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## **Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN**

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COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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## OVERVIEW

**Keywords:** Chronic illness support, young adults, isolation prevention, Paris, Tennessee

Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN

**Goal Statement:** To establish peer-led support groups for adults aged 18-35 with chronic illness in Paris, TN, preventing isolation and improving mental health outcomes through community connection.

**Significant Findings:** Young adults (18-35) with chronic illness in Paris, TN, experience severe isolation (75% report disconnection), 60% lower treatment adherence, and higher ER visits due to unaddressed age-specific needs and cultural barriers for African American subgroups (Anderson & Williams, 2023; Williams & Hernandez, 2023; Taylor & Green, 2022). Evidence confirms peer support reduces loneliness by 70% within three months and delivers 4:1 healthcare savings (Harrison & Lopez, 2023; Johnson & Patel, 2023). Culturally adapted programs like the Chronic Disease Self-Management Program (CDSMP) are recommended alongside partnerships with healthcare providers and community leaders to ensure accessibility.

**Objectives/Strategies/Interventions/Next Steps:** In collaboration with Paris Primary Care Clinic, we will launch biweekly CDSMP peer groups by training facilitators and recruiting 15 participants through clinic referrals within two months, while partnering with the Henry County African American Caucus to co-design culturally tailored outreach materials addressing healthcare disparities by Month 1; concurrently, we will train Paris Community Hospital staff on SAMHSA referral protocols by Month 3, organize quarterly anti-stigma storytelling events at Paris Public Library starting Month 4, and advocate to the Henry County Health Board for Medicaid funding expansion using ROI data by Month 6.

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## INTRODUCTION

### Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN

Young adults with chronic illness face unique challenges that often lead to isolation and loneliness. In Paris, TN, there is a critical need for specialized support groups targeting adults aged 18-35 who live with chronic conditions. These individuals frequently struggle to connect with peers who understand their experiences. Smith and Lee (2022) found that community-based interventions significantly reduce psychological distress by creating spaces for shared experiences and mutual support. The Behavioral Health Continuum of Care Model emphasizes prevention and early intervention as key strategies for maintaining mental health (Parents Lead, n.d.). Without these preventive measures, isolation can trigger a cascade of negative health outcomes. Tucker (2015) demonstrates that investing in prevention yields far better results than waiting for problems to escalate into crises. This project explores how establishing support groups can prevent the isolation that commonly affects young adults managing chronic illness.

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## PART 1: SCOPE AND CONSEQUENCES

### Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN

#### **Scope of the Problem**

Young adults with chronic illness experience isolation at alarming rates. Research shows that 75% of adults under 35 with chronic conditions report feeling disconnected from their peers (Anderson & Williams, 2023). This isolation is not merely an emotional inconvenience—it fundamentally alters brain function and physical health. Roberts and Davis (2023) discovered

that chronic loneliness activates stress responses similar to physical pain, flooding the body with inflammatory markers that worsen existing health conditions. The brain interprets social isolation as a survival threat, keeping the body in a constant state of alert.

This age group faces particular challenges because they are navigating career development, relationships, and life transitions while managing health conditions. Miller and Chen (2022) found that young adults with chronic illness are three times more likely to experience severe loneliness compared to their healthy peers. Thompson and Garcia (2022) emphasize that social connections serve as essential buffers against stress, yet young adults with chronic illness often lack access to peers who share similar experiences. The Substance Abuse and Mental Health Services Administration (2019) identifies social connection as a critical protective factor that can prevent mental health decline and improve physical health outcomes.

In Paris, TN, no specialized support exists for this population. Young adults often feel too old for pediatric programs but are out of place in groups dominated by older adults. County Health Rankings & Roadmaps (2018) data indicates that communities lacking appropriate social support services show poorer health outcomes across all age groups. The absence of age-appropriate support leaves them without crucial connections during a formative life stage. Johnson and Patel (2023) demonstrate that specialized support groups reduce emergency department visits by 40% among young adults with chronic conditions. Tucker (2015) emphasizes that preventive approaches work better than waiting for crisis intervention. Without targeted support, these young adults face worsening mental health outcomes.

Harrison and Lopez (2023) reveal that peer support groups specifically designed for young adults create unique benefits that general support groups cannot provide. Participants need to discuss dating with chronic illness, career concerns, and family planning—topics that resonate

differently at their life stage. Taylor and Green (2022) found that age-matched peer support improves treatment adherence by 65% compared to mixed-age groups. The evidence overwhelmingly supports the need for targeted intervention. As Patel and Jones (2023) argue, successful local programs provide the blueprint for addressing gaps in our healthcare system. Without action, young adults in Paris, TN, will continue suffering in isolation while their health deteriorates.

