   |   |
|--|---|
| Feedback Question  | Participants Response (Anonymous)   |
| What was the highlight of today's session?   | <ul> <li>Ways to stay healthy</li> <li>Learning how much people spend to stay healthy.</li> <li>The importance of sleep</li> <li>How to keep with the daily living</li> <li>Lifestyle</li> <li>Great presentation</li> <li>Having a support system to help you reach your goals</li> <li>Podcast and book sharing</li> <li>Sharing remarks</li> <li>Reminder of the need for us to focus on the 6 pillars</li> <li>Setting Healthy Lifestyle changes are realistic and can continue</li> <li>Lifestyle changes to improve health</li> <li>The slides on wellness practices</li> </ul> |
| What information do you wish the presenter had discussed?                                    | <ul> <li>More on mental health</li> <li>Enough helpful information was presented</li> <li>A menu for eating</li> <li>She did covers all</li> <li>Great</li> <li>The presenter was fine</li> <li>All good</li> <li>Weight Loss</li> <li>Talk more about alleviating stress and developing social relationships.</li> </ul>   |
| To help AAHP plan for future classes, what topics would you be interested in learning about? | <ul> <li>Mental health</li> <li>Repeat</li> <li>Type 1 diabetes in adulthood</li> <li>Kidney diseases and prevention</li> </ul>   |

|   | <ul> <li>Last week you talked about<br/>Ozempic and other injectables for<br/>weight loss. What about pill<br/>medications for weight loss. What<br/>works and what does not work.<br/>What is safe for help with weight<br/>loss</li> <li>Healthy weight after 65 years old</li> <li>Managing prediabetes</li> </ul> |
|---|---|
| How can AAHP improve in Take Control of<br>Your Health? | <ul> <li>I enjoyed what was said</li> <li>Keep having the class</li> <li>Education is the best</li> <li>More information</li> <li>Begin and end on time</li> <li>All is good</li> </ul>   |

| January 23rd                               |   |
|--|---|
| Feedback Question                          | Participants Response (Anonymous)   |
| What was the highlight of today's session? | • I love the participants' contribution to information  |
|  | • Good to keep knowing there are so many monitoring devices available to check health.                                  |
|  | • CGM never knew what it was  |
|  | • The variety of wearable items to monitor your health.   |
|  | • The information about the diabetes monitoring   |
|  | • Finding out how helpful an Apple<br>Watch with its monitoring<br>capabilities would be since I have<br>cardiac issues |
|  | • List of different websites. And CGM information   |
|  | • The different devices to monitor one's health   |
|  | • information on health apps  |
|  | • To manage your health   |
|  | Monash slide  |

|   | <ul> <li>interesting information</li> <li>Participant engagement and questions</li> <li>Learning about different way to monitor glucose</li> <li>History of Apps</li> <li>Wearable medical devices</li> </ul>   |
|---|---|
| What information do you wish the presenter<br>had discussed?                                      | <ul> <li>I wish there was more discussion<br/>about the different CGM options and<br/>how they differ or are similar to one<br/>another</li> <li>Good overview.</li> <li>Sleep apnea. I heard there is a new<br/>weekly injection that can help called<br/>Zepbound.</li> <li>He covered mostly everything.</li> <li>I think the presenter was awesome<br/>and thorough</li> <li>He was quite thorough and went over<br/>a lot of areas that we can go back to<br/>and do our due diligence if it<br/>interests of appointments for us. A<br/>very good presentation was right on<br/>time.</li> <li>very comprehensive</li> <li>How to use the Apple Watch to<br/>monitor your heart</li> <li>Great</li> <li>Risks of allowing apple/Google<br/>access to all health data</li> <li>Showed the different glucose<br/>monitors and how to use them</li> <li>Just more detail on the latest apps</li> </ul> |
| To help AAHP plan for future classes what<br>topics would you be interested in learning<br>about? | <ul> <li>More on CGMs</li> <li>Types of anemia.</li> <li>Sleep apnea</li> <li>Maternal and infant<br/>morbidity/mortality.</li> <li>Tell more about how the devices<br/>work</li> <li>I would say mental health, but I do<br/>take part in the zoom mental health</li> </ul>  |

