



Mental Health Ambassador Program

Overview and Final Report



METRO DENVER
PARTNERSHIP FOR HEALTH

Table of Contents

3	Program Overview
7	Ambassador Organizations and Activities
9	Communities of Practice Overview
10	Program Outcomes: Data Collection Methods
12	Program Results
14	Lessons Learned and Next Steps
16	Appendix A: Ambassador Organization Profiles
20	Appendix B: Community Survey Methods and Detailed Results
24	Appendix C: Focus Group Demographics
28	Endnotes



METRO DENVER

PARTNERSHIP FOR HEALTH

Program Overview

Executive Summary

The Metro Denver Partnership for Health (MDPH) and the Colorado Health Institute (CHI) are proud to present the report on the MDPH Mental Health Ambassadors pilot program. The ambassador program supported local leaders from community-based organizations in the metro Denver area to directly tackle the issue of mental health stigma in their communities. The program aimed to reduce stigma associated with mental health by partnering with trusted community leaders, relying on ambassadors' expertise and connections to their communities to create the most appropriate and effective anti-stigma programming. Over the seven months of the program, ambassadors reached about 4,700 people every month with mental health programs and messaging tailored to suit their communities' needs and interests. Additionally, through a community mental health survey and focus groups, ambassadors collected detailed, community-level information on mental health perceptions, stigma, and messaging.

This report details the design of the ambassador program as well as its outcomes, which include ambassador activities, the community survey and focus group results, program evaluation metrics, and lessons learned and next steps. MDPH hopes others can use the lessons learned and background in this report to replicate the ambassador program in their communities.

Key Takeaways:

- MDPH has successfully built partnerships with community-based organizations that serve Hispanic/Latinx and Black/African American communities in the metro Denver area to combat mental health stigma.
- Ambassadors reached an average of 4,700 people every month with community-tailored mental health messaging and programming. Ambassadors noted these events and promotions helped build trust, and community members reported increased support with mental health challenges.
- After the program, ambassadors reported they felt more confident in their ability to decrease stigma and build trust in their communities.

About MDPH

The Metro Denver Partnership for Health (MDPH) is a partnership of key stakeholders committed to improving health in metro Denver through regional collaboration and action. MDPH is led by the seven local public health agency partners serving the Denver metro area, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. MDPH also includes health systems, Regional Accountable Entities, human services, and regional health alliances. MDPH works alongside regional leaders in behavioral health, environment, philanthropy, local government, education, and other areas to achieve its goals of promoting health and well-being across the region. The Colorado Health Institute (CHI) is the administrative, coordinative, and fiscal hub for MDPH. MDPH's work impacts over three million Coloradans — 60% of the state's population — who live in this region.

Collectively, MDPH aims to support the health of its communities by building joint endeavors with partners who know and understand the issues facing their constituents. Collaborating with the communities it serves is one of MDPH's shared principles.^{1,2}

Mental Health Community Ambassador Program Background

Ambassadors and MDPH Liaisons

From December 2021 to June 2022, MDPH partnered with six community-based organizations (community ambassadors) to help reduce stigma associated with mental health within Denver metro communities, using research and messages developed as part of MDPH's [Let's Talk Colorado](#) campaign. Ambassadors* are trusted leaders in their communities and serve priority populations who have disproportionately poor mental health outcomes. They are also experts in their communities, and public health messaging shared through these partnerships is more effective. Ambassador organizations were paid

up to \$20,000 to increase their capacity and disseminate messaging.

To encourage connections between community-based organizations and local public health and health care partners, each ambassador was supported by an MDPH liaison. Liaisons were either local public health or health care staff from MDPH partnering organizations. The role of the liaisons was to help support, train, engage, and equip ambassadors to act as influential messengers.

Program Priority Populations

To identify priority populations in the Metro Denver region for the ambassador program, MDPH used data from CHI's [2021 Colorado Health Access Survey](#) (CHAS).³ According to the CHAS, Coloradoans who identified as Black or African American were more likely than their white counterparts to report not getting needed mental health services due to stigma. Those who were Hispanic or Latinx were also more likely than their white counterparts to report not getting needed services because they were worried what would happen if someone found out they had a problem (see Figure 1). Lastly, those covered by Medicaid and individual insurance in the metro region were more likely than those with other insurance types to report that they expected to need behavioral health services in the future.

For the pilot of the ambassador program, MDPH secured funding to support programming for the Black/African American and Hispanic/Latinx communities.

Health Equity Approach

MDPH's approach utilized the [Health Equity Community Involvement Spectrum](#) to collaborate with the community in planning and implementing decisions.⁴ Throughout the program, power sat with the community to direct interventions and strategies to build trust and partnerships; this included ambassadors choosing how to implement interventions and adapt the Let's Talk Colorado materials.

* Each community-based organization MDPH partnered with is considered an ambassador. One individual, typically one of the leaders of the organization, represented each organization in the program. However, for most organizations, multiple staff members worked to support the activities of the ambassador program. For simplicity, this report will refer to the work done by the ambassador and ambassador organization staff as work done by the ambassador.

