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I. Introduction

Purpose of this Guide

We designed this guide to aid community-based organizations in delivering Nuevo Amanecer (A New Dawn), an evidence-based, stress management program for Spanish-speaking Latinas with breast cancer. In this guide, we explain the steps needed to implement a successful program in a community setting, including program planning and preparation, staffing, training, program outreach, and evaluation.

The program was designed for delivery by community-based organizations (CBOs) or health care systems that serve Latinas with breast cancer or those that use community health workers and promotores for delivering health information. Even if your organization does not fit these categories, you may find some of the content of the program and program manuals useful.

Rationale for Program

Breast cancer is the most frequently occurring cancer and the leading cause of cancer death among Latinas. Compared to non-Latina white women with breast cancer, Latinas, especially those who are Spanish-speaking, suffer worse health-related quality of life, higher levels of distress, and more serious symptoms such as fatigue and pain. Reasons for these disparities include socioeconomic disadvantage, limited English proficiency, and less access to resources. Stress-management training can help them cope with these hardships. Until this program was developed, there were very few programs tailored to the needs of Latinas with breast cancer, especially those preferring to speak Spanish. Nuevo Amanecer aims to meet this need.

History

Nuevo Amanecer is a product of research, collaboration, and generous funding. Preliminary studies conducted with community partners and members helped identify the needs of Latina breast cancer survivors. Nuevo Amanecer was developed to meet those needs by blending scientific evidence and community "best practices," through a process of working closely with Latinas with breast cancer and community organizations that provided them with supportive services. We tested an 8-week program through a randomized controlled trial (RCT) with Spanish-speaking Latinas newly diagnosed with breast cancer living in urban settings. We then obtained additional funding to translate the program for rural settings and longer-term survivors. We conducted a second RCT with Spanish-speaking Latinas with breast cancer to test Nuevo Amanecer-II, a 10-week program. Nuevo Amanecer-II is the final product for dissemination, called Nuevo Amanecer going forward. The program's development and testing reflects our extensive translational research to implement programs in community settings to reach vulnerable populations.

Website and Materials

Our website https://nuevoamanecer.ucsf.edu/ provides detailed information on the *Nuevo Amanecer* program and the research conducted to develop and test it (including scientific publications). We encourage you to review the website after reading this guide.

Program and Implementation Materials. The materials are available for download on the website. The program is copyrighted by The Regents of the University of California © 2020 and licensed under a <u>Creative Commons Attribution-NonCommercial 4.0 International license.</u> Under this license, all materials are free of charge and no written permission is required for their use.

Downloading Materials. Throughout this guide, we use this symbol to denote when a particular file is available for download. To download materials visit our website https://nuevoamanecer.ucsf.edu/ (go to program materials). This manual, *How to Start a Stress Management Program for Latina Breast Cancer Survivors*, can be downloaded as well on our website.



II. Program Description

Overview

In this guide we discuss the steps involved in implementing *Nuevo Amanecer*, an evidence-based 10-week stress management program, delivered in community settings to Spanish-speaking Latinas with breast cancer.

Nuevo Amanecer aims to improve health-related quality of life and reduce psychological distress by increasing stress-management skills and self-efficacy (one's sense of control) for coping with breast cancer. Women receive cancer information, emotional support, and skills training in stress management and cognitive reframing. They receive tools to locate relevant information and resources in Spanish. The program is delivered by trained peer breast cancer survivors (compañeras or peer companions) in urban and rural community settings. The program manuals can also be posted on your website for persons who might want to use them on their own.

Content

Over 10 weekly sessions, the following topics are covered, some in more than one session:

- Managing the impact of cancer
 - Common reactions to a cancer diagnosis and treatments, signs of depression, how to track symptoms
- Breast cancer and survivorship
 - o Information about breast cancer, treatments, survivorship care plans, and how to prepare your own survivorship care plan
- Finding cancer information
 - Communicating with health care professionals, asking for an interpreter, participating in medical care, calling the National Cancer Institute Cancer Information Service (1-800-4-CANCER or 1-800-422-6237)
- Getting support
 - o Effect of cancer diagnosis on family/friends, talking about cancer with others, communication skills, identifying sources of support, asking for help when needed
- Managing thoughts and mood
 - O How thoughts affect mood, changing unhelpful thoughts to helpful thoughts, using coping statements and positive thoughts to feel good
- Stress management techniques

- o Identifying causes of stress, ways to reduce stress including deep breathing, progressive muscle relaxation and guided imagery
- Setting goals
 - o How to set and track realistic goals, setting goals to care for oneself
- Healthy lifestyle
 - o How to overcome barriers to a healthy lifestyle such as walking, nutrition, maintaining healthy weight, sleeping well

Delivery and Setting. Trained Spanish-speaking Latina breast cancer survivors from the community (compañeras or peer companions) deliver the intervention. In our study, most participants met with their compañera in their own homes. If privacy was a concern, they met at a community organization, library or other convenient place.

