



Community Health Ambassadors Program

Authentic Community Engagement: Advancing Fair and Full Health for All

Fiscal Year 2023 Final Report



**Office of Assessment and Planning
Office of Health Equity and Racial Justice
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Overview

The Anne Arundel County Department of Health (AACDOH) protects and safeguards the mental and emotional health and physical well-being of community members by assessing problems, needs, and resources and promoting health and wellness through education, prevention and treatment. The AACDOH's Office of Health Equity and Racial Justice (HERJ) provides multi-year funding support through the Community Health Ambassadors (CHA) Program to facilitate access to COVID-19 and mental health information, resources, education and services. To support community members disproportionately impacted by COVID-19 and mental health, the CHA Program:

- Expands outreach for COVID-19 and mental health prevention and treatment.
- Hires and trains CHA from local communities and neighborhoods.
- Supports community capacity building through long-standing partnerships.



"In our county, equitable access to the COVID-19 vaccine is a high priority," said Former Anne Arundel County Health Officer Niles Kalyanaraman, M.D. "Our data shows that COVID-19 has had a disproportionate impact on Black, Hispanic, low income and older individuals."

"...We believe we have been able to bridge the gap between health services and the community in a way that has created trust and strong relationships." - Kingdom Kare, Inc.



The HERJ Office awarded seven community-based and faith-based organizations to implement the CHA Program. Subgrantees collectively employ about 26 community health ambassadors who promoted mental health awareness and COVID-19 information and resources among 25,620 community members in the county during fiscal year 2023 (FY23). Program oversight and quality improvement comprises technical assistance and intensive training to grantees on topics, such as community engagement, cultural competency, Mental Health First Aid and Narcan use.

Background

The AACDOH’s award-winning HERJ Office envisions an Anne Arundel County where systemic racism is dismantled, unlocking opportunities for all to achieve their best health. Established in April 2020, the HERJ Office exists to confront racism and other social drivers of health disparities by:

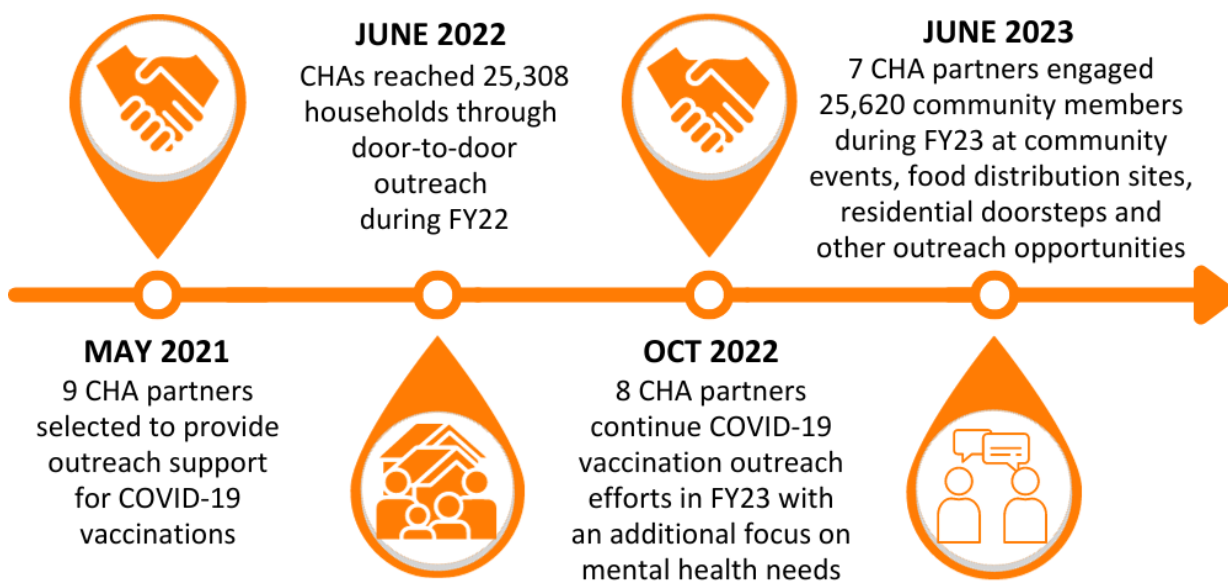
- 1) centering those who are most impacted by health inequities and racial injustice in decision-making processes;
- 2) driving transformative policy, system and environmental changes; and,
- 3) bolstering health equity and racial justice initiatives in the county through partnerships.

The HERJ Office works to ensure that every community member, regardless of race, color, religion, political affiliation or opinion, national origin, age, gender identity, sexual orientation or disability has the opportunity to live their healthiest life.

The HERJ Office is committed to advancing health equity through meaningful community engagement. In fiscal FY23, the HERJ Office invested in the third year of the CHA Program (Figure 1), a high-impact initiative led by dedicated CHAs, well-trained as frontline public health workers during the unprecedented COVID-19 pandemic. The CHA Program advances the HERJ Office’s mission through partnerships with seven community-based and faith-based organizations, as follows: 1) Center of Help, 2) Community Action Agency, 3) Growth Matters, 4) Heritage Community Church, 5) Kingdom Kare, 6) My Life Foundation and 7) The Center of Transformation.

CHAs serve as the county’s boots on the ground to meet community members where they are as trusted sources of health information and resources. This critical community engagement infrastructure is a best practice for advancing health equity with a focus on communities experiencing vulnerabilities with disparate health outcomes and higher disease burden. The local public health infrastructure is built on sustaining authentic and enduring relationships of trust with the community.

Figure 1 | Timeline of the Community Health Ambassadors Program: From May 2021 to the Present



The National Academy of Medicine's (NAM) Assessing Community Engagement (ACE) Conceptual Model centers community engagement as the springboard and driving force for achieving health equity through transformed systems¹ (Figure 2). The cornerstone of community engagement efforts is the CHA Program, which harnesses the power of its principles such as, but not limited to 1) grounding efforts in trust, 2) equitable financing, 3) shared governance, 4) long-standing, authentic relationships and 5) expanded knowledge.

The HERJ Office's connection to underinvested communities of color in Anne Arundel County is made possible through strategic partnerships with the aforementioned organizations. They not only represent and reflect the communities of focus but also engage communities of focus with cultural and linguistic appropriateness to best respond to their social determinants of health needs. Trusted by and culturally and linguistically representative of the communities served, CHAs scale up outreach in marginalized communities to facilitate access to COVID-19 and mental health information, resources, education and health services. Their efforts bolster the workforce capacity needed to carry out public health. This creates conditions within which people can achieve their best health while remaining prepared to meet emerging public health challenges.

Community-Centered Investment in FY23

The HERJ Office invests in the CHA Program's award subrecipients for a transformative link between the community and needed health services. CHAs stand ready to respond to emerging public health issues, rooted in social conditions that make people unwell. Investment in the long-standing CHA Program subgrantees has been made with FY23 one-time supplemental county funding. In June 2022, the AACDOH also received the MDH Local Health Department (LHD) Health Disparities Grant award to support the FY23 CHA Program.

Highlights of this community-centered investment entail:

- Awarded \$757,268.30 in grant funding (Table 1).
- Issued funding in October 2022, resulting in a delayed start for award subrecipients in FY23.
- Expended a total of \$489,491.06 (65% of the total amount awarded), as of June 2023. Funds from one of the eight initial FY23 subgrantees were returned in January 2023. In July 2023, the HERJ Office also received county funding to continue the CHA Program through the end of June 2024.



¹ Organizing Committee for Assessing Meaningful Community Engagement in Health and Health Care Programs and Policies. 2022. Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health. *NAM Perspectives*. Commentary, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202202c>.

