

Un Nuevo Amanecer (A New Dawn):

A Collaborative Approach to Treating Depression Among Latino Elders in Milwaukee, Wisconsin

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BACKGROUND INFORMATION

Azara Santiago Rivera, PhD and Shannon Chavez – Korell, PhD from the School of Educational Psychology at the University of Wisconsin – Milwaukee partnered with the United Community Center in the winter of 2007 to understand the mental health status of Latino elders utilizing services at the center. They conducted the Latino Seniors Health and Depression Study in 2008 to help the United Community Center (UCC) better identify, access, and treat the mental health needs of Latino older adults who are utilizing the elderly program services (N = 63). As part of the study, participating seniors were screened for depression symptomology and the UCC staff referred older adults who needed mental health services and/or further assess psychological concerns to a local clinic (N = 11). Forty-three percent of the participants (N = 27) scored mild to severe depressive symptomology. The study also expanded the knowledge of the psychosocial factors, cultural values, and beliefs about mental health and well-being that might be linked to overall physical and mental health of Latino seniors. For example, in the focus group with Latino seniors (N = 10), all of them agreed that they would prefer a “counselor” (A person they could trust) and personalized services delivered in a community setting versus at a clinic. The seniors came up with the name for the program: Un Nuevo Amanecer (A New Dawn). Data gathered through the Latino Seniors Health and Depression Survey successfully informed the development of the Un Nuevo Amanecer Program, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA).

INTRODUCTION

The **Centro de la Comunidad Unida/United Community Center (UCC) Un Nuevo Amanecer (A New Dawn)** project targets Latino older adults with Depressive Disorders in Milwaukee, Wisconsin (SAMHSA grant SM058680-01). Since 2008, UCC has implemented IMPACT (Improving Mood: Providing Access to Collaborative Treatment); an evidence-based collaborative care model designed specifically for older adults with depression. The purpose of this project is to provide services in Milwaukee County for Latino older adults with depressive symptomology.

This program engages different partnerships: 1) UCC with Drs. Azara Santiago and Shannon Chavez – Korell from the University of Wisconsin – Milwaukee for treatment fidelity and cultural adaptations, 2) UCC with Dr. Lisa Larson and Erin Malcolm from the Planning Council for Health and Human Services to carry out the internal – external evaluation, and 3) *UNA Consejeras Personales* (Personal Counselor) with the participant’s Primary Care Physician.

