2025 COMMUNITY ASSESSMENT

Our Community Foundation
For a Greater Birmingham

Women's Breast Health Fund

Allegro Partners, LLC

Introduction & Approach

Scope of Work

This assessment evaluates **resource availability** and identifies **service gaps** for individuals impacted by breast cancer in Blount, Jefferson, Shelby, St. Clair, and Walker counties, delivering a **comprehensive community assessment** to the Women's Breast Health Fund. The project employs a **multi-method approach**, including a survey instrument, key constituent interviews, and focus groups to gather insights from caregivers, survivors, healthcare professionals, and non-profit leaders. The assessment culminates in a detailed report summarizing **findings**, a **gap analysis**, and **actionable recommendations**, accompanied by a tailored presentation for the Women's Breast Health Fund's selected audience.

Background

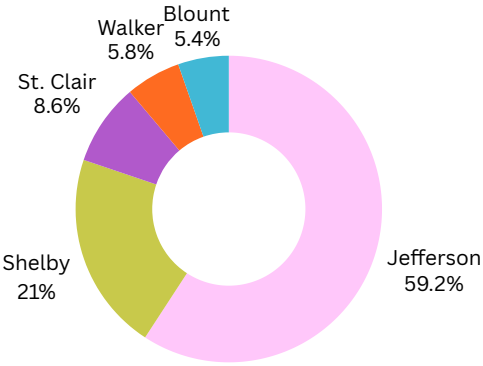
The **five-county region** of Blount, Jefferson, Shelby, St. Clair, and Walker Counties in Alabama, with a 2023 **population of approximately 1.1 million**, faces diverse challenges in addressing breast cancer. **Women make up roughly half** the population, and the region varies widely in demographics, economic conditions, and healthcare access. In these five counties, **breast cancer affects approximately 1,000 women annually**, with varying case and death rates across the counties. Key healthcare resources, including hospitals and community programs, support the region, but **gaps in care remain**.

Population and Demographic Highlights:

The five-county region is home to roughly 1.1 million individuals. Roughly **80% reside in Jefferson and Shelby counties**, while the remaining **20% reside in St. Clair, Walker, and Blount Counties**. (See 'Population Distribution' below).

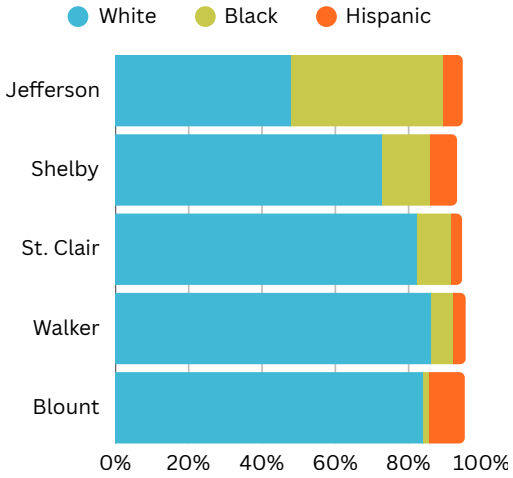
Women represent 50-52% of the population across counties. Overall, the region's population is **predominantly white**. Jefferson is the most racially diverse county, with it's **black population making up 42%**. Additionally, Blount County's **Hispanic population has risen to 10%** of its total. (See 'Racial Breakdown' below).

Population Distribution



(U.S. Census Bureau, 2023)

Racial Breakdown



Economic Landscape:

	% in Poverty	Median Income ($)
Alabama	16%	$62,212
Jefferson	16%	$64,623
Shelby	9%	$88,070
St. Clair	9%	$81,334
Walker	18%	$54,509
Blount	14%	$61,096

The **poverty rate**, expressed as a percentage of population, represents the share of people with incomes below the Census Bureau's 2023 poverty thresholds, which ranged from $15,225 for a single person under 65 to $30,900 for a family of four. The final rate is a count of every single person whose family (or individual) income fell below their specific threshold.

The **median income** represents the midpoint of all household earnings. It reflects the level at which half of households earn more and half earn less, regardless of the size of those specific households.

Across the counties, both measures generally mirror the statewide pattern.

(U.S. Census Bureau, 2023)

Breast Cancer Impact:

		New Cases	Deaths
These figures summarize the **average annual impact of breast cancer** in Alabama and each county. "**New Cases**" reflects the average number of newly diagnosed breast cancer cases per year from 2017–2021, based on age-adjusted incidence data. "**Deaths**" represents the average annual breast cancer deaths from 2018–2022.	Alabama	3,989	710
	Jefferson	599	102
	Shelby	187	24
	St. Clair	76	11
	Walker	61	8
	Blount	45	7

(*State Cancer Profiles > Incidence Rates Table*, 2017) (*State Cancer Profiles > Death Rates Table*, 2018)

Methods

The assessment begins with analyzing the current state by cataloguing healthcare resources, non-profit organizations, and wrap-around services, while reviewing demographics, disease burden, and prior plans or objectives related to breast cancer care in the five counties.

- Key constituent **interviews** were conducted with leadership, Advisory Board members, caregivers, survivors, healthcare professionals, and non-profit leaders to capture diverse perspectives on goals, challenges, and unmet needs.
- **Focus groups** (caregivers, survivors, healthcare professionals, and non-profit leaders), provided qualitative insights into resource gaps and support needs.
- **Surveys** were distributed in each of the five counties to collect quantitative data.
- Data from interviews, surveys, focus groups, and secondary sources like U.S. Census, CDC, ADPH, and NCI statistics inform the gap analysis and recommendations.

See Appendices 1.1-1.3 for further interview and focus group details.

Note on Survey Distribution and Participation:

Survey participation remained lower than anticipated, despite **distributing the assessment through trusted and familiar channels**, including Forge newsletters, the Forge Survivor Database, posters with QR codes in ten Alabama Oncology clinics, Community Foundation of Greater Birmingham social media, Hope Lodge, Breast Cancer Research Foundation of Alabama, St. Vincent's breast cancer support groups, and existing interview and focus group networks.

While these outlets ensured broad reach, the audience was targeted but not individually identified, in contrast to surveys that are sent directly to a defined recipient list. In addition, many organizations now provide payment for responses, which may shift expectations among potential participants.

Research also indicates that the popularity of survey requests by a wide and varied number of organizations and others seeking feedback contributes to declining engagement: studies found that individuals who had recently been surveyed were significantly less likely to respond to subsequent requests (Brick & Tourangeau, 2017). Within this context, healthcare staff and community partners may be experiencing **cumulative survey fatigue**, making additional assessments, regardless of their relevance, less likely to draw high response rates.

See Appendix 1.4 for survey details.

The recommendations in this report address these challenges by outlining more structured, targeted, and sustainable approaches for gathering meaningful, ongoing survivor input.

Current State Analysis

Resources and Services

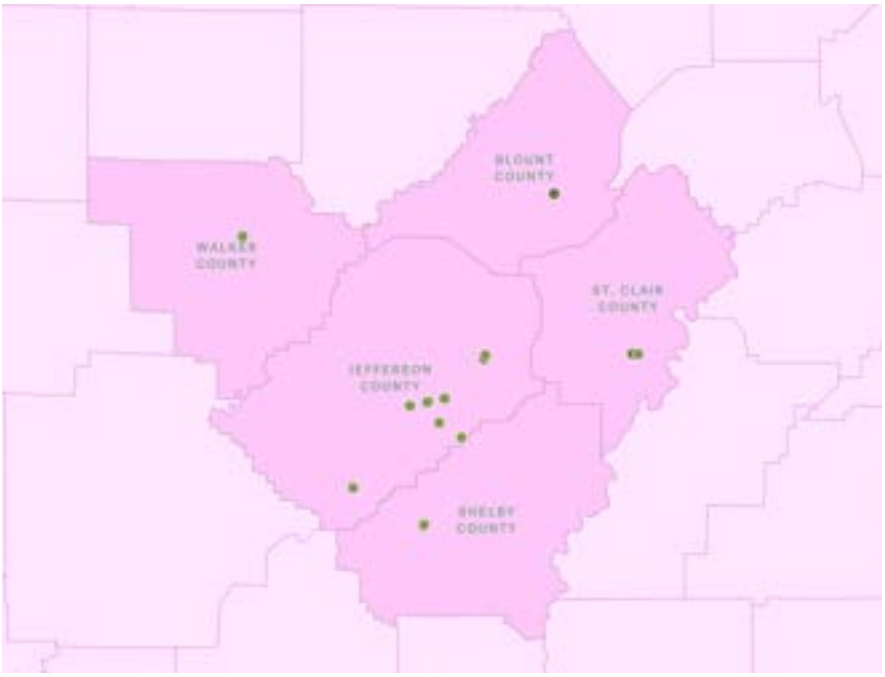
	Totals	Jefferson	Shelby	St. Clair	Walker	Blount
Hospitals with BC Services	11	7	1	1	1	1
Breast Cancer Care Sites	19	14	2	1	2	0
Mammography Sites	40	25	7	4	2	2
Physician Staff (Breast-Care)	39	32	3	1	3	0

Hospitals and Care Sites:

Across the region, **11 hospitals** and **17 breast cancer care sites** provide diagnostic and treatment services.

Jefferson County accounts for **64% of hospitals** and **71% of care sites**, making it the center of specialty care.

The remaining counties each have one hospital and a small number of outpatient sites with limited oncology capacity.



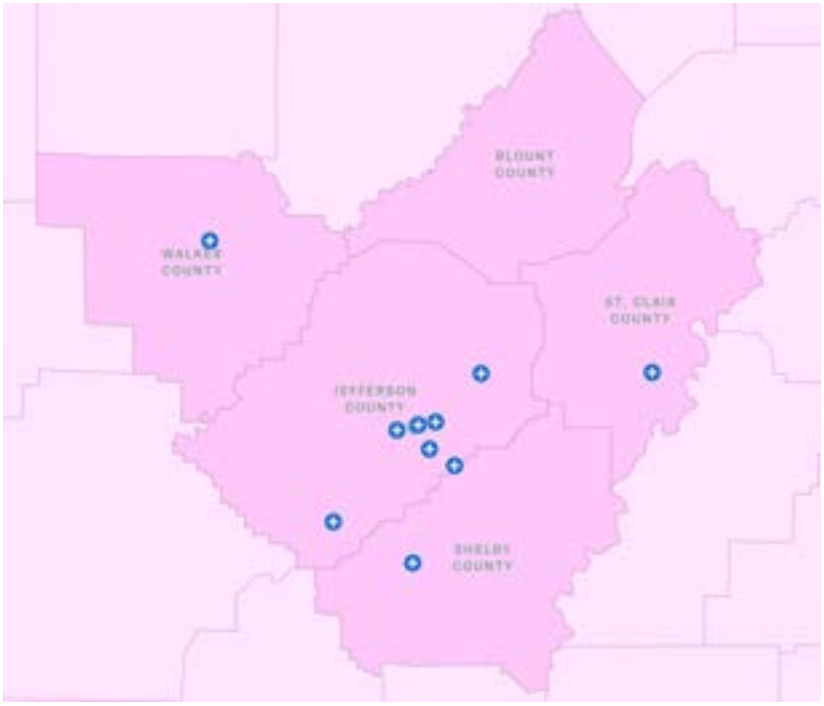
Jefferson County serves as the regional hub for comprehensive breast cancer treatment. The **UAB O'Neal Comprehensive Cancer Center**, **Bruno Cancer Center at UAB St. Vincent's Birmingham**, and the **Grandview Cancer Center** anchor the area's oncology network. These centers provide surgical, medical, and radiation oncology and coordinate referrals across the region. Their combined capacity supports multidisciplinary treatment and continuity of care not available elsewhere in the region.

Outside Jefferson County, available services are limited. **Shelby County** provides partial oncology coverage through Shelby Baptist Medical Center and affiliated clinics. **St. Clair** and **Walker Counties** each have one hospital with modest outpatient oncology and imaging capacity, often supported by visiting specialists.

Blount County faces the largest access gap. UAB St. Vincent's Blount functions as the county's only hospital but offers no on-site breast oncology or surgical services. Patients requiring further evaluation or treatment must travel south to Jefferson County or north to services provided by the Huntsville Hospital System. For many rural residents, travel distance and cost remain significant barriers to timely diagnosis and treatment.

Across the region, access declines with distance from Birmingham. Jefferson County's hospital and cancer center network sustains the area's specialty care infrastructure, while the outlying counties primarily serve as referral points. Persistent gaps in oncology access remain most visible in Blount and western Walker Counties, where local treatment options are still absent.

Physician Staff Treating Breast Cancer:



A total of **38 physicians** provide breast-related care, including medical oncology, radiation oncology, and breast surgery.

The majority, **82%** practice in **Jefferson County**, underscoring its role as both the geographic and professional center for breast cancer treatment.

The remaining seven providers are distributed across Shelby, St. Clair, and Walker Counties.

Blount County has no breast-care physicians based locally.

Jefferson County's physicians represent a highly specialized, collaborative network that supports comprehensive, multidisciplinary care. Their integration across oncology, surgery, and radiology allows for coordinated treatment planning and consistent quality outcomes. Many also participate in research and clinical trials, helping align community practice with emerging standards of care.

Outside Jefferson County, smaller physician teams sustain critical local access but work with limited infrastructure and support. **Shelby, St. Clair, and Walker Counties** rely on shared or rotating coverage that allows patients to begin consultations or treatment planning closer to home before transitioning to Jefferson for surgical or radiation services. These providers play an essential role in maintaining continuity of care and reducing travel barriers where possible.

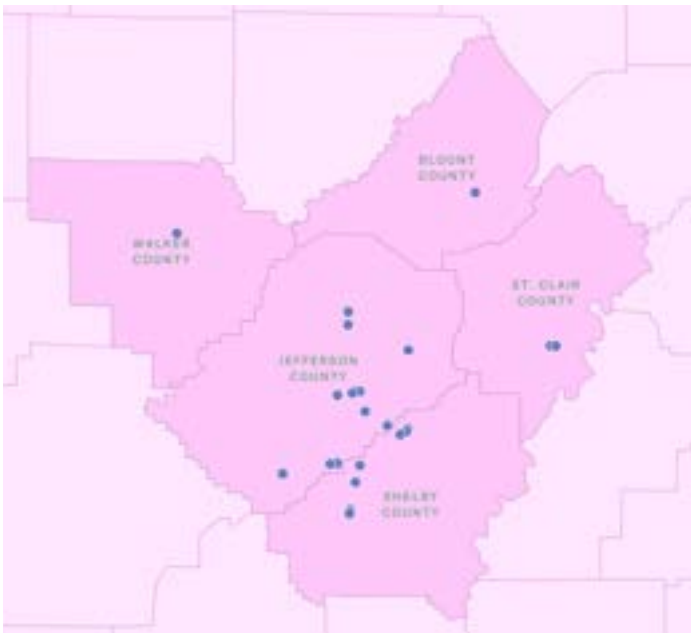
Blount County's lack of dedicated breast-care providers remains the most significant workforce gap. Patients rely on imaging and teleconsultation before traveling to Jefferson County for specialty care. Overall, the region benefits from a strong concentration of expertise but lacks equitable distribution, with rural residents continuing to face longer travel times and fewer options for local continuity of care.

Mammography Availability:

There are **40 mammography sites** identified across the region.

Jefferson County contains the majority (**25 sites, 63%**), while **Shelby (7), St. Clair (4), Walker (2),** and **Blount (2) Counties** account for the remainder.

In Jefferson County, mammography services are offered through hospital-based imaging departments, outpatient diagnostic centers, and private radiology practices. These sites operate on consistent schedules with the capacity for screening and diagnostic follow-up.



Outside Jefferson, access is more limited and often tied to hospital imaging departments or multi-county radiology groups. Here, some patients may face long wait times to receive diagnostic services, and they may elect to travel further to receive these essential services. **Shelby County** maintains the largest share of these suburban sites, while **St. Clair, Walker,** and **Blount Counties** rely on a smaller mix of hospital-based services, local health departments, and independent providers.

The ADPH's **Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)** is active in each county and contracts with select imaging centers to provide free or low-cost screening for eligible women. The Jefferson County Department of Health hosts a **mobile unit**, which provides mammography along scheduled routes.

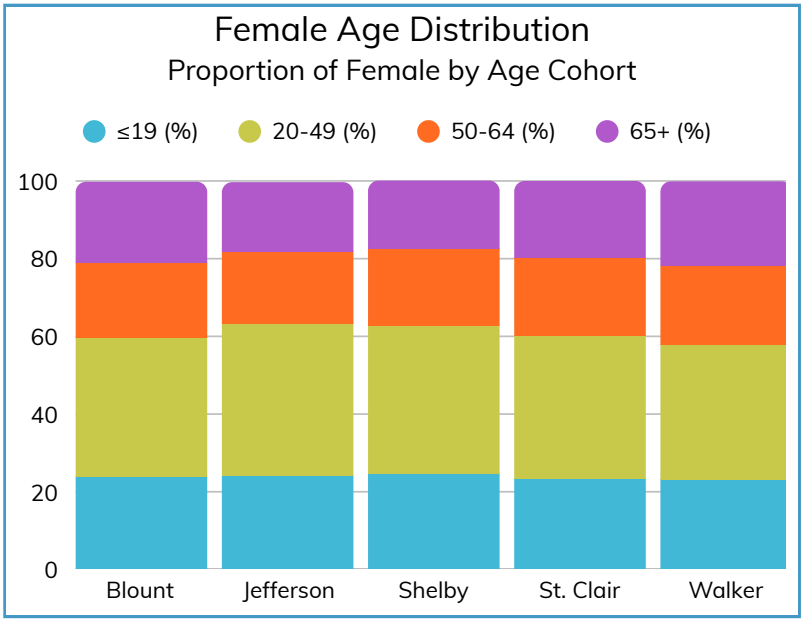
While screening opportunities exist throughout the five counties, the number of fixed imaging locations decreases substantially outside Jefferson County. Residents in more rural areas, particularly Blount and western Walker Counties, face longer travel distances and fewer same-day options for both routine screening mammograms and for diagnostic mammograms, if needed.

Demographic Insights

	Blount	Jefferson	Shelby	St. Clair	Walker
2024 Population:	60,163	664,744	235,696	96,972	65,260
Female (%)	50.2	52.6	51.3	50.5	51.2
% in Poverty	14	16	9	9	18
Median Income ($)	61,096	64,623	88,070	81,334	54,509

Population Demographics:

The five-county service area is home to approximately **1.1 million residents**. Females represent roughly half of all residents, ranging from **50.2 percent in Blount** to **52.6 percent in Jefferson**.



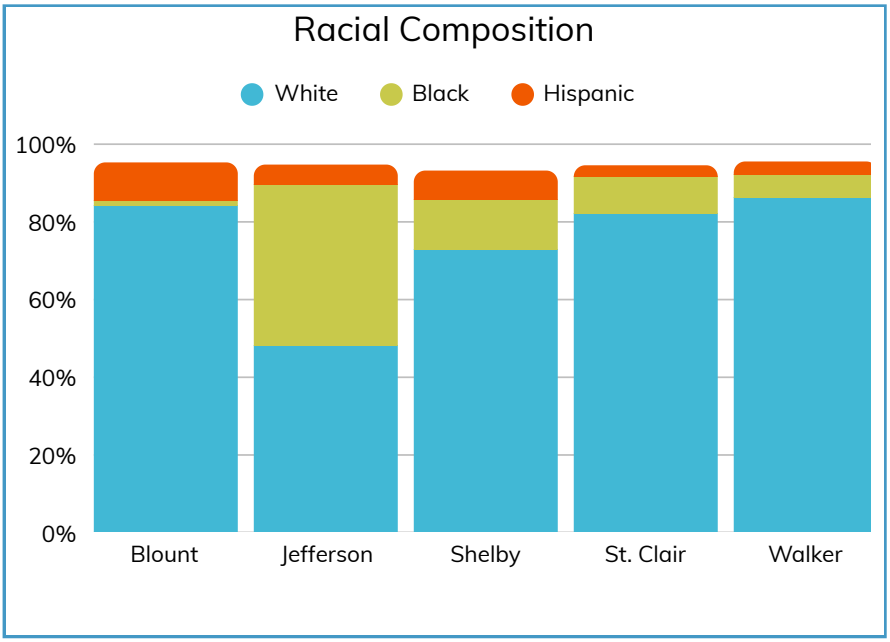
Female age **distribution is largely consistent** across counties, though the share of older women continues to grow.

Women 65 and older now make up roughly one-fifth of the female population, **a steadily expanding group** that will shape future demand for surveillance and survivorship services.

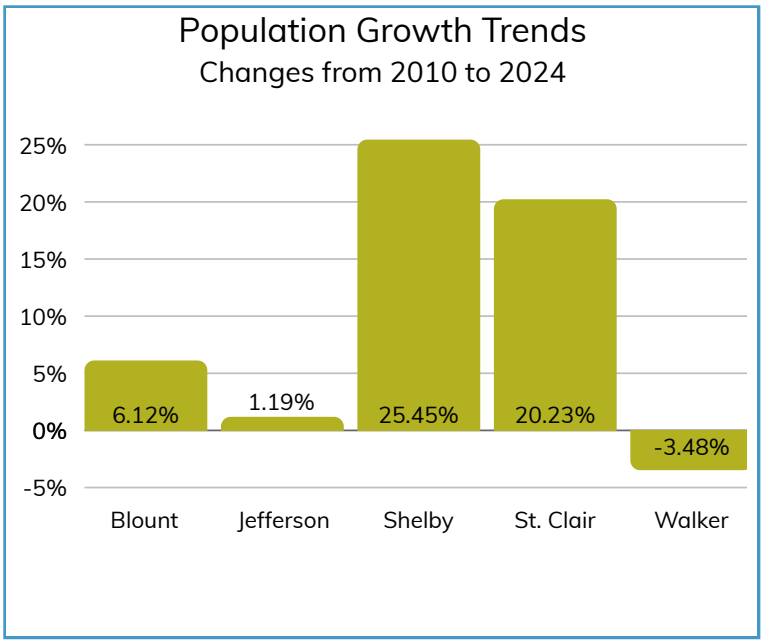
Racial and ethnic composition varies by county.

Jefferson County is the most diverse, with a population that is **48% White, 42% Black,** and includes a growing Hispanic community.

Surrounding counties remain majority White, with smaller Black populations (**6–13%**) and modest Hispanic growth —most notable in **Blount (10%)**.



Understanding these patterns is essential for developing **culturally responsive** outreach and education strategies.



Population growth trends reflect suburban expansion and gradual demographic change.

Since 2010, **Shelby** and **St. Clair** have experienced the **most growth**, while **Blount** and **Jefferson increased modestly**, and **Walker declined slightly**.

The fastest-growing counties border Jefferson and will continue to absorb population movement from the Birmingham metro area, increasing local demand for accessible screening and oncology services.

Overall, the region is characterized by stable urban density in Jefferson County and ongoing residential growth in its suburban counties. These trends underscore the need for continued planning to ensure breast-cancer screening and treatment capacity aligns with shifting population patterns and an aging, increasingly diverse service base.

Income & Poverty:

Household income and poverty levels shape how residents in the region access **screening**, **diagnostic**, and **treatment services**. Economic differences between the **urban core and surrounding counties** help explain patterns of service use, insurance coverage, and referral dependency identified throughout this report.

	Alabama	Jefferson	Shelby	St. Clair	Walker	Blount
Median Income ($)	$62,212	$64,623	$88,070	$81,334	$54,509	$61,096
% in Poverty	16%	16%	9%	9%	18%	14%

These differences reflect the region's mixed economic base: **urban employment concentration** in Jefferson, **higher-income suburban growth** in Shelby and St. Clair, and **more limited industry and wage opportunities** in Walker and Blount.

Poverty rates follow a similar geographic pattern. Higher poverty levels generally indicate greater **vulnerability to cost-related barriers** in accessing care, while **lower-poverty** areas face fewer financial obstacles and tend to have **more stable pathways** into screening and treatment.

From 2011 to 2023, **median income increased across all counties**, while **poverty rates declined modestly**. However, growth has not been evenly distributed. **Economic expansion around Birmingham has primarily benefited Shelby and St. Clair**, while Walker and parts of Blount have experienced slower growth and persistent low-income concentration.

In the context of this assessment, **income and poverty influence every other dimension of access** discussed in the report. Lower-income counties show **fewer care sites**, **longer travel distances**, and **greater reliance on safety-net programs** such as the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP). Conversely, higher-income areas maintain **stronger provider presence** and **higher screening participation**. These economic conditions remain a **defining factor** in how and where breast cancer resources are utilized across the region.

Cancer Statistics

Breast cancer remains one of the leading cancer diagnoses among women in Alabama and throughout the five-county service area. Statewide, nearly **4,000 new cases** and **710 deaths** occur annually, with a **12.5% lifetime risk** among women. For all cancers combined, there are approximately **30,730 new cases** and **10,640 deaths** each year (CDC; ADPH; NCI).

Incidence & Mortality:

Breast cancer **incidence** reflects the number of new cases diagnosed each year, expressed as a rate per 100,000 women. **Mortality** measures the number of deaths attributed to breast cancer, also reported per 100,000 women. “Estimated Annual New Cases” reflects the average number of newly diagnosed breast cancer cases per year from 2017–2021, and “Estimated Annual Deaths” represents the average annual breast cancer deaths from 2018–2022, each based on age-adjusted incidence data.

Summary of Incidence & Mortality for Breast Cancer

2017-2022; All Races, All Ages

	Incidence Rate (cases per 100,000 women)	Average Annual Count of New Cases	Death Rate (deaths per 100,000 women)	Average Annual Count of Deaths
Alabama	123.3	3,989	20.4	710
Jefferson	129.8	599	21.7	102
Shelby	137.1	187	16.5	24
St. Clair	126.7	76	17.2	11
Walker	129.1	61	16.3	8
Blount	113.1	45	16.8	7

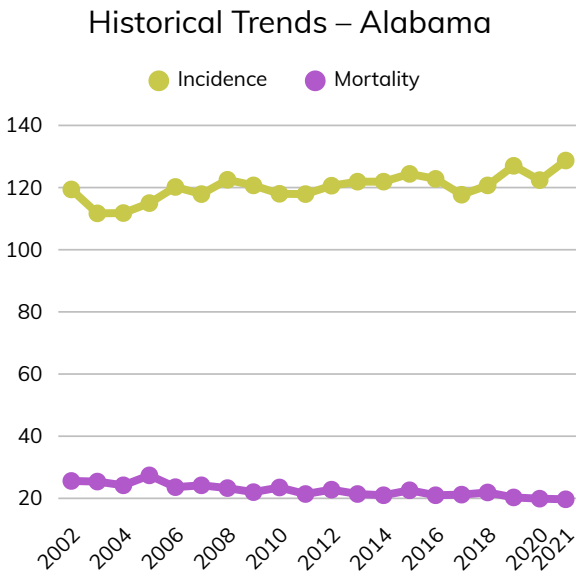
Collectively, these population-adjusted rates and counts allow direct comparison of the **average annual impact of breast cancer** in Alabama and across counties of different sizes.

(*State Cancer Profiles > Incidence Rates Table*, 2017) (*State Cancer Profiles > Death Rates Table*, 2018)

Across the WBHF service area, **Shelby** county shows the **highest incidence** rate, followed by Jefferson, Walker, St. Clair. **Blount** falls on the lower end of the range, with the **only** incidence rate **below the state’s outcome**. **Mortality patterns** follow a **generally similar structure. Jefferson** county reports the **highest** death rate and annual deaths and is the only county whose death rate exceeds the state’s outcome. The death rates of the remaining four counties fall in a narrow range. and Blount the lowest.

The differences between the rates and counts reflect **variation** in **population size**, **provider concentratio**n, and **screening activity**, underscoring the importance of tailoring outreach and support strategies to each county’s specific burden and needs.

The above provides an analysis of incidence and mortality, for the state and by county, over five years, from 2017 until 2022. The following chart explores incidence and mortality, only for the state of Alabama, over twenty years, from 2002 until 2021.



Statewide incidence has remained relatively stable over the past two decades (2002-2021), fluctuating within a narrow range with **no sustained upward or downward trajectory**.

In contrast, **mortality** has shown a **clear and steady decline**, reflecting improvements in early detection, treatment effectiveness, and care access.

Together, these patterns indicate that while the number of new diagnoses has not meaningfully shifted, **outcomes following diagnosis have improved over time**.

Racial and Ethnic Variation:

Within Jefferson County, incidence among Black women (**128.8 per 100,000**) slightly exceeds that among White women (**127.3 per 100,000**) (ADPH; NCI). Mortality remains higher for Black women, a pattern consistent with national trends and reflective of differences in stage at diagnosis and continuity of care. Comparable race-specific data for other counties are limited due to smaller population size.

Screening and Detection:

2022 Mammography Screening Rates	
U.S.	70.2%
Alabama	70.6%
Blount	65.2%
Jefferson	74.3%
Shelby	66.1%
St. Clair	66.1%
Walker	68.0%

Among **women aged 40 and older**, modeled estimates from State Cancer Profiles (2022) indicate mammography screening rates seen to the left.

These rates generally align with state and national averages, with **higher screening observed in more urbanized counties** that have greater provider and imaging capacity, and **lower rates in rural counties** with limited fixed-site access.

Findings

Overview

This section examines **support services for breast cancer patients**, integrating perspectives from caregivers and healthcare/support providers to highlight both immediate and systemic needs. **Survivors** emphasize the fragmented support landscape, particularly in rural areas, where significant access barriers drive reliance on informal networks and online resources, underscoring urgent needs for local peer support, transportation, financial aid for non-medical costs, better resource awareness, and ongoing survivorship care to address emotional and practical challenges throughout their cancer journey. **Healthcare and support providers** offer a systemic lens, identifying transportation, financial assistance, localized emotional support, coordinated resource systems, and workforce re-entry as critical to overcoming fragmentation worsened by post-COVID disruptions and rural-urban disparities. While **both groups align on core priorities**, **differences in approach**, survivors favoring grassroots solutions and providers advocating structured systems, reveal **opportunities for collaboration** to bridge gaps. Regionally, Jefferson County serves as a resource hub with internal challenges, while rural counties face severe access barriers, necessitating tailored interventions that blend community-driven and systemic strategies to ensure equitable support across the five-county region.

Survivor Findings

Key Takeaways

> **"There's always a gap between diagnosis and women understanding how to get help. Women often say 'I wish I'd known about these services 6 months ago.'"**
> — Survivor, Jefferson County

Survivors consistently highlight a **fragmented support landscape**, with rural areas facing the most acute challenges, often rating access difficulty at 4-5 out of 5 (as noted in Appendix 1.3 – Interview and Focus Group Questions) and depending heavily on self-advocacy, online platforms like Google and Facebook, or informal family networks rather than structured formal systems. The **most pressing need** is for **accessible, local support groups** to foster peer interaction, which survivors

describe as transformative for navigating complex emotional stages such as denial, grief, anger, and long-term fears of recurrence that can persist for years after physical treatment concludes. **Transportation assistance** ranks as the top practical necessity, particularly for rural patients who must undertake lengthy, frequent trips to Jefferson County for radiation or chemotherapy, where financial burdens from lost wages, childcare demands, and utility costs intensify, especially among younger survivors juggling family responsibilities and those in economically disadvantaged areas. **Awareness of existing resources remains critically low**, with many survivors, particularly in minority communities and rural settings, remaining unaware of free prosthetics, wigs, or programs such as the Alabama Breast and Cervical Cancer Early Detection Program until well after treatment, underscoring the urgent need for comprehensive, updated resource lists, dedicated hotlines, and proactive distribution at the point of diagnosis. Personal support systems through family and friends provide a vital lifeline, but survivors stress the irreplaceable, life-changing value of peer connections, proposing text-based communication options to accommodate those valuing privacy and community-led awareness events in rural areas to combat pervasive isolation. **Needs evolve significantly over the cancer journey**, shifting from the initial shock and uncertainty of diagnosis, where clear guidance on treatment options is essential, to survivorship challenges such as identity shifts following mastectomy, difficulties with workforce re-entry, and ongoing emotional recovery, revealing a critical **gap in sustained emotional and financial support** that leaves many rural and younger survivors feeling unprepared and unsupported in their long-term healing process.

Key Support Needs Identified by Survivors

Peer and Emotional Support

Transportation Assistance

Financial Support for Non-Medical Costs

Resource Awareness and Distribution

Ongoing Survivorship Support

Urgent Need for Peer and Emotional Support

> **"In-person support groups would have been most valuable to connect with other survivors and share experiences."**
> — Survivor, St. Clair County

Survivors, particularly those in rural counties where local resources are virtually nonexistent, express an urgent, heartfelt need for accessible, in-person support groups to **connect with peers who understand their journey**, offering a safe space to share experiences and alleviate the deep emotional burdens of denial, grief, and fear of recurrence that linger long after treatment. For instance, survivors in St. Clair noted being unaware of services during treatment at UAB and only discovering Facebook groups post-treatment, emphasizing that in-person groups would have been invaluable for **emotional processing**, while those in Blount highlighted the **lack of formal services** and the desire for helplines or peers to talk to, describing interactions with others going through breast cancer as **essential for understanding the recovery process and individual differences in experiences**. Younger survivors and those from minority communities also desperately seek **professional counseling** to address recurring anxieties about cancer returning, with some reporting long wait times of 6-8 weeks for appointments. The **transformative impact of peer interaction**, described as life-changing by some in Blount, far surpasses the limited reach of online alternatives, which many find difficult to navigate or trust due to privacy concerns and lack of local relevance. In Shelby County, survivors valued connections with others who had been through breast cancer to guide patients, while in Walker, reliance on church communities and friends' recommendations for Facebook groups underscored the gap in structured emotional support, with suggestions for more community fellowship to foster healing through sharing.

Transportation Assistance for Rural Patients

> **"Not having services locally during my first diagnosis and having to travel out of town was difficult. Transportation is a significant problem for many patients."**
> — Survivor, Walker County

Transportation stands out as the **most critical and immediate need for rural survivors**, who face the daunting task of **daily travel** to Jefferson County for radiation or chemotherapy sessions, often spanning dozens of miles with no personal vehicle or financial means. Survivors in Blount repeatedly cited transportation as a top priority, alongside financial assistance and childcare, noting that without it, they felt "on their own" outside of treatment centers, with some relying on companionship

from husbands or friends with breast cancer experience but still advocating for dedicated services like helplines or navigators to connect them to reliable options. In Walker County, a survivor who experienced diagnoses in 1998 and 2021 highlighted the evolution from no resources to some at local cancer centers but stressed the ongoing need for better rural access, including transportation to prevent isolation. **Older patients**, **those in poverty-stricken areas**, and **individuals without family support** require reliable, subsidized transportation options, such as **shuttle services or gas vouchers**, to ensure timely treatment adherence, reduce the physical and emotional toll of travel, and **alleviate the financial stress that compounds their medical challenges**. Jefferson County survivors echoed this by noting physical therapy needs and the encouragement from doctors, but rural voices pointed to the lack of in-person support due to distance, suggesting that better coordination of existing transport could bridge gaps, as seen in calls for comprehensive resource identification across counties.

Financial Support for Non-Medical Costs

> **"Financial support is essential for hourly workers who lose income when taking time off for treatment. For people living paycheck to paycheck, missing work for appointments can be devastating."**
> — Survivor, Blount County

Financial assistance for non-medical costs emerges as an essential priority for survivors across all counties, with **younger patients** and **those in economically challenged areas** most acutely affected by **lost wages during treatment**, **childcare expenses for dependents**, and **unpaid utility bills** that threaten housing stability. In Shelby, survivors prioritized financial support for those without insurance alongside peer connections, while in Blount, childcare was flagged as increasingly important amid transportation and financial strains. This support is particularly vital for survivors living paycheck to paycheck, where even a single missed workday can derail their financial security, influencing critical treatment decisions and necessitating targeted aid to **prevent economic collapse during an already vulnerable period**. For example, one survivor in Jefferson County (diagnosed in 2019) explained that because she could afford her medical bills, she never learned about the financial support available for non-medical needs. She suggested providing a comprehensive resource list at diagnosis so patients understand the full range of assistance available. Others valued free community support for mental health recovery, like realizing enjoyment in activities again without expense. In rural areas, survivors called for more **aid in lost wages and copays**, aligning with St. Clair survivors' concerns about mammogram access for uninsured women and the importance of **early detection to mitigate long-term financial burdens**.

Resource Awareness & Distribution

> **"There's a need for accurate information from real people instead of overwhelming internet searches"**
> — Survivor, Shelby County

Survivors, especially those in rural areas and minority groups, express a vital, pressing need for **comprehensive, regularly updated resource lists** and **dedicated hotlines** available at the moment of diagnosis to ensure early awareness of life-changing programs like free prosthetics, wigs, and the Alabama Breast and Cervical Cancer Early Detection Program. **Forge** was frequently mentioned as a **standout example of high-quality survivor support**, offering personalized navigation, peer-to-peer connections, and practical help with non-medical needs. However, survivors emphasized that **even the best services are ineffective if people don't know about them or can't easily access them**. This need is most acute among those who only discovered these resources post-treatment through word-of-mouth, highlighting the urgency of systemic efforts to **bridge the awareness gap** and **prevent delayed access** to essential support. For example, in Jefferson, survivors praised UAB patient navigators and Angel Squad but noted gaps in hormone therapy support and called for local groups in Shelby with better visibility and text-based options. In Blount, the **absence of services and failed local support groups** has led to reliance on news outlets for confirmation and suggestions for church-led buddy systems. Walker survivors advocated for information on rural activities, practical non-clinical info from patient experiences, and guidance on reliable online resources, while avoiding fundraising-focused events. St. Clair survivors used Google and Facebook but expressed concerns about uninsured access, proposing focus groups with diverse survivors and better provider communication. Overall, **older patients were noted as less likely to use online resources,** with calls for **proactive discussions on intimate health and side effects** to enhance awareness.

Ongoing Survivorship Support

> **"As I got further from treatment, I focused more on mental health, including therapy and counseling. The mental health aspect becomes more important after the physical treatment is done."**
> — Survivor, Jefferson County

Survivors articulate a necessary, ongoing need for **robust survivorship support**, including tailored **workforce re-entry programs** to help them regain employment after treatment, emotional recovery resources to address identity shifts following mastectomy, and childcare assistance for younger survivors with family responsibilities. This support is crucial for all survivors but is **most critical for**

those in isolated rural settings and younger demographics, who feel abandoned by the lack of follow-up services that bridge the transition from active treatment to long-term well-being. In Jefferson, **needs shifted toward mental health after active treatment**, and survivors emphasized the importance of lymphatic therapies, better lodging for those traveling from other counties, and clinic environments that use **modern, supportive language** centered on healing rather than illness. Shelby survivors highlighted gaps in discussing sexual health and hormone side effects, with oncology teams as key but limited in non-medical areas. Survivors in Blount County emphasized navigators as buddies for ongoing guidance. Walker County survivors valued the support offered by HARTT (Hope, Awareness, Resilience, and Trauma-informed Treatment), a Jasper-based nonprofit providing counseling, therapy groups, and mental health services for children, families, and adults, but noted a need for additional **fellowship-oriented groups to strengthen survivor connection**. Changes over time were noted, such as in Jefferson County, where gaps in affordable exercise post-treatment and lymphedema coverage emerged, and in St. Clair, where needs would differ with chemotherapy versus radiation, underscoring the evolution from diagnosis shock to long-term recovery, with **self-advocacy often required** due to inconsistent medical information on support.