Figure 2 | A Dynamic Relationship: Achieving Health Equity and Systems Transformation through Meaningful Community Engagement

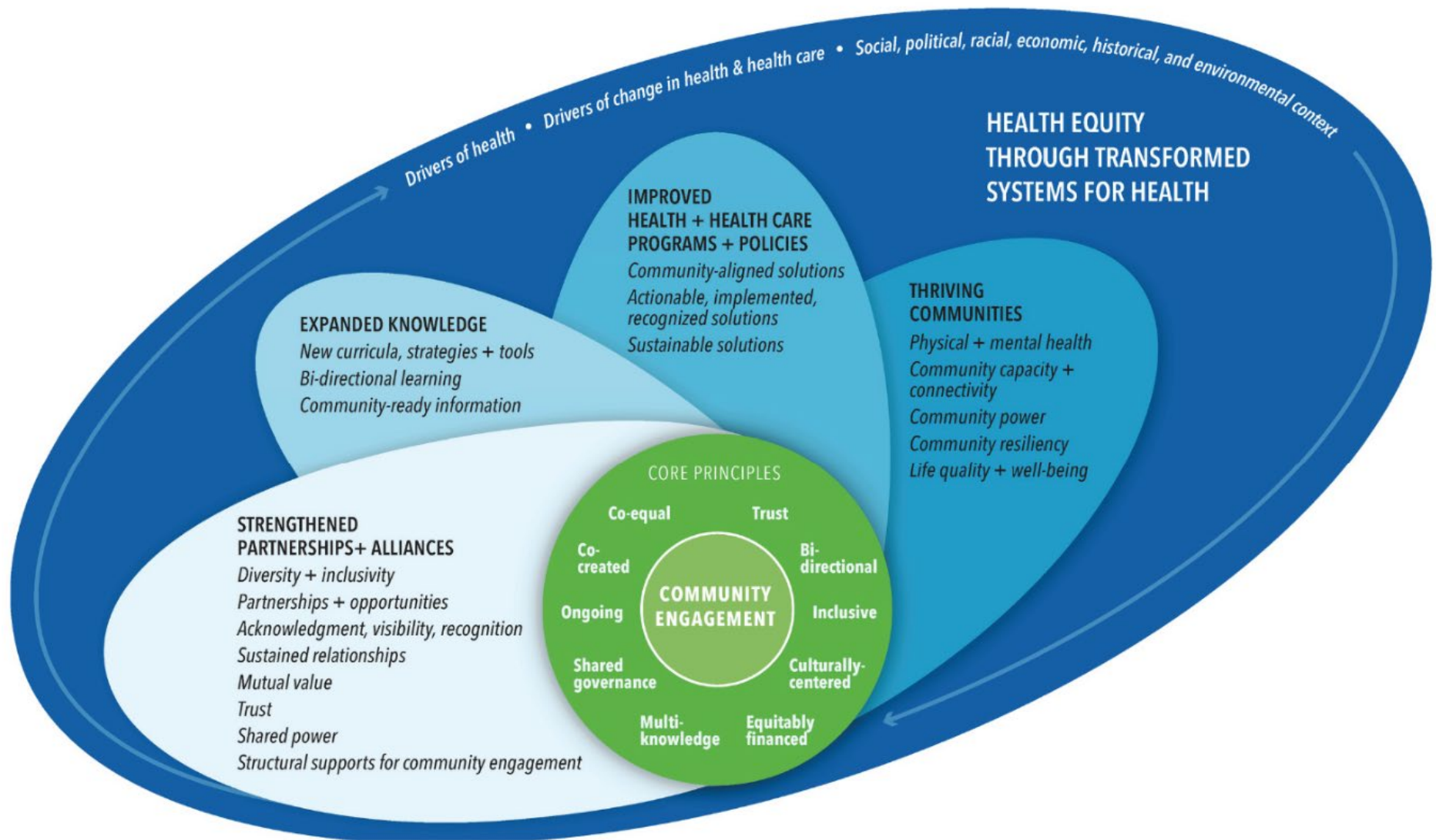


Table 1 | FY23 CHA Program Operating Budget

Award Subrecipient	FY23 Award Amounts
Center of Help, Inc.	\$106,233.00
Growth Matters, Inc.	\$116,160.40
Kingdom Kare	\$115,598.91
My Life Foundation, Inc.	\$117,152.00
Community Action Agency	\$80,000.00
First Christian Community Church of Annapolis*	\$62,124.00
Heritage Community Church	\$79,999.99
The Center of Transformation, Inc.	\$80,000.00
	\$757,268.30

Note: First Christian Community Church of Annapolis officially terminated their FY23 CHA grant agreement in January 2023 and no longer receives funding as a subrecipient of the AACDOH’s CHA Grant Program.

CHA Program Impact on Communities Marginalized by Location and Race

The CHAs are tasked with linking people to needed COVID-19 and mental health services and support. They are also integral to discovering new insights and deepening existing knowledge to catalyze novel and more equitable approaches to transform health and health care. From October 2022 to June 2023, CHAs engaged 25,620 community members (Figure 3) through meaningful outreach opportunities, including at community events, food distribution sites, and residential doorsteps. Strategic outreach efforts also facilitated CHAs’ administration of over 16,000² surveys in FY23.

Community Story | Kingdom Kare, Inc. and Community Action Agency

“While canvassing the underrepresented and minority communities of Severn, our Community Health Ambassadors collected a survey on two young men. The survey opened a door for these young men to talk about the lifestyle they were living. They described the details of this lifestyle and how they would not necessarily be doing those things if they had an opportunity to work. We were able to assist one of these young gentlemen who was headed on the wrong path by connecting him to a Workforce Development program in the community. He was happy to have the opportunity to help provide for his family and evade selling illegal substances through this partnership.” - Kingdom Kare, Inc.



“During early December, Community Action’s Health Ambassadors team met a woman during their survey and canvassing activities who told them that she was facing eviction, potentially leaving her and her two young children homeless before Christmas. Our team immediately put the woman in touch with Community Action’s Housing Assistance and Services department, who were able to cover her rental arrears, which allowed the family to stay in their home. In addition, the family was invited to participate in the Agency’s Gifts of Love program. They were able to attend a holiday party at the Annapolis Waterfront Hotel, which included dinner, entertainment and Christmas gifts for the children. The gifts are provided with funds raised through the Agency and each child is able to provide a wish list of the gifts they would like to receive - clothing, toys, etc. Health Ambassador Virgil Wells has kept in touch with the woman to ensure that they are doing well and still able to maintain their housing.” - Community Action Agency

² Please note: CHAs administered 16,094 surveys in FY23 with a completion rate of 77% (n = 12,445 completed surveys).

Figure 3 | FY23 CHA Program Impact At A Glance



Mental Health

CHAs administered the *FY23 Community Health Ambassador Program Community Survey* (see Appendix A) among approximately 16,000 individuals. One survey item asked individuals to indicate the stressors that affect mental health in the community or family (Table 2). Although substance use disorders (SUD) and mental health stigma were noted among the top three mental health stressors, 73% of respondents (n = 15,705) indicated that they were either somewhat aware (45%) or not aware (28%) of mental health resources in Anne Arundel County. Sixty-four percent (64%) of survey respondents (n = 15,727) expressed that they were not aware of the Anne Arundel County Network of Care, a resource for individuals and families concerned with behavioral and mental health. Furthermore, 82% of respondents (n = 15,748) had not participated in Mental Health First Aid (MHFA) Training, a national program that teaches skills on how to help someone who is developing a mental health problem or experiencing a mental health crisis by assessing risks, listening non-judgmentally, giving information, encouraging appropriate help and encouraging self-help in response to the signs of mental illnesses and SUD.

