



Wisconsin Promising Practices Program

Madre, hay esperanza®

“Mother, there is hope”

Program Summary

May 2010

WISCONSIN PROMISING PRACTICES

PROGRAM SUMMARY

Madre, hay esperanza[®] “Mother, there is hope”

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Preface

Wisconsin Promising Practices Program

Program Background. The Wisconsin Promising Practices (WPP) program is one component of the What Works: Reducing Health Disparities in Wisconsin Communities project. “What Works” is a three-year, collaborative project between the Wisconsin Division of Public Health, Minority Health Program and the University of Wisconsin Population Health Institute, funded by the Wisconsin Partnership Program. The overarching goal of the What Works project is to identify and disseminate both evidence-based practices from the research literature and promising practices being implemented in Wisconsin communities that have the potential to improve minority health and reduce racial and ethnic health disparities in our state. This Program Summary provides documentation of a promising Wisconsin program.

Conceptual Framework. We have defined as “**promising**,” a practice, intervention or program that:

1. Focuses on improving health in a racial or ethnic minority population;
2. Produces at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data;
3. Is based to some degree on proven practices from the research literature and/or the experience of community practitioners and leaders; and
4. Is well suited to its context in terms of language, belief systems and other cultural factors.

A promising practice, by our definition, may be an adaptation of an evidence-based practice to a setting or population that differs from the one in which it was originally developed, or a practice which is developed “from the ground up” to fit a particular context.

As shown below, the WPP program distinguishes promising practices from both evidence-based practices and best practices in several ways. The expectations of a program’s ability to demonstrate its effectiveness in a scientifically sound manner are less rigorous for promising practices than for evidence-based or best practices, and promising practices do not need to demonstrate that they are replicable in multiple settings. Nonetheless, documenting and sharing information about promising local strategies is an important step in building the evidence base for effective public health interventions.

**Wisconsin Promising Practices Program
Conceptual Framework for Evidence Categories**

EVIDENCE-BASED PRACTICES (EBP)	BEST PRACTICES	PROMISING PRACTICES
Criteria for Evidence of Effectiveness		
Effectiveness has been confirmed by systematic research or expert consensus. EBP models tend to regard the results of systematic reviews of controlled experimental studies as the highest level of evidence.	Similar evidence requirements as for EBPs, but may rely more heavily on expert consensus rather than reviews of controlled experimental studies than do some EBP models.	Produces at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data.
Expert review of effectiveness required		
Yes	Yes	No
Proven to be replicable in multiple settings		
Yes	Yes	No
Suitability to a particular context		
Not a consideration	Not a consideration	Highly valued

Program Summary Contents. The information included in this Program Summary is intended to provide a broad understanding of how the program has been planned, implemented and evaluated to date. Included in each Program Summary is information about the theoretical and other frameworks which inform the program's design, a detailed description of how the program has been implemented, an overview of the resources invested in the program, and a discussion of program evaluation methods and key outcomes. The WPP program also recognizes that understanding the local context in which an intervention has been implemented is critical to making an informed decision about whether it might be appropriate for another community or setting. Therefore, each Program Summary also includes reflections by program staff members on the political, organizational and other contextual factors that have contributed to the program's success.

Purpose of the Program Summaries. A major objective of the Wisconsin Promising Practices program is to recognize community voices and provide them a systematic means for sharing stories about their own experiences with successful interventions. We hope that by providing a forum for community-based organizations to document and share their promising practices, others might learn from them and consider whether aspects of these programs may be appropriate to implement in their own communities. However, publication of these Program Summaries does not constitute an endorsement by the Wisconsin Division of Public Health, the University of Wisconsin Population Health Institute or the Wisconsin Partnership Fund of any programs or practices described herein.

For more information about the Wisconsin Promising Practices program or the What Works project, please visit our website at <http://dhs.wisconsin.gov/health/MinorityHealth/prompractices/index.htm>

Executive Summary

Madre, hay esperanza[®] (“Mother, there is hope”) is a Spanish-language media campaign designed to raise awareness about postpartum depression—a common but treatable illness—among members of the Latino community in Dane County. *Madre, hay esperanza*[®] draws on cultural strengths and innovative health message delivery methods to extend hope to Latino families. The campaign consists of four main components—radio *novelas* (or soap operas), an art poster, print support materials, and the *El Debate* call-in radio program, as well as campaign promotion and evaluation activities.