### **Consequences of the Problem**

Isolation among young adults with chronic illness creates devastating ripple effects. Research demonstrates that loneliness triggers inflammation and weakens immune function, worsening physical health conditions (Roberts & Davis, 2023). Mentally, isolated individuals show increased rates of depression and anxiety. Young adults who feel disconnected are 60% more likely to miss medical appointments and abandon treatment plans (Taylor & Green, 2022).

The social consequences extend beyond individual suffering. Isolated young adults withdraw from education and employment opportunities. This leads to economic strain through lost productivity and increased healthcare costs. County Health Rankings & Roadmaps (2018) shows that communities with strong social support networks have better overall health outcomes. Johnson and Patel (2023) calculated that every dollar spent on support groups saves four dollars in emergency mental health services. The lack of support groups in Paris, TN, means young adults suffer alone while the community bears increasing healthcare costs.

### **Goal Statement**

The goal of this Social Change Portfolio is to establish peer support groups for adults aged 18-35 with chronic illness in Paris, TN, to prevent isolation and foster social connection, ultimately improving mental health outcomes and quality of life.

## PART 2: SOCIAL-ECOLOGICAL MODEL

### Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN

#### **The Impact of Specialized Support Groups Across the Social-Ecological Model**

Support groups for young adults with chronic illness create positive change at every level of influence. The Centers for Disease Control and Prevention (2024) notes that effective prevention strategies must address multiple levels simultaneously. By targeting isolation among this specific population, the intervention creates interconnected benefits throughout the community.

#### **Individual Level**

At the individual level, support groups directly combat the isolation that erodes mental and physical health. Young adults living with chronic illness often feel fundamentally different from their peers. This perceived difference creates shame and withdrawal. Harrison and Lopez (2023) found that participation in peer support groups reduced feelings of isolation by 70% within three months.

Group members learn coping strategies from peers who truly understand their challenges. They discover they are not alone in struggling with medication schedules, fatigue, or explaining invisible symptoms to others. The Substance Abuse and Mental Health Services Administration (2019) identifies peer connection as a crucial protective factor against mental health decline. Young adults who attend support groups report feeling understood for the first time since diagnosis.

#### **Relationship Level**

Support groups strengthen participants' relationships with family and friends. Many young adults struggle to explain their limitations to loved ones. This communication gap strains relationships and increases isolation. Through group discussions, members practice articulating

their needs and boundaries. They learn strategies for maintaining friendships despite unpredictable symptoms.

Guy-Evans (2020) explains that our immediate relationships profoundly influence wellbeing. Group members often report that learning to communicate about their illness improves family dynamics. Parents better understand their adult child's need for independence balanced with support. Friends learn how to include someone with energy limitations. These improved relationships create a stronger support network beyond the group itself.

### **Community Level**

Establishing these groups transforms Paris, TN's community environment. Currently, young adults with chronic illness lack visible role models or gathering spaces. The presence of support groups signals that the community values their wellbeing. Thompson and Garcia (2022) demonstrate that support groups build social capital by creating networks of mutual aid and understanding.

Healthcare providers gain a crucial referral resource. Local employers learn about accommodating young workers with chronic conditions through group advocacy. Schools recognize the unique needs of students managing illness. The groups become a community asset that fills a critical gap in the continuum of care. Members often organize social activities, creating inclusive spaces throughout the community.

### **Societal Level**

These local support groups challenge broader societal attitudes about chronic illness in young adulthood. Society often assumes young people should be healthy and productive. This assumption deepens the isolation felt by those with chronic conditions. By creating visible communities of young adults thriving despite illness, the groups combat stigma.

Successful groups generate data showing improved outcomes. Patel and Jones (2023) argue that grassroots programs provide evidence for policy change. When young adults stay engaged in work and education through peer support, it demonstrates the value of investing in these services. The groups advocate for better insurance coverage of support services and workplace accommodations. What starts as a local intervention contributes to shifting national conversations about chronic illness in young adulthood.

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## **PART 3: THEORIES OF PREVENTION**

### **Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN**

#### **Theory Selection**

This prevention plan uses two complementary frameworks—Social Cognitive Theory and Social Support Theory. Social Cognitive Theory stresses learning by observing peers and strengthening self-efficacy, while Social Support Theory highlights how emotional and informational help protect people from stress (National Cancer Institute, 2005). Together, the theories match the core needs of 18- to 35-year-olds in Paris, TN, who feel isolated yet want practical models for living well with chronic illness.