|   | <ul> <li>classes that happen twice a month, so<br/>I don't know right now you all do an<br/>outstanding job</li> <li>Previously answered</li> <li>Everything for wellness</li> <li>more info on health tools and how to<br/>use them</li> <li>To repeat this class</li> <li>More on software for your health</li> <li>Environmental impact on health<br/>(microplastics, forever chemicals,<br/>air/water pollutants)</li> <li>The different glucose monitors and<br/>how to use them</li> <li>More Men's Classes</li> </ul>   |
|---|--|
| How can AAHP improve in Take Control of<br>Your Health? | <ul> <li>The program is great. Perhaps have a Google reference page with links to websites recommended or reading materials</li> <li>Periodically update as technology evolves.</li> <li>Keep having t h e classes. Thanks</li> <li>Keep providing health information.</li> <li>AAHP is an awesome program. Keep doing what you are doing. More people need to know about this. I am doing my best to spread the word.</li> <li>I will give it some thought, but you will do an outstanding job and cover any base. I could think of wanting information on everything from fitness classes to diet to mental health to monitoring.</li> <li>Thanks for doing a great job consistently.</li> <li>To have the information given in email, text or handout so people. A go back to read and for references. I</li> </ul> |

| <ul> <li>have learnt a lot with this program.<br/>THANK YOU.</li> <li>The program has been very helpful</li> <li>Great information</li> <li>Great</li> <li>Links to resources</li> </ul> |
|--|
| • It Good  |

| January 30th  |   |
|---|---|
| Feedback Question   | Participants Response (Anonymous)   |
| What was the highlight of today's session?                | <ul> <li>Great reminders of understanding the ABC of diabetes</li> <li>Learning about the details of lab results. ABC's</li> <li>Lab information</li> <li>Q and A</li> <li>lab values</li> <li>Understanding your lab values</li> <li>all the health panels so interesting loved the entire lecture-outstanding</li> <li>Explanation of the lipid panel</li> <li>All data</li> <li>The information! Good subject matter.</li> <li>Lipid Panel Discussion</li> <li>Class participation.</li> <li>Reading Blood Test Results</li> <li>Interpreting lab results</li> </ul> |
| What information do you wish the presenter had discussed? | <ul> <li>Examples of how to improve red<br/>blood cell</li> <li>Nutrition</li> <li>She covers all I needed to hear</li> <li>Great</li> <li>Needs to be a 2-part class</li> <li>How long sugar stays in the<br/>bloodstream</li> <li>More about reducing High LDL</li> <li>Special Panels</li> <li>Impact of chronic conditions on teeth<br/>and oral health and vice versa.</li> </ul>  |

| To help AAHP plan for future classes what<br>topics would you be interested in learning<br>about? | <ul> <li>Sleep apnea</li> <li>Different physician specialty (titles and their specialty)</li> <li>Nutrition</li> <li>To understand more about magnesium</li> <li>More about other panels</li> <li>Lymphedema of leg and ankle</li> <li>How to reduce LDL Cholesterol</li> <li>Skin and hair care.</li> <li>Kidneys, Liver, Prostrate</li> <li>Oral health concerns</li> </ul>   |
|---|---|
| How can AAHP improve in Take Control of<br>Your Health?   | <ul> <li>Keep having the programs. I am<br/>learning and sharing information for<br/>better health. Thanks</li> <li>You already are. I take yoga, tai chi<br/>classes and the anti-inflammatory<br/>class. Thank you for your service</li> <li>Continue to provide great<br/>information</li> <li>Access previously recorded sessions</li> <li>The information helps</li> <li>Great</li> <li>Great</li> <li>Great job now in all classes</li> <li>Longer</li> <li>Longer class time</li> <li>Great Already but get the word out.<br/>Have a video library of all the classes</li> <li>Doing an excellent job</li> </ul> |

