

# 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.

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## Overview

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### **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**

### **Primary Contact Affiliation:**

University of California San Francisco

### **Intervention URL:**

<https://nuevoamanecer.ucsf.edu/home>

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## **Results**

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### **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.

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## Demographic and Implementation Description

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### **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)

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## Socio-demographics / Population Characteristics

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### **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

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## Minority Health and Health Disparities Research Framework

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

## 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

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## **Characteristics and Implementation**

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### **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

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**Impact, Lessons, Components**

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**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**

| <b>Insight Category</b>         | <b>Insight Description</b>   |
|---------------------------------|--|
| 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

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## **Products, Materials, and Funding**

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### **Expertise, Partnerships, and Funding Sources**

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

## **Product/Material/Tools**

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

## **Implementation Materials and Products**

|   | <b>Material</b>   |
|---|---|
| <b>Implementation/Delivery Materials</b>  |   |
| Guidebooks/Workbooks/Participant Manual, Intervention implementation guidelines | <a href="https://nuevoamanecer.ucsf.edu/home">https://nuevoamanecer.ucsf.edu/home</a> |
| <b>Implementation/Output Materials</b>  |   |
| Best Practice Guidelines  | <a href="https://nuevoamanecer.ucsf.edu/home">https://nuevoamanecer.ucsf.edu/home</a> |
| Best Practice Guidelines  | <a href="https://nuevoamanecer.ucsf.edu/home">https://nuevoamanecer.ucsf.edu/home</a> |

## **Articles Related to Submitted Intervention**

|  | <b>Article</b>  |
|--|---|
| <b>Reports/Monographs</b>  |   |
| No Reports/Monographs provided.  |   |
| <b>Additional Articles</b>   |   |
| Methodology, Evaluation, Qualitative findings, Adaptations, Intervention development | <a href="https://nuevoamanecer.ucsf.edu/home">https://nuevoamanecer.ucsf.edu/home</a> |