Table 2 | Mental Health Stressors Reported by FY23 CHA Program Survey Respondents

Mental Health Stressors	(%)	(n)
Economic Stress	72%	11,280
Substance Use Disorders	56%	8,899
Mental Health Stigma	53%	8,317
Exposure to Violence, Gun Violence, and Trauma	51%	8,006
Housing Instability	41%	6,451
Food Insecurity	27%	4,240
COVID-19	14%	2,251
Total Respondents		15,770

Through the HERJ Office’s close collaboration with the Anne Arundel County Mental Health Agency, 24 CHA Program staff have been trained in MHFA, including bilingual CHAs who serve Korean and Spanish-speaking communities in Anne Arundel County. Moreover, 15 of the 24 CHA Program staff have been dually trained in Youth MHFA to help adolescents (12-18 years of age) who experience mental health or SUD challenges or are in crisis. Throughout FY23, CHAs hosted nine MHFA adult and youth training sessions among 163 community members.

Community Story | The Center of Transformation, Inc.

“The CHA at The Center of Transformation had the opportunity to attend the National [Coalition of] 100 Black Women...event. Not only were we able to start up conversations about mental health via survey collection, but through this partnership, my fellow ambassador and I were given the opportunity to speak to and educate their youth mentees. The focus of this conversation was to express the importance of self-care for mental wellness, and developing social strategies they could implement now.

Initially, I could tell they were a bit apprehensive to discuss mental health based on their preconceived notion that mental health only meant mental disorder. However, once we broke down the social dimension of mental wellness and invited them into the conversation, their perspective suddenly changed. They were excited to learn that something as simple as spending time with friends, going for a walk or picking up a hobby could help to relieve certain pressures they identified that they currently face as teens.

I would say this was very successful. By us being young ourselves, they were able to be receptive to what we had to share and open up more. The outcome was they were able to gain a new perspective and appreciation, and came up with a list of self-care strategies that would improve their overall mental wellness now.” - The Center of Transformation, Inc.

Community Story | Heritage Community Church, Growth Matters, Inc., and My Life Foundation, Inc.

Indicators of programmatic success center on CHAs employing skills gained from becoming nationally certified Mental Health First Aiders to disseminate Network of Care for Behavioral Health materials, conduct community mental health awareness educational sessions with nearly 800 participants (Table 3), bridge the informational gap between communities of color and mental health services and resources, and connect over 160 individuals to MHFA training opportunities. Heritage Community Church, one of the CHA Program’s seven award recipients, is a faith-based organization in Severn, Maryland. Grant funding enabled Heritage Community Church to hire Maria Hernandez as one of its CHAs. Primarily Spanish-speaking, Hernandez is a mother of three children who have struggled with mental health issues, such as anxiety and depression. Her husband has also been physically ill.

Table 3 | FY23 CHA Program: Mental Health Awareness Educational Sessions

CHA Program Subgrantee	Total Number of Educational Sessions	Total Number of Participants
Center of Help	7	51
Community Action Agency	5	53
Growth Matters	8	130
Heritage Community Church	5	84
Kingdom Kare	11	175
My Life Foundation	5	137
The Center of Transformation	4	130
Total	45	760



“We met Maria at a health fair and she didn't know so many services existed in Anne Arundel County for the underserved Hispanic/Latino communities[.] [S]he immediately wanted to connect people to resources. Maria’s educational level in most cases would not give he[r] the opportunity to work for a governmental agency and do this kind of work, but the CHA program and training provided such as Mental Health First AID, and other trainings provided a boost in her confidence and

further equipped her [with] tools she has used for her family and underserved Hispanic/Latino families in Anne Arundel County.” - Heritage Community Church

“On Saturday, April 22, we hosted our National Minority Health Awareness Day in Annapolis. A woman with two children currently under doctor's supervision for mental illness was in attendance. At the beginning of the event, I told the attendees that I was sure that everyone would leave with something they did not come with. This woman was concerned about the diagnosis and care her children were receiving. She came in hopes of getting additional support. By the time the event was over, she was connected to Catherine Gray, Clinical Director/Deputy Director ACo Mental Health Agency. Ms. Gray will be walking this woman through what to expect and how to respond to get the best care available for her children. This woman said she felt a burden lifted and was so thankful. She was hoping that we could come to the community from time-to-time to share information in this way. She signed up immediately for our eight hour [MHFA] training...” - Growth Matters, Inc.



“Many Korean American[s] ignore mental health problems and do not see them as a big problem. However, thanks to the [mental health] promotion of My Life Foundation and the Health Department, more and more people are recognizing the importance of mental health, and an increase in people struggling with mental health issues are reaching out and asking for help. In addition, Asian American communities recognize the importance of mental health prevention education and demand prevention education.

For example, we delivered promotional materials and resources to Korean churches. One of them, the Philippi Church, realized the importance of mental health awareness education and requested education. My Life conducted Mental Health Awareness/prescription drug misuse education on 3/21/2023.

Feedback from the community is that people have lived without realizing the importance of mental health awareness and treatment. Many have been enlightened by My Life Foundation and the Department of Health's promotion and that more publicity and treatment services should be available to those who need them in the future. It is also said that there should be a channel through which people without insurance or undocumented people can receive treatment.” - My Life Foundation, Inc.

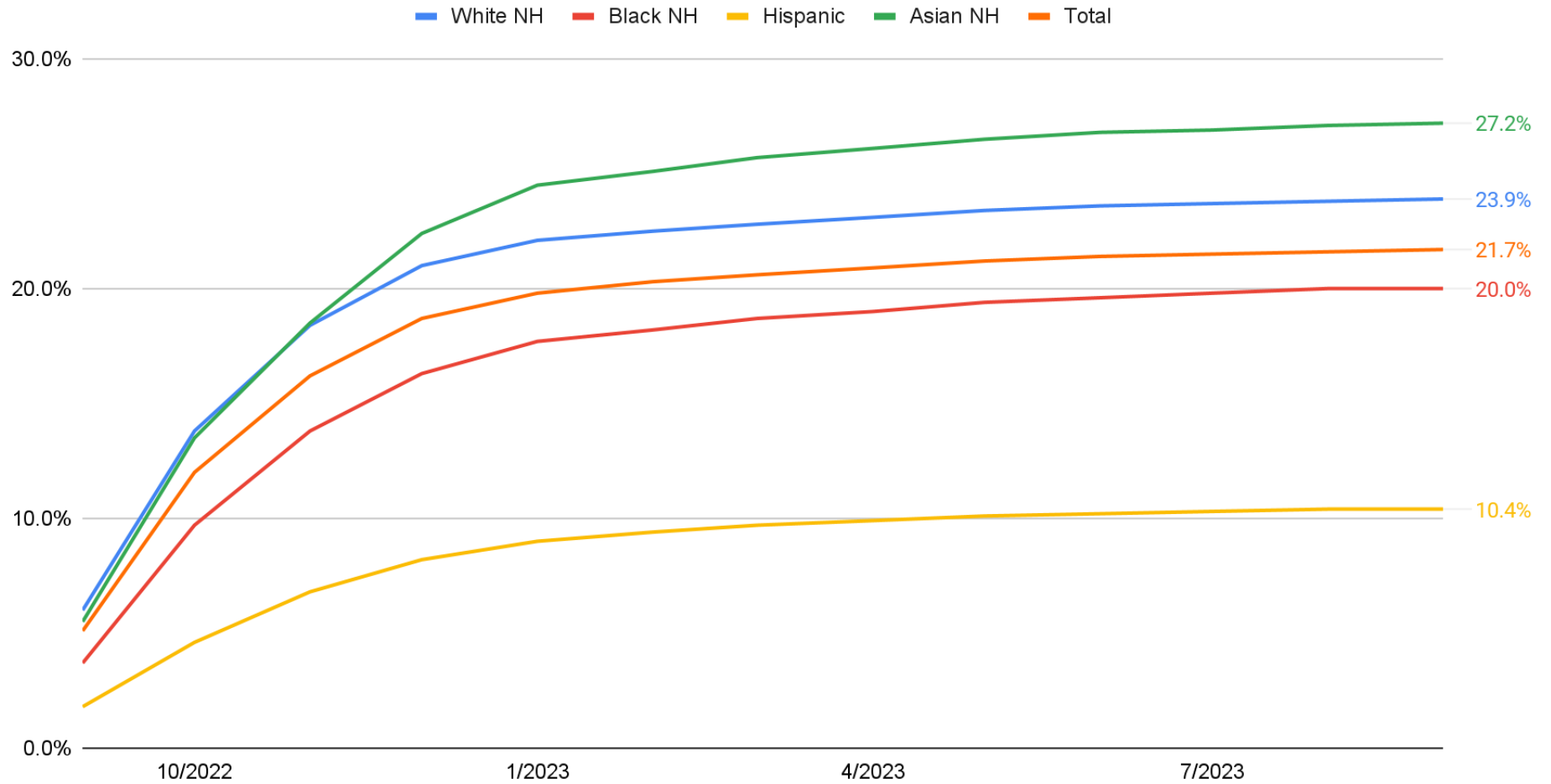
COVID-19

The COVID-19 pandemic shone a spotlight on health disparities revealing that to achieve health equity, strategic and culturally relevant communications about the COVID-19 vaccine, its efficacy and the consequences of not receiving it are paramount. The Bivalent COVID-19 vaccine, released in September 2022, was designed to protect against both the original virus that causes COVID-19 and Omicron variants. Data reveal a stark disparity between communities of color and their white counterparts relative to the COVID-19 bivalent booster (Figure 4). Moreover, when it comes to health, where one lives matters. The percentage of COVID-19 bivalent boosters ranges between 8.7% and 18.6% among residents living in North, South or West County communities where a myriad of social determinants of health needs challenge the achievement of fair and full health (Figure 5).

While about 3% of 15,302 CHA Program Survey respondents expressed needing assistance with COVID-19 educational materials, about 25% (n = 3,905) of 15,431 individuals indicated that “some” or “none” of their household, including those members ages 6 months to 5 years, are fully vaccinated. Thirty-nine percent (39%) of 15,536 survey respondents indicated that they had not received an updated COVID-19 booster vaccine for various reasons, including needing more information and a lack of interest. Table 4 showcases self-reported COVID-19 vaccination statuses for FY23 CHA Program survey participants. CHAs disseminated at-home COVID-19 tests, hand sanitizers and masks throughout FY23 (Figure 6), including in ZIP codes with a low percentage of residents with bivalent booster.

Figure 4 | Percent of Population with COVID-19 Bivalent Booster, Anne Arundel County, September 2022 - September 2023

Percent of Population with Bivalent Booster, Anne Arundel County, September 2022 - September 2023



Source: Maryland ImmuNet; American Community Survey 2021 5-year population estimates.

Figure 5 | Percent of Residents with Bivalent Booster by ZIP Code, as of 5 October 2023

Percent of Residents with Bivalent Booster by ZIP Code, 10/5/2023

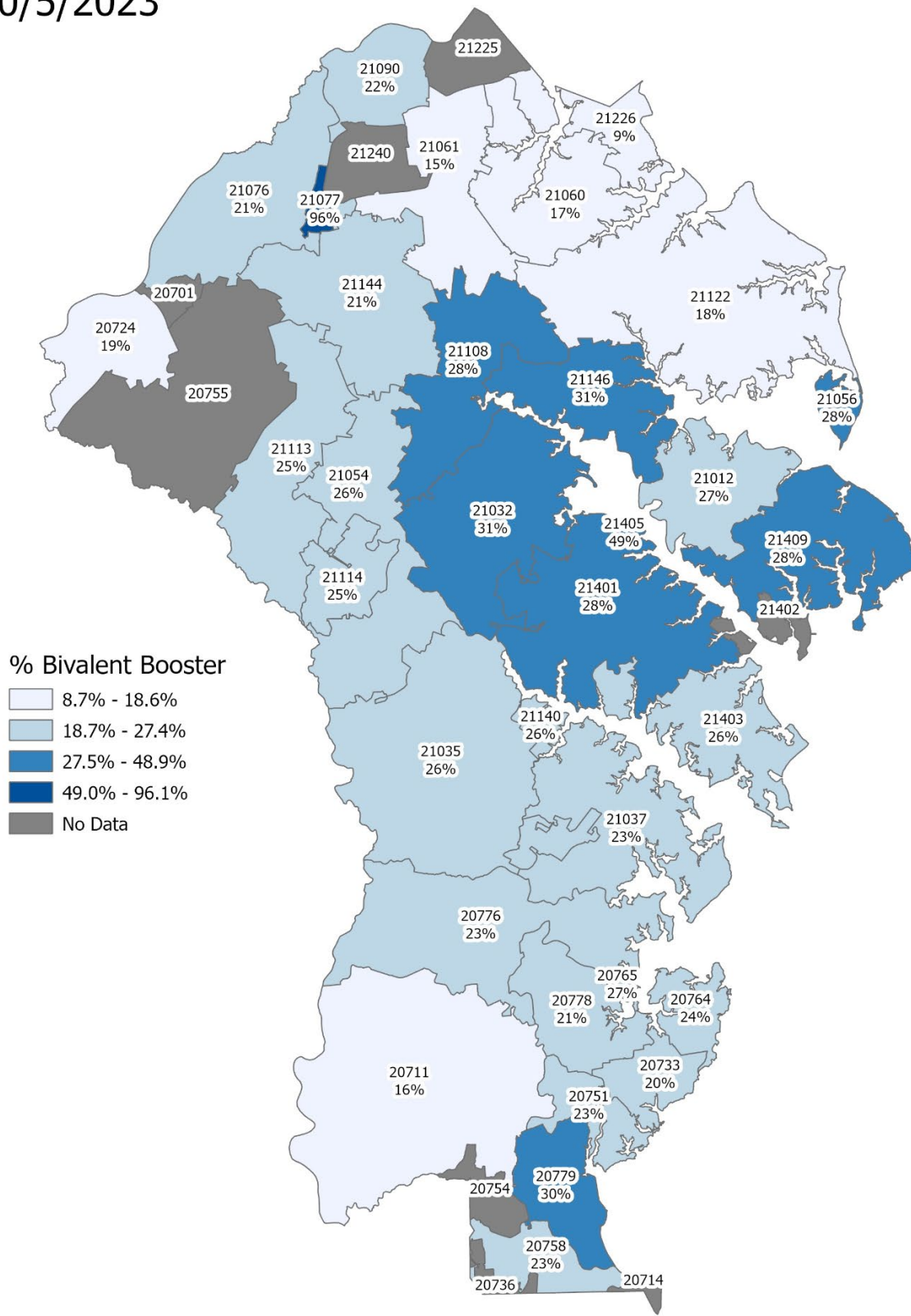


Table 4 | FY23 CHA Program Survey Participants' Self-Reported COVID-19 Vaccination Status

COVID-19 Vaccination Status	Yes	No	Not Yet, Need More Information	Not Interested	(n)
Have you received an updated COVID-19 booster vaccine?	60.69%	31.56%	1.58%	6.17%	15,536
Have your children ages 6 months to 5 years old been vaccinated?	30.36%	19.77%	-	3.35%	15,506

Figure 6 | Materials Distributed to Community Members During the FY23 CHA Program



Community Story | Center of Help



“During a community event, an immigrant family from Mexico, consisting of parents and a child, approached the Center of Help’s Health Ambassador team seeking assistance. Recently arrived in the United States, they needed medical help and information about available resources in Anne Arundel County.

Upon learning about their situation, the Health Ambassador team quickly took action, connecting the family with a bilingual HealthCare Access MD representative working at the Center. The representative skillfully guided the family through the process of obtaining medical coverage, empowering them to address their health needs.

With the support of the Center of Help, the family not only secured medical assistance but also accessed additional resources. They enrolled in ESL classes, received help in applying for food stamps, and eagerly participated in educational sessions.

Throughout the entire process, the family’s determination and resilience were evident. They expressed heartfelt gratitude for the support provided, feeling welcomed and relieved to have found the assistance they sought. The Center of Help and its Health Ambassador team is proud to empower this inspiring family and showcase the valuable resources Anne Arundel County offers to its diverse community.” - Center of Help



Future of the CHA Program

The CHA Program has the unique capacity to address emerging community needs given a robust, ongoing community survey administered to 16,094 community members in FY23 and rich relationships that support listening to and sharing concerns expressed by community members. The CHA Program uses this vital information coupled with data trends and policy changes to ensure residents, especially those experiencing vulnerabilities, are heard, responded to and engaged. For FY24, the CHA Program expanded to include the following five focus areas, 1) Access to Care, 2) Behavioral Health, 3) Community Safety, 4) COVID-19 and 5) Weather Preparedness. Focus areas highlight the importance of social drivers of health in reducing health disparities and maintaining healthy communities.

Access to Care

The objective of the Access to Care focus area is to improve health by helping people gain access to quality care. Health insurance coverage unlocks opportunities for people to receive preventive and necessary care. Uninsured individuals are more likely to go without health care, leading to serious illness or other health problems. By partnering with the AACDOH Access to Care Program, the CHA partners will learn about the resources available in the county, including the *2023 Healthy Babies Equity Act* that provides health care during and after pregnancy to noncitizen individuals, and open enrollment through Maryland Health Connection, which shifted back to requiring annual enrollment at the end of the federal public health emergency for COVID-19. Sharing this information in plain language with culturally relevant messaging and providing ongoing feedback to the AACDOH will inform future communication on the changing access to care landscape. The October 2023 Access to Care training included six CHA Program subgrantees and fourteen participants.



Behavioral Health

Behavioral health conditions were exacerbated by the COVID-19 pandemic, increasing by over 30% in crisis response calls from 2020 to 2022 in Anne Arundel County³. The resources necessary to address these conditions are still lacking particularly in Hispanic and Asian communities due to a countywide shortage of mental health therapists and a dearth of multilingual providers. The CHA Program's continued partnership with the AACDOH Behavioral Health Services, Anne Arundel County Mental Health Agency and Mental Health Association of Maryland has led to an even greater focus on behavioral health in FY24, with the objective of advancing behavioral health equity by reducing mental health and addiction stigma.

³ https://aaccaa.org/wp-content/uploads/2023/01/CFAAC-Needs-Assessment-VII_website_1.pdf

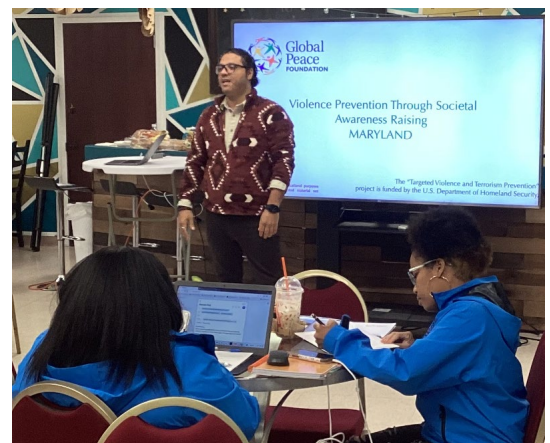
Wellness is a whole-person approach to health that is vital for the improvement of health outcomes among community members with and without behavioral health conditions. In FY23, CHAs had opportunities to receive MHFA and host training sessions for community members in the county. In FY24, CHAs have been trained as MHFA Instructors (December 2023) and will be able to directly train their communities. This will not only increase the number of trainers in the county but will also increase the number of bilingual trainers.



In 2022, there were 703 opioid overdoses in the county including 132 deaths. In FY23, over half of residents surveyed by CHAs were concerned about SUD. By partnering with the AACDOH Behavioral Health Program, the CHAs have become trained instructors for naloxone (October 2023), the opioid reversal drug. They are now prepared to train community members on how to use naloxone and will help distribute it in their communities. CHAs trained as instructors and subject matter experts in these important behavioral health areas facilitate sustainability and scale-up information and resource sharing in the community. To date, one of the CHA Program subgrantees received fifty Narcan Kits for future training and community outreach. This early indicator of success offers evidence that CHAs can serve as instrumental catalysts for advancing education and prevention efforts, as prioritized in the *2024 – 2026 Community Plan for Behavioral Health in Anne Arundel County*⁴.

Community Safety

Each year, there are approximately 700 gun-related crimes in the county; over half of residents surveyed by CHAs in FY23 noted community violence as a stressor. Violent acts in neighborhoods and homes shatter community safety. “Unsafe neighborhoods can cause anxiety, depression and stress, and are linked to higher rates of preterm births and low birth weight babies... Fear of violence can keep people indoors, away from neighbors, exercise and healthy foods. Companies may be less willing to invest in unsafe neighborhoods, making jobs harder to find”⁵. The Global Peace Foundation has been leveraged to provide its Violence Prevention Through Societal Awareness Raising Training, a community-focused safety training, to the CHAs during November 2023. Preliminary FY24 data indicate a growing number of community members are interested in attending educational sessions on community safety (13% of 3,703 respondents). During FY24, CHAs will implement educational community safety events and disseminate gun lock information in collaboration with Anne Arundel County’s Gun Violence Intervention Team (GVIT).



⁴ <https://www.aahealth.org/news/local-behavioral-health-authority-release-new-community-plan-part-behavioral-health-symposium>

⁵ <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors/community-safety>;

Egarter S, Barclay C, Grossman-Kahn R, Braveman P. [Violence, social disadvantage and health](#). Exploring the Social Determinants of Health Issue Brief No. 10. Princeton: Robert Wood Johnson Foundation (RWJF); 2011.

COVID-19

Although the federal COVID-19 public health emergency declaration ended in May 2023, communities in Anne Arundel County still face issues resulting from COVID-19 infections. Black, non-Hispanic residents still have lower vaccination rates compared to other racial or ethnic groups. Among residents ages 20-49 years, Black, non-Hispanic and Hispanic residents have death rates more than two times higher than White, non-Hispanic residents. The FY24 CHA Program allows subgrantees to expand their geographic reach, collect and report data on populations disproportionately burdened by COVID-19, focus on communities with low bivalent booster rates, increase referrals for those experiencing long COVID-19 symptoms, and provide education and referrals for pregnant individuals due to their increased risk of complications from COVID-19. In FY24, CHAs disseminated masks (n = 1,420 individuals), hand sanitizers (n = 1,144 individuals) and COVID-19 at-home test kits (n = 1,155 individuals) to help reduce COVID-19 transmission.