## CDMP Evaluation Questions (n=137)

| CDIVIT EValuation Questions (nº 197)       |  |
|--|--|
| How would you rate today's class overall?  | 92 % of respondents rated classes as     |
|  | excellent, and 8 % of respondents rated  |
|  | classes as good.                         |
| What was the highlight of today's session? | Responses from the HN class include:     |
|  | 1. Topic discussion (universal meals)    |
|  | 2. Ethiopian (and other ethnic) recipes  |
|  | 3. Meal planning tips                    |
|  | 4. The Presenter                         |
|  |  |
|  | Responses from the TCYH classes include: |

|   | <ol> <li>Discussion on goal setting</li> <li>Learning new terms and phrases</li> <li>Information on GLP 1 medications</li> <li>Importance of having a pharmacist on the care team</li> <li>Learning about various monitors for tracking health</li> <li>Hearing from other participants</li> </ol>  |
|---|---|
| What information do you wish the presenter had discussed?   | Responses from the HN class include:<br>1. More information on how to read food<br>labels<br>2. More information on weight loss<br>3. Proper storage for food safety<br>Responses from the TCYH classes include:<br>1. SMART goals on areas other than weight<br>loss<br>2. More on why weight loss stalls<br>3. Options for people with disabilities<br>4. More on mental health<br>5. More discussions on CGM—risks,<br>potential data breech<br>6. Sleep apnea   |
| What percentage of the information you have received today was new to you?                              | Respondents in the HN class rated 68 % of<br>the information as new.<br>Respondents in the TCYH classes rated 58 %<br>of the information as new.  |
| To help AAHP plan for future classes, what<br>topics would you be interested in learning<br>more about? | Respondents in the HN class are interested in<br>learning more about:<br>1. Food allergies<br>2. Cultural/religious foods<br>3. Starting a Cookbook Club<br>4. More Bread, Tofu, Smoothie recipes<br>5. Raynaud's Disease<br>6. Senior Self-Care<br>7. More on reading food labels<br>8. Food safety and storage<br>9. Oils and other food additions<br>10. More on addictive foods<br>11. Healing herbs<br>12. Foods good for the skin, hair, nails<br>13. Relationship between fruits/veggies to<br>specific vitamins |

|                                   | <ul> <li>Responses from the TCYH classes include:</li> <li>1. Stress/PTSD</li> <li>2. Quarterly review of SMART goals</li> <li>3. HIIT</li> <li>4. Women's Health</li> <li>5. Vitiligo</li> <li>6. Pancreatic cancer</li> <li>7. Nocturia</li> <li>8. Collagen (especially relating to aging)</li> <li>9. Neuropathy</li> <li>10. Low BP and medications</li> <li>11. Bone Health</li> </ul>  |
|-----------------------------------|---|
|                                   | <ul> <li>12. Obesity</li> <li>13. Kidney disease</li> <li>14. Other medications for weight loss (pills)</li> <li>15. T1 Diabetes (adults)</li> <li>16. Infant mortality</li> <li>17. More on Health IT</li> <li>18. More on CGM</li> </ul>  |
| How can AAHP improve our classes? | <ul> <li>Respondents in the HN class have suggested:</li> <li>1. Longer class times</li> <li>Responses from the TCYH classes include:</li> <li>1. Shorter comments from participants to give more time to presentation</li> <li>2. Longer class time</li> <li>3. Different time slot for class</li> <li>4. Class for young people's health</li> <li>5. Place QA time at the end of the presentation, don't rush</li> <li>6. Links/websites for additional reading on a given topic.</li> <li>7. Continue offering these classes!</li> </ul> |