

Peer-Based Models of Supportive Care: The Impact of Peer Support Groups in African American Breast Cancer Survivors

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Among African American women, breast cancer is the most commonly diagnosed cancer with resultant disproportionate morbidity and mortality (American Cancer Society [ACS], 2011). Breast cancer requires numerous life adaptations from the patient and family. The emotional and physical impacts of breast cancer increase women's need for support (Dirksen, 2000); therefore, seeking support is an adaptive coping strategy (Bourjolly & Hirschman, 2001; Henderson, Fogel, & Edwards, 2003).

Social networks help establish relationships and provide a sense of belonging through social connectedness (Ashida & Heaney, 2008; Keyes, Shmotkin, & Ryff, 2002). The social, emotional, and tangible (e.g., financial assistance) support provided by social networks play an important role in enhancing survivorship outcomes (Ashing-Giwa & Ganz, 1997; Bourjolly & Hirschman, 2001; Shelby et al., 2008; Taylor et al., 2003). Although the basic emotional and information needs of survivors are similar among ethnic groups, how those needs are met may differ depending on each ethnic group's cultural and community context (Ashing-Giwa, Padilla, Tejero, & Kim, 2004).

The Institute of Medicine (2008) stated that emotional and social support are essential components of comprehensive cancer care. Support groups are emerging as a component of the psychosocial safety net of care for cancer survivors (Ahlberg & Nordner, 2006; Coreil, Wilke, & Pintado, 2004). Sharing experiences, coping skills, and information in support groups has social, psychological, and physical benefits (Michalec, Van Willigen, Wilson, Schreier, & Williams, 2004; Moore, 2001; Wilmoth & Sanders, 2001).

Purpose/Objectives: To examine the impact of support groups among African American breast cancer survivors (BCSs).

Research Approach: A qualitative research study.

Setting: Community health and cancer centers and churches.

Participants: 62 African American BCSs.

Methodologic Approach: Focus groups were conducted with African American BCSs to share their experiences with peer-based support groups. A brief questionnaire was administered and assessed demographics, medical history, and support group impact.

Findings: Survivors emphasized that a culturally embedded focus was essential for their participation in a cancer support group. The survivors underscored that cultural-based groups are rooted in the spiritual, linguistic, experiential, and historical contexts of the intended constituents. The peer-based support groups provided multilevel functions, including emotional, social, spiritual, informational, and financial support, as well as patient navigation. The groups' activities fostered personal development and a call to community advocacy that included prevention education and research engagement.

Conclusions: The unique strengths of grassroots community-based support groups are that they are culturally consonant, peer-based, and responsive to cancer-related and personal needs. The contribution and value of those multifaceted peer-based groups expand the paradigm of supportive care, extending the net of psychosocial care to underserved and underrepresented cancer survivors.

Interpretation: Research provides the critical foundation to lead and articulate the studies necessary to bridge peer- and professional-based care to ensure the psychosocial needs of increasingly diverse survivors are met.

Evidence suggests that survivors who participate in support groups are less depressed and anxious (Yaskowich & Stam, 2003), have better social well-being (Ahlberg