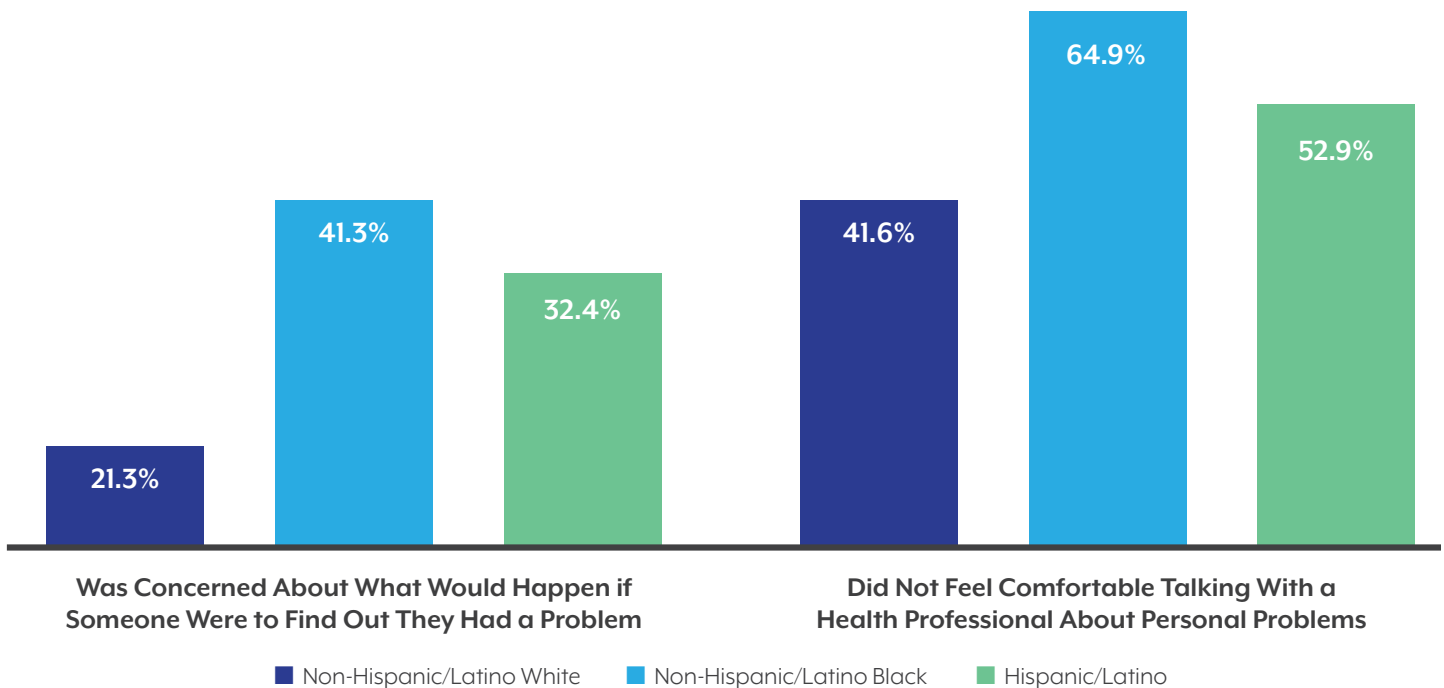
Ensuring community involvement is crucial to narrowing the health equity gaps seen in mental health outcomes. Implementing culturally relevant interventions is foundational to reducing health disparities and is also associated with better health outcomes and more positive experiences with the health care system.^{5,6} Nearly 7% of Coloradans reported a need for culturally and linguistically responsive care that addresses at least one unique need, such as language, sexual orientation, culture, disability, or experience with trauma, according to the CHAS. By working with community-based organizations to develop materials, MDPH has the potential to improve community member understanding, reach, and retention of messages and help ensure that priority communities do not avoid getting health care when they need it due to fear of being treated unfairly.⁸

In 2021, MDPH also conducted interviews with priority populations to identify ways to better reach traditionally underserved populations

through the Let's Talk Colorado campaign and to understand what types of messages would best resonate. Audiences said that culturally bound stigmas shape their perceptions and actions related to mental health. For example, LGBTQ+ participants noted a need to create safe spaces for these conversations as this group experiences high rates of suicide and other mental health struggles. Black and African American communities noted that high levels of trauma that are not systematically addressed contribute to mental health stigma. All interviews highlighted the need to meet people where they are, including providing materials in community locations, such as recreational and sports facilities, and at community-based organizations. Partnering with these types of organizations to increase visibility and trust are the key pillars behind the ambassador program and how MDPH ultimately aims to utilize approaches intended to improve health equity to support these groups.

Figure 1: Black/African American and Hispanic/Latino Coloradans Were More Likely to Skip Mental Health Care Due to Stigma*

Percentage Reporting They Did Not Get Needed Mental Health Services Because of Stigma Issues, 2021



* Asked of those who reported not getting needed mental health services in the last 12 months
 Source: 2021 Colorado Health Access Survey

Project Goals and Objectives

1. Reduce the percentage of self-reported mental health stigma among Black or African American and Hispanic/Latinx populations.
 - A. By 2025, decrease the percentage of Black or African American and Hispanic/Latinx populations in metro Denver who have reported eight or more days of poor mental health in the last month.
 - B. Identify what mental health stigma messages and strategies may resonate with priority populations.
 - C. Increase the number of ambassadors and community members who report increased knowledge and improved understanding around stigma and mental health in their communities.
2. Increase the likelihood that ambassador organizations will partner with health care or public health partners (for example, hospitals and local public health agencies) to address challenges, barriers, and needs for future health topics.
 - A. Promote bidirectional information sharing and best practices in mental health messaging among community partners by hosting monthly Community of Practices (CoP) with ambassadors and liaisons.

As a result of the program activities outlined above, MDPH expected the following outcomes to occur:

- Reach 5,000 adults per month with stigma reduction messaging.
- Improve knowledge, attitudes, comfort level, and understanding related to mental health.
- Reduce equity gaps in mental health outcomes (meaning decreased disparities in stigma, poor mental health, and access rates among priority race/ethnicities, insurance, and age groups).

Program Activities Overview

Over the course of the program, ambassadors and MDPH worked together to adapt [Let's Talk Colorado materials](#) so they better met the needs, experiences, and feedback of priority communities within the Denver metro area. This campaign was developed by research done through the [Frameworks Institute](#), and previously was implemented through paid and earned media.⁷

Community ambassadors increased their capacity to address mental health and related stigma, promoted updated anti-stigma messages within communities, and provided structured feedback on communications strategies to reduce mental health stigma. For example, community ambassadors hosted community roundtables, referred clients to services, or posted Let's Talk Colorado messages on their social media channels.

MDPH also supported bidirectional information sharing and best practices through a regional CoP among ambassadors, their partners, and MDPH liaisons. Additionally, liaisons and ambassadors had multiple, routine touchpoints throughout the grant period to discuss questions and needs, review deliverables, and troubleshoot issues.

Ambassadors collected detailed information about perceptions of mental health and stigma via a community survey. Two ambassador organizations also conducted focus groups to discuss mental health stigma and test Let's Talk Colorado messaging with community members.

Additional details on program methods and results from the surveys and focus groups are detailed in the following sections of this report.

Ambassador Organizations and Activities

MDPH partnered with six community organizations serving Hispanic/Latinx and Black/African American communities in the Denver metro area. Organizational staff led activities to promote mental health awareness and to reduce stigma. Each ambassador organization designed programming that suited their community and organization through a program plan.

Community ambassadors included:

- Caring and Sharing Community Resources and Transformation Center
- Center for African American Health
- Colectiva
- Colorado Black Health Collaborative
- Colorado Changemakers Collective
- Vuela for Health

Types of activities included:



Information Sharing



Support Groups



Community Events or Outreach



Mental Health First Aid Training



Community Partnerships



Focus Groups



Each month, ambassadors reported their activities, number of hours worked, and estimated number of people reached by their programming. **Over the seven months of the program, ambassadors worked an average of 163 hours, reaching about 4,700 people every month with mental health programs and messaging.**

Table 1 shows which organization participated in each type of activity.