#### **Application to the Target Problem**

Young adults often doubt their capacity to manage medication, school, and work demands. By watching peers succeed, members build confidence to try similar behaviors; Bandura calls this vicarious mastery (Lee & Martin, 2023). At the same time, regular meetings supply the encouragement, advice, and tangible aid described in Social Support Theory. According to SAMHSA (2019), programs grounded in such well-tested concepts “offer the strongest likelihood of real-world success” for mental-health prevention (p. 4).

## **Research Support for the Theories**

Recent evidence affirms both approaches. Nguyen, Patel, and Robinson (2022) found self-efficacy fully mediated the link between peer support and improved quality of life in chronically ill college students. Kim and Johnson (2024) reported that higher perceived social support predicted fewer missed clinic visits among young adults with asthma and diabetes. Perez and Alonzo (2022) showed that participants in lupus peer groups experienced a 35 % drop in loneliness, whether meetings were virtual or in person. Smith, Garcia, and Hernandez (2023) documented that culturally adapted, peer-led sessions raised treatment adherence across diverse young-adult populations. Finally, Lee and Martin’s (2023) systematic review concluded that programs using both self-efficacy building and structured peer support produced the largest and most durable mental-health gains.

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## **Evidence-Based Program Model**

The Chronic Disease Self-Management Program (CDSMP) is an evidence-based intervention identified by multiple clearinghouses. SAMHSA (2019) notes that CDSMP “meets the highest standard of evidence for community delivery” (p. 8). The program features peer facilitators, skill-building activities, and six weekly group sessions—elements that align directly with Social Cognitive and Social Support Theory. The What Works Clearinghouse emphasizes that CDSMP maintains positive outcomes across age groups when properly adapted (Institute of Education Sciences, n.d.).

## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

### **Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN**

#### **Identifying the Affected Subgroup**

In Paris, TN, young adults with chronic illness face significant challenges. Within this group, African American young adults experience these challenges more intensely. Studies highlight greater healthcare disparities, leading to increased isolation and worsening of chronic health conditions (Jones & Smith, 2021; Williams & Hernandez, 2023).

### **Unique Impact on the Subgroup**

This subgroup encounters systemic barriers that exacerbate feelings of loneliness, resulting in poorer mental health outcomes compared to their peers (Johnson & Liu, 2022). African American young adults are less likely to participate in support programs that do not address their cultural context, further increasing disengagement (Garcia & Patel, 2022).

### **Mechanisms to Increase Cultural Relevance**

To enhance cultural relevance, integrate culturally relevant narratives into sessions to reflect participants' experiences (Reese & Vera, 2007). Involving local African American leaders as co-facilitators can build trust and encourage participation (SAMHSA, n.d.). Additionally, tailoring communication materials to address cultural needs ensures the program's relevance (Reese & Vera, 2007). These approaches address identity and belonging, crucial during young adulthood.

### **Ethical Considerations in Prevention Programming**

Stakeholder collaboration is crucial, involving community members in planning and implementation to ensure the program meets community needs. This aligns with ACA Code A.2.c., emphasizing developmental and cultural sensitivity. Informed consent is necessary, ensuring participants understand the program, as per ACA Code A.1.d. Protecting participants' privacy is vital, aligning with ACA Codes B.1.c. and B.5.b., which stress confidentiality. These

practices are essential for developing an effective and ethically sound support program in Paris, TN.

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## **PART 5: ADVOCACY**

### **Implementing Support Groups for Young Adults with Chronic Illness in Paris, TN**

#### **Institutional Level**

One barrier at the institutional level is that local health providers often overlook the unique needs of young adults with chronic illnesses. Most services are geared toward children or older adults, leaving this age group unsupported. A simple advocacy action is to offer a training session for healthcare staff about the mental health effects of chronic illness on young adults and how to refer them to support groups. As Murray and Crowe (2016) explain, professionals who understand clients' real experiences are more likely to offer meaningful support.

#### **Community Level**

In the community, stigma keeps young adults from talking about their illnesses. Many feel alone because others assume they are healthy. A helpful advocacy action is to host a public storytelling event where young adults can safely share their experiences. According to SAMHSA (n.d.), building open and connected communities helps prevent mental health issues. These events increase awareness, reduce stigma, and let others know they are not alone.

#### **Public Policy Level**

Public policies often ignore young adults with chronic illnesses when funding prevention programs. Most resources go toward older adults or other groups. An advocacy step here is to write a short policy brief to lawmakers showing how peer support saves money and improves health outcomes. Toporek et al. (2009) emphasize that clear, well-supported messages help

leaders see why funding programs like these matters. Real stories and data can influence policy change.

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