The overarching goals of the *Madre, hay esperanza*[®] campaign are:

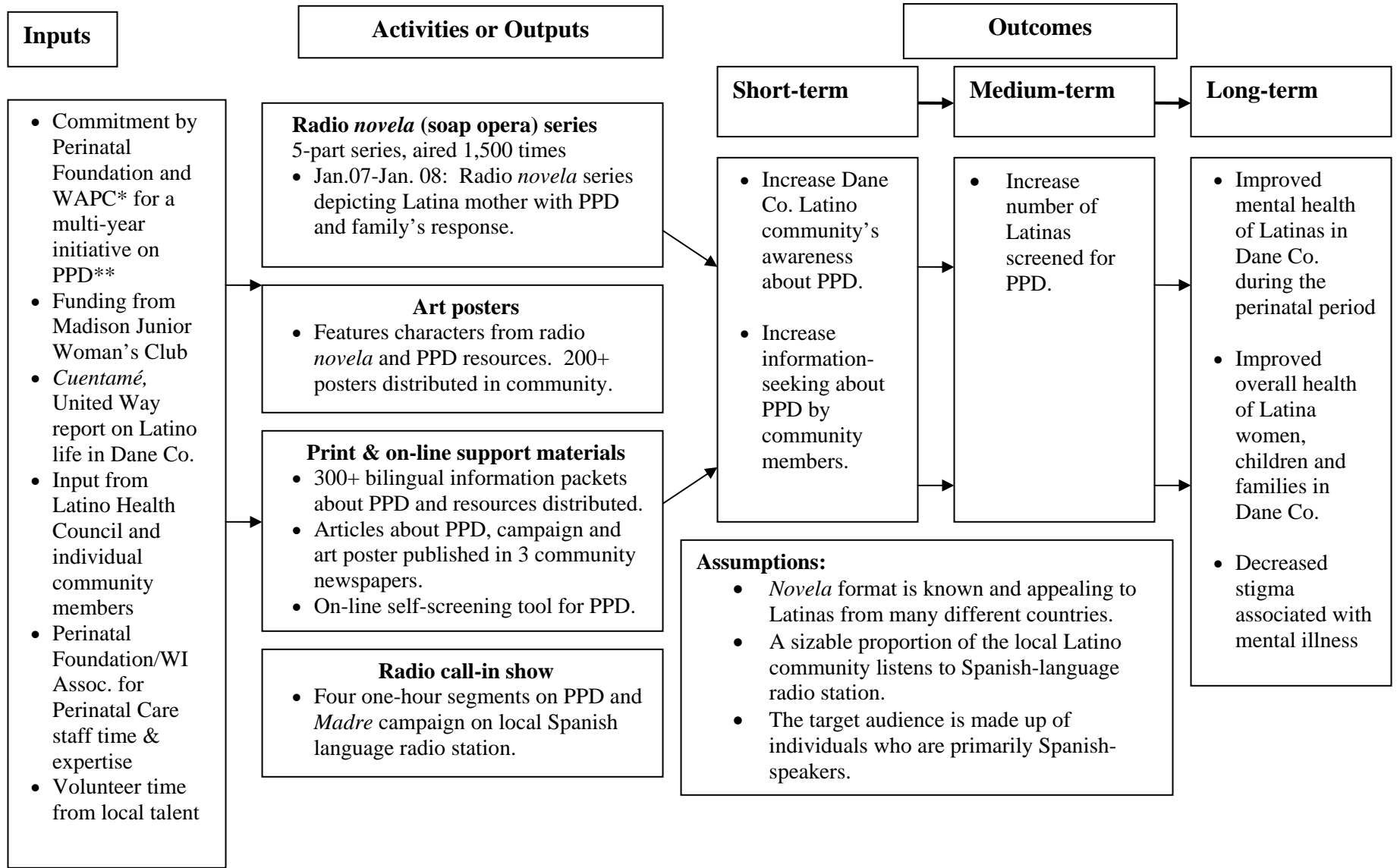
- To improve the mental health of Latinas during the perinatal period (three months before pregnancy through the first postpartum year); and
- To improve the emotional, physical, social, and environmental health of Latino women, infants, and families in Dane County.

The *Madre, hay esperanza*[®] campaign achieves the following objectives in a culturally appropriate manner:

- Raise awareness of the existence of postpartum depression;
- Increase information seeking by community members about postpartum depression;
- Decrease the stigma associated with mental illness within the Latino community; and
- Increase the number of Latina women screened for postpartum depression.

Methods employed to evaluate the program impact include estimating the reach of the campaign messages through tabulating frequency of *novela* airings on the radio and the number of printed materials distributed; and gathering feedback via a questionnaire, informal interviews, and testimonials. The *Madre, hay esperanza*[®] campaign has given a name and face to postpartum depression through the use of storytelling, art, and music familiar to Latino families. It has built momentum within the Latino community for further activity around postpartum depression, and helped bring the community and its resources together around the identification and treatment of this illness. This momentum can have a lasting positive impact on Latino families and the health of the community as a whole.