Since ambassadors tailored interventions to address the unique needs of their communities and leveraged their organizational strengths, the same category of programming, such as support groups, did not necessarily look the same at different organizations. For example, some organizations convened informal sharing circles among community members, while others had a therapist facilitate a conversation. Appendix A includes a profile of each ambassador organization and a description of the activities and programs developed and delivered as part of the ambassador program.

Communities of Practice Overview

MDPH hosted monthly CoP meetings with the ambassadors and MDPH liaisons. Through the CoPs, MDPH strove to:

- Increase the capacity, knowledge, and skills of community ambassadors related to mental health needs and services.
- Enhance peer sharing and innovative strategies utilized by ambassadors, their organizations, and liaisons to inform local strategies.
- Create a regional structure to share and respond to community concerns and needs related to public health.

By working toward these goals, MDPH aimed to increase the likelihood of ambassador organizations partnering with health care or public health partners (for example, hospitals and local public health agencies) to address challenges, barriers, and needs for future health topics.

The CoP sessions were held online. MDPH offered live Spanish interpretation. Sessions were open to all community ambassadors and other interested community-based organizations.

Table 1: Ambassador Organization Activities

	Caring and Sharing	Center for African American Health	Colectiva	Colorado Black Health Collaborative	Colorado Changemakers Collective	Vuela for Health
Information Sharing	✓	✓	✓	✓	✓	✓
Support Groups	✓				✓	✓
Community Events or Outreach		✓	✓	✓		✓
Mental Health First Aid Training		✓				✓
Community Partnerships	✓	✓	✓			
Focus Groups				✓		✓

Community of Practice Discussion Topics:

December 2021

- Ambassadors meet and greet
- Program overview, requirements, and resources
- Discussion: What does stigma mean in your community?

January 2022

- Mental health messaging information from the Frameworks Institute
- Let's Talk Colorado materials overview
- Discussion: How to adapt messaging for ambassadors' communities

February 2022:

- Stigma and mental health data from the Colorado Health Access Survey
- Discussion: Reactions to the data and how trends in the data show up in the community

March 2022:

- Ambassadors round robin: sharing accomplishments and lessons learned to date

April 2022:

- Guest expert presentation: Jennifer Place from University of Colorado Center for Prescription Drug Abuse Prevention on substance use and stigma, including anti-stigma resources from [Lift the Label](#)
- Discussion: How to adapt and use the information from the presentation in the community

May 2022:

- Results from the community survey distributed by ambassadors
- Discussion: Reflections on the survey data and how to use it in work going forward

June 2022:

- Ambassadors share success stories, impact on the community, and lessons learned

Program Outcomes: Data Collection Methods

MDPH used a variety of methods to assess progress toward the program goals and objectives, including both qualitative and quantitative data collection. The following section describes each method, and Table 2 demonstrates how the methods are related to the program goals.

- **CHAS Data:** MDPH used the CHAS to select priority populations for the ambassador program. Additionally, MDPH will use the CHAS on a continuing basis to assess change in stigma and behavioral health access in 2023 and 2025 (data is released every other year). This includes data such as:
 - Reason for not getting mental health care: percentage who did not feel comfortable talking to a professional about their personal problems
 - Reason for not getting mental health care: percentage concerned about what would happen if someone found out they had a problem
 - Percentage who spoke to a health care provider about mental health
 - Percentage who spoke to a mental health professional
 - Percentage of people who needed but did not receive mental health services
- **Community Survey:** As part of the quantitative data collection element of the program, ambassadors administered a community survey to further understand stigma-related barriers associated with mental health outcomes among priority populations. The community survey was distributed by ambassadors in March 2022. MDPH aims to repeat the survey in the second round of programming to assess changes in perceptions of mental health and availability of culturally relevant mental health resources. Additional information about the community survey is included in Appendix B.
- **Focus Groups:** To collect detailed information from community members on stigma and

barriers to seeking mental health care, MDPH asked ambassadors to describe how stigma affects their communities. Additionally, two ambassador organizations, Colorado Black Health Collaborative (CBHC) and Vuela for Health, held focus groups that discussed mental health stigma.

- **Monthly Report:** Ambassadors completed monthly reports outlining the successes and challenges of both the CoPs and their activities to date. Liaisons used the reports to check in regularly with ambassadors to assess needs

related to mental health messaging best practices.

- **Ambassador Pre/Post Surveys:** To help evaluate the program, ambassadors were asked to anonymously fill out a pre- and post-program survey. The survey asked ambassadors to rate their knowledge level about mental health stigma in their community, comfort having conversations about mental health, and level of partnership that their organization engages in with other public health entities.

Table 2: Program Goals and Data Collection Methods

Themes	Goals/Objectives	Quantitative Data Collection Method	Qualitative Data Collection Method
Stigma and Other Barriers to Positive Mental Health	Goal 1: Reduce the percentage of self-reported mental health stigma among Black or African American and Hispanic/Latinx populations.	CHAS Data	N/A
	Objective 1.A: Decrease the percentage of Black or African American, and Hispanic/Latinx populations in metro Denver who have reported eight or more days of poor mental health in the last month by 2025.	CHAS Data	N/A
Addressing Barriers: Mental Health Stigma Messages	Objective 1.B: Identify what mental health stigma messages and strategies may resonate with priority populations.	Community Survey	Focus Groups
Knowledge, Understanding and Confidence	Objective 1.C.: Ambassadors and community members report they have gained knowledge and improved understanding about stigma and mental health.	Ambassador Pre/Post Surveys	Monthly Report
		Community Survey	
Health Care Partnerships	Goal 2: Increase the likelihood that ambassador organizations will partner with health care or public health partners (for example, hospitals and local public health agencies) to address challenges, barriers, and needs for future health topics.	Ambassador Pre/Post Surveys	N/A
	Objective 2.A: Promote bidirectional information sharing and best practices in mental health messaging among community partners by hosting monthly CoPs with community ambassadors and liaisons.	N/A	Monthly Report

Program Results

Stigma and Other Barriers to Positive Mental Health

MDPH collected community-level information about perceptions of mental health and mental health stigma. By analyzing data from the ambassador survey, community survey, and focus groups, MDPH found the following key themes related to stigma and barriers to care.