Weather Preparedness

Extreme weather events are anticipated to increase due to climate change, reflecting an urgent public health issue. High temperatures increase the risk of heat-related illnesses and create a greater demand for energy use for cooling. Increased rainfall and flooding overwhelm infrastructure, cause property damage and increase the spread of illnesses and mold exposure. Communities served by the CHAs are at higher risk for poor outcomes related to extreme weather; utilizing CHAs to communicate, educate and disseminate resources is critical to help these communities mitigate the impact of extreme heat and cold temperatures. The November 2023 Extreme Weather and Emergency Preparedness Training for CHAs was administered in close collaboration with the AACDOH's Office of Emergency Preparedness and Response, Anne Arundel County Office of Emergency Management, and City of Annapolis Office of Emergency Management. Training content comprised the following:

1. What to do during extreme weather and who is at risk
2. County and City resources during extreme weather
3. Where to find up-to-date information during extreme weather

Preliminary community survey data collected by CHAs indicate that 11% of respondents (n = 3,712) are interested in learning more about how to prepare for extreme heat or cold weather and an emergency.



Appendices

Appendix A | FY23 Community Health Ambassador Program Community Survey Questions

Please complete this survey to the best of your ability for the FY23 Community Health Ambassador Program/ Por favor complete esta encuesta lo mejor que pueda para el Programa de Embajadores de Salud Comunitaria FY23

1. Select your organization/ Seleccione su organizacion

2. Ambassador Entry: Select community engagement/ Embajador completar: Seleccione su participación en la comunidad

- Door To Door/ Puerta a Puerta
- Food Distribution/ Distribucion de Comida
- Community Event/ Evento Comunitario
- Educational Session/ Sesion educacional
- Other

3. Health Ambassador(s) First and Last Name/Nombre completo de Embajador(es) de salud

4. Ambassador Entry: Enter ZIP Code/ Embajador completar: Introduzca el código postal

5. Ambassador Entry: Location: (Street Name or Community Name)/Embajador completar: Ubicación: (Nombre de la calle, comunidad o evento)

6. Ambassador Entry: Date of Contact/ Embajador completar: Fecha de contacto

7. Gender Identity/ Identidad de Genero

- Man/ Hombre
- Woman/ Mujer
- Transgender/ Transgenero
- Non-binary/non-conforming/ No binario o no conforme
- Prefer not to respond/ Prefiero no responder
- Other (please specify)/ Otro (porfavor especifique)

8. Race/Ethnicity/ Raza o Etnicidad

- Black or African American alone, non-Hispanic/ Negro o Africano Americano, No Hispanic
- Hispanic/Latino/ Hispano o Latino
- Asian/ Asiatico
- American Indian and Alaska Native/ Americano Indio o Nativo de Alaska
- Native Hawaiian and Other Pacific Islander/ Nativo de Hawái y otras islas del Pacífico
- White/Caucasian
- Multiracial/ Mutiracial
- Some Other Race/ Otra raza
- Other (please specify)

9. Age Group/ Edad

- Under 18/ menor de 18
- 18-25
- 26-40
- 41-60
- 61-75
- 76+
- Other (please specify)/ Otro (por favor especifique)

10. Ambassador Entry: Resident willing to take survey? Embajador completar: ¿El residente esta dispuesto de completar la encuesta?

- Yes, Resident was willing to take survey - If possible, complete entire survey/ Sí, el residente estaba dispuesto a realizar la encuesta - Si es posible, complete toda la encuesta
- No, Resident was not willing - Provide resource materials/ No, el residente se reuso
- Resident was not home, left educational materials -End Survey/ El residente no estaba en casa, deje material educativo - finalice la encuesta

11. On a scale of 0 to 5, how much are mental health issues, such as depression and anxiety, a concern to you?/ En una escala del 0 al 5, ¿cuanto le preocupan los problemas de salud mental, como la depresión y la ansiedad?

0 - No Concern/ Ninguna Preocupacion	1 - Rarely Concerned/ Raramente Preocupado/a	2 - Sometimes Concerned/ A veces preocupado/a	3 - Moderately Concerned/ Moderadamente preocupado/a	4 - Often Concerned/ A Menudo Preocupado/a	5 - Always Concerned/ Siempre Preocupado/a
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Other (please specify)/ algo mas (especifique)

12. What prevents people from receiving mental health services? Select all that apply/ ¿Qué impide que las personas reciban servicios de salud mental? Seleccione todas las que correspondan.

- Not knowing how to find a mental health provider (i.e. therapist)/ No saber cómo encontrar un proveedor de salud mental (es decir, un terapeuta)
- Visiting a mental health professional is expensive/ Visitar a un profesional de la salud mental es costoso
- Uninsured/ Sin seguro
- Stigma around mental health/ Estigma contra a la salud mental
- Transportation/ Transporte
- Language barriers/ Las barreras del idioma
- Long wait list to see providers/ Larga lista de espera para ver los proveedores)
- Discrimination/ Discriminacion
- No Barriers/ No hay barreras
- Other (please specify)/ Otro (porfavor especifique)
- None of the above/ Ninguna de las anteriores

13. Have you ever connected someone (including friends or family members) to mental health assistance? For example, this might include sharing available resources, providing support during difficult times, etc.) - If Yes, can you share the name of the mental health service or organization?/ ¿Alguna vez ha conectado a alguien (incluyendo amigos o familiares) con ayuda de salud mental? Por ejemplo, esto podría incluir compartir los recursos disponibles, brindar apoyo durante tiempos difíciles, etc.) - En caso afirmativo, ¿puede compartir el nombre del servicio u organización de salud mental?

- Yes/ Si – If yes; enter the name of the agency or organization/ Si, ponga el nombre de la agencia o organizacion
- No
- Unsure/ No estoy seguro/a
- Other (please specify)/ Otro (porfavor especifique)
- None of the above/ Ninguna de las anteriores

14. What top 3 stressors in your community or family (or Anne Arundel County residents) affect mental health? Select all that apply/ Cuales de estos 3 factores principales son estresantes en su comunidad o familia (o los residentes del condado de Anne Arundel) que afectan la salud mental? Seleccione todas las que correspondan

- Economic stress (i.e., income, loss of job)/ Estrés económico (es decir, ingresos, pérdida de trabajo)
- Exposure to violence and trauma/ Exposición a la violencia y al trauma
- Substance use disorders/ Trastornos por uso de sustancias
- Stigma around mental health/ Estigma contra la salud mental
- Housing instability (i.e., facing eviction)/ Inestabilidad de la vivienda (por ejemplo, desalojo)
- Food insecurity (i.e. affording groceries)/ Inseguridad alimentaria (es decir, comprar alimentos)
- COVID-19
- Other (please specify)/ Otro (porfavor especifique)
- None of the above/ Ninguna de las anteriores

15. How aware are you of the mental health resources in Anne Arundel County?/ ¿Qué tan consciente está de los recursos de salud mental en el condado de Anne Arundel?

- I am aware of a lot of mental health resources/ Conozco muchos recursos de salud mental.
- I am somewhat aware of a lot of mental health resources/ Soy algo consciente de muchos recursos de salud mental.
- I am not aware of mental health resources in the county/ No estoy al tanto de los recursos de salud mental en el condado.
- Other (please specify)/ Otro (porfavor especifique)
- None of the above/ Ninguna de las anteriores

16. Are you aware of the Anne Arundel County Network of Care? It is a resource for individuals and families concerned with behavioral and mental health/ ¿Conoce la Red de atención del condado de Anne Arundel? Es un recurso para personas y familias preocupadas por la salud mental y del comportamiento.

- Yes/ Si
- No
- Unsure/ No estoy seguro/a
- Other (please specify)/ Otro (porfavor especifique)
- None of the above/ Ninguna de las anteriores

17. Have you participated in a Mental Health First Aid Training (Explain the training and A.L.G.E.E " Teaches how to Assess risk, Listen nonjudgmentally, Give information, Encourage appropriate help, and Encourage self-help)/ ¿Ha participado en un entrenamiento en primeros auxilios para la salud mental (explique el entrenamiento y A.L.G.E.E "enseña cómo evaluar el riesgo, escuchar sin juzgar, alentar la ayuda adecuada y alentar la autoayuda).