Madre, hay esperanza® Logic Model



*Wisconsin Assoc. for Perinatal Care
**PPD = postpartum depression

Intervention Context

The *Madre, hay esperanza*[®] campaign was originally developed for the Latino population living in the Madison/Dane County, Wisconsin, area. The Latino community has grown rapidly in Wisconsin in the past decade. Between 1990 and 2000, the Latino population in Dane County grew 150%, with most of the increase coming toward the latter half of the decade. The current population is estimated at more than 40,000 individuals. More than three-quarters of Latinos live within the city of Madison. A notable proportion of the remaining one-quarter of the population live in surrounding cities and villages in the county.¹

A survey compiled by United Way of Dane County, *Cuéntame*, or “Talk to Me,” (2006) illustrates that Dane County’s Latino community is in a state of transition.¹ In 1990, Latino adults were more likely than the general population to hold a graduate degree. However, Latino adults are now less likely than the general population to have gone to college or finish high school. The length of time local Latinos have been in the United States is diverse. Half of all Latinos in Dane County in 2000 were U.S. born, while most of those born abroad had been in the country less than ten years. Among Latinos older than 17 years of age, two-thirds were foreign-born and half had come to the U.S. within the previous five years. Related to the time spent in the country, local Latinos also vary in their ability to speak English. Of Latinos older than 17 years of age, 73% said that they spoke only English or that they spoke English well or very well, while 19% said they did not speak English well, and 8% said they did not speak English at all. The Latino community is also younger than the general county population, having a median age of 24 versus 33 years. This is particularly noteworthy for this project as it means that a substantial proportion of the population is of childbearing age. Survey respondents stressed that family is a very important and influential factor in their lives. Many also spoke of the stress associated with having disconnected families stemming from immigration and language barriers.¹

Perinatal depression, depression occurring during pregnancy and/or up to one year postpartum, is a significant public health problem.² Depression affects women and those around them. Depression can interfere with a woman’s health-seeking behavior and subsequently adversely affect her well-being. Maternal depression has been associated with infant attachment disorders, as well as emotional, behavioral and cognitive problems in childhood.³ Both maternal and paternal depression are associated with undesirable parental health behaviors and fewer positive interactions with their infants/children.⁴

In the coming years, perinatal depression is likely to impact millions of Latina women in the US. According to preliminary data from the National Center for Health Statistics (2007), the birth rate for Latinas in 2007 was 23.3 live births per 1000 population, and births to Latina women accounted for 24.5% of total births in the U.S.⁵ While the prevalence of perinatal depression in childbearing women in the general population is estimated to be between 10 and 15%, the prevalence in Latina women has been estimated to be between 21 and 47%.^{6,7,8,9} The higher prevalence among Latina women is likely due to a number of factors. For example, as new immigrants, Latinas may struggle with

financial difficulties, work stress, poor social support, strained family relationships, and stressful life events, which are all risk factors for developing perinatal depression.

Program Framework and Rationale

The *Madre, hay esperanza*[®] campaign is an extension of the Perinatal Foundation's multi-year effort to raise awareness about depression during pregnancy and the postpartum period among both health care providers and consumers. Begun in 2002, the Perinatal Foundation's *Perinatal Mood Disorders Initiative* has gone through five phases: (1) general public awareness campaign, (2) best practices symposium, (3) blueprint for action, (4) regional conferences, and (5) collaborative projects and field research. It is this fifth phase of which the *Madre, hay esperanza*[®] campaign is a part. Funding from the Madison Junior Woman's Club's annual fundraiser in 2006 was the stimulus that enabled the launch of the media campaign focused on postpartum depression and tailored to a special population in the Madison/Dane county area.

Growing agreement within the public health literature has led to exploration of interventional approaches that integrate Social Marketing Theory, Social Cognitive Theory, and other behavioral science and social epidemiology theories that place a greater emphasis on the social, institutional, and cultural elements that impact the behavior of an individual.¹⁰ The structure and messaging of the *Madre, hay esperanza*[®] campaign draw from the fields of communication and health education/public health. Social Cognitive Theory posits that behavior is an ongoing and dynamic process influenced by multiple factors, including an individual's environment.¹¹ The environmental change the campaign contributed to was the year-long airing of the messages about postpartum depression. The novelas provided scenarios of postpartum depression and modeled ways to access help. Social Cognitive Theory explains how the effects of modeling and environmental influences underpin and support behavior change. Another model, known as McGuire's hierarchy-of-effects model, guided the campaign to identify knowledge gaps and encourage information-seeking behavior.¹² The campaign encouraged the audience to seek information through the following repetitive action message: *If you think that you or someone in your family is suffering from postpartum depression, please call (telephone of local agency) for more information or visit www.perinatalweb.org.*

The audience for the postpartum depression media campaign (Latinos) is culturally, ethnically, racially, and linguistically diverse, both within the Latino community itself and as compared to the larger society. Any theories applied to the campaign had to be tailored to incorporate common values and experience central to Latino life shared among all members of the Latino community.¹³ Social marketing programs are helpful in this sense as they tend to be culturally sensitive or culturally appropriate because social marketing, by its nature, is a consumer-oriented process.¹⁴

Success using storytelling as a way to disseminate health messages among the Latino population has already been realized: The Center for Disease Control and Prevention's (CDC) national diabetes education campaign for the Latino community, *Rayos y Truenos* ("Thunder and Lightning"), sought to reach Latinos with diabetes across the country and convey the message that that they could control their diabetes. The CDC brought

together representatives from a number of respected and influential national Latino organizations to create culturally relevant messaging for the campaign. Public Service Announcements (PSAs) and press kits were mailed to Latino media outlets throughout the U.S. Because of the high degree of involvement by Latino media outlets, almost ten million Latinos were exposed to the campaign's message.