Participant Program Manual. At the first session, each participant receives a *Participant Program Manual* (available in Spanish or English). It contains written materials and activities organized by the 10 sessions. It is designed to be appropriate for women with a range of literacy (e.g., contains images, uses simple language). Participants bring the manual to each session to review with the compañera, and it can be used at home as a resource.

-Participant Program Manual

Session Format. Each session (60-90 minutes) begins with a deep breathing exercise. Referring to the *Participant Program Manual*, the compañera explains the week's content and reviews the prior week's content. The compañera and participant discuss content and activity sheets, and practice the skills. Each session includes 2-3 activities to reinforce a new stress management skill. At the end, the compañera gives the participant an activity to do at home, such as to practice deep breathing.

Skills Training. The program provides skills training in relaxation techniques (guided imagery, progressive muscle relaxation), cognitive reframing (changing unhelpful thoughts to helpful thoughts), goal setting, and communication. During each session, the compañera teaches one skill and models it, has the participant practice it, and provides positive reinforcement. Deep breathing is practiced at all sessions. Participants then can practice the skills at home.

Videos (on DVDs or YouTube). We provide participants with audiovisual materials (in Spanish and English) to help them practice the skills at home. The videos can be provided as a DVD and through free YouTube links.

- Stress management techniques videos feature a Spanish-speaking Latina who demonstrates a variety of stress management techniques (relaxation, deep breathing, guided imagery, progressive muscle relaxation, and using positive thinking). During each session, compañeras use these videos to demonstrate the skills; for this, the videos can be preloaded onto a tablet used by compañeras, to avoid the need for internet access during a session.
- Information on breast cancer and its treatments is also provided through links to videos from the Arizona Breast Cancer Resource Guide.
- Videos on stress management
 Videos on breast cancer information

Cancer and Related Resources Guide. We provide a list of national and local community resources as a reference for participants and compañeras. The resources guide is attached as an appendix in the Participant Program Manual. The resources include cancer support groups (including online and phone support), disability benefits, and where to obtain assistance with finances, cancer treatment, and medications. Also included is where to obtain transportation vouchers to medical appointments, nutritional food programs for people undergoing

- Cancer and related resources guide

treatment, food banks, and other social services (e.g., Medicaid, family crisis center). The guide includes names, addresses, phone numbers, and websites. This guide can be modified to fit the needs of any community.

Small Incentives. During the first session, compañeras provide each participant with a variety of small incentives, each with the *Nuevo Amanecer* logo. These include a sport pack (small cloth bag), pen, mini notepad, and flashlight. At the 10th session, we gave participants an aluminum water bottle that fit the theme of the closing ceremony.

III. Community Organizations, Staffing, and Administration

In this section, as an example, we describe the types of community organizations that were our partners. We describe hiring for key staff positions: recruiters or outreach staff, compañeras, a Program Coordinator, and a Clinical Supervisor. In your organization, you may not have the capacity for all of these positions, but we have provided you with information on how we did it in our studies as a guide.

Community Organizations

Community-based organizations and health care settings that provide some type of cancer or other supportive services are well-suited to offer the program as they are already positioned to meet the needs of local communities. In our studies, we had a variety of partner organizations including a mental health services agency, public hospitals and clinics, and cancer support agencies who were interested in expanding their cancer support services to include stress management.

Community Social Networks

All of our community partners had extensive knowledge of the Latino communities they serve. Most of our community partners had established partnerships with clinical settings providing medical care to cancer patients (oncology clinics or hospitals), which provided opportunities for recruiting patients to receive the program. Patient navigators at the public hospitals and clinics were great sources of referrals to the program.

Outreach to Promote the Program

Most of our partner organizations had extensive social networks and access to Spanish-speaking cancer patients through these networks. Some of the best persons who can promote the program are patient navigators, nurses, social workers, and other community organizations. Partner organizations were provided with flyers, brochures and a family handout to help promote the program. Often programs like *Nuevo Amanecer* are not available or only available in English so health care providers and others may be very interested in the program. It helps if people who are responsible for promoting the program are bilingual, have established relationships with clinical and social service providers in the area, are familiar with the local area, and have prior experience in a service setting, and excellent interpersonal communication skills.

- Sample flyer
- Sample brochure
- Handout on Nuevo Amanecer for family members

Compañeras (Peer Companions)

We used compañeras (trained peer companions) who had been through the cancer experience to deliver the program to participants. In our studies, compañeras had some relationship with our partner organization, for example they either facilitated or attended a support group, or volunteered at the partner organization. The program can be delivered by other types of individuals such as community health workers or promotores or health educators who do not have a personal experience with cancer.

We required that compañeras be breast cancer survivors who had completed active treatment and were at least 3-years post-diagnosis without a recurrence. As breast cancer survivors, they serve as role models who inspire hope. We sought individuals who were flexible, patient, and compassionate. The person must have excellent communication and interpersonal skills. We interviewed potential compañeras to ensure that they have successfully integrated the cancer experience and possessed the necessary communication and interpersonal skills. Compañeras who were well-integrated into their CBO and willing to have a flexible schedule to work around participants' schedules were most successful in delivering the program.

Program Coordinator

A Program Coordinator plays an important role in overseeing program logistics. This individual is responsible for administrative tasks such as ordering supplies and equipment and printing program materials. The Coordinator also collects tracking information from compañeras through a program tracking sheet (tracks program attendance and progress) and collects data on participants' satisfaction with the program. These materials are discussed further in the section on program evaluation. One of the most important roles of the Coordinator is to support compañeras and promote good communication between the compañeras and the organization.

Clinical Supervisor

Depending on your agency's capacity, you may want to assign a mental health professional to be the Clinical Supervisor to oversee and support compañeras. In our studies, the Clinical Supervisor met regularly with compañeras to review their cases and provided feedback and

suggestions. Being a compañera can be emotionally taxing, therefore the supervisor provided critical support to compañeras, along with suggestions for avoiding burn out.

Because compañeras are not mental health professionals, any participant who compañeras suspect is seriously depressed or anxious or at risk of suicide should be referred immediately to a clinical supervisor, mental health professional, mental health hotline, or 9-1-1. We recommend providing compañeras with a list of names and contact information for mental health professionals in the area if a clinical supervisor is not available onsite so that they can make referrals when needed.

Timetable and Capacity

We delivered the program using a rolling enrollment/delivery model as part of a funded research project. At each organization, we enrolled about two women in the 10-week program each month. In our studies, we trained two compañeras per organization, and each compañera managed a caseload of five participants at any one time, which took about 5-7.5 hours per week.

The capacity of an organization to serve women will depend on its staffing model and funding. Some of our partner organizations utilized some of their staff or recruited volunteers to serve as compañeras. Thus, for some, the various staff positions can be filled with existing staff (allocating some of their time to this program) and for others, new staff can be hired. All compañeras were compensated for their time in our studies. The program can be offered using an individual or group format.

IV. Training Compañeras

In this section, we provide a description of the training program for compañeras. Compañeras received three days of in-person training to prepare them to deliver the program. The training included didactic presentations, hands-on review of the program manuals, and active practice of the skills training and activities with role playing and feedback. The training sessions were conducted in Spanish by the research team, who included a bilingual-bicultural Latina professor, psychologist, breast cancer survivor, and Licensed Clinical Social Worker. You will need to identify the person(s) within your organization best suited to deliver this training. The training materials we provide will help you.

Format/Logistics

All of our trainings took place at the community partner organizations. Training was done in a conference or meeting room with tables and chairs. The tables were set up in a circle so that everyone could see one another. To ensure adequate refreshments and breaks throughout the training, we provided coffee and breakfast and lunch. We recommend tracking attendance at the training with a sign-in sheet. We used a laptop computer and LCD projector. For making notes, we used a large post-it pad, markers and tape in case there was no blackboard (whiteboard). We paid compañeras \$25/hour for training (\$200 per day for 3 days (24 hours total) = \$600 total, in 2018 dollars).

Content and Materials

We describe briefly the 3-day training (8 hours per day) which included didactic presentations, hands-on review of the program manuals, and active practice of the skills training and other activities, with feedback from trainers. The following materials were used and are available for download.

- *Training agenda*: A detailed (4-page) training agenda outlines each hour of the 3 days. The agenda also appears at the front of the *Compañera Training Manual*.
- Microsoft PowerPoint presentation: A 50-slide presentation for trainers to use on day 1.
- Compañera Training Manual: A 20-page manual is provided to compañeras for use with the Microsoft PowerPoint presentation.
- Compañera Program Manual: A manual for the compañera identical to the Participant Program Manual (described under program materials), except that it includes suggestions, instructions and prompts for delivering each session individually or in a group. It is provided to compañeras on day 1.
- Certificate of Completion of Training. This certificate acknowledges completion and rewards those completing the training.
- Training evaluation survey. This short survey allows compañeras to evaluate the training. This information can be used to help you improve training.

- Training agenda
- Microsoft
 PowerPoint
 presentation
- Compañera Training Manual
- Companera Program Manual
- Agenda for training
- Training certificate of completion
- Training evaluation survey

An overview of each day's training is provided here.