Negative Attitudes Toward Mental Health

The fear of being judged, labeled, or perceived as weak keeps many community members from discussing mental health. Embarrassment and shame about mental health difficulties also keeps them from seeking help or talking about their mental health.

Quotes:

“For many in the Black and African American community, it can be incredibly challenging to discuss the topic of mental health due to the concerns about [how] they might be perceived by others.”
– Ambassador, Center for African American Health

“Seeking mental health is stigmatized in Black communities. Mental health may be viewed as a weakness, that it is shameful, embarrassing, and not a true health issue ... In some, there is the survivalistic mentality and for others prayer and faith will take care of it all.” – Ambassador, Colorado Black Health Collaborative

“My community does not feel comfortable talking about their mental health with peers or mental health professionals. There is a stigma attached to mental health issues and the admission of issues among peers. There is a feeling that mental health issues are a luxury that those in my community cannot admit to.”
– Ambassador, Colectiva

“The Latinx community has a hard time searching [for mental health care] because many of them are afraid of what others may think.” – Ambassador, Colorado Changemakers Collective

“In the Latino community it is not common to seek support for mental health issues because it has become normalized that you solve everyday problems on your own.” – Hispanic/Latinx Focus Group

Lack of Trust in the Healthcare System and Government

Fear of unfair or discriminatory treatment by health care providers contributes to community members feeling wary of seeking mental health treatment. Additionally, they are concerned about the security of their health and personal information and how involvement in the health care system interacts with other government agencies, specifically the criminal justice system and immigration authorities.

Quotes:

“It is important to note that while there are some cultural elements that are shared, Black Americans by no means are a monolithic group. For the sake of this question, I will generalize the comments ... In the African American community, mental health issues are compounded by the stress of systemic racism and the historical context of chattel slavery. There is a general mistrust of medical systems due to exploitation by the U.S. government and medical institutions.”
– Ambassador, Colorado Black Health Collaborative

“I mean, in our community, we have such a lack of [trust] in the criminal justice system, health care system, all of the systems you can think of, right?”
– Black/African American Focus Group

“There is a feeling that admitting to mental health issues for children in our community carries the potential to have our children enter a system that could lead to problems which could [lead to incarceration] or the criminal system in some way if they should have a run-in with law enforcement.”
– Ambassador, Colectiva

Lack of Culturally Responsive Care

Not having access to a mental health care professional from the same cultural background discourages many community members from seeking care. For the Hispanic/Latinx community in particular, access to Spanish-language services is important for communicating and building trust with providers.

Quotes:

“[T]rying to find a Black professional that was in the mental health [field] was very, very difficult.”
– Black/African American Focus Group

“The fact that mental health personnel do not speak the same language as the patients can cause difficulties because a translator is needed, and this complicates the chain of communication.” – Hispanic/Latinx Focus Group

“Mental health staff not having the same culture as the patient can also make it difficult for people to seek help.” – Hispanic/Latinx Focus Group

Concern for Cost of Care

The cost of mental health services is a deterrent for many community members, especially for those who are uninsured.

Quotes:

*“A lot of people don’t have the good insurance where they can seek that kind of help.”
– Black/African American Focus Group*

“Many Latinos are not looking for mental health services because they are also concerned about the cost this help may bring.” – Ambassador, Colorado Changemakers Collective

The community survey confirmed much of the qualitative feedback on stigma and other barriers to positive mental health gleaned from the focus groups and ambassador monthly reports. Overall, survey results found that communities feel comfortable talking about mental health when they feel safe and talk to a trusted individual who does not judge them. However, the data also showed that about 3 out of 10 people don’t talk to their friends or family about mental health. The survey also revealed that the top reasons why people feel uncomfortable talking about their mental health are because it is not something they have talked about regularly and because they were afraid of the other person’s response or being labeled.

In addition, the survey results showed that most community members (85%) viewed professional services as helpful, but many did not know what resources were available in their area. Many community members (62%) also indicated they did not have local resources consistent with their beliefs and customs, indicating a lack of access to culturally responsive care. Appendix B contains further details on the results of the community survey.

Ambassadors were able to incorporate findings and feedback into their community messaging, including in their discussions with others and in how they promoted and what they included in their events. Barriers to positive mental health listed in this report should be considered and addressed in future interventions focused on reduction of mental health stigma. The next section includes an overview of recommended changes.

Addressing Barriers: Mental Health Stigma Messages

In addition to collecting local data on mental health stigma, MDPH sought to identify messaging that resonated with the populations served by the ambassador program. To test Let’s Talk Colorado messaging, two ambassador organizations, Colorado Black Health Collaborative (CBHC) and Vuela for Health, conducted focus groups with community members from the Black/African American and Hispanic/Latinx communities, respectively. The purpose of these focus groups was to identify specific messages about mental health and stigma that resonate and collect suggestions for what adaptations could make the messages more culturally relevant. The focus groups were organized and facilitated by ambassadors. For more information on participant eligibility and demographics, see Appendix C.

Focus Group: Black/African American Coloradans

Focus group participants reacted to Let’s Talk Colorado messaging and voted on the messages they liked the most. Table 3 includes these messages and why participants most identified with them.

In addition to providing feedback on the Let’s Talk Colorado messages, the focus group participants discussed their thoughts about how mental health messaging should be framed more broadly. One piece of feedback was that none of the Let’s Talk Colorado messages related to the Black community and that they sounded too mainstream. Participants suggested guidelines for how mental health messaging should be tailored for their community. Common themes included:

- Include images of people of color on all messaging.
- Use wording and themes that relate to the Black/African American community.
- Highlight success stories of people who have struggled with mental health, especially prominent figures in the Black/African American community.
- Ensure messaging is inclusive and relatable to all generations and socioeconomic groups.
- Connect mental health messaging to the day-to-day struggles of life, including work, finances, and health.
- Create messages that encourage openness, discussion, and connection with loved ones and community.
- Ensure messages are brief and to the point.

The participants also discussed how mental health messaging should be shared.

Suggestions included:

- Use a variety of media that can relate to different age groups in the community, including radio, social media, newspaper, TV commercials, graffiti art, and text messages.
- Bring messaging to places where the community gathers, including churches, recreation centers, grocery stores, and community centers.

Focus Group: Hispanic/Latinx Coloradans

Focus group participants reacted to Let’s Talk Colorado messaging and voted on the messages they like the most. Table 4 includes these messages and why participants most identified with them.

In addition to providing feedback on the Let’s Talk Colorado messages, the focus group participants highlighted the need for youth-specific mental health messaging in their community. Participants felt that adapting messaging for youth about bullying and substance use was particularly important.

Table 3: Top Three Most Liked Messages From Black/African American Focus Group Participants

Let’s Talk Colorado Message Test	Participants Liked This Message Because ...
Work stress, money problems, or family worries can get anyone down. When you’re struggling or feeling overwhelmed, don’t go it alone. Talk to someone.	it helps people open up and talk to others and addresses a lot of day-to-day life challenges.
We are not alone. The better we support each other, the healthier we will feel as we go forward.	it emphasizes trust, that “we’re not alone,” and focuses on social interactions.
When our minds are healthy, life is good.	it focuses on a happy mental state and connects with day-to-day life challenges.

Table 4: Top Three Most Liked Messages from Hispanic/Latinx Focus Group Participants

Let’s Talk Colorado Message Test	Participants Liked This Message Because ...
Work stress, money problems, or family worries can get anyone down. When you’re struggling or feeling overwhelmed, don’t go it alone. Talk to someone.	it generates empathy and makes people feel that they are not alone.
Our feelings matter. Our grief, sadness and other feelings are all valid. We need to treat everyone with kindness and empathy, including ourselves.	it creates empathy and validates emotions.
More than half a million Coloradans said they have at least eight days of poor mental health every month — enough people to fill Empower Field at Mile High over seven times.	the statistic is interesting and helpful; however this message should be paired with an emotional message too.

Knowledge, Understanding, and Confidence

MDPH aimed to improve ambassadors' knowledge and their understanding of mental health resources and challenges. Results from the pre- and post-surveys indicated how ambassador knowledge and personal comfort with having mental health conversations changed after the program.

Ambassador and Community Understanding

Results from the pre- and post-surveys show that ambassadors' level of understanding about the barriers their communities face related to mental health stigma did not change over the course of the project. This is because all organizations felt they fully understood the barriers before the start of the program. After the program, ambassadors, on average, felt they knew more about mental health resources available and also felt community members were more willing to talk about mental health.

Personal Attitude/Skills

Ambassadors felt more comfortable having conversations with close friends and family and community members after the program. They also felt more confident in their ability to decrease stigma in their communities. The ambassadors' confidence in their ability to support access to mental health services did not change.

Health Care Partnerships

Results from the pre- and post-surveys indicate that all ambassadors were encouraged to partner with health care or public health agencies as a result of the program. Ambassadors indicated that their current partnerships with these entities increased after the program. Additionally, after the program, five out of six ambassador organizations reported they were likely to work with public health partners in the future compared with only three out of six before the program.

Lessons Learned and Next Steps

Common Challenges Ambassadors Faced

In their monthly reports, ambassadors reflected on the challenges they faced developing or implementing their mental health stigma reduction programming. As the ambassador program continues in the future, MDPH liaisons will support ambassadors as they address these challenges. Some common challenges that ambassadors reported facing were:

- Not having culturally appropriate materials, tools, and resources to share with community members.
- Let's Talk Colorado messaging has not been tested for those under age 18, and reaching young people was not a goal of this program. Ambassadors noted that having youth-specific materials, tools, and resources about mental health would have been helpful due to the youth mental health crisis the nation is currently facing.
- Community events were difficult to host due to COVID-19 waves and adverse weather in the winter.
- Creating trust was difficult especially in group settings. Ambassadors found it difficult to start a conversation about stigma when people think that mental health should be discussed privately.

Lessons Learned by MDPH Partners

MDPH liaisons and staff reflected on their experiences in the ambassador program and identified the following lessons learned and improvements that could be implemented.

- Need for translation services and bilingual liaisons: To ensure program communications were accessible to Hispanic/Latinx ambassadors and community members, MDPH used translation services to adapt Let's Talk Colorado messaging, emails, and other materials. Additionally, the CoP meetings included live Spanish interpretation. However, to best serve Spanish-speaking ambassador organizations, especially those with staff who speak only Spanish, MDPH should recruit a bilingual liaison.
- Equipping ambassadors with tools to follow up

after stigma conversations: Part of addressing stigma and raising awareness of mental health means being equipped to have a conversation about seeking care. This includes having a place to refer people to appropriate care after a conversation. Liaisons should provide ambassadors with information about referral resources early on to ensure they are equipped with this knowledge.

- **Accessing culturally responsive providers:** MDPH received feedback from both the focus groups and ambassadors that having culturally responsive providers was a priority for many community members. Therefore, it is important for liaisons to work with and connect ambassadors to providers who are trained in culturally responsive care.^{8,9}
- **Matching liaison skills with ambassador organization needs:** Liaison involvement was different for each ambassador organization. It's important for liaisons to assess the support each organization needs (such as mental health resources, engagement strategies, etc.). In the future, liaisons could be matched with the ambassador organization's needs. This could include a preference for a bilingual liaison. Liaisons should also receive training in culturally responsive approaches, including humility and continuous learning.
- **Expecting and embracing variety in ambassador activities:** Ambassador organizations each had different programming capacities, connection points to the community, and approaches toward delivering anti-stigma messaging – all of which resulted in a variety of activities. For example, some organizations conducted large-scale media campaigns, while others opted for small, intimate therapy circles. The variety of activities made it difficult at times for liaisons to gauge how ambassadors were doing compared with program requirements and expectations. However, multiple modes of communication are appropriate and required to address deeply rooted stigma in communities. Liaisons should anticipate and support a variety of activities and communication strategies from ambassador organizations, without valuing one community engagement strategy over another.

Next Steps

MDPH has secured funding to support a second round of programming through June 2023 and is excited to continue the ambassador program. MDPH will apply lessons learned to improve and adapt the program. Additionally, MDPH hopes to apply the ambassador program model to additional mental health conversations and other crucial health topics and to expand the program to include other priority populations, including the LGBTQ+ community.

Programs like the ambassador program are important in building sustainable relationships among local public health, health care partners, and community-based organizations. Leaders of community-based organizations have a wealth of knowledge about issues facing their constituents and can direct local solutions.

Ensuring that the community receives tailored, culturally appropriate messaging while trying to implement more generalized evidence-based approaches can be challenging. Measuring the reach and retention of messaging about mental health is a difficult exercise, especially on the community level. However, MDPH is proud to support innovative programs, like the ambassador program, which aim to make positive mental health messaging as impactful as possible. By continuing to work with community-based organizations on messaging, material development, and anti-stigma programming through the ambassador program, MDPH has the opportunity to reduce the stigma associated with mental health. In the long-term, this work will help increase the number of Coloradoans seeking, and then utilizing, needed behavioral health services.