As discussed above, the development of the *Madre, hay esperanza*[®] campaign was informed by theories and models as well as formats that have been effective for reaching the Latino community in other settings; however, it was input from partner agencies and organizations connected to the Latino community in Dane County that provided the true inspiration for the campaign. The idea to focus on specific media formats familiar to Latinos [the *telenovela* (“soap opera”) and Latin music and art] and family-focused messaging collectively came from the program partners who represented segments of the local Latino community or who were service providers working with Latino families. Their insight into common attitudes and beliefs in the Latino community suggested that a focused, story-based media campaign designed to relay basic information about postpartum depression on a local level would be successful.

Program partners for the *Madre, hay esperanza*[®] campaign include:

- Madison Junior Woman's Club (MJWC): A philanthropic organization of 30 women who hosted a major fundraiser in 2006 to provide seed money for the campaign.
- Perinatal Foundation: An organization with a long history of promoting awareness of screening and treatment for postpartum depression. The Foundation enlisted the help of MJWC to extend its efforts in postpartum depression awareness to the Latino community. The Perinatal Foundation funded all other aspects of the campaign. The Perinatal Foundation paid for all air time for the *novelas*, which are not public service announcements.
- Latino Health Council of Dane County (LHC): A coalition of organizations and individuals dedicated to promoting and supporting the health and well-being of the Latino community through education, advocacy, consulting, and networking. Members of the LHC are prominent leaders in the Latino community and in the larger Madison/Dane County community. The LHC was integral to the *Madre, hay esperanza*[®] campaign and provided important links to community leaders and services. In addition, LHC members wrote scripts, secured voice talent for the *novelas*, and promoted the campaign through community events and networks.
- La Movida Radio: Madison/Dane County's only Spanish-language radio station. La Movida Radio produced the *novelas* and devoted four episodes of the popular radio talk program, *El Debate*, to the topic of postpartum depression and the *Madre, hay esperanza*[®] campaign.
- South Madison Health and Family Center (Harambee): A local health and social service center serving the Latino community. Harambee acted as the central resource for the campaign. The radio *novelas* and other campaign materials directed individuals to contact Harambee to receive an informational packet about

- postpartum depression. Harambee distributed information packets to on-site visitors and arranged to have the Perinatal Foundation staff mail packets to those requesting them via phone.
- Other community health and social service organizations: Agencies such as the Madison and Dane County Department of Public Health, Dane County Human Services, Meriter Hospital, St. Mary's Hospital, local health systems, and faith-based organizations. These organizations supported the campaign by distributing information packets, displaying posters at their facilities, and collecting evaluation information about the campaign through questionnaires and informal interviews.

Program Implementation

The *Madre, hay esperanza*[®] campaign consists of four components:

- **Radio *novelas*:** Five radio announcements together tell the story of a new mother suffering with postpartum depression, how her family is impacted, and how she is able to get help with the support of her family and health care provider. The *novelas* are short soap operas and are a popular story-telling format in Latin America. The *novelas* aired 1,500 times in the Dane County area on La Movida Radio 1480 AM from January 2007 through January 2008.
- **Art poster:** Released in June 2007, the poster features characters from the *novelas* and facts about postpartum depression. More than 200 posters were distributed throughout the community at gathering places. Like the radio *novelas*, the poster directs individuals to a local center or the Perinatal Foundation Web site to obtain more information about postpartum depression and local resources.
- **Print support materials:** A bilingual information packet developed for the campaign includes general information about postpartum depression, self-help tips, a self-screening tool, and a list of community treatment resources. Over 350 packets were distributed throughout the community. Approximately 50 of those packets were accessed electronically. Articles about postpartum depression and the campaign, including a copy of the art poster, ran in three local publications that serve the Latino community--*Voz Latina*, *La Comunidad*, and *The Capital City Hues*.
- ***El Debate* call-in radio program:** The campaign and topic of postpartum depression were featured four times on the popular one-hour call-in program aired on La Movida Radio on January 22, 2007; May 16, 2007; August 20, 2007; and December 10, 2007.

The table below outlines the timelines and support activities required to implement the four components of the campaign.