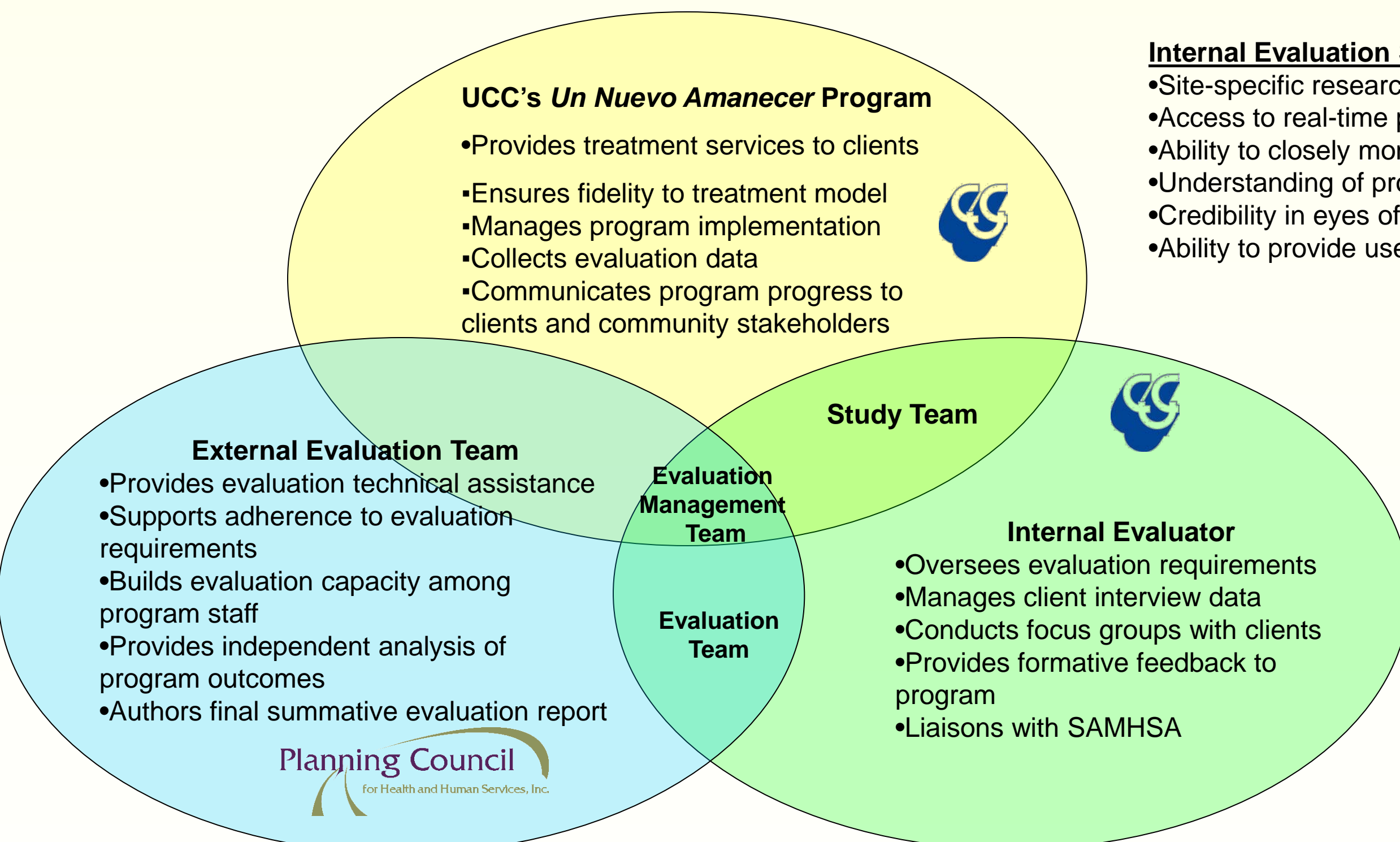
IMPACT TREATMENT

IMPACT (Improving Mood: Providing Access to Collaborative Treatment) is a collaborative care model designed specifically for older adults with depression. The collaboration is between the consumer’s Primary Care Physician (PCP), a Depression Care Manager, who provides psychosocial interventions and a consulting psychiatrist who staffs cases in which the older adult is not responding to treatment. After being screened for the presence of major depression, minor depression and/or dysthymia using the Patient Health Questionnaire (PHQ-9), the older adult is given a choice between antidepressant medication or an evidence-based intervention, Problem-Solving Treatment (PST) (Alexopoulos et al., 2003). All participants receive another evidence-based intervention, Behavioral Activation (Jacobson et al., 1996). Progress is monitored regularly via the PHQ-9. If the older adult does not respond to the initial phase of treatment, the treatment team adjusts the treatment plan, applying a Stepped Care model employing an evidence-based treatment algorithm which is detailed in the IMPACT treatment manual (Unützer & Oishi, 1999, 2004). Adjustments may include changing type and/or dose of medication; adding PST for someone taking medication or adding medication for someone participating in PST.