Reducing the stigma around mental health is not easy. It requires making personal connection and changing hearts and minds. MDPH is proud to partner with community leaders to support this important work.

Funding Acknowledgement

MDPH thanks CommonSpirit Health through Centura Health for its generous contributions to this program.

Appendix A: Ambassador Organization Profiles

Caring & Sharing Community Resources and Transformation Center

"It's being a lot easier talking about mental health issues since the program." - Ambassador



Website: <https://caringandsharing-denver.weebly.com/>

Location: Aurora, Colorado

Description: Caring & Sharing is a community resource center that provides a variety of free services, professional services, special events, and community-based resources. These include food, clothing, mentoring, workshops, counseling, job placement, housing options, and veteran and re-entry programs.

Mission: Making a positive impact on the lives of others. Freely providing professional quality services for all those who are seeking community resources. Offering practical solutions and positive influence while motivating, demonstrating, and cultivating hope and encouragement.

Ambassador Activities:

Information Sharing

Caring & Sharing posted Let's Talk Colorado materials on their Mental Health Board and shared materials with participants in their community support groups.

Support Groups

Caring & Sharing hosted monthly mental health support groups and safe circles for men, women, and youth. The support groups discussed stigma and how to have mental health discussions.

Community Partnerships

Caring & Sharing partnered with a local church to recruit participants for their mental health support groups.



Center for African American Health (CAA)

"I have learned that I am not alone with trying to find more resources for people of color and that I need to be patient. Also, to build a stronger relationship with partners; we are all here to assist one another." - Ambassador

Website: <https://caahealth.org/>

Location: Denver, Colorado

Description: The Center for African American Health offers African American and Black metro Denver communities culturally responsive resources that support them in overcoming the root causes of health problems so they can maximize their individual and family health. The Center works toward health equity for the underserved African American community by offering culturally competent health education and outreach that empowers community members to overcome the root causes of health problems, maximize their own individual health, and access health and support services.

Mission: The Center for African American Health is committed to improving the health and well-being of the African American community by offering community-based, evidence-based disease prevention and disease management programs, events, and services.

Ambassador Activities:

Information Sharing

CAA regularly shared messaging and information in a Mental Health Corner in their e-newsletter. CAA also wrote a Mental Health Boost blog, filled with affirmations, mental health tips, and education.

Community Events or Outreach

CAA staff attended mental health events and speaking events around the Denver metro area, sharing information about free therapy sessions for the BIPOC community. CAA also hosted several community events, such as a senior health and fitness event, sip and paints, and Self-Care Saturdays, where they promoted mental health and self-care.

Mental Health First Aid Training

In partnership with Mental Health First Aid, CAA hosted Mental Health First Aid Training classes to teach community members skills to respond to the signs of mental illness and substance abuse.

Community Partnerships

CAA partnered with the Therapists of Color Collaborative to provide therapy referrals to Black/African American therapists. CAA also partnered with the Mental Health Center of Denver and the Denver Housing Authority Sun Valley to promote culturally responsive resources at fairs.

Colectiva

“We have a long way to go, but it’s so worth it and I hope that this program will continue to do this work to reduce the stigma until the problem resolves.”
- Ambassador



Website: <https://www.colectivadener.com/>

Location: Denver, Colorado

Description: A collective of Latino creatives. We curate culturally inspired experiences to elevate and promote Latino creatives via culture, art, and cuisine.

Mission: Our mission is to reclaim our culture from appropriation and to ensure our BIPOC creatives are compensated fairly. Colectiva began as a passion project among a group of friends who had grown tired of seeing our beautiful Latinx culture appropriated and sold back to us and tired of seeing our creatives being asked to do more for less. We recognized our influence

and power were stronger together, and we formed our collective.

Ambassador Activities:

Information Sharing

Colectiva shared materials from Servicios de la Raza in Spanish and English that discussed signs of mental health crisis and when to seek help on social media, in newsletters, and email campaigns. Colectiva also shared regular social media stories about mental health and added a page on their website for mental health. Colectiva partnered with Broomfield Public Health and Environment in their adapted Let's Talk About [it] campaign (Broomfield.org/LetsTalkAboutIt).

Community Events or Outreach

Colectiva regularly attended health screening, COVID-19 vaccination, and other community events to promote mental health awareness.

Community Partnerships

Colectiva worked with many partners to participate in mental health promotion at community events, including United Suicide Survivors International, 9 Health:365, Vive Wellness, STRIVE Prep, Salvadoreños Residiendo en Colorado, Adelante Community Development, Clinica Tepeyac, Mexican Cultural Center, and Viva Colorado.



COLORADO BLACK HEALTH COLLABORATIVE

Colorado Black Health Collaborative (CBHC)

“The focus groups were great. We anticipated doing just two, but the request for participation was so great that we added a third. Quite a few commented that we need more ‘sessions’ like this. The feedback was rich in general... these groups were really appreciative of being able to talk about this stigmatized topic.” - Ambassador

Website: <https://coloradoblackhealth.org/>

Location: Aurora, Colorado

Description: The Colorado Black Health Collaborative is a community-based organization that is committed to improving health and wellness in Colorado’s Black, African, and African American communities through collaborations, partnerships, and teaming arrangements with community-based organizations, nonprofits, public organizations, private entities, and government agencies.

Mission: Our mission is to achieve health equity in Colorado’s Black community.

Ambassador Activities:

Information Sharing

CBHC regularly visited barbershops and salons, discussing mental health stigma with patrons and sharing Let’s Talk Colorado material. CBHC also conducted short surveys at the shops to collect the community’s perspective on stigma.

Community Events or Outreach

In addition to barbershops and salons and salon visits, CBHC also attended community events such as a Black History Month at an Aurora middle school where they shared mental health materials.

Focus Groups

CBHC hosted three focus groups to test Let’s Talk Colorado messaging and material. The focus groups provided specific feedback on mental health and stigma messaging and suggested ways to make the messaging culturally responsive.