Table 1.
Overview of *Madre, hay esperanza*[®] Campaign Development and Implementation

Component	Activity	Timeline (prior to campaign launch)
Radio <i>Novelas</i>	• Secure funding	9 months
	• Identify community stakeholders and organize meeting	6 months
	• Finalize outline of campaign	5 months
	• Develop storyboard for <i>novelas</i>	3 months
	• Devise process for distributing informational materials with community agency mentioned in <i>novelas</i>	3 months
	• Produce <i>novellas</i>	1 month

Table 1 (Continued):
Overview of *Madre, hay esperanza*[®] Campaign Development and Implementation

Component	Activity	Timeline (prior to campaign launch)
Radio Novelas (Cont'd)	<ul style="list-style-type: none"> • Work with radio station to schedule <i>novelas</i> for airing • Develop media kit for campaign • Write news release, inform media outlets, and coordinate press conference to announce the kick off of the campaign • Air <i>novelas</i> on radio 	<p>1 month</p> <p>1 month</p> <p>2 weeks-1 month</p> <p>Through 6 months after campaign launch</p>
Art Poster	<ul style="list-style-type: none"> • Engage Latino artist to depict the characters of the <i>novela</i> graphically • Identify messaging and content of the poster • Layout and print poster • Run poster as full page ads in community newspapers. 	<p>This component was initiated approximately 2 months after the campaign launched. The poster was made available near the end of the radio campaign as a way to support the <i>novelas</i> and to extend the campaign beyond the timeframe that the <i>novelas</i> would play on the radio. The ads were run approximately 6 months after campaign launch.</p>
Print Materials	<ul style="list-style-type: none"> • Identify necessary materials and develop as necessary • Translate materials • Layout and print materials and distribute to community agencies • Post electronic versions on Perinatal Foundation Web site 	<p>3 months</p> <p>2 months</p> <p>1 month</p> <p>2 weeks</p>
<i>El Debate</i> Call-in Radio Program	<ul style="list-style-type: none"> • Meet with community leaders who will be participating in program • Prepare note sheets and resources for use during the call-in program • Hold call-in programs 	<p>2 months</p> <p>1 week</p> <p>The first call-in program was aired the first day the <i>novelas</i> aired. Additional programs were aired 4, 7, and 11 months after campaign launch.</p>

Table 1 (Continued)
Overview of *Madre, hay esperanza*[®] Campaign Development and Implementation

Component	Activity	Timeline (prior to campaign launch)
Evaluation of Radio Campaign	<ul style="list-style-type: none"> • Identify evaluation methods • Develop materials associated with evaluation methods • Work with community leaders and service organizations to obtain feedback • Compile and analyze feedback 	<p>All processes associated with the program evaluation occurred after the <i>novelas</i> started airing. The first evaluation method to be employed was the questionnaire, which was first made available approximately one month after the <i>novelas</i> had begun airing. Most evaluation data was collected within 1 year of the <i>novelas</i> airing.</p>

Summary of Inputs

Table 2.
Annual Operating Expenses/Budget for Fiscal Year

EXPENSES		
Category	Description	Amount
Personnel	2006 salaries and fringe for staff* = \$16,113 2006 fees paid Latino consultant = \$533 2007 20% all staff time devoted to program in 2007 = \$46,599 (salaries and fringe-Executive Director, Learning Coordinator, and Administrative Assistant)	\$63,245
Supplies	Letterhead stationery and envelopes with logo; art poster	\$2,640
Shared/Indirect Costs	Indirect cost rate of 26% of \$63,245	\$16,444
Other	Development, production, and air time for <i>novelas</i>	\$24,080
TOTAL ANNUAL EXPENSES:		\$106,409

REVENUE		
Category	Description	Amount
Government		
Corporate		
Foundations	Perinatal Foundation. All expenses in excess of the funding from the Madison Jr. Woman's Club were covered by the Perinatal Foundation.	\$90,109
Individual		
Fundraising Events	Madison Jr. Woman's Club Fundraiser in 2006	\$16,300
Program Fees		
Other		
TOTAL REVENUE:		\$106,409

Additional Notes or Explanations:

This project would not have been possible without the in-kind contributions of volunteers. The project also benefitted from the specific expertise of staff.

*In 2006, staff included the Executive Director at 10% effort, Learning Coordinator at 15% effort, and a communications consultant at 5% effort.

Program Evaluation

Evaluation efforts for the *Madre, hay esperanza*[®] program are guided by the following questions:

- Did the campaign help raise awareness of the existence of postpartum depression among community members?
- Did the campaign result in increased information-seeking about postpartum depression by community members?
- Did the campaign help to decrease the stigma associated with mental illness within the community?
- Did the campaign lead to an increase in the number of Latina women in the community screened for postpartum depression?

Below is a description of efforts to monitor the implementation of the *Madre, hay esperanza*[®] program, as well as key indicators showing several short-term outcomes of the program.

