

A COMMUNITY-DRIVEN BEHAVIORAL HEALTH APPROACH FOR OLDER ADULTS: LESSONS LEARNED

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This paper examines the lessons learned from the implementation of the Sembrando Salud/Sowing Wellness integrated healthcare program in rural Southeastern Arizona. The isolation and lack of resources characterizing the experience of many seniors in this ethnically diverse community, combined with the impact that depression and diabetes have on their lives, dramatically pointed to the need for depression prevention and treatment activities delivered in a manner that recognizes factors that inhibit participation in behavioral health interventions. The relationship between physical health, especially diabetes, and depression provided an ideal framework for testing a community-based holistic prevention and treatment approach that eliminated the stigma often associated with mental health illness and treatment. The program philosophy recognizes the consumer as agent of behavioral health change, and provides opportunities for meaningful involvement, including participation in making all program decisions. Dramatic recoveries from depression have resulted from a culturally specific implementation based on community empowerment. © 2009 Wiley Periodicals, Inc.

The goals of the project are based on research findings from the past two decades. These findings demonstrate that even moderate exercise can ameliorate symptoms of depressive disorders (Brosse, Sheets, Lett, & Blumenthal, 2002; Van Gool et al., 2006). In addition to the physiological effects of exercise on depression, researchers hypothesize that the structured and supportive social environment that accompanies group exercise is important for decreasing depression (Fragtiglioni & Wang, 2007). Longitudinal evidence also continues to accumulate showing that older people who remain mentally challenged, physically active, and eat nutritiously have a better chance of warding off dementia (Dai, Borenstein, Wu, Jackson, & Larson, 2006; Barnes et al., 2007).

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The Sembrando Salud intervention targets depression both related and unrelated to diabetes. In this model of service delivery, the intervention emphasizes the agency of the participants, relying on the participants themselves to create shared experiences that encourage behaviors contributing to healthy lifestyles. The program model moves away from positivist, top-down, cause-and-effect conceptions of health care delivery and substitutes an approach that relies on engaging participants in an ongoing process of reshaping the socio-cultural context in which they make behavioral choices that affect their health.

The Sembrando Salud intervention evolved out of work conducted by the authors developing and testing culturally specific behavioral health care interventions in minority communities in central and southern Arizona. The community-based approach tested in the current example positively demonstrated that engaging the target community in the development and implementation of the intervention increases interest and participation in the activities, resulting in decreased reports of symptoms of depressive disorders.

Funded largely by the Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services, the Sembrando Salud/Sowing Wellness program was implemented in the Chiricahua Community Health Centers, Inc., (CCHCI) in Elfrida, (population 5,229) Arizona in 2006. Elfrida is a rural community located in Cochise County in the southeastern corner of Arizona, 20 miles north of the Mexican border. Although rural life often conjures visions of beautiful green fields, trees, and activities centered on families and social occasions, the reality for persons living in Elfrida is far from this ideal. Of the population in the community, 53% have incomes below the poverty line, and the median family household income is \$24,842, compared with a U.S. average of \$41,994. The area offers few opportunities for paid work, significant transportation barriers, and a high degree of isolation. Job scarcity has driven many younger people to seek jobs elsewhere, leaving their parents to grow old in the community, often living alone and with limited social contact. Isolation, in general, contributes to depression, documented by the fact that approximately 30% of patients seen in the CCHCI clinic during routine screenings report symptoms of depression. Before seeking funding, a needs assessment conducted in Elfrida determined that community leaders and the Chiricahua Community Health Center administrators were concerned for the mental health of older adults, as there were few community activities for seniors.

The isolation and lack of resources that characterize the experience of many of the seniors in the Elfrida area, combined with the impact that depression and diabetes have on their lives, dramatically pointed to the need for depression prevention and treatment activities delivered in a manner that would recognize the contextual factors that inhibit participation in behavioral health interventions. The relationship between physical health, especially diabetes, and depression provided an ideal framework for testing a community-based holistic prevention and treatment approach that eliminated the stigma often associated with mental health illness and treatment.

