Breakthroughs in research, treatment, and technology have increased the survival rate for many types of cancer, accounting for about 14.5 million survivors in the United States (American Cancer Society [ACS], 2015). The National Cancer Institute (NCI, 2010) estimated that about 15% of these survivors are treated at large cancer centers in the United States and the remaining 85% are treated at local community agencies near where survivors live. About 66% of people with cancer can expect to be alive in five years (NCI, 2011). Eighty percent of survivors of childhood cancer are alive in five years, and their 10-year survival rate is nearing 75% (NCI, 2011). This increase in survivorship has given rise to some identified health risks associated with being a survivor. These health risks affect physical, psychological, spiritual, and psychosocial domains of an individual’s well-being (Centers for Disease Control and Prevention [CDC], 2012). Because the majority of survivors live in homes in communities, resources and strategies inclusive of community interventions should be strengthened within the continuum of care.

The increased survival rate for those diagnosed with cancer has created a shift in the focal point of evidence-based research from prevention and detection efforts to interventions needed to improve and sustain quality of life for survivors and their families (Baker, Denniston, Smith, & West, 2005; CDC, 2012). Increased researcher awareness of this shift toward intervention is demonstrated by the 40% of funded grants that contain some type of intervention component (Rowland, 2011). However, literature on specific types of community-based interventions that have been conducted with survivors and their families is limited. The purpose of this article is to examine