Process Indicators

The process evaluation for this program focused on determining the reach of the campaign and the number of people potentially touched by its message.

Indicators:

- # of times *Madre, hay esperanza*[®] novelas aired on La Movida radio over a 12-month period
- # of printed information packets distributed
- # of electronic information packets accessed on Perinatal Foundation Web site (www.perinatalweb.org)
- # of art posters distributed

Table 3.
Madre, hay esperanza[®] Key Process Indicators

<i>Indicator</i>	<i>Value</i>
<i>Number of airings of novelas/announcements on radio</i>	<i>1,500</i>
<i>Printed information packets distributed</i>	<i>300+</i>
<i>Electronic information packets accessed on Web site</i>	<i>50+</i>
<i>Art posters distributed</i>	<i>200+</i>

Outcome Indicators

Short-term Outcomes

Short-term indicators for the *Madre, hay esperanza*[®] campaign focused on assessing changes in knowledge about postpartum depression among Latino community members and changes in information-seeking behaviors. Quantitative and qualitative data were collected to assess the short-term outcomes of the campaign.

Indicators:

- # of calls made to local community organization requesting an information packet about postpartum depression (Action message included at the end of the *novelas* specifically directed individuals to call this organization.)
- # of attendees at community event interviewed who affirmed they had heard the *novelas* on the radio
- Testimonials from community members

Table 4.
Madre, hay esperanza[®] **Key Short-term Outcome Indicators**

Indicator	Value
<i># of calls made to Harambee for an information packet</i>	12
<i># of individuals interviewed at community event who reported hearing novelas on the radio</i>	7 out of 8
<i>Testimonials from community members</i>	See selected testimonials below.

Selected testimonials from community members:

From a caller to the *El Debate* program:

After listening to the information about postpartum depression, a caller to the *El Debate* program shared that she realized she might be suffering from postpartum depression. She then took action and contacted her health care provider to get help.

A testimonial from a community member (English translation)

“I did not know what was happening to me soon after the birth of my second daughter. I felt annoyed, very upset and with little tolerance of other people. But one day, I heard on the radio about postpartum depression. I visited my doctor soon after and found out that I was suffering from it. I have sought help and try to get along with my family. I go out for walks, and talk to my husband and daughters. If you are experiencing the same symptoms that I felt...know that there is help to beat PPD. All you need is to look for it.”

An experience related by a health care provider:

Immediately after delivering her fifth child, a health care provider asked the new mother if she knew about postpartum depression. The mother denied ever having it. The husband pulled the health care provider aside and shared that he had heard about postpartum depression on the radio and asked what to do if his wife had signs or symptoms.

Long-term Outcomes

The *Madre, hay esperanza*[®] campaign continues and evaluation related to long-term outcomes has not yet been undertaken.

Critical Elements for Program Success

The success of the *Madre, hay esperanza*[®] campaign is based on a number of key elements. First, the goals and objectives of the campaign were clear. After almost five years of involvement with the *Perinatal Mood Disorders Initiative*, the Perinatal Foundation had crafted and fine-tuned its message regarding postpartum depression. The initiative is a systematic continuation of effort to build awareness; promote screening, diagnosis, and effective interventions; and support potential research and model projects to meet identified needs. The *Madre* campaign is a model project to reach the Latino community with the message that there is hope for women and families suffering from postpartum depression. Second, building the campaign from within the Latino community was key. Leaders within Madison's Latino community identified the media formats that would most resonate with Latina mothers. Community members embraced the campaign and were enthusiastic about becoming involved in numerous ways. This involvement was particularly crucial in the development of the messaging for the *novelas*. Community members took the initiative to compose the scripts first in Spanish so that nothing would be lost in translation. They made sure that the messages, language, and voice talent used for the *novelas* were pan-American to appeal to as many Latinos as possible. Without the talent and expertise of these Latino community members, the campaign would not have been possible. Third, unwavering support from the Perinatal Foundation was critical. The Perinatal Foundation made the campaign a priority and supported staff to devote substantial time to its development and implementation. Furthermore, the Perinatal Foundation underwrote all aspects of the campaign except for the grant of \$16,300 from the Madison Junior Woman's Club.

Contexts where Program may not be Appropriate

The *Madre, hay esperanza*[®] campaign in its current form could readily be adapted for use in other municipalities or regions interested in informing the Latino community about postpartum depression. However, the *Madre* format may not be appropriate when trying to reach Latino populations that are largely acculturated into the general culture of the United States—some of the key underlying assumptions in terms of value systems may no longer resonate. In cases where belief systems and community expectations differ from those commonly found in Latino communities where the majority of individuals are relatively new immigrants, the *Madre, hay esperanza*[®] campaign may need to be modified to be culturally and linguistically appropriate for the intended audience.