The Sembrando Salud program incorporated three concepts distilled from the authors' previous work. First, include members of the community targeted for services in the development and implementation of the intervention activities by providing opportunities for meaningful involvement, including participation in making all program decisions. Second, emphasize wellness and strength on both the community and the individual level. The health care system in the United States is overwhelmingly focused on the identification of illness and disability in the individual, a situation

contributing to the creation of stigma for persons receiving care. The Sembrando Salud program built on the agricultural skills, independence, and history of creating community events that exists in many rural areas. Finally, program staff members were trained to understand that their role was to provide technical assistance and expertise that would assist community members to develop activities and events rather than to "direct" the program.

Preceding implementation of services, staff was trained in a culturally grounded approach for serving the diverse community of Elfrida, one third of whom are Hispanic. Staff included a well-known, 89-year-old community member who introduced other project staff to the community. His integration into the program added legitimacy to the project and dispelled some doubts among community members about whether the program would be put into practice. These doubts were attributed to a history of community organizations failing to implement federally funded projects or failing to account for funds received in a transparent manner. Suspicions about misappropriation of funds reemerged later in the project when community members questioned how money raised to support the garden was being spent. A written response distributed throughout the community allayed those concerns.

The ongoing Sembrando Salud program relies on community-based outreach activities as the foundation for ensuring access to the program services among community members. Outreach activities emphasize individual interactions and the development of meaningful relationships among the persons involved in the services, both as participants and as staff members. In this project, effective outreach services supported a culturally engaged service delivery approach through the initiation of face-to-face contact and the development of meaningful relationships with community members. The importance of relationship building as a means for increasing access to health care services has been shown to be true especially in minority communities (Manoleas, Organista, Negron-Valasquez, & McCormick, 2000).

During the 4 months before the development of the intervention activities, staff members conducted outreach activities in the community to generate interest in the program. Outreach activities emphasized face-to-face conversations in the clinic waiting rooms, community stores, the local Post Office, and on front steps as staff members went door-to-door to meet residents. Additional strategies supplemented and reinforced one-on-one outreach, including circulating flyers and sending them home with school children, placing public service announcements, and including notices in local church bulletins. Program staff also received client referrals from medical staff at the clinic.

As an outcome of the outreach efforts, 40 interested community members attended an initial kickoff potluck for the program early in 2006. From this meeting and discussions with interested community members, staff identified areas of interest that met program goals. Because gardening was built on the agricultural roots of the community and provides an excellent foundation for integrative interventions combining physically and mentally stimulating activities in a socially rich environment, the intervention initially centered on gardening. Community members selected additional activities and classes that met the goals of the program. Lists of persons contacted during outreach activities, including their suggestions for program activities, were used to inform future participants of scheduled activities and as the basis for discussions about additional activities.

The initial program comprised both English and Spanish classes, yoga classes, two levels of exercise classes, computer tutoring, art, creative writing, and art therapy.

Classes chosen met the goals of providing exercise, cognitive stimulation and opportunities for social interaction. To encourage attendance for non-drivers, or those without money for gasoline, a rented 15-passenger van transported clients in need to the site. Clients were drawn from a 30-mile radius from the location of activities.

As part of the participatory decision-making process, a group of volunteers determined the layout of the community garden, located on a four-acre parcel of land adjacent to the clinic. Volunteers staked a walking path, and under the guidance of a horticulturalist, laid pipes for irrigation, planted trees, built a green house, a shade ramada and an outdoor adobe horno, or oven. A number of older residents now garden year-round in individually managed and handicapped accessible raised towers inside of the tunnel-shaped green house. Garden volunteers built a pond and bird and butterfly garden, and community members now walk along a fruit tree-lined, one-quarter mile path meandering through the garden. Produce from the garden is provided free of charge for garden volunteers and to others in the community at a very low cost. Elders often sit under the garden entrance before or after classes held in a community building nearby, and they help with packaging for the weekly farmers market.

Through continuing outreach and utilizing information developed through the ongoing utilization-focused evaluation, the project adapted quickly to meet newly identified community needs. One of the authors, an anthropologist, filmed oral histories and conducted participant observation and informal interviewing to better understand needs of consumers. Staff was also trained to be participant observers and encouraged to rotate through classes to identify client needs.

Throughout the course of the project, participants were reluctant to suggest changes directly to class leaders out of respect for activity facilitators, but would make suggestions informally to another staff member. For example, when attendance decreased in one exercise class, dropouts and participants told staff members that the classes needed to be more varied and more personal attention given to each participant. The instructor made these changes, and attendance again increased. When participants suggested changing a diabetes support group to a Healthy Eating group "so that more people would come," participation increased threefold. Using the evaluation data, interviewing, and observing participants proved effective for identifying consumers' wishes and implementing change. Additionally, staff involvement in process evaluation activities also had the important benefit of ameliorating defensiveness on the part of program managers toward outcome evaluation findings.

The Sembrando Salud program operates under the guidance of an Advisory Council that comprised program participants, their families, and other interested community members. The council meets monthly to identify and monitor projects of interest and to ensure that the program includes activities reflective of the ethnic diversity of the community. Advisory Council members contribute to outreach, as they carry their first-hand knowledge of the program into the community. The Advisory Council also reviews findings from the program evaluation and contributes to their interpretation.

Hispanic Participation

To encourage the participation of Hispanic community members in the project, staff members are bilingual, and all meetings, monthly calendars, public service

announcements, and flyers are provided in both Spanish and English. It was of particular concern that outreach emphasized increasing access to the services for Hispanic community members as the incidence of diabetes, and related depression, are high among this population. However, despite the outreach and variety of activities available for the community, few Hispanics participated in the program prior to 2007. Discussions with Hispanic community members indicated that the lack of participation may have reflected historical antipathy between the Anglo and Hispanic communities in the area, increased attention to immigration status on the part of the U.S. government (a visible presence in this border region), program scheduling, and types of activities offered. Additionally, the first bicultural outreach worker was relatively young and, when confronted with responses such as “I’m too old to learn something new,” acquiesced to the older person without attempting to encourage participation out of culturally grounded attitudes about respect for elders. In response to the lack of participation, two older Hispanic outreach workers with extensive ties to the community and Catholic Church were hired, resulting in dramatically increased participation.

In addition to these efforts, *Sembrando Salud* adapted to Hispanic cultural norms in the region, creating social activities for extended families and that were held in the evenings or weekends. This change called for hiring program staff willing to work during these times. Using information gained through the outreach and focus group activities, other culturally adapted multigenerational activities promoting exercise through dance and games were organized, including *tardeadas*, or afternoon fiestas, and evening potlucks. These events were organized by Hispanic volunteers to provide information to Hispanic families about how exercise and nutrition affect obesity, diabetes, and related depression.

Incorporating these culturally specific activities encouraged some older Hispanic men to regularly participate in garden activities, yoga, exercise classes, and diabetes and pain management groups. One man, over the age of 90, became a regular to yoga class, reporting relief from back pain that had plagued him for years. Because of the outreach effort, a few younger Hispanic women also joined exercise classes, began participating in garden cleanup days, and now use the walking path. Still, additional barriers restrict program access for older Hispanic women, many of whom care for grandchildren and resist taking their grandchildren to a babysitter supplied by the program. This was addressed by securing additional funding for a nutritional educator *promotora*, who presents weekly food demonstrations in the community and provides one-on-one nutritional education in the homes of these older women.