- Yes/ Si
- No
- Unsure/ No estoy seguro/a
- None of the above/ Ninguna de las anteriores
- Other (please specify)/ Otrp (portfavor especifique)

18. Are you interested in attending an educational session to learn about mental health?/ ¿Está interesado/a en asistir a una sesión educativa para aprender sobre la salud mental?

- Yes/ Si
- No
- Unsure/ No estoy segura
- None of the above/ Ninguna de las anteriores
- Other (please specify)/ Otro (porfavor especifique)

19. What is your COVID-19 vaccination status?/ ¿Cuál es su estado de vacunación contra el COVID-19?

- Fully vaccinated/ Completamente vacunado
- Partially vaccinated/ Parcialmente vacunado
- Not vaccinated yet and I need more information about it/ Todavía no estoy vacunado y necesito más información al respecto
- Not interested in becoming vaccinated/ No estoy interesado en vacunarse
- Other (please specify)/ Otro (porfavor especifique)

20. Have you received an updated COVID-19 booster vaccine?/ ¿Ha recibido una vacuna de refuerzo COVID-19 recientemente?

- Yes/ Si
- No
- Not yet and I need more information about it/ Todavía no y necesito más información al respecto.
- Not interested in the booster/ No estoy interesado/a en la vacuna de refuerzo
- Other (please specify)/ Otro (porfavor especifique)

21. Have your children ages 6 months to 5 years old been vaccinated?/ (si corresponde) ¿Han sido vacunados sus hijos de edades de 6 meses a 5 años?

- Yes/ No
- No
- Not Interested/ No estoy interesado
- Not Applicable/ No aplica
- Other (please specify)/ Otros (porfavor especifique)

22. Is your household fully vaccinated (including ages 6 months to 5 years)?/ ¿Su hogar está completamente vacunado (inluyendo niños entre las edades de 6 meses a 5 años)?

- All/ Todos
- Some/ Algunos
- None/ Ninguno
- Not interested in becoming vaccinated/ No estoy interesado en vacunarme
- Other (please specify)/ Otro (porfavor especifique)

23. Do you need assistance for any of the following?/ ¿Necesita acceso a alguno de los siguientes servicios?

- Rent/utility assistance/ Alquiler/asistencia de servicios públicos
- Transportation/ Transporte
- Health insurance/ Seguro de salud
- Social support/ Apoyo social
- COVID19 educational materials/ Materiales educativos de COVID19
- Other (please specify)/ Otros (porfavor especifique)
- None of the above/ Ningunas de las anteriores

24. Materials Provided - Select all that apply

- Resource Materials
- Mask
- Hand Sanitizer
- Home COVID-19 Kits
- None of the above

Appendix B | FY23 Community Resource Cards in Multiple Languages

English Language Version



Anne Arundel County
Department of Health



Rental Utilities Assistance

Department of Social Services
800-332-6347

Low Income Household Water Assistance Program
1-800-332-6347

Homeowner Assistance Fund
1-833-676-0119

Anne Arundel Community Action Agency
410-626-1900 ext. 4

- Eviction Prevention
- Moving/Relocation Support
- Financial Literacy
- Emergency Rental Assistance Program

www.aaccaa.org/housing-assistance

Visit the Network of Care for access to mental health resources




Food Assistance Resources

Anne Arundel County Food Access Warmline

410-222-FOOD (3663)
Call the Food Access Warmline to find food resources that meet your needs!



To view a list of food banks in the county, scan the QR code using your cell phone camera.



Mental Health Resources

Mental Health Agency
410-222-7858

National Alliance on Mental Illness: Anne Arundel County
443.569.3498

Anne Arundel County Crisis Warmline
410-768-5522

Anne Arundel County Substance Use Treatment Referral Line
410-222-0117

Recovery Support Services Program
410-222-7076

Other State/ National Resources:

National Suicide Prevention Lifeline
24/7- 800-273-8255

LGBTQ Youth suicide prevention hotline
866-488-7386

24/7 Crisis Counselor
Text "HOME" to 741741

Contact us: healthequity@aacounty.org

3 Harry S. Truman Parkway Annapolis, MD 21401

Spanish Language Version



Anne Arundel County
Department of Health



Asistencia en el Alquiler/Servicios Públicos

Departamento de Servicios Sociales
800-332-6347

Programa de Asistencia con pago de Agua para Hogares de Bajos Ingresos.
1-800-332-6347

Fondo de Asistencia al Propietario de Vivienda
1-833-676-0119

Agencia de Anne Arundel Acción Comunitaria
410-626-1900 ext. 4

- Prevención de Desalojos.
- Asistencia para Mudanzas/Reubicaciones.
- Ayuda Financiera en Educación.
- Programa de Asistencia de Alquiler de Emergencia.

www.aaccaa.org/housing-assistance

Visite la Red de Atención para acceder a recursos de salud mental




Recursos Sobre la Inseguridad Alimentaria

Línea Directa de Acceso a Alimentos del Condado de Anne Arundel

410-222-FOOD (3663)
¡Llame a la Línea Directa de Acceso a Alimentos para encontrar recursos alimentarios que satisfagan sus necesidades!
meet your needs!



Para ver una lista de Bancos de Alimentos en el condado, escanee el código QR con la cámara de su teléfono celular.



Recursos de Salud Mental

Agencia de Salud Mental
410-222-7858

Alianza Nacional sobre Enfermedades Mentales Condado de Anne Arundel
443-569-3498

Línea Directa en caso de Crisis del Condado de Anne Arundel
410-768-5522

Línea de Referencia para el Tratamiento del Uso de Sustancias del Condado de Anne Arundel
410-222-0117

Programa de Servicios de Apoyo para la Recuperación
410-222-7076

Otros Recursos Nacionales/Estatales:

Línea Nacional de Prevención del Suicidio 24horas/7 días a la semana.
24/7- 800-273-8255

Línea Directa para la Prevención del Suicidio de Jóvenes LGBTQ
866-488-7386

24/7 Crisis Counselor
Text "HOME" to 741741

healthequity@aacounty.org

3 Harry S. Truman Parkway, Annapolis, MD 21401

Korean Language Version



Anne Arundel County
Department of Health



임대 공공 요금 보조

사회 복지과
800-332-6347

저소득 가계 수도 요금 보조 프로그램
1-800-332-6347

주택 소유자 지원 기금
833-676-0119

앤 아룬델 카운티 실행 본부
410-626-1900 내선. 4

- 퇴거 명령 예방
- 이사/이전 지원
- 재정 관리 능력
- 긴급 임대비 보조 프로그램

www.aaccaa.org/housing-assistance

에 액세스하려면 네트워크 케어를 방문하십시오. 정신 건강 자원




식료품 수급 부족 관련 정보 자료

앤 아룬델 카운티 식료품 구호 비상 연락처

410-222-FOOD (3663)
식료를 구호 비상 연락처에 전화하시면 귀하의 필요에 적절한 식료품 정보를 찾으실 수 있습니다



카운터 소재 푸드뱅크 리스트를 보시려면, 귀하의 스마트폰 카메라를 사용하여 QR 코드를 스캔하십시오



정신 건강 관련 정보 자료

정신 건강국
410-222-7858

정신 질환에 관한 전국 연합 앤 아룬델 카운티
443-569-3498

앤 아룬델 카운티 위기 대응 비상 연락처
410-768-5522

앤 아룬델 카운티 마약 남용 치료 위탁 (리퍼럴) 연락처
410-222-0117

회복 지원 서비스 프로그램
410-222-7076

타주/국내 관련 정보 자료:

국립 자살 예방 24 시간 비상 연락처
800-273-8255

LGBTQ 청소년 자살 예방 비상 연락처
866-488-7386

24시간 위기관리 카운슬러 74741 번호로 "HOME"을 문자 해주세요

연락처: healthequity@aacounty.org

3 Harry S. Truman Parkway 아이나폴리스, 메릴랜드 21401

Disclaimer

Information presented in this session is for educational and informational purposes only. Content is not a substitute for professional advice and is not intended to help diagnose or treat any mental health conditions. Only a qualified mental health professional can render a diagnosis and provide adequate treatment for mental health concerns. Always seek the advice of your mental health professional or other qualified health provider with any questions you may have regarding your condition.