Further, the *Madre* program may need significant modifications in instances where the target audience does not share the same values or belief system as those common among Latinos. For example, populations that do not have traditional nuclear or extended families at their core may respond more positively to a constellation of characters more representative of the experience in that population. Other populations may respond to messaging that is primarily a visual format rather than a storytelling format.

Other Lessons Learned

Although the campaign was highly successful and has been a highlight of the Perinatal Foundation's work since 2006, alterations could be considered if the campaign were to be implemented in other geographical areas. First, representatives from the Latino community in the target area of the campaign should be included in all phases of the project. For the most part, the Latino community members involved in the campaign belonged to the same social network within the community. Inclusion of additional individuals from several social networks may provide added depth to the messaging in the campaign, contribute critical feedback, and open the way to unexplored avenues of promotion of the campaign in the target area. Second, evaluation efforts should be developed further. Due to the short time frame in which this campaign was developed and implemented, an initial community assessment was not possible. An initial assessment would have been ideal and would have established a baseline for community awareness about postpartum depression prior to campaign initiation. Evaluation efforts could also be undertaken to try to determine if an increase in treatment-seeking for postpartum depression occurred among Latina community members.

1. Program materials
(a) Radio *novela* content

CAST: New mother (Laura), husband (Carlos), baby (Felipin), mother-in-law (Rosa), sister-in-law (Lupita), doctor		
	Story Summary	Focus
Radio Spot #1	Laura doesn't want to go out to dinner to celebrate the baby's 1-month birthday—she doesn't feel like getting in the shower. Carlos comments that she doesn't fix herself up and the baby is never clean—this didn't happen with their first child.	Signs and symptoms of postpartum depression
Radio Spot #2	Lupita tells Rosa that she went to see Laura and that she does not look well. She is not paying attention to the baby, is not bathing him, and she gets irritated by him. She also doesn't have any food in the refrigerator. Rosa replies that she has also noticed this behavior and doesn't understand why she is not happy about the baby. Is she going crazy?	Signs and symptoms of postpartum depression Stigma associated with postpartum depression
Radio Spot #3	Laura visits Lupita. Lupita shares with Laura that her family has noticed a change in her since the baby was born. Lupita shares with Laura information she heard on the radio recently—many women feel like this after having a baby and it is not their fault. Lupita offers to talk to Carlos—so that he can accompany her to the doctor.	Postpartum depression is not a new mother's fault Postpartum depression is a common illness that affects many new mothers Encourage new mothers to talk to someone they trust about how they are feeling
Radio Spot #4	Laura and Carlos visit the doctor's office. Carlos explains that Laura has been very sad since Felipin was born. The doctor asks Laura to describe how she is feeling. Laura responds that she feels a sense of despair, she wishes her own mother could be with her now (but this is not possible), and that she feels guilty because she wants to be happy with her baby. The doctor is glad that Laura scheduled this visit—her symptoms are typical of postpartum depression and are a result of the changes that happen in a woman's body during pregnancy and delivery. The doctor reassures Laura that things can get better—she has taken a step in the right direction by coming in for a visit.	Treatment options for postpartum depression Postpartum depression is treatable and things can get better Biological basis for postpartum depression

1. Program materials (Continued)

(a) Radio *novela* content

CAST: New mother (Laura), husband (Carlos), baby (Felipin), mother-in-law (Rosa), sister-in-law (Lupita), doctor		
	Story Summary	Focus
Radio Spot #5	Laura thanks Carlos for coming with her to the doctor. Laura feels better when the doctor assured her that she wasn't "going crazy," others feel how she does, and that how she is feeling has a name—"postpartum depression." Carlos emphasizes the importance of the whole family understanding her illness and helping her with the baby while she begins to recover. Laura talks about other options that might be necessary if she does not begin to feel better after awhile—counseling and temporary medication.	<p>Postpartum depression is a common illness and is nothing to be ashamed of</p> <p>Postpartum depression is treatable and things can get better</p> <p>The family's role in helping a new mom feel better</p> <p>Treatment options for postpartum depression</p>
<p>ACTION MESSAGE: Each 60-second radio spot includes the same action message at its conclusion:</p> <ul style="list-style-type: none"> Laura may have postpartum depression—a real, common, and treatable illness. <p>If you think that you or someone in your family is suffering from this problem, please call the Harambee Information Desk at 608-261-9138 for more information or visit www.perinatalweb.org.</p>		

(b) Information packet contents

Elements of the electronic version of the bilingual information packet are available on the Spanish section of the Perinatal Foundation Web site at: http://perinatalweb.org/index.php?option=com_content&task=view&id=79&Itemid=220

(c) Media kit

Elements of the electronic media kit for the *Madre, hay esperanza*[®] campaign are available on the Perinatal Foundation Web site at: <http://perinatalweb.org/index.php?option=content&task=view&id=219>.