The program philosophy that emphasizes the consumer as an agent of behavioral health change is regularly reiterated to staff and the Advisory Council. Reinforcement of this consumer-directed approach is necessary for staff and class leaders because they sometimes feel offended and defensive when a class they develop does not meet the needs of participants. These situations are addressed through discussions intended to reduce their feelings of personal ownership of the program and are reinforced when they observe that attendance increases when participants’ expectations are met.

ADDITIONAL LESSONS LEARNED

The inclusion of a community garden as the only predesignated activity in the grant application was based on observations made during the authors’ evaluation of another

sponsored project for depression prevention for former Hispanic farm workers living in an urban area. In this program, males did not participate in program activities because these activities centered on women's crafts, indicating instead their desire for a garden. Applying this activity in a rural location to ensure male participation did not generate the desired participation from Hispanic men. As former field workers, some Hispanic men in Elfrida view working in the garden as paid work. Others do not become involved because they continue to work to support families, even into their late 70's. Additionally, in this rural setting, most are able to establish gardens in their homes. Nonetheless, older Hispanic men do visit the garden on a daily basis to check out what is growing, chat with their neighbors, or visit the Hispanic gardener that is employed. Although the establishment of the garden has now become a central component of the project, other activities chosen by participants were initially better attended, supporting the project philosophy that emphasizes engaging participants to make choices about their health results in more participation and ownership of the program.

The degree of physical disabilities and, consequently, limited involvement of participant volunteers in garden and other physical activities were underestimated by the authors. High rates of poverty, lifetimes of poor eating habits, lack of physical exercise, obesity, and elevated rates of diabetes as well as other diseases have adversely affected the health of this population over the age of 60. Consequently, additional staff was needed to handle some physical tasks in the garden, and seated exercise and other projects were developed for participants with limited physical abilities. Nutritional education became an important component of the project as evaluators and staff noted from conversations with participants and observations at community potlucks (an inordinate number of dishes made with jello and creatively adorned with marshmallows and whipped cream) that nutritional knowledge of participants was limited.

The primary goals of the *Sembrando Salud* program are to prevent or decrease dementia and depression, including depression associated with diabetes mellitus, among older adults in Cochise County, Arizona. Although no change in cognitive ability of participants has been noted, evaluation data demonstrate that the program is associated with statistically significant decreases in reports of symptoms of depressive disorders among older adult participants. The project has also improved the accessibility of behavioral health services for Latinos and Anglos over the age of 60 in the county, involving them in peer support and art therapy groups that did not exist before the implementation of the project. *Camaraderie* developed through class participation has resulted in the development of self-supporting groups, and members regularly call to check on an absent participant or just to chat.

Additionally, the program has completely eliminated the stigma associated with participation in behavioral health services. Community members pride themselves on their contributions to the program, telling their families and their neighbors about their participation. Further, many of them talk about their participation as an indicator of their ability, rather than disability. In this regard, participation in the program is not stigmatized but has become a source of status within the community.

The description of the program this far, however, does not communicate the transformation the project has produced in the individual service participants and the small rural community of Elfrida, Arizona. The people who participate in the program, many of whom experienced the psychological and physical distress associated with living for long periods in isolation and poverty that characterize many rural areas, have experienced dramatic recoveries from this distress. The evaluation

data do not convey the smiles, the straightened posture, or the quickened steps one observes among the participants. Sembrando Salud has made real contributions to their quality of life.

Like many of the residents, the community has experienced plenty of hard times. Dependent on the mining economy that crashed in the early 1980's and the ranchers that never quite ever get ahead of the bank or the weather, the community has slowly shriveled in the wind and sun of the high desert. Sembrando Salud has become a focal point for community activity, an anchor for the social gatherings that were once plentiful but had almost disappeared before the program started. In some ways Sembrando Salud has transcended the boundaries of a wellness program and has become a part of the life of the community, contributing to the quality of life for all community members. In the words of one now deceased participant who benefited from the program, "It's important to have a reason to live. And activity and friends give meaning to life."

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