Today We Will Discuss

- What is Mental Health?
- Why is Mental Health Important?
- Most Common Mental Health Conditions
- Stigma and How to Communicate with Others
- 8 Dimensions of Wellness

What is Mental Health?

- We all have mental health and it is just as important as our physical health.
- Mental health is not just about mental illness or a mental disorder.
- Think about mental health as being on a continuum rather than either being mental ill or mentally well.
- We are all somewhere on the continuum and move along the continuum based on factors like genetic makeup, life events and everyday stressors.

Why is Mental Health Important?

- Interventions aim to move individuals across the continuum so they are able to reach their full potential and lead satisfying lives.
- Being mentally healthy can mean being resilient and able to cope with everyday stressors, feeling like we are in control of our own lives, and feeling like you are able to manage and express your emotions.
- It is very normal to feel anxious, angry, stressed, worried or sad. When these feelings are more intense and start to interfere with the ability to function on a daily basis, it is time to reach out for help.

Most Common Mental Health Conditions

- 1 in 5 U.S. adults experience mental illness each year
- 1 in 20 U.S. adults experience serious mental illness each year
- 1 in 6 U.S. youth ages 6-17 experience a mental health disorder each year
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24

You are NOT ALONE

Millions of people are affected by mental stress each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire everyday.

- 1 in 5 U.S. adults experience mental stress
- 1 in 20 U.S. adults experience serious mental stress
- 17% of youth (6-17 years) experience a mental health disorder

Most Common MH Conditions (cont.)

- 21% of U.S. adults experienced mental illness in 2020 (52.9 million people or 1:5 adults)
- 5.6% of U.S. adults experienced serious mental illness in 2020 (14.2 million people or 1:20 adults)
- 6.7% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2020 (17 million people).

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)

- 1% Schizophrenia
- 1% Bipolar Disorder
- 4% Major Depressive Disorder
- 3% Anxiety Disorder
- 19% Any Mental Illness
- 8% Depression
- 1% Substance Use Disorder
- 4% Post-Traumatic Stress Disorder

12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)

- 21% of all adults
- 14% of Asian adults
- 17% of Black adults
- 17% of other race/ethnicity adults
- 18% of Hispanic or Latino adults
- 19% of American Indian or Alaska Native adults
- 22% of White adults
- 32% of adults who report experiencing a co-occurring substance use disorder
- 44% of adults, ages 18-29

Stigmas and How to Communicate with Others

We need to ensure that stigma does not stop individuals from accessing resources and treatment.

- Stigma is the word we use to describe expressions of fear
- Learn and share mental health facts
- Watch out for stereotypes - every story is unique
- Challenge your own assumptions
- Speak out when you see stigma happening
- Treat everybody with the dignity and respect they deserve



8 Dimensions of Wellness

Wellness is not the absence of disease, illness or stress, but the presence of:

- optimal physical and behavioral health
- purpose in life
- active involvement in satisfying work and play
- joyful relationships
- happiness.



8 Dimensions of Wellness



Physical Dimension

Recognizing the need for physical activity, diet, sleep and nutrition

- Stay active; take the stairs instead of the elevator.
- Make healthy food choices.
- Get enough sleep.
- See your primary care doctor regularly.



Emotional Dimension

Coping effectively with life and creating satisfying relationships.

- Be aware of your feelings.
- Express your feelings to people you trust.
- Seek support with upsetting emotions.
- Learn your strengths and things you want to improve.



Social Dimension

Developing a sense of connection, belonging, and a well-developed support system

- Make a list of supportive family, friends, co-workers and peers.
- Make at least one connection each day by calling, emailing or visiting someone.
- Join a club, social group or volunteer group.
- Get involved in a support group.



Occupational Dimension

Getting personal satisfaction and enrichment from one's work and hobbies

- Explore career or volunteer opportunities in an area you are passionate about.
- Communicate with others regularly and get support when needed.
- Consider taking breaks.
- Learn from mistakes-everyone makes them.



Intellectual Dimension

Recognizing creative abilities and finding ways to expand knowledge and skills

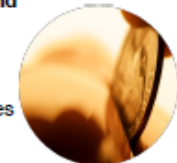
- See what kind of skills training might be available at the public library.
- Find a book or book series that interests you.
- Explore public events in your community by checking out the newspaper.
- Befriend people who stimulate your mind.



Financial Dimension

Finding satisfaction with current and future financial situations

- Be creative about budgeting and spending.
- Meet with someone who specializes in helping people with finances at no or low cost.
- Explore ways to save for your future, from a piggy bank to a savings account.



Environmental Dimension

Achieving good health by occupying pleasant, stimulating environments that support well-being

- De-clutter, donate and recycle things you don't need.
- Appreciate nature.
- Seek out experiences that have a calming effect.









Spiritual Dimension

Expanding your sense of purpose and meaning in life



- Make time for practices that enhance your sense of connection to self, nature and others.
- Discover your most important values, principles and beliefs.
- Find a community whose spiritual outlook you share.
- Help others when they are in need.

How the Dimensions of Wellness are Interconnected



Wellness incorporates many dimensions of health that influence an individual's total well-being.

What Is Mental Health First Aid

Mental Health First Aid (MHFA) teaches participants the skills to recognize signs of mental health or substance use challenges in youth and adults, how to offer and provide initial help, and how to guide a person toward appropriate care if necessary. Topics covered include anxiety, depression, suicide, psychosis, and substance use disorders.



Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

MHFA USA Founding Partner

Mental Health FIRST AID MARYLAND

from NATIONAL COUNCIL FOR MENTAL WELLBEING

ALGEE: THE ACTION PLAN

- **ASSESS** for risk of suicide or harm.
- **LISTEN** non-judgmentally.
- **GIVE** re-assurance and information.
- **ENCOURAGE** appropriate professional help.
- **ENCOURAGE** self-help and other support strategies.

Where to find help

Crisis Response

410-768-5522




- Wamline 24/7/365
- Mobile Crisis Teams (MCT) 24/7/365
- Crisis Intervention Teams (CIT)
- Crisis Care Coordination
- Urgent Care Appointment Access
- Transportation Specialist
- Hospital Diversion
- Jail Diversion
- Access to our own DSS worker Monday – Friday
- Safe Stations



Community Mental Health Resources

- National Suicide and Crisis Lifeline: 9-8-8
- County Crisis Response System: 410-768-5522
- Network of Care (Resource Listing): annearundel.md/networkofcare.org/mh
- AAC Department of Health Adolescent and Family Services: 410-222-6785
- AAC Mental Health Agency: 410-222-7858, aamentalhealth.org
- AACPS Social and Emotional Supports, aacps.org/crisisresources
- AACPS Student Safety Hotline: 877-676-9854
- Crisis Text line: 741-741, crisistextline.org
- National Alliance on Mental Illness AAC: 443-569-3498



Health Equity Facebook Pages



Like the page today!



- **AASealofEquity** @SealofEquity Community Organization
- **AAHealthEquity** Community Organization



Contact Us

Health Equity Email:
HealthAmbassadorProgram@aacounty.org