(d) Art poster

An electronic version of this poster is also available on the Perinatal Foundation Web site at:

http://perinatalweb.org/images/stories/Esperanza/4126_madre_poster.pdf.

La depresión de postparto... puede sucederle a cualquier mujer se puede producir varios meses después del nacimiento del bebé afecta a toda la familia no es culpa de la mujer se puede tratar. Hay ayuda disponible. Una mujer con depresión de postparto puede sentir... cansada agotada ansiosa irritable. Una mujer con depresión de postparto puede... vivir con inseguridad no ser capaz de dormir sentir desesperada y confundida tener pensamientos de hacerse daño a sí misma o a su bebé tener problemas para cuidar a sí misma o a su bebé no sentirse cercana a su bebé no estar ya interesada en realizar actividades que antes disfrutaba.

Postpartum depression... can happen to any woman can happen several months after a baby is born affects the entire family is not a woman's fault is treatable help is available. A woman with postpartum depression may feel... tired overwhelmed anxious irritable. A woman with postpartum depression may... cry often not be able to sleep feel hopeless and confused worry about harming herself or her baby have trouble taking care of herself or her baby not feel close to her baby who longer be interested in activities she once enjoyed.

Madre, hay esperanza. La depresión de postparto es una enfermedad común, real pero sobre todo tratable. Si piensa que usted o alguien en su familia sufre de depresión de postparto, llame a la Oficina del Centro Harambee al (608) 261-9138 o visite la página web www.perinatalweb.org.

Mother, there is hope. Postpartum depression is a common, real, but treatable illness. If you think that you or someone in your family is suffering from postpartum depression, call the Harambee Information Desk at (608) 261-9138 or visit www.perinatalweb.org.

Patrocinado por el Consejo Latino para la Salud y la Fundación Perinatal
Brought to you by the Latino Health Council and the Perinatal Foundation

PERINATAL FOUNDATION

2. The Perinatal Foundation's *Perinatal Mood Disorders Initiative*

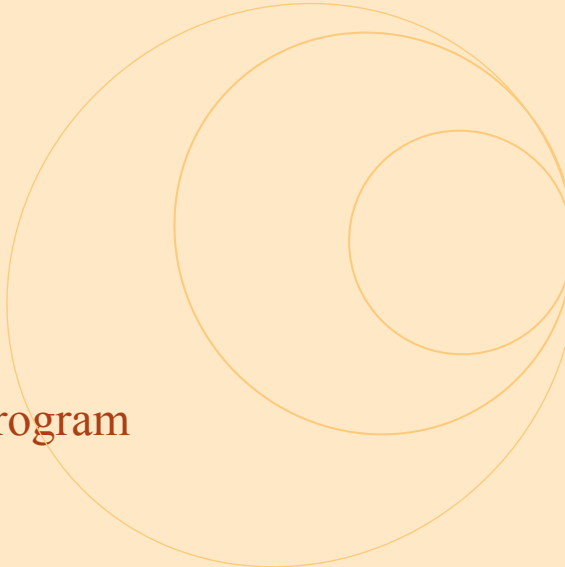
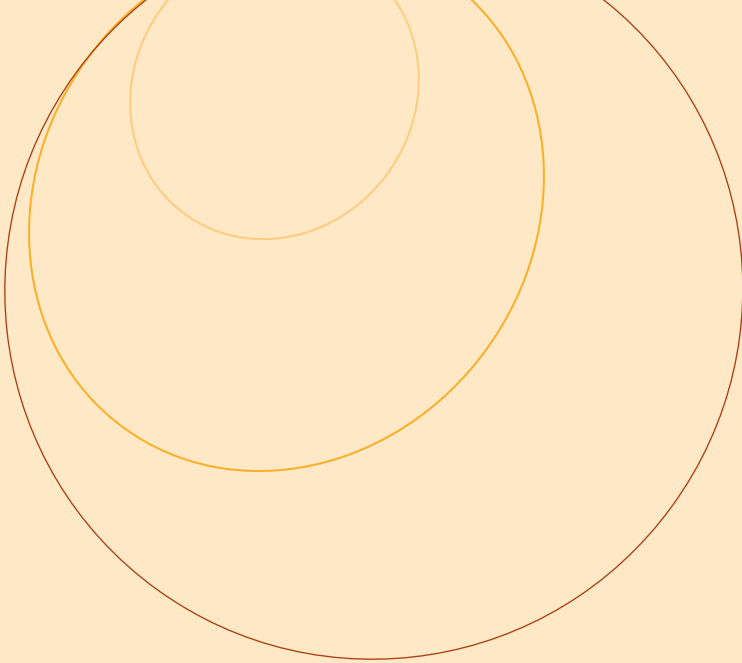
Additional information about the Perinatal Foundation's *Perinatal Mood Disorders Initiative* is available at:

http://perinatalweb.org/index.php?option=com_content&task=view&id=20&Itemid=382

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