

Intervention IP-024: "Nuevo Amanecer" Community-Based, Peer-Delivered Stress Management Intervention to Improve Quality of Life in Latinas With Breast Cancer

Summary

Nuevo Amanecer is a culturally tailored, peer-delivered cognitive-behavioral stress management intervention for breast cancer survivors who are low-income Spanish-speaking Latinas. The Nuevo Amanecer intervention program was delivered face to face in participants' homes for eight weeks using visuals and hands-on exercises to teach and reinforce concepts and skills. Improvements were shown in physical well-being, emotional well-being, breast cancer concerns, and overall quality of life.

Overview

Purpose of Intervention:

Nuevo Amanecer is a culturally tailored, peer-delivered cognitive-behavioral stress management intervention for low-income Spanish-speaking Latinas with breast cancer to reduce stress and improve well-being.

Intervention Type:

Research-Tested — *Interventions with strong methodological rigor that have demonstrated short-term or long-term positive effects on one or more targeted health outcomes to improve minority health and/or health disparities through quantitative measures; Studies have a control or comparison group and are published in a peer-review journal; No pilot, demonstration or feasibility studies.*

Intervention Details

Intervention was Primarily Driven, Led, or Managed by:

Both Community and Academic/Clinical Researchers

Citations:

- Nápoles AM, Ortíz C, Santoyo-Olsson J, Stewart AL, Gregorich S, Lee HE, Durón Y, McGuire P, Luce J. Nuevo Amanecer: results of a randomized controlled trial of a community-based, peer-delivered stress management intervention to improve quality of life in Latinas with breast cancer. American journal of public health. 2015 Jul;105 Suppl 3:e55-63. Epub 2015 Apr 23.

Adaptation of Another Research-based Intervention:

No

Contact Information

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Results

Intention

Improve minority health or the health of other populations with health disparities (e.g. rural populations, populations with low SES)

Intervention Primary Outcome:

Breast-cancer specific quality of life

Intervention Secondary Outcome:

Anxiety, depression and somatization (Brief Symptom Inventory, general symptoms of distress) and intrusive thoughts (breast cancer-specific) scales.

Key Findings:

Improvements in quality of life from baseline to 6 months were greater for the intervention than the control group on physical well-being, emotional well-being, breast cancer concerns, and overall quality of life. Decreases from baseline to 6 months were greater for the intervention group on depression and somatization.

Statistical Method Used:

Intention-to-treat analyses, using repeated-measures linear regression models to estimate the intervention effects on study outcomes across the baseline, 3-month, and 6-month assessments. Explanatory variables included an

intervention group indicator, a categorical time indicator, and a group x time interaction variable. A group x linear time interaction examined the change from baseline to 6 months.

Evaluations and Assessments

Were Any of the Following Assessments Conducted (Economic Evaluation, Needs Assessment, Process Evaluation)?:

Yes

- **Process Evaluation:** A process evaluation to understand facilitators and barriers to intervention implementation was conducted through interventionist tracking forms, direct observation of intervention sessions, and qualitative interviews with interventionists, recruiters, CBO leaders who were research partners, and a subsample of intervention participants.

Demographic and Implementation Description

Diseases, Disorders, or Conditions:

Breast Cancer

Race/Ethnicity:

Hispanic or Latino

Populations with Health Disparities:

People with Lower Socioeconomic Status (SES), Racial and Ethnic Minority Populations, Underserved Rural Communities

Age:

Middle-Aged Adults (40 - 64 years)

Socio-demographics / Population Characteristics

Community Type:

Rural, Urban / Inner City

Other Populations with Health Disparities:

Unspecified

Geographic Location:

California, Alameda, Contra Costa, Imperial, Monterey, San Francisco, San Mateo, Santa Clara, Santa Cruz, Tulare

Socio-Economic Status:

Low SES

Minority Health and Health Disparities Research Framework

		Levels of Influence			
		Individual	Interpersonal	Community	Societal
Determinant Types	Biological	✓	✓	✓	
	Behavioral	✓	✓	✓	✓
	Physical / Built Environment	✓	✓	✓	✓
	Sociocultural Environment	✓	✓	✓	✓
	Health Care System	✓	✓	✓	✓

Community Involvement

The community's role in different areas of the Intervention (Choices are "No Role", "Participation", and "Leadership"):

Design:

Leadership

Dissemination:

Leadership

Evaluation:

Leadership

Implementation:

Leadership

Outreach:

Leadership

Planning :

Leadership

Recruitment:

Leadership

Sustainability:

Leadership

Characteristics and Implementation

Intervention Focus Area:

Behavior Change, quality of life, symptom reduction

Disease Continuum:

Tertiary Prevention

Delivery Setting:

Clinic / Health Care Facility, Home, Local Community (e.g. Barbershops, Beauty / Hair Salon, Laundromats, Food Markets, Community Centers)

Mode of Delivery:

In-person

Who delivered the Intervention?:

Community Health Worker/Promoters

Conceptual Framework

Intervention Theory:

Social Cognitive / Social Learning Theory

Intervention Framework:

Community Organization / Community Building, Social Determinants of Health Conceptual Framework, Social Ecological Model, Transactional Model of Stress and Coping

Implementation

Intervention Study Design:

Individual Randomized Controlled Trial/Comparative (requires random assignment, a control/comparison group, and pre and post intervention outcome assessments), plus process evaluation to assess implementation

Targeted Intervention Sample Size:

195

Actual Intervention Sample Size:

151

Start Year:

2011

End Year:

2014

Intervention Exposures

Duration of Intervention/How Long it Lasted:

1-3 months

Frequency of Intervention Delivery:

Weekly

Number of Sessions/Meetings/Visits/Interactions:

7-8 Sessions

Average Length of Each Session/Meeting/Visit/Interaction:

1-2 Hours

Format of Delivery:

Dyad/Group of two (e.g. participant & partner; mother & child)

Highest Reading Level of Intervention Materials Provided to Participants:

Grade 6-7

Impact, Lessons, Components

Produced an impact or change beyond the primary or secondary outcome:

Yes

We learned that cognitive reframing and behavioral approaches to managing stress are culturally relevant and particularly useful for Latinas with breast cancer. These elements of the program were among the most critical from the perspectives of participants. The women in this study faced chronic stress. They were extremely vulnerable, with most having less than a 6th grade education and almost all having faced financial hardships in the past year. The program we offered helped them increase their sense of control and mastery over their daily lives in spite of such hardships. Community interventionists demonstrated good fidelity in their ability to impart the information in a way that could be understood by participants and being supportive and encouraging of participants' use of the coping skills.

Essential Aspects for Success:

The participation of community members throughout from planning, to grant submission, to implementation and dissemination.

Intervention Impact:

We learned that cognitive reframing and behavioral approaches to managing stress are culturally relevant and particularly useful for Latinas with breast cancer. These elements of the program were among the most critical from the perspectives of participants. The women in this study faced chronic stress. They were extremely vulnerable, with most having less than a 6th grade education and almost all having faced financial hardships in the past year. The program we offered helped them increase their sense of control and mastery over their daily lives in spite of such hardships. Community interventionists demonstrated good fidelity in their ability to impart the information in a way that could be understood by participants and being supportive and encouraging of participants’ use of the coping skills.

Lessons Learned

Key Lessons Learned and/or Things That Could be Changed or Done Differently:

Using peer-delivered, evidence based cognitive behavioral stress management (CBSM) programs are culturally relevant approaches to reduce disparities in distress due to breast cancer, build community capacity, and address shortages of psycho-oncology services for limited English-proficient patients.

Insights Gained During Implementation

Insight Category	Insight Description
Logistics	Had a strong coalition of Latina cancer survivors, community advocates, and academic partners to develop the program and study. Active engagement of community members was essential to ensure cultural appropriateness and congruence with community context. Using a peer model enhanced sustainability.
Training / Technical Assistance	The academic Co-PI and staff focused intensive efforts on developing relationships between medical staff and recruiters from the CBOs using flyers, one-to-one meetings, mailings, emails, and telephone calls.
Transportation	Through formative work, we decided to have peer interventionists travel to participants' homes and paid them mileage.
Recruitment	We overestimated the degree to which CBOs had established referral sources from clinicians who saw the target population. Establishing relationships with peer navigators based in clinical centers was very effective.

Intervention Components

Intervention Has Multiple Components:

Yes

Assessed Each Unique Contribution:

No

Products, Materials, and Funding

Expertise, Partnerships, and Funding Sources

	Used for Implementation	Needed for Sustainability
Expertise		
Cultural competence and humility	Yes	Yes
Partnerships		
Community groups (e.g. faith-based organizations, barbershops, beauty-salons, laundromats, food markets, community centers, cultural associations, tribal groups)	Yes	Yes
Universities	Yes	No
Health care facilities (local clinics)	Yes	No
Government agencies (city/state/county health department, law enforcement/criminal justice agencies)	Yes	Yes
Funding Sources		
Public funding (e.g., federal, state or local government)	Yes	Yes

Product/Material/Tools

	Tailored For Language	Language(s) if other than English	Material
Outreach/Recruitment Tools			
Informed Consent Form	Yes	Spanish	https://nuevoamanecer.ucsf.edu/home
Participant Educational Tools			
Brochures/Factsheets/Pamphlets	Yes	Spanish	https://nuevoamanecer.ucsf.edu/home
Measurement Tools			
Standardized Instrument/Measures	Yes	Spanish	https://nuevoamanecer.ucsf.edu/home

Implementation Materials and Products

	Material
Implementation/Delivery Materials	
Guidebooks/Workbooks/Participant Manual, Intervention implementation guidelines	https://nuevoamanecer.ucsf.edu/home
Implementation/Output Materials	
Best Practice Guidelines	https://nuevoamanecer.ucsf.edu/home
Best Practice Guidelines	https://nuevoamanecer.ucsf.edu/home

Articles Related to Submitted Intervention

	Article
Reports/Monographs	
No Reports/Monographs provided.	
Additional Articles	
Methodology, Evaluation, Qualitative findings, Adaptations, Intervention development	https://nuevoamanecer.ucsf.edu/home