EVALUATING THE CULTURAL RELEVANCE AND UTILITY OF THE TAKING CHARGE PROGRAM FOR AFRICAN AMERICAN BREAST CANCER SURVIVORS

Bernadine Cimprich PhD, RN, FAAN, University of Michigan, Ann Arbor MI, Lynna Chung MA, University of Michigan, Ann Arbor MI, Sharon Mills-Wisneski DNS, University of Michigan, Ann Arbor MI, Nancy Janz PhD, University of Michigan, Ann Arbor MI, Laurel Northouse PhD, RN, FAAN, University of Michigan, Ann Arbor MI, Barbara Given PhD, RN, FAAN, Michigan State University, E. Lansing MI, Charles Given PhD, Michigan State University, E. Lansing MI

Taking CHARGE is an innovative self-management program developed to help women deal with the emotional, physical and social concerns that arise after breast cancer treatment. Early results from a randomized trial of mostly Caucasian women (N=49) indicated that the Taking CHARGE program was timely, relevant, and had a positive impact in many areas including body image, cognitive functioning, sexual functioning, and future perspective.

Few programs have been evaluated to determine if they are culturally relevant to the needs of minority breast cancer survivors following treatment. Thus, the purpose of this study was to assess the utility of the existing Taking CHARGE program with a minority sample of women, specifically African American breast cancer survivors who currently comprise the largest U.S. minority group.

The Taking CHARGE program is based on social cognitive theory, particularly self-regulation, to help breast cancer survivors gain mastery of necessary self-management strategies.

Two focus groups were held with African American women (N=13), ages 41 to 72 years, who had completed treatment for Stage I or II breast cancer. In the 3-hr session led by a health educator and an African American researcher, participants responded to the utility of the (1) Taking CHARGE content that focused on strategies to improve psychological well-being, symptoms and side-effects, functional wellness, and strengthening relationships and social support; (2) self-regulation process to teach skills to manage women's personal concerns; and (3) Patient Workbook. Content analysis was used to systematically identify unique themes from taped sessions.

Overall, the African American participants found the Taking CHARGE program and self-regulation process to have high utility for addressing needs and concerns of survivorship after breast cancer treatment. However, at least two new major content needs were identified: coping with employment issues that were found to be especially challenging, and emphasis on spiritual sources of support for psychological well-being. Further, participants recommended changes to the Patient Workbook to enhance relevance to African American breast cancer survivors. The findings provide important information about appropriate modifications to the Taking CHARGE program to increase the cultural relevance and sensitivity to needs of African American breast cancer survivors.

Funding Sources: Walther Cancer Institute, Behavioral Cooperative Oncology Group