GOALS AND OBJECTIVES

Client Numbers	
Goal 01:	Serve older adults with depressive disorders.
Objective 01.1	Serve 220 older adults with depressive disorders over the three-year grant period.
Treatment Outcomes	
Goal 02:	Decrease older adults’ severity of depression.
Objective 02.1	Older adults will demonstrate a significant decrease in the severity of their depression
Goal 03:	Improve older adults’ level of physical functioning.
Objective 03.1	Older adults will demonstrate a significant increase in their level of physical functioning
Goal 04:	Improve older adults’ level of quality of life.
Objective 04.1	Older adults will demonstrate a significant increase in their perceived quality of life
Objective 04.2	Older adults will demonstrate a significant increase in their social connectedness

EVALUATION PARTNERSHIP IMPLEMENTATION MODEL



Internal Evaluation Strengths

- Site-specific research and evaluation experience.
- Access to real-time program information.
- Ability to closely monitor integrity of data.
- Understanding of program context and population.
- Credibility in eyes of program staff and administration.
- Ability to provide useful formative feedback.

External Evaluation Strengths

- Breadth of research and program evaluation experience.
- Independent perspective on evaluation design, implementation, and data.
- Technical assistance to assure quality and usefulness of data.
- Independent analysis of summative evaluation data.
- Credibility in eyes of the funder and other stakeholders.
- Ability to support evaluation capacity building.

DEMOGRAPHIC INFORMATION

Gender	N	%
Male	24	27.0%
Female	65	73.0%
Total	89	100.0%

Age Group	N	%
59 - 64	23	25.8%
65 - 74	34	38.2%
75 - 84	30	33.7%
85 +	2	2.2%
Total	89	100.0%

Ethnic Group*	N	%
Mexican	38	42.7%
Puerto Rican	35	39.3%
Other/Mixed	16	18.0%
Total	89	100.0%

*Note: All indicated Hispanic.

Education Level	N	%
Less than High School	68	76.4%
HS Diploma/GED	10	11.2%
Beyond HS	11	12.4%
Total	89	100.0%



Picture 1. The Un Nuevo Amanecer Community Advisory Board members with the Administrative Assistant.

PRELIMINARY RESULTS

Since the start of the program in 2008, 266 screenings have been conducted and 150 Latino older adults have received treatment services. Preliminary data with this older adult population reveals significant reduction of depressive symptoms as well as increased quality of life, social connectedness, and physical functioning (N = 89). The data indicate that participant’s level of depression decreased substantially between intake and the six-month follow-up. Specifically, the mean PHQ-9 score at baseline was 12.5 (a score reflective of a moderate level of depression), while the mean score at six-months was 6.7 (a score reflective of a mild level of depression).

The data indicate substantial improvements in all areas of social connectedness from intake to the six-month follow-up. Specifically, six months after entering the program, approximately 90% of participants reported that they were happy with the friendships they had, that they would have support from family or friends in a crisis, and that they felt they belonged in their community. Further, at the time of the six-month reassessment, almost all participants reported that they had people with whom they could do enjoyable things (97.9%). Further statistical analysis is needed to demonstrate a positive change from baseline status with the 12-month follow up.

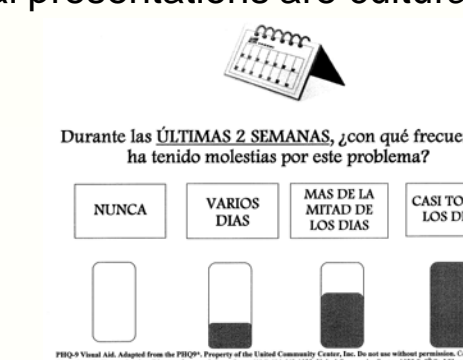
COMMUNITY ADVISORY BOARD

The UNA Community Advisory Board is composed of UNA participants that participate in the UCC Elderly Programs (our target population for UNA). The internal evaluator and administrative assistant meet with them on a periodic basis to talk to them about the evaluation, share updates, and ask for their feedback on the program services and outreach efforts. We presented the evaluation tools and talked about our role in the program. They were informed of the outcomes we aim to achieve by the end of the grant. They regularly express gratitude towards the staff and are very pleased with the bilingual and cultural services. We asked them why they think some people who are eligible for our services do not enroll and their answers were: because of denial, fear of unknown places and people, lack of confidence, or they may not know that the services are available in Spanish.

CULTURAL ADAPTATIONS

- 1) IMPACT is offered at a community center as opposed to a primary care setting to reduce barriers to accessing mental health services.
- 2) IMPACT is offered in the language preferred by the participant. The treatment team (Care Managers, psychologist, psychiatrist, consultants) are all bilingual English/Spanish speakers and are bicultural.
- 3) IMPACT is inclusive of family members as requested by participants.
- 4) IMPACT is inclusive of spirituality in treatment.
- 5) Care managers (*Consejeras Personales*) use pictures for Problem Solving Treatment, Behavioral Activation treatment, and PHQ9 assessments as needed for participants with low literacy levels (See Picture 3: *PHQ9 Visual Aid*).
- 6) Care managers provide treatment in their homes when preferred.
- 7) Treatment time is extended beyond 10 weeks when clinically appropriate. An appointment session before treatment begins is usually dedicated to educating the participant about depression and the treatment options.
- 8) Case management is a large part of the Care Managers work due to client access barriers to needed services due to language, citizenship status, and income among other issues.
- 9) In the original IMPACT model a PHQ-9 score of 10 is required for people to be selected for services. We have reduced the required score to 5 due to the tendency for Latino elders to under-report depressive symptomology. This decision is supported by our experience doing the pilot study in 2008 where participants endorsed a score of only 5-9 but cried throughout the entire interview.
- 9) Outreach efforts and educational presentations are culturally appropriate (See Picture 2).

Picture 3. PHQ 9 Visual Aid to assist the participants in responding accurately to the questions in the assessment.



PARTNERSHIP LEASSONS LEARNED

- ✓Engage all partners in developing the proposal and defining the project’s goals and objectives.
- ✓Take the time to build and nurture relationships through regular communication, face-to-face meetings, joint problem solving, and casual, personal conversations.
- ✓Set and agree upon clear roles and responsibilities, capitalizing on each partner’s unique strengths and organizational assets.
- ✓Embrace patience and flexibility, recognizing the diverse contexts and working styles of each partner.
- ✓Create an environment where partners can be held accountable and have a shared commitment to project success.
- ✓Acknowledge and celebrate project milestones and accomplishments.
- ✓Before engaging in a large scale intervention, conduct a small pilot project with key partners to 1) develop the relationship, 2) learn about the target population, and 3) adjust your methods or tools.

SUCCESS STORY

“Ana” felt she was living in the darkness before she began participating in the Un Nuevo Amanecer (UNA) Program, a new depression clinic at UCC for Latino elderly. After meeting with her *consejera personal* (care manager) she was able to express her emotions and understand how to overcome her challenges and take action. Like others, “Ana” enrolled in the program because of depression, family situations and development or worsening of chronic conditions such as diabetes, high blood pressure, and memory problems. Since meeting with their case manager, many have expressed a decrease in their feelings of isolation and hopelessness, have overcome the cultural stigma around depression, and felt their memory has improved.

The personalized treatment begins as soon as the patient enrolls, and it engages the patient in setting weekly goals for themselves; while also engaging their primary care physician, family and their support system in helping them reach those goals. Staff spend significant amounts of time working with each client to help them understand depression as an illness and it’s mind-body connection. “Ana” and others thank the UNA team for working together to address their needs saying: “You have saved my life. Before the program, I thought my life was over and no one was there for me. Now, at UCC we have a place to go to where we can get help and have a better quality of life.”



Picture 2. UNA care managers conduct loteria/chalupa events (Hispanic version of bingo) as outreach opportunities for the program in the community and to educate the seniors about depression.

ACKNOWLEDGEMENTS

The collaborations working on this grant have been integral for the outcomes of the program and represent a model of a successful community – academic partnership. We would like to acknowledge Azara Santiago, PhD and Shannon Chavez – Korell, PhD for their on-going support of this project and their commitment to addressing the mental health needs of the Latino community in Milwaukee. Funding was provided by the Substance Abuse and Mental Health Administration – CMHS Older Adults Targeted Capacity Expansion Program (Grant SM058680-01).