

■ CNE Article

Cancer Support and Resource Needs Among African American Older Adults

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Older African Americans face substantial barriers to state-of-the-art cancer care. Implementing culturally appropriate support throughout cancer therapy is critical to improving cancer outcomes and quality of life for this vulnerable population. The purpose of this study was to obtain experiential data regarding cancer diagnosis and treatment, and analyze survivors' recommendations regarding treatment-related needs, psychosocial support, and strategies and resources. Four main issues emerged from the study: (a) the need for more health-related and cancer-specific education, (b) the importance of faith and spirituality, (c) the availability of support, and (d) participants' difficulty identifying and articulating financial needs. Few participants reported requesting or receiving assistance (financial or otherwise) outside of the family during their cancer experience.

However, treatment-related medication costs posed a significant hardship for many.

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Racial and ethnic disparities continue to pose significant health-related and economic challenges for older African American cancer survivors. This group is more likely to require enhanced and multifaceted cancer support resources because of poorer health status and fewer financial resources compared to older Caucasians (Gornick, 2000; Mosavel & Sanders, 2011). Social support has been linked to feelings of positivity, mutuality, and improved mental health outcomes among older African Americans with cancer (Hamilton, Stewart, Crandell, & Lynn, 2009). However, this population also has reported unmet social support needs during treatment (Mosavel & Sanders, 2011).

Healthcare financing and delivery changes, particularly cost-cutting efforts on the part of insurers, may widen existing gaps in access to services for racial and ethnic minorities, greatly affecting those in rural areas with diminished access to health care (DiIorio et al., 2011; Mathews & Park, 2009). Patients have identified cancer costs as contributing to treatment barriers,

increasing stress, and decreasing quality of life (Klimmek, Snow, & Wenzel, 2010; Wagner & Lacey, 2004). The high cost of cancer treatment is borne by patients and caregivers (Chang et al., 2004; Mathews & Park, 2009) and may be a greater barrier to treatment for African Americans (Chu, Miller, & Springfield, 2007; Mosavel & Sanders, 2011) with significant societal consequences (Adler & Page, 2008).

Cancer outcomes are unequally distributed across racial and ethnic groups, with minorities experiencing worse outcomes, particularly regarding cancer burden and overall survival (American Cancer Society, 2010; Chu et al., 2007). Older African American adults enrolled in Medicare are more likely to report poor health than their Caucasian counterparts (42% versus 25%) and are less likely to have supplemental insurance (Chang et al., 2004). Lack of or inadequate insurance plays an important role in the onset of depression among older African Americans with cancer (Agarwal, Hamilton, Moore, & Crandell, 2010). Healthcare disparities should be approached from many perspectives: