

Leukemia and Low Socioeconomic Status: A Comprehensive Needs Assessment

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## Scenario

Anna is 23 years old with 2 small children (they are not, yet, school age). She was recently diagnosed with leukemia. She really struggles financially (even with Medicaid) and emotionally with her diagnosis. She is single and her parents are not nearby (or otherwise able) to help. What is available to help her and her children?

- Added demographics: Mixed race/descent (mix of White and Native American), religion is Christianity, resides in the Athens area

## Part A: Relevant Health and Cultural Issues

### **Health Section**

#### *Understanding Leukemia*

Leukemia is a form of cancer that primarily affects the blood and bone marrow, where blood cells are produced. It occurs when there is a genetic mutation or malfunction in the development of blood cells, particularly white blood cells (leukocytes), leading to their abnormal proliferation. In a healthy body, white blood cells are crucial for fighting infections and supporting the immune system. However, in leukemia, these cells grow uncontrollably and do not function properly, disrupting normal blood cell production. As a result, there is an increase in the number of immature or abnormal white blood cells in the bloodstream, which can crowd out healthy red blood cells, platelets, and other white blood cells (Vrooman, 2024).

Leukemia is typically classified into either myeloid and lymphoid, based on the type of cell the leukemia originates from. Myeloid leukemia arises from the myeloid cells, which are responsible for producing red blood cells, platelets, and certain types of white blood cells, while

lymphoid leukemia originates in the lymphoid cells, which are involved in immune function. Leukemia is also categorized based on the rate of progression (acute or chronic). Acute leukemias are characterized by rapid progression and immature cell types (blasts), while chronic leukemias progress more slowly and involve more mature cell types (Karunarathna et al., 2024).

### *Forms of Leukemia*

There are some rare forms of leukemia, but the four main types that are most commonly diagnosed are acute myeloid leukemia (AML), chronic myeloid leukemia (CML), acute lymphocytic leukemia (ALL), and chronic lymphocytic leukemia (CLL). Each of these types differs in terms of the specific cells they affect, the rate at which the disease progresses, and the prognosis for patients. AML is a fast growing leukemia that involves mature white cells. CML is slow growing, has a disease marker called the Philadelphia chromosome, and affects mature white cells. ALL affects mature lymphocytes and grows rapidly. CLL also affects mature lymphocytes but grows slowly (Vrooman, 2024).

Given that Anna is a young adult, it is likely that she has Acute Lymphoblastic Leukemia (ALL). ALL is much more common in younger patients, with the median age at diagnosis being less than 30 years old (Harrison & Johansoon, 2015). In ALL, the body produces large numbers of malignant, immature lymphoid cells that accumulate in both the bone marrow and the bloodstream. These cells do not mature into functional immune cells and rapidly proliferate, which leads to the aggressive nature of the disease (Harrison & Johansoon, 2015).

### *Recognizing the Symptoms of Leukemia*

The symptoms of leukemia can vary depending on the type of leukemia (acute vs. chronic, lymphocytic vs. myeloid) and the stage of the disease. There are some common symptoms though that most people with leukemia experience. The early signs of leukemia include fairly general symptoms like shortness of breath, fatigue, and weakness. These symptoms are often due to anemia caused by a lack of oxygen in the blood because of the decreased amount of red blood cells. Other early symptoms may include pale skin, unexplained weight loss, fever, and night sweats (Vrooman, 2024). People with leukemia typically have frequent infections due to an impaired immune system along with wounds that heal much slower than normal (Vrooman, 2024). More noticeable symptoms include easy bruising and bleeding including frequent nosebleeds, bleeding gums, or small red spots on the skin (called petechiae) due to low platelet counts. Bone or joint pain is also common due to leukemia cells accumulating in bone marrow which causes pain and tenderness in the area. Enlarged, swollen lymph nodes, particularly in the neck, armpits, or groin, are one of the most prominent symptoms of leukemia (Karunaratna et al., 2024).

All of these symptoms are typically experienced by those diagnosed with ALL. ALL does have some symptoms though that are more specific to it compared to other types of leukemia. ALL can spread to the brain and spinal cord, causing central nervous system symptoms like headaches, seizures, vomiting, trouble with balance, facial muscle weakness, and blurred vision (American Cancer Society, 2024). Within ALL, there can be specific symptoms that can vary depending on the subtype (B-ALL or T-ALL). In T-ALL, the thymus can become enlarged, which can press on the trachea and cause coughing or trouble breathing. It can also press on the superior vena cava (SVC), leading to SVC syndrome. SVC syndrome is characterized by

swelling in the face, neck, arms, and upper chest, headaches, dizziness, and changes in consciousness (American Cancer Society, 2024). Additionally, while bone and joint pain is a common symptom of leukemia, it is particularly common in ALL due to the accumulation of leukemia cells near the surface of the bone or inside the joint (Karunarathna et al., 2024).

### *Exploring the Causes of Leukemia*

The exact causes of leukemia remain unknown, generally believed to arise from the accumulation of genetic mutations that disrupt the normal functioning of blood cells. These mutations are often triggered by substances that damage DNA, leading to the development of leukemia. These substances include certain chemicals (especially benzene), solvents, and ionizing radiation that can alter deoxyribonucleic acid. The damage of DNA can lead to the development of chromosomal abnormalities, or changes in the structure or number of chromosomes, that are often linked to cancer (Vrooman, 2024). ALL specifically is the result of chromosomal translocations or abnormal chromosome numbers that result in mutations in precursor lymphoid cells, which leads to the formation of lymphoblasts. These genetic alterations disrupt normal cell development and function, which leads to the uncontrolled proliferation of lymphoblasts (Karunarathna et al., 2024). While scientists have made significant progress in identifying the genetic mechanisms behind leukemia, the precise reasons why certain chromosomal translocations or abnormal chromosome numbers occur in the first place remain poorly understood. Although we know how leukemia develops, the reason why these alterations happen in specific individuals and at specific times is still a subject of ongoing research.

## *Identifying Risk Factors for Leukemia Development*

Leukemia is a complex disease, and while the exact cause is not particularly clear, several risk factors have been identified that can increase the likelihood of developing leukemia. There are various genetic factors that are risk factors for leukemia. Inherited syndromes like Down syndrome, Klinefelter syndrome, ataxia-telangiectasia, Bloom syndrome, and Fanconi anemia all increase the risk of developing leukemia (Karunarathna et al., 2024), (Vrooman, 2024). Having a family history of leukemia can also be a significant risk factor (Karunarathna et al., 2024). Environmental exposures like high levels of exposure to radiation, such as from radiation therapy for cancers or nuclear accidents, or exposures to certain chemicals, like benzene (which is found in industrial settings) are linked to an increased risk of leukemia (Karunarathna et al., 2024). Treatments for other cancers, especially involving the use of alkylating agents and topoisomerase II inhibitors, can increase the risk of developing leukemia later in life, which is called secondary leukemia (Vrooman, 2024). Viral infections such as Human T-lymphotropic Virus (HTLV-1) and Epstein-Barr Virus (EBV) have been linked to certain types of leukemia (Karunarathna et al., 2024). Lifestyle factors such as smoking have also been associated with an increased risk in developing leukemia (Vrooman, 2024).

## *Leukemia Prevalence and Incidence*

Leukemia is one of the most common types of cancer, but the statistics can vary depending on the type of leukemia, age group, gender, and geographic location. In 2021, there were an estimated 508,796 people living with leukemia in the United States. Leukemia makes up roughly 3.1% of new cancer cases and is the eleventh most common type of cancer in the United States. The rate of new cases of leukemia was 14.1 per 100,000 people per year (age-adjusted

rate and based on 2017-2021 cases). Approximately 62,770 new cases of leukemia are expected in the United States in 2024. The incidence rates are higher in older age groups, with a significant increase in people aged 65 and older. About 1.5% of men and women will be diagnosed with leukemia at some point in their lifetime. For women diagnosed with leukemia, the rate of new cases was highest for those of Non-Hispanic White (12.0) and Non-Hispanic American Indian (10.5) races/ethnicities (National Cancer Institute, 2024). These statistics highlight the prevalence and impact of leukemia, emphasizing the importance of ongoing research and advancements in treatment.

### *Diagnostic Approaches to Leukemia*

Diagnosing leukemia can be difficult due to its varied presentation and the overlap of symptoms with other conditions. There are several tests typically performed to diagnose leukemia. Blood tests, specifically a complete blood count (or a CBC) or peripheral smear, are typically the first tests done. These measure the different types of cells in the blood and in the case of leukemia, looks for abnormal levels of white blood cells, red blood cells, or platelets. If the blood tests suggest leukemia, further testing is done. The next tests are bone marrow tests which consist of a bone marrow aspiration and biopsy. These tests involve taking a small sample of bone marrow, typically from the hip bone, and using a microscope to look for leukemia cells. Imaging tests like X-rays, CT scans, and ultrasounds may be used to check for signs of leukemia in other parts of the body. A lumbar puncture may be done as well to check the spinal cord for leukemia cells. All of these tests coupled with other tests like flow cytometry and molecular testing are done to not only determine if the patient has leukemia, but to also determine the subtype and risk-stratify the disease (Karunaratna et al., 2024).

Genetic testing is another extremely helpful tool in diagnosing leukemia because it identifies specifically what cell defect is causing the symptoms. Doctors typically also utilize chromosome testing, which reveals important genetic information about the type of leukemia and how aggressive it is, to guide treatment (Vrooman, 2024). The diagnosis of leukemia requires various tests in order to accurately identify the type and extent of the disease. Early and accurate diagnosis is the key to receiving effective treatment and overall improving patient outcomes.

### *Treatment Options and Advances in Leukemia Care*

The treatment of leukemia varies depending on the subtype and aggressiveness of the disease, as well as the patient's age and relative health. The treatment for ALL typically takes place in three phases. These phases are the induction (remission induction), consolidation (intensification), and maintenance phases (American Cancer Society, 2021). The initial treatment phase of leukemia (induction) is designed to put the leukemia into remission. When testing shows an improvement in the leukemia but diseased cells still remain, the patient is often given a second induction. Consolidation or intensification therapy is another treatment step, given after induction, that improves the chance of curing the leukemia. Patients then continue to get drugs during the maintenance phase of their treatment in order to reinforce remission (Vrooman, 2024). The total treatment time of ALL usually takes about two years, with the maintenance phase taking up most of the time (American Cancer Society, 2021).

Chemotherapy is the most frequently used treatment option and involves multiple drugs used to kill leukemia cells in different combinations, called regimens (Vrooman, 2024). Chemotherapy is often given in cycles, with periods of treatment followed by periods of rest (Karunaratna et al., 2024). Targeted therapy, which uses drugs that target specific parts of

leukemia cells, is another common treatment. Immunotherapy helps the immune system to recognize and attack leukemia cells. Stem cell transplant, which is also known as a bone marrow transplant, involves replacing the diseased bone marrow with healthy stem cells. This helps restore the body's ability to produce healthy blood cells. An autologous transplant uses an individual's cells, and an allogeneic transplant involves cells from another person, called a donor. Chemotherapy and sometimes total body irradiation are used to try and clear as much of the disease as possible before the transplant (Vrooman, 2024). This procedure is very intense though and is typically only considered when other treatments have not been successful (Karunarathna et al., 2024). Supportive care is crucial for managing symptoms and side effects caused by both leukemia and its treatment. This care includes blood transfusions, antibiotics to prevent or treat infections, and medications to help manage pain or other symptoms (Karunarathna et al., 2024). There are some drugs that have shown promise in the laboratory and preliminary human clinical trials that may be an option for treating leukemia in the future. Currently, these drugs are considered investigational and are available only through clinical trial participation (Vrooman, 2024).

In addition to general leukemia treatments, there are also treatments specific to ALL that are not typically used for other types of leukemia. These treatments include CNS prophylaxis which involves administering chemotherapy directly into the cerebrospinal fluid (CSF) to prevent leukemia cells from spreading to the brain and spinal cord. It can be done through intrathecal chemotherapy, where drugs like methotrexate or cytarabine are injected directly into the CSF. Additionally, for patients with Philadelphia chromosome-positive ALL, drugs such as imatinib or dasatinib are often used to target the BCR-ABL protein produced by the Philadelphia chromosome. L-Asparaginase is an enzyme that is specifically used to treat ALL by depriving

leukemia cells of asparagine, an amino acid they need to survive. This drug is typically only used in patients with an ALL subtype of leukemia (American Cancer Society, 2021).

ALL is the most common form of leukemia in children and young adults. Since pediatric regimens have demonstrated higher survival rates compared to adult protocols, treatment approaches for ALL in young adults (such as Anna) are often adapted from pediatric regimens. These pediatric treatment regimens tend to be more aggressive and involve the use of multiple types of treatment such as multidrug chemotherapy, immunotherapy, and stem cell transplants, which are known to produce higher remission rates. The incorporation of these pediatric regimens into the treatment of ALL in young adults has greatly improved survival outcomes for this group (Karunarathna et al., 2024).

Treatments are constantly evolving as new research is being done and a deeper understanding of the biological mechanisms that cause leukemia are being better understood (Vrooman, 2024). Advances in molecular biology, genetic profiling, and targeted therapies have significantly expanded the options available for the treatment of leukemia. The more that we research and begin to understand the genetic mutations, signaling pathways, and cellular interaction that are involved in leukemia, the more precise treatments can become that target these factors to help improve outcomes and reduce side effects.

### *Survival Rates and Prognosis in Leukemia*

Leukemia death and survival rates can vary depending on the type and stage of the disease, but overall, these rates have significantly improved over the past few decades due to various factors like early detection, improved treatments, and a better understanding of the underlying biology of leukemia. The rate of new cases of leukemia is around 14.1 per 100,000

men and women per year. The death rate for leukemia is approximately 5.9 per 100,000 people per year. These rates are age-adjusted and based on data from 2018 to 2022. There are an estimated 23,670 deaths from leukemia expected in 2024. The percentage of deaths due to leukemia is highest among people aged 75-84 and declines as age decreases.

The overall 5-year relative survival rate for leukemia is about 67% upon being diagnosed with leukemia between 2014 and 2020. This rate means that around 67% of people who are diagnosed with leukemia are expected to survive for at least five years after their diagnosis, compared to those without leukemia. Survival rates are typically higher for ALL and CLL compared to AML and CML. Additionally, survival rates are typically higher for younger patients compared to older ones. Survival rates have been improving significantly over the years due to advances in treatment and early detection. For reference, the 5-year survival rate has increased from around 33.3% in the mid-1970s to 67% in recent years. (National Cancer Institute, 2024). These numbers reflect the significant progress that has been made, but also the ongoing need for more effective treatments, especially for those patients who are at higher risk.

## **Culture Section**

### *Economic Determinants*

#### **Impact of Low Income and Employment Instability**

Anna's financial struggles create significant barriers to accessing care and achieving optimal health outcomes. Despite having a job, Anna's pay is low which makes it difficult for her to afford living expenses, let alone the additional costs associated with her cancer treatment. The

unpredictable nature of cancer treatment and its side effects further complicates her situation, as she faces challenges maintaining steady employment.

Cancer treatments often require frequent medical appointments, which can be time-consuming and exhausting. The physical demands of her treatments, combined with the need to care for her children, may force Anna to take time off work, which further strains her financial situation. This not only reduces her income but also jeopardizes her job security. Employers might not always be accommodating of her need for flexible hours or extended leave, leading to potential job loss. Moreover, the side effects of cancer treatment such as fatigue, sickness, nausea, and pain may significantly impact Anna's ability to work consistently. On days she feels particularly unwell, she may be unable to perform her job effectively or even at all. The need for recovery time after receiving treatments, further limits her availability, resulting in fewer hours worked and a reduced paycheck.

## **Burden of Healthcare Costs**

Anna receives Medicaid, which does cover a significant portion of healthcare expenses. However, there are typically many hidden costs associated with cancer treatment and care that might not be fully covered by Medicaid. Even with Medicaid, some treatments or doctors visits may require copays or may not be fully covered. Medicaid covers some of the cost of her prescription drugs, but she still may face high out of pocket expenses for necessary prescriptions, especially if they are brand name or are not included in the Medicaid formulary (Medicaid.gov, 2024). Over the counter (OTC) medications are often needed to supplement prescription drugs to help manage side effects like pain, nausea, and fatigue. Many states' Medicaid does not cover OTC medications unless they are prescribed by an authorized provider (Coursolle et al., 2022).

This might make accessing OTC pain relievers like ibuprofen or Advil and anti-nausea drugs like Zofran difficult for Anna.

In addition, if Anna gets to a point where she is so ill that she needs home care services for help with various things like daily activities or support after chemotherapy, these services are not always covered by Medicaid. Anna does not have family nearby that is able to help her, so a home health aid might be necessary at some point. Medicaid does provide some coverage for home care services, but this varies by state and program. Not all necessary home care services are covered, and patients may need to pay out of pocket for additional support (American Council on Aging, 2024).

Overall, while Anna does receive Medicaid and that is very beneficial to her, healthcare expenses for cancer treatments are often much more than just the price of hospital visits and medications that are covered by Medicaid. Anna also might have to pay copays, medications not covered by Medicaid, over the counter medications, and various other indirect costs that can add up and can quickly become overwhelming for Anna, who is already struggling financially.

## **Challenges of Meeting Basic Living Expenses**

In addition to the medical expenses Anna is facing, she must also manage the financial demands of everyday life. There are many basic costs she must be able to pay for herself, but may not have the funds for due to expensive medical costs and a low income. Affording nutritious food, or food in general, for her and her children is one of the basic costs she is facing. Food insecurity could become a significant challenge for her especially due to her low income, having three mouths to feed, the increasing price of groceries, and limited time and energy to seek food due to her illness and caregiving duties. Housing and utility costs like rent, electricity,

and water are essential expenses that she must be able to pay for in order to have a safe place for her and her children to live. Housing prices in Athens are only getting more expensive, so Anna could be facing housing instability which could exacerbate her stress. Athens-Clarke County's 65.6 score on the bank's Home Ownership Affordability Monitor Index is one of the lowest scores in the nation (Shearer, 2022).

Anna also has two small children at home with no significant other or any nearby family to help. She will frequently need childcare for when she is working, attending medical appointments, or is not feeling well enough to take care of her children. Childcare costs can be very high, and without family support or social network, finding affordable, trustworthy childcare could be a significant challenge for Anna. The average cost of childcare was not affordable for families making less than \$75,000. Childcare was not affordable in 2021 for the average multi-racial, Black, or Native American family either, taking up nearly 9% of the average income for each of these groups (USA Facts, 2022). In addition to basic costs, there are many non-essential, but still important, expenses Anna may face. These expenses include her phone bill, which she likely needs to stay connected with her healthcare providers and work, various debts she may have accumulated, clothing as her children likely outgrow their garments quickly due to their young age, holiday or birthday presents for her children, and small treats to help maintain a sense of normalcy for her children. Affording all of these living expenses will be extremely difficult for Anna, due to her low income and added medical expenses.

### **Transportation Barriers and Accessibility Issues**

Transportation is a significant barrier to Anna. There can be a high financial burden associated with getting to and from medical appointments, along with other necessary

destinations. Transportation problems are well-documented barriers to healthcare, often resulting in late arrivals, delayed or missed care. Groups already prone to greater social and economic disadvantage, including low-income individuals and people with chronic conditions, encounter more transportation barriers and experience greater negative healthcare consequences (Cochran et al., 2022).

If Anna has access to a car, she may need to drive long distances to reach treatment if it is not available to her in Athens. Multiple drives a week to appointments can become expensive due to the need to fuel her car more frequently. Additionally car insurance and possible parking fees at hospitals or treatment centers can add up quickly, further straining her finances.

If Anna does not own a car or cannot afford to drive one, she may rely on public transportation. While this option is more affordable, it can be much more burdensome. In Athens, public transportation is available, but it may not be as reliable or frequent as in larger urban areas. Anna could face barriers with public transportation such as long wait times for buses, delays, or multiple transfers, which could cause her to miss appointments, usually resulting in added fees she would have to pay. This added time for transportation also cuts into hours she could be working and requires more hours of childcare, which she has to pay for as well.

Using ridesharing apps or taxis could be an alternative, but these services can often be expensive, especially if she uses them frequently or has to travel long distances. These transportation difficulties create significant financial and logistical burdens for Anna, compounding the challenges she already faces due to her illness and caregiving responsibilities.

## **Lack of Supplemental Financial Support**

Another economic struggle that Anna faces is the lack of additional financial support from a significant other or family. Anna is a single mother who does not have a partner that contributes to the household income, nor does she have family members that can help financially. This absence of a financial safety net, coupled with little to no savings, significantly worsens her already poor financial situation. Without a partner to share the financial load, Anna is forced to pay for all of the living expenses for her and her children. Additionally, typically parents or extended family members are able to offer informal financial support during tough times, but due to her family being unable to help, Anna does not have this safety net in place. Due to having a low income, Anna most likely has little or no savings. She most likely has a lack of an emergency fund which means that any unexpected financial setback, like her cancer diagnosis, becomes even more daunting. She most likely has to rely on credit cards or loans to cover her expenses. Relying on these credit cards can carry the risk of having high interest debt which, if she is unable to repay, can lead to long term financial difficulties. These difficulties include her credit score taking a hit, which can make it more difficult for her to access loans or housing in the future.

Without financial help or savings to rely on, Anna faces issues with long term financial stability. The financial fallout from her illness could last for years. Accumulating debt, damaging her credit, and the inability to save money could leave Anna financially vulnerable in the future. Without a safety net, it is nearly impossible for Anna to save money for the future which can create a cycle of financial insecurity, leaving Anna unable to escape the pressures of living paycheck to paycheck and never fully reaching financial security.

## *Cultural Determinants*

### **Location of Residence**

Anna resides in Athens, Georgia, a city located in the southeastern United States. Athens, a vibrant college town, is deeply influenced by its close association with the University of Georgia, a major public research institution. The university serves as both a cultural and economic anchor for the city, drawing a diverse population of students and faculty from across the nation and around the world. This influx of people from a wide range of ethnic, racial, and cultural backgrounds contributes to Athens' dynamic atmosphere, fostering an environment rich in different perspectives, traditions, and life experiences.

However, Athens also faces significant challenges, particularly in the realm of socioeconomic inequality. Despite the presence of a major university, Athens and the surrounding Clarke County area are confronted with a high poverty level. Clarke County is one of the poorest counties in Georgia, with around 26.5% of its population living in poverty as of 2023 (United States Census Bureau, 2023). This percentage is considerably higher than the national average. This pervasive poverty shapes the community's identity and poses challenges for residents, particularly those who are unable to benefit from the economic opportunities associated with the university, like Anna.

One paradox of Athens' economy is that, despite the high poverty rate, the city has a relatively low unemployment rate. As of 2024, Athens has an unemployment rate of 4.4%, (United States Department of Labor, 2024). This rate suggests that most residents who are able to work are employed. However, this statistic does not fully capture the economic hardship that many people in the community face. While unemployment is low, the wages paid by many local employers are insufficient to lift workers and their families out of poverty. The high cost of

living in Athens, particularly in housing, exacerbates these financial pressures. This highlights a critical aspect of the local culture: Many residents hold jobs but face economic hardship due to low wages and high living costs.

### **Impact of Race and Ethnicity**

Anna has a mixed racial and ethnic background (White and Native American) that places her at the intersection of multiple cultural experiences that can influence her community support and healthcare access. Native American populations and people of color have faced long standing health inequalities in the United States, which can complicate Anna's situation (Smith, 2016). People of Native American heritage often experience higher rates of cancer and often have poorer outcomes due to barriers like limited access to quality care and discrimination within the healthcare system (CDC, 2024). This may add emotional weight to Anna's diagnosis due to these systemic challenges. Cultural misunderstandings or a lack of cultural competence from medical professionals could result in miscommunication or unmet needs, especially if providers are not sensitive to her unique cultural identity and healthcare preferences. Culturally sensitive care for Native Americans includes acknowledging and understanding that the violent actions put upon this group by American settlers and the government have all contributed to a certain level of mistrust of institutions including the health care system and might prevent some Indigenous people from seeking care when they need it. Many healthcare workers are not culturally sensitive and do not offer a more integrated approach to health care (especially mental health care) that brings together Native customs and modern resources (Oklahoma City University, 2022).

Anna may be able to find support in both her White and Native American communities. However, there is a limited Native American population in Athens, so she may experience

isolation from her cultural heritage and traditional healing practices (World Population Review, 2024). This isolation can contribute to her feeling alienated or confused during her cancer treatment process.

## **Christian Faith and Spiritual Considerations**

Anna's Christian faith will most likely play a significant role in how she navigates the challenges of facing leukemia. For many individuals, faith serves as a profound source of comfort, hope, and strength, and Anna may find herself turning to her beliefs to help her endure the physical, emotional, and spiritual toll of her illness. Her faith could provide a framework through which she makes sense of her diagnosis, viewing it not merely as an affliction, but part of a larger spiritual journey or divine plan that provides her with hope and a sense of purpose and understanding (Faith On the Journey, 2023). In the midst of uncertainty, her faith might offer her a way to experience peace, even when the future feels daunting.

In Athens, there are many local churches and religious communities that could offer Anna a strong support system. While many churches may rally around her during her illness, this support may come in waves, depending on the availability of church members or the fluctuating nature of charitable efforts and therefore, is not something Anna can constantly count on. Another potential challenge Anna may face is the tension that can arise from her status as an unmarried, single mother. In some conservative Christian communities, traditional views on family structure and morality could create barriers to support. This could leave her feeling isolated or rejected by the very community she would expect to offer her support in this time of crisis.

Moreover, Anna's Christian beliefs might also lead to an internal conflict as she navigates the complex intersection of faith and medical treatment. Based on the strength of her religious convictions, she may struggle with reconciling the use of medical interventions with faith-based healing practices. Some Christians hold strong beliefs about the role of divine intervention in healing, and Anna may find herself grappling with questions about whether she should rely solely on prayer and spiritual practices or whether medical treatment is compatible with her faith (Loue, 2020). This tension could be further complicated if her faith community has strong opinions about health, illness, and healing. Ultimately, Anna's journey with leukemia may require her to reconcile her beliefs with the medical treatment she is receiving, which could be a deeply personal and emotional process.

## **Age and Gender Considerations**

Anna's young age may impact her mental health as she faces the daunting challenges of a cancer diagnosis, low socioeconomic status, limited support, and the responsibility of caring for two young children. Navigating these stressors simultaneously can place enormous emotional and psychological strain on Anna, especially due to her young age, and may lead to overwhelming feelings of stress, anxiety, depression, and isolation.

As a woman and single mother, Anna may feel the societal pressures that often come with these roles. There is an implicit expectation for mothers to be loving nurturers and the perfect caregivers who are always present, always capable, and always sacrificing their own needs for the sake of their children. These pressures can be particularly intense for single mothers, such as Anna, who may already feel that they are 'doing it all' without the support of a

partner. For Anna, these societal expectations may amplify feelings of guilt and inadequacy, especially when she is unable to meet these idealized standards due to her diagnosis.

The internal conflict between wanting to be a perfect mother like society expects and the reality of her current situation can contribute to intense emotional turmoil. Anna may feel that she is failing her children by not being able to provide for them in the way she would like. In addition, the societal stigma associated with single motherhood and financial instability can make it even harder for Anna to reach out for help. She may worry about being judged by others for not being able to live up to societal expectations of what a ‘good’ mother should be. This could cause her to be reluctant to ask for help or to admit her struggles, for fear of being perceived as weak, incapable, or inadequate.

## **Stigma and Discrimination**

At 23, as a single mother, Anna faces many unique pressures including balancing motherhood with the demands of cancer treatment. Stigma and discrimination can play a role in Anna’s experience with leukemia due to her being a young, single mother of low socioeconomic status and a mixed racial background. Cancer patients often face emotional and social stigma due to misconceptions or fear associated with the disease (National Cancer Institute, 2024). This could cause Anna to experience feelings of shame or social isolation. Anna may also face stigma due to being a single mother, especially if her community holds certain expectations around family structures or traditional gender roles. Stigma around single motherhood could include the misconception that the mother is not responsible as a person for getting into the situation of being a single mother, or that she is not capable of providing a “good” life for her children, so showing any need for help often makes others believe these stereotypes to be more true (Carroll,

2019). Chronic illness stigma is often that people do not believe the person with the chronic illness is telling the truth but is lying because usually chronic illness is not something that many people have experienced so it is difficult for the majority of people to understand the experience of chronic illness (Virant, 2021). Assistance stigma has a lot to do with many people believing that if the person in need of help could just work more or get a better paying job to be able to afford the things they would otherwise be receiving benefits for like SNAP or TANF, or even subsidized housing (Delaney, 2022).

These stigmas are often due to different cultural beliefs on different subjects and topics, or even topics that people just do not understand or have experienced so they form an opinion on something they have little knowledge on. Due to being mixed race, Anna may encounter either implicit or explicit discrimination from healthcare providers, members of her community, or employers. Racial microaggressions or systemic racism can hinder Anna's access to fair and equitable care (Tello, 2017). This discrimination, no matter how small or large, can lead to feelings of alienation and stress. Additionally, if Anna does experience discrimination or feels unsupported, she can internalize these beliefs which can create emotional barriers to her seeking help or fully engaging in treatment.

### *Social Determinants*

#### **Family and Community Support**

Anna's family situation is a key social determinant in her ability to navigate the multiple challenges she faces following her cancer diagnosis. Balancing the emotional and physical toll of her cancer diagnosis with low socioeconomic status and the responsibilities of being a mother is already an overwhelming burden. The lack of support from her children's father and the absence

of nearby family members further intensifies her stress and isolation. In many cases, family and social networks are essential sources of emotional and financial support, particularly after the diagnosis of a severe illness like leukemia. Without these supports, is left to manage her treatment and her parenting duties largely on her own, which could contribute to her having worsened mental health.

In a place like Athens, where traditional Southern values may often emphasize the importance of family as the primary source of support, Anna may feel a deep sense of shame or guilt about not having this expected network in place. Southern cultural norms often reinforce the notion of personal responsibility, which might make Anna reluctant to seek help outside of her immediate family circle. This could prevent Anna from reaching out to friends or local organizations that could help provide the assistance she needs, whether that is in the form of child care, transportation to medical appointments, or emotional support. Anna may feel stigmatized by the idea of accepting help, especially if she is unfamiliar with resources in the community or feels that asking for help could be seen as a sign of weakness or failure (Lezcano, 2021). Without the ability to utilize local support networks, Anna may face the challenge of managing her illness while also dealing with the pressures of motherhood and financial instability alone and without the resources she needs.

### **Challenges of Social Isolation**

As a single mother with a life threatening illness, Anna's daily life is filled with a multitude of demands that require much of her time, energy, and emotional resources. The isolation she may be experiencing as a result of both her cancer diagnosis and her role as a single mother in a community with limited social support may feel overwhelming and inescapable for

her. Research shows that people living with cancer are more likely to experience isolation and loneliness compared to those without cancer, and this sense of isolation can significantly affect their mental health. Individuals with cancer are more likely to struggle with anxiety, depression, and thoughts of suicide. The risk is especially pertinent in certain groups, including marginalized populations, single parents, and younger adults - all of which groups Anna belongs to (American Cancer Society, 2023). For Anna, the intersection of these stressors means she is more vulnerable to mental health challenges that may further isolate her from the help she desperately needs.

In Athens, as in many parts of the South, there may be a stigma surrounding mental health, which could exacerbate Anna's sense of isolation and further discourage Anna from seeking help. In southern culture, mental health struggles can often be misunderstood or seen as a sign of weakness or spiritual failing, rather than as a legitimate health concern. Without social connections that might encourage Anna to seek professional help or participate in support groups, she may end up suffering in silence which can potentially jeopardize her physical and mental health. Her faith organizations could be a source of support and decrease her social isolation, but the stigma around mental health, particularly in religious settings, may make it difficult for Anna to openly seek help. Between her cancer treatments, financial issues, and being a single mother, social isolation is likely a significant challenge for Anna, especially since she has little family and social support.

## **Healthcare Accessibility**

Although Anna qualifies for Medicaid, which provides coverage for the majority of her medical expenses, Medicaid in Georgia has significant limitations and restrictions that may

hinder her access to comprehensive care. While Medicaid is essential in providing support for those in need, the system often fails to meet the needs of recipients in practical ways.

One of the most significant barriers Medicaid recipients face is the challenge of accessing timely care. On average, Medicaid patients face longer wait times compared to patients with private insurance. The median wait time for Medicaid patients is 4.6 minutes, while privately insured patients have a median wait time of 4.1 minutes (Oostrom et al., 2017). While these numbers seem relatively small, they reflect a more broad trend that can have a significant impact on the ability of Medicaid recipients to receive prompt care. Additionally, 18% of visits for Medicaid patients have a wait time of over 20 minutes, compared to 16.3% for privately insured patients. Research has shown that in states with lower Medicaid reimbursement rates, such as Georgia, Medicaid patients were especially likely to wait longer than privately insured patients (Oostrom et al., 2017).

In addition to longer wait times, there is also a high level of difficulty with obtaining specialty care for Medicaid patients. A number of barriers contribute to this difficulty including barriers related to payment, coverage, and availability of appointments, including low Medicaid payment rates for specialists, few specialists in Medicaid managed care organization (MCO) networks accepting new patients, lack of Medicaid coverage for telemedicine, and Medicaid MCOs' administrative requirements for obtaining specialist consults (Timbie et al., 2019).

The lack of flexibility in Medicaid's coverage, coupled with long wait times and limited access to specialists, presents a significant challenge for Anna as she navigates her cancer diagnosis and treatment. These barriers may prevent Anna from accessing the full range of care she needs, including chemotherapy, ongoing treatments, and mental health support. For Anna, timely and comprehensive care is crucial to both her physical and mental well being. The

systemic challenges she faces not only adds frustration to an already difficult journey, but could also jeopardize her health and potentially even be life-threatening.

## **Housing Stability and Living Conditions**

Housing stability is another major factor that can significantly impact Anna's health and well-being. Given her financial difficulties, she may not be able to afford rent and utilities for her own house, putting her at risk of housing instability or even homelessness. This can be particularly challenging for someone with cancer, as a stable and safe living environment is essential for recovery and good mental health. If Ann does not have an affordable place to live, this could exacerbate both the physical and emotional toll of her cancer, making it more difficult for her to focus on treatment and self care.

A possible solution to Anna's housing difficulties may be subsidized housing. Subsidized (or public) housing is a program that is available at the federal, state, and local levels and is designed to make housing more affordable for people in financial need. The U.S. The Department of Housing and Urban Development administers many of these programs, which offer financial assistance in the form of rent subsidies or housing options in specified areas for people with low income (U.S. Department of Housing and Urban Development, 2018). However, despite the potential benefits, there is often a stigma associated with using public housing services. Anna could feel ashamed to apply for assistance due to social attitudes that view public housing as a sign of personal failure. This stigma could prevent Anna from seeking out the help she needs, even though these programs are designed to help people facing financial hardships, like Anna. The fear of judgement or perceived inadequacy may be especially difficult for Anna as a mother, as she may feel pressured to provide for her children without external assistance.

This internalized stigma could prevent Anna from seeking help, even if it's necessary for her and her children's safety and well-being.

In addition to the stigma, housing availability in Athens can be a major obstacle due to its mixed socioeconomic environment, where access to safe, affordable housing can be limited, especially for low-income families. If Anna is living in substandard conditions, it could have a direct impact on her physical health, potentially exacerbating her cancer symptoms or interfering with her ability to rest and recover. Additionally, substandard housing could affect Anna's mental health, adding to the emotional burden she is already experiencing due to her cancer diagnosis and financial instability. Living in an unsafe environment could lead to Anna experiencing increased anxiety, depression, and stress, all of which can damage her physical health and her ability to manage her cancer. Anna having a lack of stability in her living situation may also impact her children's well-being, creating Anna to have additional worries about their safety and future.

#### Part B: What is Needed?

The person who most urgently needs support in this situation is Anna, a 23-year-old mother recently diagnosed with leukemia. In addition to facing her own health challenges, Anna is a single mother with young children at home. Despite having Medicaid, she struggles both financially and emotionally. Without nearby family or other support, Anna faces significant difficulties in managing her illness and caregiving responsibilities. While Medicaid covers her leukemia treatment and some mental health resources, there are still many pressing needs. Anna requires assistance in finding Medicaid-accepted healthcare providers, securing childcare, arranging transportation, maintaining an income, covering everyday living expenses, and managing the additional costs of raising young children.

### *Healthcare and Insurance Coverage*

Anna's most pressing need is treatment for her leukemia diagnosis. She was diagnosed with acute lymphoblastic leukemia (ALL), a form of cancer that requires intensive and ongoing treatment. This treatment regimen can vary depending on the specifics of her case, but it typically includes chemotherapy, immunotherapy, potentially stem cell transplants, and other supportive therapies, depending on what her doctor decides is the best approach. The financial burden of such treatment is substantial, with the average cost of treatment exceeding \$695,000 over a 36 month period for adults aged 13 and older (Turcotte et al., 2022).

While Anna is fortunate to qualify for Medicaid, which covers a significant portion of her cancer treatment, but, Medicaid often leaves gaps in coverage. Medicaid may not cover all costs associated with her treatment, leaving Anna with out of pocket expenses that can quickly accumulate. While Medicaid covers hospital visits, treatments, and some medications, it does not fully eliminate the financial burden. Costs of supportive care, uncovered prescriptions, over the counter medications, and other indirect costs can quickly add up, making it difficult for Anna to maintain financial stability. Another significant healthcare concern is the potential need for home care services. As Anna's treatment progresses, she may reach a point where she requires assistance with daily activities such as meal preparation, personal hygiene, or mobility, especially if she becomes too ill to care for herself. Medicaid has some coverage for these services, but the scope and availability can vary based on the specific Medicaid program and the state resided in. Not all necessary home care services may be covered, leaving Anna potentially having to pay out of pocket for these services if she ends up needing them (American Council on Aging, 2024).

Additionally, there are many providers who do not accept Medicaid, limiting Anna's choices for medical care. Even when she does find providers who accept Medicaid, these providers may not always be able to accommodate her needs. These providers may not be accepting new patients or offering timely appointments. On average, cancer patients on Medicaid face longer wait times for appointments and experience more delays in the initiation of their treatment when compared to those with private insurance (PBS, 2023). Therefore, in addition to navigating her medical condition, Anna will need to actively search for Medicaid-accepting providers who are currently accepting new patients and schedule her appointments as soon as possible. Anna may need help finding these providers and scheduling appointments, along with help covering the costs of her cancer care not covered by Medicaid like uncovered prescriptions and home care services.

### *Basic Living Expenses*

Anna's financial struggles exacerbate the challenges she faces in managing her health condition. Although she works, her income is low which makes it increasingly difficult to cover even basic living expenses, let alone the additional costs of her cancer care. As her health declines, Anna will likely have to reduce her working hours. The time needed for medical appointments and caring for her children further limit her ability to earn a steady income.

Living in Georgia, Anna is faced with a strict threshold for Medicaid eligibility. As an adult with minor children, she must earn an annual income of less than 38% of the Federal Poverty Level (FPL), or around \$7,600 for a family of three in order to qualify for Medicaid (Georgia budget & Policy Institute, 2015). This low-income threshold highlights the precarious financial position Anna is in, making it hard for her to meet even basic needs.

Affording basic living expenses such as rent, utilities, food, and supplies for both her and her children will be one of the most pressing concerns Anna will face. The cost of these necessities adds up quickly, especially with two young children. Including all of these factors (assuming she does not live in government housing), the average cost of living for her and her two children in Athens is estimated to be around \$4,300 - \$4,500 per month (Living Cost, 2020). Without a steady and sufficient income, Anna could face difficulty securing stable housing and paying for essential utilities such as electricity and water that Anna must be able to pay for in order to provide a safe home for her children. As housing prices continue to rise, Anna risks falling into housing instability, adding more stress to an already overwhelming situation.

Among basic living expenses, one of the most pressing concerns is food insecurity. Due to her limited income and growing medical expenses, feeding herself and her two children nutritious meals could become increasingly difficult, especially with rising grocery prices. Furthermore, cancer treatment can lead to side effects such as severe fatigue and nausea, reducing Anna's ability to shop for and prepare healthy meals, leaving Anna with even fewer resources to ensure her children have the nourishment they need. Additionally, due to their young age, her children most likely still need various supplies like diapers, possibly formula, frequent new clothes due to rapid growth, toys, and age appropriate education materials.

Beyond these basic needs, Anna faces the added burden of managing other essential expenses. For example, being able to pay her phone bill is critical for staying in touch with her healthcare providers and maintaining her job. Without a phone, Anna would struggle with scheduling appointments, receiving medical updates, or communicating with her employer. Additionally, if she has accumulated any debt due to previous medical bills or living expenses, these ongoing payments could add to her financial strain. Anna will also need to manage small

but significant personal expenses, such as toiletries, cleaning supplies, and other household items.

The combination of healthcare costs, a limited income, and the rising cost of living puts Anna in an untenable situation. With so many financial demands competing for her limited resources, she faces a constant struggle to meet even her most basic living expenses. Anna will require significant assistance to secure stable, affordable housing, as well as help covering essential needs like nutritious food, clothes for her children, and other daily necessities.

### *Childcare and Parenting Support*

Anna faces significant challenges in balancing her healthcare needs with her responsibilities as a mother of two young children. With no family nearby to help, and no significant other to help either, finding adequate childcare will be one of her biggest obstacles as she seeks medical treatment. Her children are not yet old enough to attend school, which means Anna will need to find alternative childcare options for while she is working, attending medical appointments, or simply not feeling well enough to care for them herself.

The cost of childcare in Georgia is extremely expensive. The average cost of childcare for her two children (an infant and a four year old) in full time care is around \$1,319 per month, which is around \$14,144 annually (Winnie, 2023). Given that Anna's income is below the federal poverty line, this cost would consume more than half of her total salary, making it financially unattainable. Without a social safety net, family support, or a strong network of friends, finding affordable and reliable childcare becomes an enormous barrier to Anna's ability to seek and maintain treatment.

Even when Anna is not attending appointments or working, due to her children being so young, they will need constant care and attention, which Anna may not have the physical energy or mental clarity to do. Basic tasks like meal preparation, diaper changes, and general supervision could become overwhelming, especially as her health declines. If she is unable to care for her children, she will need to rely on outside help, which can present significant challenges given her financial constraints.

Without access to a reliable support system, Anna's ability to care for her children at home will be severely compromised. She will need assistance not only finding affordable childcare options, but also securing help with daily caregiving tasks to ensure that her children's needs are met when she is too ill or fatigued to care for them herself.

### *Transportation*

Transportation is a significant barrier for Anna as she navigates the demands of her medical treatment and caregiving responsibilities. The time-intensive nature of treatment for Acute Lymphoblastic Leukemia (ALL) compounds this issue. The induction phase, which occurs during the first month of treatment, requires patients to spend a significant amount of time in the hospital, on average around 40-60 hours per week. The subsequent consolidation phase lasts a few months and requires patients to visit the hospital several times a week for a few hours, with the average being about 20-30 hours per week. Even in the maintenance phase, which can last for upwards of 2 years, Anna will need to visit the hospital weekly or biweekly for treatments that can take on average 5-10 hours a week (American Cancer Society, 2021).

Finding reliable transportation to and from these appointments will be a constant logistical challenge for Anna, especially considering her limited resources. If Anna has a car,

long commutes to treatments with multiple trips per week can quickly add up in fuel costs, car insurance, and potential parking fees at medical facilities, further straining her tight budget. If Anna does not have a car, she may have to rely on public transportation. While Athens does offer free public transportation, it might not be the most convenient option. Public buses may not be very reliable which could cause her to miss appointments or arrive late, resulting in fees and delayed treatment.

Overall, transportation difficulties pose a significant barrier to Anna's ability to attend medical appointments consistently, potentially impacting her treatment progress and overall health. Anna requires reliable, affordable transportation to access her medical care and other essential destinations. If she owns a car, she will need assistance with covering the costs associated with it.

### *Emotional and Mental Health Support*

In addition to physical treatment for her cancer, Anna will also need mental health counseling to address the emotional and psychological toll of her diagnosis and treatment. This process will mirror that of her physical treatment in many ways. She will need to identify a mental health provider who accepts Medicaid, schedule appointments, and take time off to attend these sessions. Finding childcare for her children and finding transportation to the appointment are other logistical challenges.

The intensity of Anna's cancer treatment, combined with the financial strain she is under and the responsibility of caring for her children, place an overwhelming burden on her mental health. The emotional toll of navigating these multiple stressors may lead to feelings of anxiety, depression, or burnout, all of which can impact her ability to cope with her diagnosis and

treatment. In cases like Annas where more intense support is most likely needed, she will most likely need to attend multiple sessions a week, potentially totalling 2-3 hours per week (Zizinia, 2022).

Regular mental health counseling is not only essential for helping Anna cope with the immediate emotional challenges of her cancer diagnosis, but also for equipping her with the coping mechanisms, emotional support, and resilience needed to navigate the ongoing difficulties she faces throughout her treatment journey. In order to fully address her needs, Anan requires access to affordable and easily accessible mental health resources, such as counseling, to support her emotional well-being during this challenging time.

### **Part C: Resources and Asset Map**

#### **Healthcare**

##### *Piedmont Athens Regional Hospital*

Piedmont Athens Regional Hospital is a hospital located in Athens, Georgia that provides many different healthcare services (Piedmont Athens Regional Hospital, 2024). This hospital offers medical services that range from scheduled examination check-ups, long term treatment, and emergency services. Piedmont has a good oncology department that can offer many forms of treatment for varying cancer sources. Some of the treatment options within the oncology department include chemotherapy, radiation therapy, and clinical trial access for any emerging treatments. Within the oncology department of Piedmont Athens Regional, they also offer support services for aiding patients through the treatment process. To become a patient at

Piedmont Athens Regional, first call the office within the operating hours to schedule a new patient appointment or be referred by another healthcare provider.

A woman who is experiencing low-income and has a diagnosis of leukemia could greatly benefit from this site for treatment and support purposes. To become a patient for oncology care at Piedmont Athens Regional, the first step would be for her to call the number for the hospital and follow the prompt given to schedule a new patient appointment at (796) 475-7000, or schedule an appointment in person at 1199 Prince Ave, Athens, GA 30606, during their hours of operation. Once the appointment is scheduled, she would make sure to have her insurance care for her Medicaid with her to give to them after scheduling the appointment, either in person or over the phone. She would then need to arrive at the appointment at the scheduled time with her insurance card and her identification in hand to verify her information while she checks in at the front desk. Once she is at the appointment, a healthcare provider will provide information about the treatment and her specific situation for her leukemia as well as answer any questions she may have. She will then schedule a follow up appointment for the recommended course of action that the provider suggests, at the same front desk that she checked into her original appointment at, then go back to her home. Her children can join her for her appointment or be enrolled in childcare.

#### *University Cancer and Blood Center (UCBC)*

The University Cancer and Blood Center (UCBC) is a private, for-profit organization that is located in Athens, Georgia (University Cancer & Blood Center, n.d.). This organization is a medical based center that is specialized in cancer and blood disorders, especially blood specific cancers such as Leukemia. UCBC aims to improve the quality of life for their patients by

offering both medical care and holistic approach assistance. The medical center offers many different types of support to patients with either cancer and/or blood disorders including screening, diagnosis, treatments, and non-medical forms of support including financial advice, nutritional advice, and transportation support. UCBC accepts Medicaid and is equipped to help guide patients with Medicaid to receive their full benefits to best support their medical costs needs, this along with the other forms of financial support makes this facility accessible to individuals experiencing low-income. The financial counseling offered to patients is used for helping patients understand their Medicaid benefits and get the most out of their benefits as they can for their specific situation. The nutritional advice support offered includes information on how to eat nutritionally, especially for someone who is undergoing cancer treatment and patients receive specific nutritional suggestions based on their current experience and situation with treatment. Transportation support from this organization does not directly come from UCBC, but from a partnership that UCBC has with American Cancer Society's Road to Recovery program that can offer no-cost rides for cancer related journeys and Cancer Care that offers a limited financial support for cost of transportation while having cancer. To be eligible to receive care and support from this organization, a patient must be diagnosed with a type of cancer or blood disorder, like leukemia, and have the insurance or financial assistance to support the cost of care.

A single mother that is experiencing low-income and battling leukemia will have many pillars of support at UCBC. For her to start at this facility, she would call their office number at (706) 353-2990, or show up to the office during their open hours at 3320 Old Jefferson Rd Bldg 800, Athens, GA 30607. She would then schedule an appointment to become a new patient. At this point she would let the office know she is interested in using the Roads to Recovery services, and the administration of UCBC will help her with getting her scheduled for pick up and drop off

for her upcoming appointment with the American Cancer Society (American Cancer Society, 2024). It would also be at this point she would verify that she has Medicaid insurance and she would need to have her information for her insurance plan with her while making this appointment. For preparing for her appointment she would need to bring all previous history documents that she has as well as a list of all current (if any) medications being taken, including over the counter medications that were not obtained by a doctor. She will also need her insurance card for medicaid and her identification, this can be a driver's license or whatever form of picture identification she may have. Once she has gotten to the appointment, preferably a few minutes early, she will meet with her doctors that will be working with her during her leukemia treatment and they will give information about her medical situation and answer any questions she may have. When the appointment is over she may want to explore the other options of support including the financial counseling or nutritional advice, these services would also require an appointment. She could schedule these appointments alongside with scheduling her following appointment with the doctors to possibly begin her treatment at the desk that she checked in at for her original appointment. She would then either drive, or possibly take the Roads to Recovery ride back to her home or where she was before her appointment. Her children may join her for this appointment or be in childcare

### *Piedmonts Pediatrics*

Piedmont Pediatrics is a private, for-profit healthcare organization located in Athens, Georgia (Piedmont Pediatrics, 2024). Piedmont Pediatrics specializes in the healthcare of children from birth until young adulthood. This organization dedicates its effort to improving children's wellbeing through many means of high-quality care and support services that apply for

both the child patient and their families. Some of the services provided by Piedmont Pediatrics include the check-up visits for children, immunizations and vaccinations, treatment options for both acute and long term illnesses, as well as assessing development of the children. Medical care is offered alongside non-medical support which includes nutritional advice, resources for behavioral health, and financial assistance for the ensurement of accessible care to varying socioeconomic status families.

Piedmont Pediatrics accepts Medicaid and works with families to maximize the benefits from their insurance. The financial counseling includes navigating the family's specific Peachcare coverage to help understand costs and make sure their children are covered for any healthcare support needed. The nutritional advice for this site offers management of health through food, including weight management, allergies, or specific dietary needs that the children might experience. Transportation assistance includes the partnership of Piedmont Pediatrics with other organizations such as Ride to Care, that offers low or no cost transportation to and from medical based appointments.

A single mother experiencing low income with children who are in need of pediatric care can find many different kinds of support at Piedmont Pediatrics. To begin receiving care at this medical facility, she would call their office at (706) 548-2246 or visit their location at 1500 Oglethorpe Avenue, Suite 300A, Athens, GA 30606, during regular business hours to schedule an appointment. It would be at this time she would inform the office of her Medicaid coverage as well as her children's Peachcare coverage and have her insurance card and identification, including a driver's license, ready to verify her identity. If aid in transportation is needed, she would mention this during the appointment scheduling process, and the staff would guide her in

connecting with the partnered organization Ride to Care or another similar service for arranging rides to and from the clinic for her childrens appointment.

For their initial appointment, she would need to bring her child's medical history, which includes records of past vaccinations, any previous diagnoses or treatments the children might have, and a list of current medications being taken at home or in a clinical setting (including over-the-counter medications). At this appointment, she will meet the pediatrician who will be providing her child's care. The pediatrician will conduct a check-up assessment, which they will then provide information on her children's health and development, and answer any questions she may have for the provider. Once the appointment is over, the mother could explore other support services offered, including financial counseling to better understand her Medicaid and Peachcare benefits or even nutritional counseling to receive specific advice for her child's dietary needs for their optimal health. To access these additional services, there would have to be separate appointments than the medical based appointment, which can be scheduled at the same front desk from checking in, before leaving the clinic. Once the visit is done, she could return back home with her children by either using her own transportation or through the arranged Ride to Care service.

## **Insurance**

### *Medicaid and Peachcare*

Medicaid and Peachcare for Kids are both governmentally-funded programs that provide medical coverage for those who are experiencing low-income (Center for Medicare and Medicaid, 2024). The goal of these insurance programs are to improve access to medical care and they are doing this by covering the cost of services including visits to a provider, overnight

stays at a hospital, immunizations and vaccines, medications prescribed by a provider, other preventive healthcare services like screenings for diagnosis and check ups.

Medicaid is a low or no cost insurance option for children, women who are pregnant, people who have disabilities, and people who are experiencing low income. Eligibility for Medicaid is dependent on the total household income, size of the household, and other factors such as pregnancy or disability status.

PeachCare for Kids is a part of the federal CHIP program which offers low or no cost insurance for children in families who earn too much for Medicaid but cannot afford private insurance. All children who are United States citizens and are under the age of 18 qualify for Peachcare for Kids insurance. Peachcare covers a wide range of medical services including dental care, vision, primary care, and treatment for long and short term illnesses. Families who utilize Peachcare for Kids pay a small premium each month if it is required and do not have any co-payments for preventative care.

For either program, applications can be submitted online through the Georgia Gateway website at <https://gateway.ga.gov/access/>, or in person at the local Division of Family and Children Services (DFCS) offices at 284 North Ave, Athens, GA 3060, during open office hours. To apply for Medicaid and Peachcare for Kids, the required documents that would be needed include proof of income which could be a tax form or pay stub, residency like a piece of mail that has both the name and address, and also identification. These programs would aid in eliminating financial barriers to access healthcare and treatment for both herself for her leukemia, as well as her children for their routine healthcare which is critical at a young age. The financial barriers that would be eliminated would be the cost of care including treatments like

chemotherapy, medications that would be important for treatment recovery, and routine check-ups for herself and her children. The elimination of these costs would allow for a better chance of success for her treatment that is often expensive and would not have been as easily available without this program.

## **Housing**

### *Athens Housing Authority*

The Athens Housing Authority (AHA) is a public organization based in Athens, Georgia, that is dedicated to providing affordable housing options for individuals and families who are experiencing low-income (Athens Housing Authority, n.d.). The AHA's goal is to offer housing at a reduced or subsidized rate with the aim of fostering stability, to aid in financial independence, and community engagement for those who need assistance. As well as housing assistance, AHA offers additional resources including financial counseling, job readiness programs, and varying opportunities for education. These additional services are made to aid residents' achievement of long-term stability and self-sufficiency. The financial counseling services help individuals with financial situations including budgeting, understanding the responsibilities of renting, and access to additional financial services outside of AHA. This organization is useful for many people who are experiencing this issue, but due to high demand, there is a 6 month to 2 year waiting period for application acceptance, this may be a barrier to their assistance. To be eligible for AHA programs, the criteria is income based, as well as family size, and residency status. Applicants are detailed and require proof of income level, household size, and residency status.

For a single mother who is experiencing low income, there is valuable support offered through the AHA. To start this process, she would contact the AHA office at (706) 425-5300 or go in person to their main office located at 300 S. Rocksprings Street, Athens, GA 30606 during regular business hours, or visit the website <https://www.athenshousing.org/> to apply. She would need to complete an application for public housing or Section 8 vouchers. During the application she would need to provide documents that include proof of income, identification, and birth certificates for her children. Once she is approved, AHA will either assign her housing or aid in locating properties that accept Section 8 vouchers in Athens. While doing the orientation, she could ask about any additional resources including financial counseling. Working with the AHA, a single mother who is experiencing low-income could find safe and affordable housing for her and her family while undergoing treatment for her leukemia. This assistance will provide security for her residency status and help her to build a stable future for herself and family.

## **Nutrition**

### *Supplemental Nutrition Assistance Program*

The Supplemental Nutrition Assistance Program also known as SNAP is a federally funded assistance program that helps individuals who are experiencing low income as well as their families to have the ability to purchase nutritious foods (U.S. Department of Agriculture, Food and Nutrition Service, n.d.). SNAP in Georgia is administered by the Division of Family and Children Services or DFCS to administer the benefits via an Electronic Benefits Transfer or EBT card. The overall aim of this program is reducing food insecurity and in hand improving health and overall well-being of participants by allowing access to nutritious essential foods.

Some of these essential food items include fruits, vegetables, meats, dairy, and bread. Only food items such as these are eligible for benefit coverage through this program. This program does not include non-food items or prepared meals. Benefits through this program are determined by size of household, income levels, and average expenses. SNAP also offers additional support including nutritional education for participants to be able to maximize their benefits to make healthier food choices. The combination of both financial and educational aid allows for participants to make the most of their received benefits to afford and maintain a nutritious diet which is important for overall health.

Eligibility for the SNAP program requires the applicants must meet specific income requirements as well as be a current United States citizen and provide proof of identity, residency, and household income. Income eligibility is specific to each income and household situation and the specific dollar requirements will be listed on the DFCS website. To apply for SNAP, the first step is to visit the DFCS website and then from there go to the Georgia Gateway portal. Once an account is created for the Georgia gateway portal fill out an application for SNAP. This application could also be filled out in person at the DFCS office.

A single mother that is diagnosed with leukemia and is experiencing low income would have many benefits from this program. To start the process she would have to visit the Georgia gateway portal at <https://gateway.ga.gov/access/> or go to the DFCS office in person at 284 North Avenue Athens, GA, 30601 to apply for SNAP. While filing the application she will have to provide documentation of income housing and identification as well as her children's birth certificates. When she is approved she will receive an EBT card that is used to purchase groceries from authorized participants. She will be given a balance of benefits that is to be renewed monthly and the balance is dependent on her income level and household number. This

card will act as the payment option to access her balance of benefits during the transaction of buying grocery item foods. She will be able to purchase foods including fruits, vegetables, meats, dairy, and bread and other packaged foods that are not prepared meals with this card. For checking the balance of her benefits she is able to call the DFCS helpline at 1-877-423-4746. These benefits allow for this woman that is experiencing low income to feed herself and her children nutritionally balanced foods for maintaining their health and ensuring they are not food insecure.

## **Emotional and Mental Health Support**

### *The Loran Smith Center for Cancer Support*

The Loran Smith Center for Cancer Support is a free cancer support foundation that is a part of Piedmont Athens Regional Medical Center in Athens, Georgia (Loran Smith Center for Cancer Support). The support offered for cancer patients by this foundation is for both the patients themselves as well as their families for no cost. The type of support that the Loran Smith foundation offers is educational workshops, cancer patients support groups, individual counseling, and resource libraries that focus on the support of patients before, during and after cancer treatment. As this center is funded by the Piedmont Athens Regional Foundation, this is a non-profit organization. The eligibility for this foundation is to be a patient with cancer at Piedmont Athens Regional or another medical center, or to be a family member of a cancer patient, either before, during, or after having cancer.

The process for applying to this foundation for a single mom battling leukemia is if she is a patient is at Athens Regional and has cancer then a representative will visit them in their room or contact them to reach out and let the patient know about the opportunities the program offers,

or if a non-patient is interested then call the Loran Smith foundation at 706-475-4900 or visit in person at 240 Talmadge Drive during their hours of operation to schedule an appointment. Once an appointment is scheduled at arrival be sure to bring medical documentation of cancer diagnosis and other documentation such as residency and identification. When meeting with a counselor, this is the time to inquire about their services that the center provides, including emotional counseling, support groups and workshops. The counselor will discuss the patient or family's needs and schedule appropriate support based off of the discussed needs. Once the scheduling of specific support is done the patient is able to leave. Children are able to come to these meetings as this is a family oriented facility.

## **Childcare and Parenting Support**

### *Childcare and Parent Services (CAPS)*

CAPS is a state governmentally funded program that offers aid in costs of childcare, primarily with the goal of providing the ability of the parents to afford childcare so they can work, go to school, or even training programs (Georgia Department of Early Care and Learning, n.d.). CAPS is a local government agency that is funded by the state of Georgia. The eligibility for this program is that the applicant must be a resident of Georgia, have children that are no older than 12 (some disabilities qualify for up to 17), and have specific income or activity requirements. This program is useful for families that are experiencing low income that need assistance for child care so their children can be safe when the parents or adults are working or undergoing medical treatment. To apply for this program the applicant can either call 1-833-442-2277 or visit the Georgia gateway online portal at <https://gateway.ga.gov/access/> to apply. For in person applications or questions the division of family and children services or

DFCS at 284 North Avenue Athens, GA, 30601 will be the office to visit for an in person application. Once the application is accepted and approved the families will receive notice of the approval with the approved benefits. The families will still be paying a small portion of the childcare fees through a family assessed fee. Families who were approved also will be assigned a family support consultant to help them navigate any possible changes in circumstance and to get them in touch with additional resources. Having the access to affordable child care during treatment of leukemia will be greatly beneficial for this low income experiencing mother as having two small children while battling a disease like cancer is difficult and requires additional support both financially and through childcare which this program offers.

## **Transportation**

### *Athens-Clarke County Transit*

Athens-Clarke county public transit system is a public transportation system that is offered around Athens and provides safe transportation for all people within the Athens-Clarke county area (Athens-Clarke County Unified Government, n.d.). The many options for routes within Athens offers the ability to get to many different places in Athens for low or no cost and safely. The Athens transit system runs from Monday through Saturday starting as early as 6:30 AM and runs as late as 6 PM. The requirements to use Athens-Clarke county public transportation are to not use drugs, alcohol, or harm anyone while on the transportation. There is no application process for utilizing this resource as it is a public resource for all residents and visitors of Athens to use. All people of Athens are permitted to use the public transportation system without a fee due to the local government eliminating the costs because of a partnership with the University of Georgia. To use the public transportation system, first go to the public

transportation website and download the Athens-Clarke county bus app to understand where the bus is and which bus to take to each stop. For information on routes and stops without a phone, maps with schedules are available at the Athens Clarke County Multimodal Transportation Center for free. How a single mother with two small children who is experiencing low income would navigate this transit system is she would start by finding the closest stop to her residence by using the map of stops and routes. Once she has found the closest stop to her residence she will next understand which route she will need to get on the bus to get to her desired destination. Once the bus for that route has reached the stop that she is currently at she will get onto the bus and either sit down or pay a small fee and sit down with her children. Once on the bus she will wait for her desired stop that is near her destination and then she will get off the bus at that stop. To return to her original destination she will do the same set of sequences again but returning back to where she started. All bus routes are loops or circles so to return to a starting destination she would get on the same bus and route that she took to get to her ending destination. This resource is very useful for her particular situation due to her experience in low income she likely does not have access to transportation which is very important for accessing care, nutrition, work, or even childcare.

#### *American Cancer Society- Road to Recovery*

The American Cancer Society's Road To Recovery program is a volunteer based program that offers free transportation for cancer patients who do not have reliable access to treatment (American Cancer Society, 2024). Volunteer drivers use their own vehicles to give patients safe and timely rides to and from their medical appointments. This access to transportation ensures the patient can adhere to important treatment schedules that are important for their treatment and

recovery. This program helps to alleviate stress of arranging transportation for someone without reliable transportation and eliminates a common barrier to care, which is especially adherent for patients who are experiencing low income or those without personal vehicles.

To qualify for the program, The travel must be for a cancer related medical appointment and some patients, including minors or requiring assistance, may require a caregiver to accompany them on their journey. To schedule a ride, first contact the American Cancer Society at 1-800-227-2345, where they gather information about the patient's current and upcoming treatment schedule and location. It is encouraged for patients to give the program ample time for coordination so calling many days in advance would be advised.

A single mother undergoing treatment for leukemia could benefit greatly by using the Road To Recovery program. Free transportation reduces a financial strain and guarantees she can focus on her health while maintaining her responsibilities to her family by having the ability to receive her care, without affecting her income or budget. On the day of her medical appointment, a driver volunteer will come to her and pick her up, and ensure she arrives at her treatment facility on time. After her appointment, the driver would take her back home, this allows for less time and effort being put into going to treatment overall, which is already a lot of time and effort. This time she gets back by being able to go straight to her appointment and back allows her to have less stress about her treatment and spend more time with her family.

## **General Employment and Financial Assistance**

*Temporary Assistance for Needy Families (TANF)*

TANF is a federally funded program for families that are facing difficult times either temporarily or for some extended period of time for many reasons (U.S. Department of Health and Human Services, 2024). This program provides some financial support as well as child care assistance for families living in low income situations who are trying to get out of poverty.

Eligibility of TANF includes being a U.S. citizen for families with children, the child must be under the age of 18, or 19 if they are enrolled in college as a full time student. A child must be “deprived” of at least one of the following: long term absence of at least one parent from the household, physical / mental incapability of at least one of the parents, loss of parent due to death. All members of the family/household must have or apply for a social security number. All children who are of age to attend or have not received a high school diploma must have a satisfied attendance at school. All preschool children have to have their updated immunization records. Only available to receive this benefit for 48 months total in a lifetime, there are special exceptions to this requirement that involve hardships including domestic violence and new physical or mental incapacities.

The application process for this program includes creating an account on the Georgia Gateway website at <https://gateway.ga.gov/access/> or in person at the DFCS offices at 284 North Avenue Athens, GA and fill out an application for the Temporary Assistance for Needy Families or TANF. Once the application is approved, the applicant will receive a letter in the mail or email notifying them of their acceptance. The benefits received are an income-based amount so they are dependent on the applicants income level for the benefits. The benefits will be received by mail each month and has a limit of 48 months total for a person's lifetime.

## Part D: Sustainable solution

### *Immediate Challenges*

Anna is facing a very difficult situation and while she does have access to resources and some support, it is not nearly enough. While she has access to these sources, they are temporary and not enough to meet all of her needs while dealing with this disease. What is really needed for someone in Anna's position is more long term and sustainable solutions that address both her immediate challenges and the underlying systemic issues affecting her ability to cope with cancer treatment and care for her young children while having low income.

### *Stigma Surrounding Cancer and Poverty*

Stigma surrounding both cancer and poverty can make things even harder for someone like Anna. People in her situation may feel isolated or judged because of their illness or financial struggles. This stigma can prevent individuals from seeking help or fully using the available resources. Overcoming this stigma requires not only more awareness and education but also creating a culture of inclusivity and empathy within healthcare systems and communities. If we reduce this stigma, we can help people feel comfortable seeking out the help they truly need.

### *Challenges in Accessing Medical Care*

Better medical care is needed. While people in a similar situation to Anna can access care, it is often either difficult to afford or difficult to access in a timely manner. A long term

solution to this issue is having cancer treatment centers that are readily available to provide comprehensive services like medical care, emotional support, and social services. These centers should have the medical tools to have all leukemia treatments, prescription medications, and doctors visits. Having these centers not only be accessible but also affordable is important for people who need them to be able to access them. Having the cost of these centers being fully covered by insurance, no matter what the insurance is, is highly important in making sure they are accessible. Ensuring these centers are fully covered by Medicaid and Medicare so there are no out of pocket costs will allow for people to be able to get all of the care they need, even if they are low income. For those who do not have insurance, having low or no cost, financial counselors, and financial assistance programs will help with accessibility.

### *Addressing Financial Barriers*

Poverty remains a significant barrier to accessing care and support for people with chronic illnesses like cancer. For those living in poverty, the choice between paying for treatment or covering basic living expenses such as food and rent can be an impossible one. This financial stress makes it even harder for individuals like Anna to recover. Long-term solutions need to address these financial challenges directly, making sure people battling cancer aren't forced into financial hardship simply because they are sick. Financial aid programs that cover things like housing, transportation, and childcare while patients undergo treatment would reduce this burden and help families focus on recovery rather than survival.

### *Childcare for Young Parents*

For young parents, especially single ones with little support available, who are going through cancer treatment and have low income, finding childcare can be very difficult. Childcare is often expensive and hard to access. Having government funded childcare programs that help to cover the cost or fully cover the cost of daycare services while parents undergo treatment and get back on their feet would be a tremendous aid and stress relief for the parent. Another sustainable solution would be non-profit organizations that specifically cater to families dealing with medical issues by providing either reduced cost or free childcare.

### *The Importance of Stable and Affordable Housing*

Another key element is affordable housing. Housing instability can make an already difficult situation even worse for people undergoing cancer treatment, especially those with children. Stable housing is essential for recovery, and no one should have to worry about losing their home while they're fighting for their health. Government programs that provide affordable housing to cancer patients and their families would allow them to focus on their treatment without the added stress of housing insecurity. Affordable housing solutions integrated with healthcare programs would ensure that families don't have to choose between medical care and a place to live.

### *Access to Mental Health and Emotional Support*

Mental health and emotional well-being are also essential things that someone in this position needs, but currently doesn't have adequate access to. Sustainable solutions for this issue are not simply support groups, but instead more permanent integration of mental health services into cancer care, ensuring that patients have access to emotional and psychological support throughout their entire treatment journey. Providing counseling services for free or at low cost through cancer treatment centers will help patients cope with the emotional toll of a diagnosis like leukemia.

### *Faith Based and Community Support*

Seeking support from local churches or faith-based organizations can provide emotional and spiritual guidance, as well as practical assistance like meals, transportation, and companionship for members in need. A sustainable solution including faith would include a community-wide network of faith-based and volunteer organizations that provide ongoing and reliable assistance to individuals like Anna who are facing serious health challenges. This could include regular meal programs, transportation networks, and childcare support that are not dependent on sporadic events or volunteers but are integrated into the local health and social service infrastructure.

### *Moving Beyond Crowdfunding*

While crowdfunding platforms like GoFundMe are also a common way for individuals to raise money to cover medical and living expenses, they are not a long-term solution. A more

sustainable solution would include building systems that can directly link individuals in need to long-term funding or resources, such as government or non-profit programs that provide direct financial support to cancer patients. In addition, ensuring that Medicaid covered all related expenses including transportation, home health care, and childcare would reduce the need for individuals like Anna to rely on sporadic crowdfunding campaigns.

### *Comprehensive and Sustainable Solutions*

In order to create long-term, sustainable solutions for individuals in similar positions as Anna, it is crucial to integrate health services, financial assistance, and social support into a cohesive system that addresses both immediate and ongoing needs. Comprehensive cancer treatment centers should provide not only medical care but also emotional support, transportation, childcare, and financial assistance. These centers should be fully covered by Medicaid and other insurance, or offer financial aid for those with no insurance in order to ensure that patients do not have to pay out of pocket costs. Additionally, sustainable, community-based support networks, including childcare services, mental health counseling, and volunteer assistance, should be made available to families in need. Overall, more resources that are accessible and affordable are needed to best support individuals in Anna's situation or a situation similar.

## Resource Handout

### **Healthcare**

#### **PIEDMONT ATHENS REGIONAL HOSPITAL**

1199 Prince Ave, Athens, GA 30606

(796) 475-7000

Monday-Friday, 9am-5pm

For emergency services, 24/7

Piedmont Athens Regional Hospital is a hospital located in Athens, Georgia that provides many different healthcare services. This hospital offers medical services that range from scheduled examination check-ups, long term treatment, and emergency services. Piedmont has a good oncology department that can offer many forms of treatment for varying cancer sources. Some of the treatment options within the oncology department include chemotherapy, radiation therapy, and clinical trial access for any emerging treatments. Within the oncology department of Piedmont Athens Regional, they also offer support services for aiding patients through the treatment process.

#### **UNIVERSITY CANCER AND BLOOD CENTER (UCBC)**

3320 Old Jefferson Rd, Bldg 800, Athens, GA 30607

(706) 353-2990

Monday-Friday, 8:30 AM-5:00 PM

The University Cancer and Blood Center (UCBC) is a private, for-profit organization that is located in Athens, Georgia (University Cancer & Blood Center, n.d.). This organization is a medical based center that is specialized in cancer and blood disorders, especially blood specific cancers such as Leukemia. UCBC aims to improve the quality of life for their patients by offering both medical care and holistic approach assistance. The medical center offers many different types of support to patients with either cancer and/or blood disorders including screening, diagnosis, treatments, and non-medical forms of support including financial advice, nutritional advice, and transportation support.

#### **PIEDMONT PEDIATRICS**

Building 600EF, 1500 Oglethorpe Ave, Athens, GA 30606

(706) 613-5980

8am -5pm Monday-Friday

Piedmont Pediatrics is a private, for-profit healthcare organization located in Athens, Georgia (Piedmont Pediatrics, 2024). Piedmont Pediatrics specializes in the healthcare of children from birth until young adulthood. This organization dedicates its effort to improving children's wellbeing through many means of high-quality care and support services that apply for both the child patient and their families. Some of the services provided by Piedmont Pediatrics include the check-up visits for children, immunizations and vaccinations, treatment options for both acute and long term illnesses, as well as assessing development of the children. Medical care is offered alongside non-medical support which includes nutritional advice, resources for

behavioral health, and financial assistance for the ensurement of accessible care to varying socioeconomic status families.

## **Insurance**

### **MEDICAID AND PEACHCARE**

Department of Family and Children's Services (DFCS)- Medicaid and Peachcare for Kids

284 North Ave, Athens, GA 30601

(706) 227-7024

Open 9am-4pm Monday-Friday

Medicaid and Peachcare for Kids are both governmentally-funded programs that provide medical coverage for those who are experiencing low-income (Center for Medicare and Medicaid, 2024). The goal of these insurance programs are to improve access to medical care and they are doing this by covering the cost of services including visits to a provider, overnight stays at a hospital, immunizations and vaccines, medications prescribed by a provider, other preventive healthcare services like screenings for diagnosis and check ups. Medicaid is a low or no cost insurance option for children, women who are pregnant, people who have disabilities, and people who are experiencing low income. PeachCare for Kids is a part of the federal CHIP program which offers low or no cost insurance for children in families who earn too much for Medicaid but cannot afford private insurance.

## **Housing**

### **ATHENS HOUSING AUTHORITY (AHA)**

300 S Rocksprings St, Athens, GA 30606

(706)425-5300

Open 8am-5pm Monday-Friday

The Athens Housing Authority (AHA) is a public organization based in Athens, Georgia, that is dedicated to providing affordable housing options for individuals and families who are experiencing low-income (Athens Housing Authority, n.d.). The AHA's goal is to offer housing at a reduced or subsidized rate with the aim of fostering stability, to aid in financial independence, and community engagement for those who need assistance. As well as housing assistance, AHA offers additional resources including financial counseling, job readiness programs, and varying opportunities for education. These additional services are made to aid residents' achievement of long-term stability and self-sufficiency. The financial counseling services help individuals with financial situations including budgeting, understanding the responsibilities of renting, and access to additional financial services outside of AHA.

## **Nutrition**

### **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

264 North Ave, Athens, GA 30601

(706) 227-7024

Open 9am-4pm Monday-Friday

The Supplemental Nutrition Assistance Program also known as SNAP is a federally funded assistance program that helps individuals who are experiencing low income as well as their families to have the ability to purchase nutritious foods. SNAP in Georgia is administered by the Division of Family and Children Services or DFCS to administer the benefits via an Electronic Benefits Transfer or EBT card. The overall aim of this program is reducing food insecurity and improving health and overall well-being of participants by allowing access to nutritious essential foods. Some of these essential food items include fruits, vegetables, meats, dairy, and bread. Only food items such as these are eligible for benefit coverage through this program. This program does not include non-food items or prepared meals. Benefits through this program are determined by size of household, income levels, and average expenses. SNAP also offers additional support including nutritional education for participants to be able to maximize their benefits to make healthier food choices.

### **Emotional and Mental Health Support**

THE LORAN SMITH CENTER FOR CANCER SUPPORT

240 Talmadge Dr, Athens, GA 30606

(706) 475-4900

Open: 8am-5pm Monday-Friday

The Loran Smith Center for Cancer Support is a free cancer support foundation that is a part of Piedmont Athens Regional Medical Center in Athens, Georgia. The support offered for cancer patients by this foundation is for both the patients themselves as well as their families for no cost. The type of support that the Loran Smith foundation offers is educational workshops, cancer patients support groups, individual counseling, and resource libraries that focus on the support of patients before, during and after cancer treatment. As this center is funded by the Piedmont Athens Regional Foundation, this is a non-profit organization. These education classes include learning about how to deal with having cancer and going through treatment as well as understanding what much of the information about cancer diagnosis means as it is usually confusing for many people. Support groups include group and individual therapy as well as finding others who are going through a similar experience to feel more community while going through this event.

### **Childcare and Parenting Support**

CHILDCARE AND PARENT SERVICES (CAPS)

284 North Ave, Athens, GA 30601

(706) 227-7024

Open 9am-4pm Monday-Friday

CAPS is a state governmentally funded program that offers aid in costs of childcare, primarily with the goal of providing the ability of the parents to afford childcare so they can work, go to school, or even training programs. CAPS is a local government agency that is funded by the state of Georgia. This program is for families that are experiencing low income that need

assistance for child care so their children can be safe when the parents or adults are working or undergoing medical treatment.

## **Transportation**

ATHENS-CLARKE COUNTY TRANSIT  
775 E Broad St, Athens, GA 30601  
6 am-10pm Monday-Friday, 7am-10pm Saturday and Sunday  
(706) 613 3430

Athens-Clarke county public transit system is a public transportation system that is offered around Athens and provides safe transportation for all people within the Athens-Clarke county area. The many options for routes within Athens offers the ability to get to many different places in Athens for low or no cost and safely. The Athens transit system runs from Monday through Saturday starting as early as 6:30 AM and runs as late as 6 PM. All people of Athens are permitted to use the public transportation system without a fee due to the local government eliminating the costs because of a partnership with the University of Georgia.

AMERICAN CANCER SOCIETY- ROAD TO RECOVERY  
1-800-227-2345

Available by appointment, based on volunteer availability

The American Cancer Society's Road To Recovery program is a volunteer based program that offers free transportation for cancer patients who do not have reliable access to treatment (American Cancer Society, 2024). Volunteer drivers use their own vehicles to give patients safe and timely rides to and from their medical appointments. This access to transportation ensures the patient can adhere to important treatment schedules that are important for their treatment and recovery. This program helps to alleviate stress of arranging transportation for someone without reliable transportation and eliminates a common barrier to care, which is especially adherent for patients who are experiencing low income or those without personal vehicles.

## **General Employment and Financial Assistance**

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)  
284 North Ave, Athens, GA 30601  
(706) 227-7024  
Open: 8am-5pm Monday-Friday

TANF is a federally funded program for families that are facing difficult times either temporarily or for some extended period of time for many reasons. This program provides some financial support as well as child care assistance for families living in low income situations who are trying to get out of poverty. The financial aid benefit is an amount of money given by the government to the recipient due to financial hardship. The goal of this financial assistance is to aid in stability for the recipient to be financially independent by using the money to get a job or for other life necessities. The benefits will be received by mail each month and has a limit of 48 months total for a person's lifetime.

## References

American Cancer Society. (2021). *Typical Treatment of Acute Lymphocytic Leukemia (ALL)*.

Www.cancer.org.

<https://www.cancer.org/cancer/types/acute-lymphocytic-leukemia/treating/typical-treatment.html>

American Cancer Society. (2023). *Social Isolation and Loneliness*. Www.cancer.org.

<https://www.cancer.org/cancer/managing-cancer/side-effects/emotional-mood-changes/social-isolation-loneliness.html>

American Cancer Society. (2024). *Signs and Symptoms of Acute Lymphocytic Leukemia (ALL)*.

Www.cancer.org.

<https://www.cancer.org/cancer/types/acute-lymphocytic-leukemia/detection-diagnosis-standing/signs-symptoms.html>

American Council on Aging. (2024). *Medicaid and In-Home Care: Eligibility, Benefits & State Rules*. Medicaid Planning Assistance.

<https://www.medicaidplanningassistance.org/in-home-care/>

Athens Housing Authority. (2021). *Welcome to Athens Housing Authority, GA*.

Athenshousing.org.

[https://www.athenshousing.org/housing/public\\_housing\\_admissions/index.php](https://www.athenshousing.org/housing/public_housing_admissions/index.php)

Athens Housing Authority. (2024). *Athens Housing Authority | Athens-Clarke County, GA - Official Website*. Accgov.com. <https://www.acgov.com/8253/Athens-Housing-Authority>

Athens-Clarke County Unified Government. (2023). *Demographics | Athens-Clarke County, GA - Official Website*. Www.acgov.com. <https://www.acgov.com/105/Demographics>

Athens-Clarke County Unified Government . (n.d.). *Transit | Athens-Clarke County, GA - Official Website*. [Www.accgov.com](http://www.accgov.com). <https://www.accgov.com/199/Transit>

Carroll, N. (2019, December). *Why do single parents still suffer stigma?* University of Huddersfield. <https://www.hud.ac.uk/news/2019/december/single-parent-sigma/>

CDC. (2024, April 18). *Cancer and American Indian and Alaska Native People*. Cancer. <https://www.cdc.gov/cancer/health-equity/american-indian-alaska-native.html>

Cochran, A. L., McDonald, N. C., Prunkl, L., Vinella-Brusher, E., Wang, J., Oluyede, L., & Wolfe, M. (2022). Transportation barriers to care among frequent health care users during the COVID pandemic. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-14149-x>

Coursolle, A., Liz, M., & Taylor. (2022). Coverage of Over-the-Counter Drugs in Medicaid. In *National Health Law Program*. <https://healthlaw.org/wp-content/uploads/2019/12/2022-02-08-OTC-Drugs-in-Medicaid-Final-REV-2022-2.pdf>

Delaney, N. (2022, December 7). *Does reducing stigma increase participation in benefit programs? Research suggests so*. [Www.hks.harvard.edu](http://www.hks.harvard.edu). <https://www.hks.harvard.edu/faculty-research/policy-topics/social-policy/does-reducing-stigma-increase-participation-benefit>

Faith On the Journey. (2023, November 27). *Coping with Chronic Pain and Illness*. [FaithOnTheJourney](http://FaithOnTheJourney). <https://www.faithonthejourney.org/post/christian-perspective-coping-with-chronic-pain-and-illness>

Georgia budget & Policy Institute. (2015). *A Cart Book for Understanding Medicaid in Georgia and the Opportunity to Improve It v1.*

<https://gbpi.org/wp-content/uploads/2015/09/Georgia-Medicaid-Chart-Book.pdf>

Georgia Department of Community Health. (2024). *Federal Poverty Guidelines*. Georgia Department of Community Health. <https://dch.georgia.gov/federal-poverty-guidelines>

Georgia Department of Human Services. (2015). *Temporary Assistance for Needy Families*. Division of Family and Children Services | Georgia Department of Human Services.

<https://dfcs.georgia.gov/services/temporary-assistance-needy-families>

Georgia Department of Human Services. (2024). *TANF Eligibility Requirements*. Division of Family & Children Services | Georgia Department of Human Services.  
<https://dfcs.georgia.gov/services/temporary-assistance-needy-families/tanf-eligibility-requirements>

Georgia Gateway. (n.d.). *Georgia Gateway - Homepage Screen*. [Gateway.ga.gov.](https://gateway.ga.gov/)  
<https://gateway.ga.gov/access/>

Georgia Medicaid. (2024). *Basic eligibility*. Georgia Medicaid.  
<https://medicaid.georgia.gov/how-apply/basic-eligibility>

Georgia.Gov. (2023). *Apply for Childcare and Parent Services (CAPS) Program*. [Georgia.gov.](https://georgia.gov/apply-childcare-and-parent-services-caps-program)  
<https://georgia.gov/apply-childcare-and-parent-services-caps-program>

Georgia.Gov. (2024). *Apply for Medicaid*. [Georgia.gov.](https://georgia.gov/apply-medicaid) <https://georgia.gov/apply-medicaid>

Harrison, C. J., & Johansson, B. (2015). Acute lymphoblastic leukemia. *Cancer Cytogenetics*, 198–251. <https://doi.org/10.1002/9781118795569.ch10>

Karunarathna, I., Bandara, S., & Profile, S. (2011). *Leukemia: Classification, Risk Factors, and Diagnostic-Management Challenges*.

[https://www.researchgate.net/profile/Indunil-Karunarathna/publication/381847060\\_Leukemia\\_Classification\\_Risk\\_Factors\\_and\\_Diagnostic-Management\\_Challenges/links/6681a27f2aa57f3b8264150a/Leukemia-Classification-Risk-Factors-and-Diagnostic-Management-Challenges.pdf](https://www.researchgate.net/profile/Indunil-Karunarathna/publication/381847060_Leukemia_Classification_Risk_Factors_and_Diagnostic-Management_Challenges/links/6681a27f2aa57f3b8264150a/Leukemia-Classification-Risk-Factors-and-Diagnostic-Management-Challenges.pdf)

Lezcano, Y. (2021, March 25). *The Role of Culture in Mental Health* | *Psychology Today*.

Www.psychologytoday.com.

<https://www.psychologytoday.com/us/blog/becoming-resilient/202103/the-role-culture-in-mental-health>

Livingcost. (2020, July 27). *Athens, GA: Cost of Living, Salaries, Prices for Rent & food*.

Livingcost. <https://livingcost.org/cost/united-states/ga/athens>

Loue, S. (2020). Religious Refusal of Medical Treatment\*. *Case Studies in Society, Religion, and Bioethics*, 103–170. [https://doi.org/10.1007/978-3-030-44150-0\\_5](https://doi.org/10.1007/978-3-030-44150-0_5)

Medicaid.gov. (2024). *Prescription Drugs*. [Www.medicaid.gov](https://www.medicaid.gov/medicaid/prescription-drugs/index.html).

<https://www.medicaid.gov/medicaid/prescription-drugs/index.html>

National Cancer Institute. (2024). *Leukemia - Cancer Stat Facts*. National Cancer Institute.

<https://seer.cancer.gov/statfacts/html/leuks.html>

National Cancer Institute . (2024, October 25). *Global Cancer Stigma*. [Cancer.gov](https://dceg.cancer.gov/about/diversity-inclusion/inclusivity-minute/2024/global-cancer-stigma).

<https://dceg.cancer.gov/about/diversity-inclusion/inclusivity-minute/2024/global-cancer-stigma>

Oklahoma City University. (2022, November 2). *Culturally sensitive care for Native American patients*. Online Degree Programs | Oklahoma City University Online.

<https://online.okcu.edu/nursing/blog/culturally-sensitive-care-for-native-american-patients>

Oostrom, T., Einav, L., & Finkelstein, A. (2017). Outpatient Office Wait Times and Quality of Care for Medicaid Patients. *Health Affairs (Project Hope)*, 36(5), 826–832.  
<https://doi.org/10.1377/hlthaff.2016.1478>

PBS. (2023, April 11). *Why some cancer patients will fall off a Medicaid coverage cliff this summer*. PBS News.

<https://www.pbs.org/newshour/health/why-some-cancer-patients-will-fall-off-a-medicaid-coverage-cliff-this-summer>

Piedmont. (2023). *Loran Smith Center for Cancer Support in Athens* | Piedmont Healthcare. Piedmont.org.

<https://www.piedmont.org/locations/piedmont-athens/loran-smith-cancer-center>

Shearer, L. (2022, September 14). *Why Rents and Home Prices Have Gotten So High in Athens*. Flagpole.

<https://flagpole.com/news/news-features/2022/09/14/why-rents-and-home-prices-have-gone-so-high-in-athens/>

Smith, M. (2016). *Native Americans: a Crisis in Health Equity*. American Bar Association; American Bar Association.

[https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/)

Tello, M. (2017, January 12). *Racism and Discrimination in Health Care: Providers and Patients*. Harvard Health Blog.

<https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>

Timbie, J. W., Kranz, A. M., Mahmud, A., & Damberg, C. L. (2019). Specialty Care Access for Medicaid Enrollees in Expansion States. *The American Journal of Managed Care, 25*(3), e83. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6986199/>

Turcotte, L. M., Watson, D., Tanner, L., Hoover, A., Gilchrist, L., Finch, M., & Messinger, Y. H. (2022). Real-World Cost of Pediatric Acute Lymphoblastic Leukemia Care Among Commercially Insured Individuals in the United States: Effect of Era and Age at Diagnosis. *JCO Oncology Practice, 18*(11), e1750–e1761.  
<https://doi.org/10.1200/op.22.00344>

U.S. Department of Housing and Urban Development. (2018). *HUD's public housing program*. Hud.gov. [https://www.hud.gov/topics/rental\\_assistance/phprog](https://www.hud.gov/topics/rental_assistance/phprog)

United States Census Bureau. (2023). *QuickFacts: Clarke County, Georgia*. Census Bureau QuickFacts; United States Census Bureau.  
<https://www.census.gov/quickfacts/fact/table/clarkecountygeorgia/IPE120223#IPE120223>

3

United States Department of Agriculture. (2021, October 1). *SNAP eligibility | USDA-FNS*. Usda.gov. <https://www.fns.usda.gov/snap/recipient/eligibility>

United States Department of Labor. (2024). *Athens-Clarke County, GA Economy at a Glance*. Www.bls.gov. [https://www.bls.gov/eag/eag.ga\\_athens\\_msa.htm](https://www.bls.gov/eag/eag.ga_athens_msa.htm)

University Cancer and Blood Center. (n.d.). *Home*. University Cancer & Blood Center.  
<https://www.universitycancer.com/>

USA Facts. (2022, March 10). *How much are families spending on childcare?* USAFacts.  
<https://usafacts.org/articles/how-much-are-families-spending-on-childcare/>

USDA. (2024). *Supplemental nutrition assistance program (SNAP)* | USDA-FNS. Usda.gov.

<https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

Virant, K. W. (2021). *Chronic Illness and Stigma* | Psychology Today.

[Www.psychologytoday.com.](https://www.psychologytoday.com/us/blog/chronically-me/202104/chronic-illness-and-stigma)

<https://www.psychologytoday.com/us/blog/chronically-me/202104/chronic-illness-and-stigma>

Vrooman, L. A. (2024). *Leukemias*. Salem Press Encyclopedia of Health.

<https://research.ebsco.com/linkprocessor/plink?id=13619b21-0c70-3ba2-ab14-9a668d8465e0>

Winnie. (2023). *Cost of Child Care in Georgia by Age, City & Type*. Winnie.com.

<https://winnie.com/resources/cost-of-child-care-in-georgia-by-age-city-type>

World Population Review. (2024). *Athens, Georgia Population 2024*.

[Worldpopulationreview.com. https://worldpopulationreview.com/us-cities/georgia/athens](https://worldpopulationreview.com/us-cities/georgia/athens)

Zizinia, S. (2022). *How to support cancer patients during mental health struggles*. MD Anderson Cancer Center.

<https://www.mdanderson.org/cancerwise/how-to-support-cancer-patients-during-mental-health-struggles.h00-159543690.html>

### Individual Personal Reflections

*Catie Kiefer*

The process of completing this needs assessment turned out to be much more complex and in-depth than I originally anticipated. I had expected closer to a 15 page report, but as I

learned more it quickly expanded into a comprehensive 50+ pages. The deeper we delved into Anna's situation, the more layers of complexity emerged. Every time we thought we identified all of the issues and solutions, we discovered another dimension of her struggles, whether it was a new way she was impacted by her illness or a new resource we had overlooked. The result was an ongoing process of exploration and discovery that continued throughout the entire semester. Deciding when to stop and consider the assignment complete was one of the most difficult aspects because there were always more factors to consider and more ways to help. It felt as though the need for support was endless, and finding a clear stopping point was challenging because the scope of Anna's needs was so vast.

One major challenge we encountered was the overwhelming number of resources available, but many of them proved to be inadequate or not well matched to Anna's specific situation. For example, we found that many of the government programs designed to offer financial assistance had work requirements, which were not feasible for Anna due to her ongoing cancer treatment and caregiving responsibilities. In addition, many of the local resources we identified offered only short term solutions, ranging from a few weeks to a few months, which was simply not enough support for someone like Anna, who requires ongoing assistance over the course of years. Although there are many resources available, few were sustainable or aligned with the long term nature of her needs.

Reflecting on this process, I have gained valuable insights I believe will greatly benefit me in my future healthcare career. I learned that healthcare is not just about diagnosing and treating medical conditions, it is about understanding and addressing the broader context in which a person lives. In Anna's case, her cancer diagnosis, while devastating, was only part of a

much larger picture. This experience has shown me that healthcare is a holistic endeavor, requiring attention to both the medical and non-medical needs of patients.

This has significant implications for my future career. As a healthcare provider, I must go beyond simply prescribing treatment. I also need to be aware of the challenges my patients face in their daily lives and the systems that can either support or hinder their health and well being. Helping patients navigate the complexities of accessing resources and social support is just as crucial to their health outcomes as the medical interventions I might offer. Moving forward, I am committed to ensuring that my future approach to patient care as a healthcare worker is comprehensive and holistic. I will strive to consider all aspects of a patient's life when developing a care plan. I have learned that healthcare cannot be viewed in isolation, and providing the best possible care involves addressing all of the factors that impact a patient's health.

*Kenleigh Johnson*

I expected this needs assessment to be a research paper, but in reality it was an applied research paper that made me and my group think critically about the information we were expected to find. While we did conduct research, there was so much more information that was not found on websites or in articles. We needed to put ourselves in the shoes of our case and really understand the logistics of what needed to be done to receive the things she needs. Battling the dynamic but realistic case of experiencing low-income and a major health event is much more difficult than I expected. I knew it was not going to be easy for either the case subject or us who had to research the resources to help her, but I didn't expect to find what I did. I was mostly in charge of the Asset map and found that for the most part, there were no cut and dry answers or

resources that would solve either problems of experiencing low-income or helping in her medical diagnosis. All resources that I found were either very helpful for a particular sect of the major issue or only a little helpful toward the major issue as a whole. The medical centers only helped her medical issue with some assistance on her low-income status, but none that solved the problem. Other resources like SNAP and TANF are a little helpful toward the issue of low-income but not helpful toward the medical diagnosis. No one has solved poverty or cancer and that is understood but there are not many resources that solve most of the issue, more like lots of resources that solve a little of the issue. Some of the challenges that the individuals in the case study faced was usually childcare, often children were allowed to come but it is not always ideal, and there are not many resources for childcare besides CAPS, and only helps to pay for childcare, not actually provides the childcare.

I found that some of my resources were not obvious on their websites or even consistent with the information given, often I would find myself calling the source and ask questions that way because the website was not helpful. I do think that finding the best resources was one of our limitations in that we would need first hand experience to understand which was better in real life practical situations. There were also so many sources that are offered and we could not mention all due to the case subject not being eligible for each one but there are plenty of resources available for poverty and medical assistance that help some.

I learned that many resources are difficult to navigate and require prior knowledge on them to be able to use them, which many people do not have. This is important to understand because my future in public health will require me to have prior knowledge on these resources to help others navigate them, which I now have a small amount of knowledge on that I can build throughout my career. Going forward I expect to have a base knowledge of these sources and

how to find sources for specific situations. The skill of understanding the entire picture of someone's case from many different perspectives is useful for navigating what sources would be useful in their case, which helps them faster and more efficiently.

*Cole Rowland*

Through the process of gathering information from community agencies, I realized how complex and challenging it can be to access services for people in need. Many resources are available, but they often seem disconnected, difficult to find, and hard for individuals to navigate. I noticed that these agencies are usually underfunded and understaffed, which limits their ability to provide comprehensive support. One major takeaway was recognizing the barriers created by stigma, complicated application processes, and practical issues like transportation. These obstacles can discourage individuals from seeking the help they need. I also learned how important it is to build relationships with agency staff because they can offer valuable advice and advocacy to help people access services more easily.

So What?

This matters because the gaps and inefficiencies in community services make life even harder for vulnerable people. For example, in the case studies, individuals already facing health crises and financial struggles had to spend even more energy just figuring out where to get help. The stress of this process can take a toll on their mental health and ability to focus on recovery or stability. Understanding these challenges has shown me that improving access to services isn't just about having resources available—it's about ensuring those resources are practical, easy to navigate, and designed to meet people's real-world needs. This awareness has reinforced the importance of advocating for better systems that truly serve people in need.

## Now What?

Looking ahead, I want to focus on becoming better at working with community agencies to connect people with the help they need. To do this, I plan to build relationships which create strong networks with staff at local organizations to make referrals faster and smoother. Also advocate for change and push for policy changes that simplify processes, increase funding, and reduce barriers to services. While improving accessibility in the work on making resources easier to find and use, especially for people who may struggle with time, technology, or understanding eligibility requirements. Focus on the individual help clients by tailoring solutions to their specific needs and guiding them through the system more effectively. These lessons will help me not only better serve individuals but also advocate for long-term changes in how community services operate. The experience has shown me that there's a real opportunity to make a difference by focusing on both the people and the systems that support them.