- Day 1 Introduction to program structure and format. Trainers use a Microsoft PowerPoint presentation and compañeras follow along in a *Compañera Training Manual*. After a general introduction and ice breaker, the day covers psychosocial issues for Latinas with breast cancer, a description of how *Nuevo Amanecer* was developed and tested, the theoretical basis of the program, the compañera's role, an overview of the *Compañera Program Manual* and some logistics for delivering the program. It also includes cultural factors and community practices, support services, common reactions to cancer, and when to seek professional help for the participant. Training on program delivery begins with a detailed review of the first two sessions as described in the *Compañera Program Manual*, including hands-on demonstrations, role-playing, and practicing skills. The skills reviewed on day one include using the distress thermometer and deep breathing.
- Day 2 Effective communication and cognitive reframing skills. Using the *Compañera Program Manual*, the content and activities of weeks 3-6 are reviewed in detail, and skills/activities are practiced (e.g., changing unhelpful thoughts to helpful thoughts). Through role playing, compañeras demonstrate the skills/activities and are given feedback. The skills reviewed on day two include deep breathing, changing unhelpful thoughts to helpful thoughts, and how to use coping statements to reduce stress.

• Day 3 - Stress management techniques, goal setting, and reinforcement. Using the *Compañera Program Manual*, the content and activities of weeks 7-10 are reviewed in detail and skills/activities are practiced (e.g., setting goals to be more active). The skills reviewed on day 3 include deep breathing, guided imagery, how what you do affects how you feel, and setting goals to be more active. Compañeras are encouraged to individualize the program depending on the participants' cancer stage and treatment, family dynamic, or other personal context. A final review of all sessions concludes the third day. Upon training completion, women are acknowledged through a celebration and awarding of a certificate of completion of training. We provided compañeras with a contact list of key staff (other compañeras, program coordinator, clinical supervisor, etc.).

V. Program Planning and Preparation

Things to Consider When Planning for the Program in Your Community

Your organization will need to deliver the program in a way that fits your organization and community. Things you will need to keep in mind:

- *Clients you serve*. Consider language, literacy, race/ethnicity, religion, gender/sexual identity and preference, and socio-economic status. For example, our population was low-literacy Spanish-speaking Latinas so we created our program materials in Spanish at a sixth-grade reading level and culturally tailored it to Latinas. Both the English and Spanish versions were written to be appropriate for a range of literacy levels.
- *Your organization*. Consider how you want to deliver the program. You may have the resources to deliver the program in person individually or in a group, or through a combination of individual and group sessions. Each week, new materials are presented and consist of a 1.5-hour session. You will need to decide the time of day for delivering the program, room availability, and who will deliver the program. If your resources are very limited, you may opt to make it available electronically via your website only. You may want to supplement on-line availability with in-person or web-based meetings to discuss the material.
- Your community. Consider potential barriers for participants (e.g., transportation, child care) and how you could potentially address these barriers. In addition, you will need to create a resource guide specific to your area to help participants find local resources they may need. If you find limited resources in your area, you can create a guide with nation-wide resources, such as the National Cancer Institute, American Cancer Society, or Partnership for Prescription Assistance.
- Other health conditions. The education, skills training, and stress management skills are appropriate and relevant to other types of cancer, illnesses and general well-being and health. The materials could also be used for patients with other types of chronic illnesses such as diabetes, heart disease, and stroke. You may need to find an expert to help you adapt it for a specific condition so that you can include accurate medical information about that illness.

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• Please refer to the program as *Nuevo Amanecer* (A New Dawn) and provide the following citations:

Citation: Nápoles AM, Ortiz C, Santoyo-Olsson J, Stewart AL, Gregorich S, Lee HE, Duron Y, McGuire P, Luce J. Nuevo Amanecer: Results of a RCT 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:55-63. PMCID: PMC4455521

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- If you translate *Nuevo Amanecer* into a language other than Spanish, please send us a copy for our records.
- If other people are interested in *Nuevo Amanecer*, please refer them to the website https://nuevoamanecer.ucsf.edu/

VI. Program Evaluation

Measures of Impact

Measures of success that are easy to track are the number of clients enrolled in the program and the number of sessions attended by each client. A program tracking sheet provides an example. The program tracking sheet is available for individual and group format delivery.

You can also assess participant satisfaction with the program. This information can be used to help you obtain future funding or to assess your agency's services. A sample of a short satisfaction survey is available for downloading.

Some organizations may decide to ask clients to complete a short survey on their emotional and physical well-being before they start and after they complete the stress management program, to see if there have been any changes. Other organizations may decide to observe how the program is being delivered. A sample observation form is available for downloading. See our publications for more suggestions.

- Program tracking sheetindividual format
- Program tracking sheetgroup format
- Program satisfaction survey
- Program observation form