Colorado Changemakers Collective

Colorado Changemakers Collective (CCC)

“We had the opportunity to talk to community members and make our first mental health circles. These talks are all about the removal of mental health stigma-related topics. These events are all for the community to help build trust, vent, and help the community feel they are in a safe place ... We believe by having talks like this, the community will become accustomed to having talks like this with others and especially family members. We must lead by example ...” - Ambassador

Website: <https://www.facebook.com/groups/892445160925429>

Location: Denver, Colorado

Description: Colorado Changemakers Collective (CCC), was started in 2017 by a small group of residents in the Montbello immigrant community. They saw the need to join forces and work in groups to provide services and resources to the community. CCC has achieved its success by placing a large focus on the people that create the most important work, its engagement specialists or the promotora network. CCC unifies the work of 14 promotoras that provide support in education, community health, community development, and resources, as well as youth support and women empowerment for Latino families in the Denver Metro area.

Mission: The mission of CCC is to create a social network by providing high-quality services to the community for enrichment, creating a dignified life for promotoras through training and diverse opportunities. We seek community transformation through educating our local community members to share and co-create knowledge for community democracy.

Ambassador Activities:

Information Sharing

CCC adapted Let's Talk Colorado material to create a questionnaire identifying mental health needs in the Latino community. CCC also compiled and distributed a mental health resource guide.

Support Groups

CCC hosted regular community mental health circles to connect community members with a culturally responsive therapist from Mexico. CCC also trained promotoras to have one-on-one talks with community members to address their needs and connect them with mental health resources.

Vuela for Health

"Participation in the Metro Denver Mental Health Community Ambassador program has opened the door [for ambassadors] to intentionally address the stigma of mental health...Being able

to pass this important messaging to the community in a culturally responsive manner has been our honor."

Website: <https://vuelaforhealth.org/>

Location: Denver, Colorado

Description: Vuela's primary objective is to engage the Latino community through strategic partnerships that build leadership, promote public health, and foster economic, environmental, and social well-being. A team of promotoras, passionate cultural and linguistic liaisons who advocate on behalf of the community and build trust between community members and local service agencies, drive its work. Promotoras implement programs designed to address health issues that are preventable through small changes in daily habits.

Mission: To mobilize and engage parents by offering education, resources, and support that strengthen their sense of self-worth, and promote a healthy change in their families and communities.



Ambassador Activities:

Information Sharing

Vuela engaged in both social media and radio information campaigns that contained information about how mental health affects youth and children and provided links to Vuela's Youth Mental Health First Aid program. Additionally, Vuela integrated mental health messaging into their existing health programs, such as for heart health and diabetes prevention.

Support Groups

Vuela hosted support groups in Denver and Aurora where participants were encouraged to share their dreams, fears, and mental health concerns with each other and ask for support, if needed, for them or their families.

Community Events or Outreach

Vuela hosted two Women's Health Conferences with 100 and 200 women in attendance respectively. The conferences encouraged women to reflect on ways to start conversations about mental health without fear or judgment and to learn how to ask for help when needed.

Mental Health First Aid Training

Vuela conducted four Youth Mental Health First Aid programs with over 88 people completing the course.

Focus Groups Vuela hosted two focus groups to test Let's Talk Colorado messaging and material.

Appendix B: Community Survey Methods and Detailed Results

The March 2021 community survey asked respondents about a variety of mental health topics, including:

- Perception of mental health and mental health treatment
- Mental health resource availability and accessibility in their communities
- Recent mental health conversations
- Confidence in knowing how to have a mental health conversation
- Familiarity with Let's Talk Colorado
- Personal mental health

The survey also collected participant demographic information.

Ambassadors used a variety of methods to

disseminate the survey, including sending it out in newsletters and encouraging participants at existing community events to complete it. The survey was made available in both English and Spanish and in both paper and electronic formats. In total, 144 people responded.

Survey Results and Key Themes

CHI analyzed the results of the survey and identified three key themes:

- Outlook on Mental Health
- Mental Health Services
- Mental Health Conversations

Below is a summary of results from these three themes. For a full list of survey questions and results, please contact CHI.

Outlook on Mental Health

Key Themes:

- Most people view mental health as part of overall health and talk to their friends and family about it (see Table 5).
- However, about three out of 10 people don't talk to their friends or family about mental health.

Table 5: Outlook on Mental Health

Survey Statement	Percentage in Agreement
Mental health is part of overall health.	90%
Friends and family talking to me about their mental health and how they are feeling helps them feel supported.	83%
Talking with friends and family about my mental health and how I am feeling helps me feel supported.	80%
Mental health means having good days and bad days.	74%
I have friends and family that I can talk to about my mental health and how I am feeling.	69%

Mental Health Services

Key Theme:

- Most people view professional services as helpful, but many do not know what their local resources are or do not have local resources consistent with their beliefs/customs (see Table 6).

Table 6: Mental Health Services

Survey Statement	Percentage in Agreement
It is helpful to access services/talk to a professional when we need it.	85%
There are resources available to support our mental health when we need it.	53%
I am able to help others find mental health resources and services that are available.	52%
I know about the mental health resources available to me and my community.	46%
Mental health resources and services that reflect my beliefs, customs, and values exist in my community.	43%
I know how to access local mental health resources and services that reflect my beliefs, customs, and values.	38%

Mental Health Conversations

Key Themes:

- **Comfortable Conversations**
 - Over half of people feel comfortable talking about their mental health.
 - People feel comfortable talking about mental health when they feel safe and talk to a trusted individual who does not judge them.
 - When approached by family, friends, and coworkers, three out of four people feel comfortable having a conversation with those individuals about their mental health.
 - Knowing how to start a mental health conversation and knowing how to respond during the conversation makes people feel comfortable talking about mental health with others.

- **Uncomfortable Conversations**

- People feel uncomfortable talking about their mental health because it's not something they talk about much and they are afraid of the other person's response.
- When approached by family, friends, and coworkers, people feel uncomfortable having a conversation with those individuals about their mental health if they don't know how to respond and don't know what to do after the conversation.

Respondents were asked about mental health conversations they had in the past 12 months and if these conversations were comfortable, neutral, or uncomfortable. Tables 7 and 8 indicate how respondents felt about the conversation and the reasons why they felt that way.

Table 7: Talking about Own Mental Health

When talking about their own personal mental health with a friend, family member, or co-worker recently, respondents felt:

Comfortable (56%)	Neutral (17%)	Uncomfortable (15%)
Because it was with a trusted person (71%)	Because it was with a trusted person (41%)	Because it is not something they have talked about much (58%)
Because the other person was not judgmental (45%)	Because the other person was not judgmental (41%)	Because they were afraid of the other person's response or outcome (42%)
Because they felt safe (44%)	Because the other person listened to me (32%)	Because they felt like they were being labeled (32%)

An additional 13% of respondents had not spoken to anyone recently about their own mental health.

Table 8: Responding to Friends, Family, or Coworkers about their Mental Health

If a friend, family member, or coworker talked with respondents about their mental health recently, respondents felt:

Comfortable (76%)	Neutral (10%)	Uncomfortable (5%)
Because they felt confident in how to respond during the conversation (56%)	Because they did not know or were not confident in how to respond during the conversation (40%)	Because they did not know or were not confident in how to respond during the conversation (25%)
Because they felt confident in how to start the conversation (43%)	Because they felt confident in how to respond during the conversation (30%)	Because they did not know what to do after the conversation (25%)
Because they felt like the other person was receptive (42%)	Because they felt confident in how to start the conversation (30%)	Because they felt like the other person was not receptive (25%)
Because they felt safe (44%)	Because the other person listened to me (32%)	Because they felt like they were being labeled (32%)

An additional 13% of respondents had not spoken to anyone recently about their own mental health.

Appendix C: Focus Group Demographics

The eligibility requirements for the two focus groups were:

- Participants must be an adult (18 and older)
- Participants must live in a Denver metro county (Adams, Arapahoe, Boulder, Broomfield, Denver or Jefferson)
- Participants must be engaged with ambassador organizations (can be defined broadly)
 - For CBHC’s focus groups: Participants must be Black/ African American
 - For Vuela for Health’s focus groups: Participants must speak Spanish and identify as Hispanic or Latinx

Each ambassador organization conducted recruitment for the focus groups. CBHC conducted three focus groups and Vuela for Health conducted two. Results from each organization’s focus groups were combined for analysis.

Table 9: Black/African American Focus Group Demographic Breakdown

Total Number of Participants = 24

Age	Percentage
30-49	21%
50-64	50%
65 and up	25%
Unknown	4%
County	
Adams	4%
Arapahoe	33%
Denver	58%
Unknown	4%
Race/Ethnicity*	
Black or African American	96%
American Indian or Alaska Native	4%
Unknown	4%

Continued >>

Special Group*	
Veteran	4%
Unhoused / no stable housing	8%
LGBTQ+	8%
None of the above	75%
Unknown	8%
Education	
High school graduate	4%
Some college but no degree (including two-year occupational or vocational programs)	33%
Associate Degree (not occupational or vocational programs)	8%
College graduate (e.g. BA, AB, BS)	29%
Postgraduate (e.g. MA, MS, MEd, MD, PhD)	25%
Gender	
Woman	83%
Man	17%
Employment Status*	
Retired	21%
Self-Employed	13%
Employed by someone else	42%
Unable to work because of a disability	17%
Unemployed and looking for work	8%
A student	4%
Unknown	4%
How often are you behind on paying bills?	
Never	58%
Sometimes	29%
Most of the time	8%
Prefer not to answer	4%
Which statements describe you?	
I have had difficulties with my mental health in the past 12 months.	21%
I know a friend or family member who has had difficulties with their mental health in the past 12 months.	13%
Both of these statements describe me.	46%
Neither of these statements describe me.	21%

* Percentages may total more than 100% because participants could indicate multiple responses

Table 10: Hispanic/Latinx Focus Group Demographic Breakdown

Total Number of Participants = 17

Age	Percentage
18-29	18%
30-49	71%
50-64	6%
65 and up	6%
County	
Adams	18%
Arapahoe	6%
Broomfield	6%
Denver	65%
Other	6%
Race/Ethnicity*	
Hispanic or Latino	94%
Unknown	6%
Special Group*	
LGBTQ+	6%
None of the above	88%
Unknown	6%
Education	
Less than high school (grades 1-11, grade 12 but no diploma)	18%
High school graduate	29%
Some college but no degree (including two-year occupational or vocational programs)	12%
College graduate (e.g. BA, AB, BS)	29%
Postgraduate (e.g. MA, MS, MEd, MD, PhD)	6%
Unknown	6%
Gender	
Woman	94%
Man	6%
Employment Status*	
Retired	6%
Self-Employed	6%
Employed by someone else	53%
Unemployed and not looking for work	6%
Unknown	18%
Other	12%

Continued >>

How often are you behind on paying bills?	
Never	47%
Sometimes	35%
Prefer not to answer	18%
Which statements describe you?	
I have had difficulties with my mental health in the past 12 months.	0%
I know a friend or family member who has had difficulties with their mental health in the past 12 months.	41%
Both of these statements describe me.	24%
Neither of these statements describe me.	35%

* Percentages may total more than 100% because participants could indicate multiple responses

Endnotes

- ¹ Metro Denver Partnership for Health. COVID-19 Public Health Strategies for Priority Populations. (June 2020) Colorado Health Institute. https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Priority%20Populations%20June%202020_1.pdf
- ² Metro Denver Partnership for Health. Operationalizing Equity in COVID-19 Vaccine Distribution. (March 2021) Colorado Health Institute. https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Vaccine%20Equity.pdf
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- ⁵ Butler M., McCreedy E., Schwer N., et al.. Improving Cultural Competence To Reduce Health Disparities. (2016) Comparative Effectiveness Review No. 170. (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-2012-00016-I.) AHRQ Publication No. 16- EHC006-EF. www.effectivehealthcare.ahrq.gov/reports/final.cfm
- ⁶ Health Policy Institute. Cultural Competence in Health Care: Is it important for people with chronic conditions? Georgetown University. <https://hpi.georgetown.edu/cultural/>
- ⁷ L'Hôte E., Volmert A., and Fond M. Beyond Awareness of Stigma: Moving Public Understanding to the Next Level: Mapping the Gaps between Expert and Public Understandings of Mental Health in Colorado. (August 3, 2017) Frameworks Institute. <https://www.frameworksinstitute.org/publication/beyond-awareness-of-stigma-moving-public-understanding-to-the-next-level/>
- ⁸ Colorado Health Institute. Language and Culturally Responsive Care in Colorado: Barriers, Access, and Room for Improvement. (2022) <https://www.coloradohealthinstitute.org/research/language-and-culturally-responsive-care-colorado>
- ⁹ Colorado Health Institute. Diverse State, Diverse Needs: Coloradans' Needs and Experiences Highlight Demand for Culturally Responsive Care. (2022) <https://www.coloradohealthinstitute.org/research/culturally-responsive-care-Colorado>



METRO DENVER

PARTNERSHIP FOR HEALTH

If you are interested in learning more or joining MDPH,
please reach out to Nicole Weber at webern@coloradohealthinstitute.org

[colo.health/MDPH](https://www.coloradohealthinstitute.org)