> **"The staff at the cancer center were nice, but you're pretty much on your own when you weren't there."**
> — Survivor, Blount County

Healthcare & Support Provider Findings

Key Takeaways

> **"Services exist but are not easily accessible or well-known"**
> — Support Service Provider, Walker County

Healthcare and support providers, including **medical professionals**, **navigators**, and **support-service executives**, provide a systemic perspective on service fragmentation driven by healthcare consolidation and post-COVID disruptions, including gaps in patient navigation and coordination despite the presence of core clinical services, as well as the tightening of foundation grants that have reduced available funding for patient aid. In Walker County, leaders highlight minimal oncology infrastructure that is limited to basic infusion centers without advanced diagnostic tools or on-site specialists. To improve resource allocation and address regional disparities, these leaders call for consistent Community Foundation board representation from the outlying areas. Across the region,

providers estimate that 50-75% of patients require **financial assistance**, with **transportation** identified as the foremost operational challenge, especially for Medicare patients needing daily treatments over extended periods, often leading to missed appointments or treatment delays that can impact outcomes. **Emotional support** through counseling and support groups is recognized as vital but remains especially scarce in rural areas, prompting calls for localized partnerships like those with community-based organizations to offer sliding-scale mental health services and peer-led initiatives that can adapt to cultural and demographic needs. **Awareness and coordination gaps persist**, with outdated resource information and significant variation in provider understanding of available supports resulting in highly inconsistent referral patterns. Healthcare and support providers advocate for accountability in grant funding, adherence to donor intent, and the **nurturing of grassroots initiatives** to enhance community engagement, particularly in underserved counties where geographic barriers amplify isolation. Needs assessment tools like distress screenings enable individualized support, yet systemic issues such as financial toxicity, where treatment costs influence care decisions and lead to broader economic hardships, and gaps in workforce re-entry programs underscore the **evolving demands from diagnosis through survivorship**, necessitating a **holistic approach to service delivery** that integrates multidisciplinary teams, better inter-agency collaboration, and proactive outreach to ensure equitable access for all patients, including those from minority communities and low-income backgrounds who face compounded barriers.

Key Support Needs Identified by Healthcare and Support Providers

Transportation Solutions for Treatment Adherence

Financial Assistance for Broad Patient Base

Emotional Support Through Localized Groups

Resource Coordination and Awareness

Workforce Re-Entry and Long-Term Support

Transportation Solutions for Treatment Adherence

> **"Transportation is hugely important - it's been a consistent challenge throughout my entire nursing career."**
> — Nursing Care Provider, Jefferson County

Healthcare and support providers identify **reliable, free transportation** as the **paramount need** to ensure treatment adherence for patients undergoing daily radiation or chemotherapy, with this requirement being most critical for Medicare recipients and rural patients who lack personal vehicles or reliable public options. These professionals emphasize the necessity of **consistent shuttle services**, **gas vouchers**, or **coordinated ride-sharing programs** to cover the extensive travel distances, often 30-50 miles each way multiple times per week. Transportation solutions play a key role in **reducing the logistical burden** on families and healthcare staff, while **preventing treatment delays** that could compromise patient outcomes, especially for elderly patients with mobility issues or those in economically strained areas where work obligations conflict with appointment schedules. For instance, providers in Jefferson County have noted the value of existing transportation services, like those from the American Cancer Society's Hope Lodge, but stress the need for **better coordination of transportation services across counties** to avoid gaps. Providers in Walker County highlight how **unreliable options lead to increased no-show rates** and advocate for demonstrated collaboration between service providers before seeking additional funding to build sustainable systems. In St. Clair, support services focus on **geographic accessibility as a core issue**, suggesting that integrating transportation with financial assistance could address the compounded challenges faced by patients who must balance treatment with daily life responsibilities, ultimately improving compliance and reducing the emotional stress associated with travel uncertainties.

Financial Assistance for Broad Patient Base

> **"Medical bill assistance is a major gap, particularly for patients requiring both radiation and chemotherapy treatments."**
> — Support Service Provider, Jefferson County

Financial support for **copays**, **utilities**, **housing**, and **other non-medical expenses** is deemed essential by healthcare and support providers across all counties. Executives at oncology centers note that **50-75% of patients** require this aid to manage the escalating costs of care that have risen post-COVID due to grant reductions and increased demand. They advocate for **direct vendor payments**, **hardship funds**, and **expanded grant programs** to address these burdens, highlighting the urgency for sustainable funding sources to support a broad patient base, particularly those in

poverty-stricken rural areas, to ensure treatment access is not dictated by economic status and to mitigate the **growing issue of financial toxicity** where patients delay or forego care due to unaffordable ancillary costs. Providers in Jefferson, for example, praise initiatives like gas and grocery cards or copay assistance but point out that overwhelmed patient navigators struggle to connect everyone to the resources they need, suggesting a team approach at facilities like UAB to streamline aid distribution. In Shelby and St. Clair, the emphasis is on financial assistance for non-medical expenses such as **lost wages and childcare**, with calls for **awareness campaigns** to inform patients about available resources early in their journey, while Walker providers underscore the role of **reliable time off from work** as intertwined with financial stability, proposing partnerships with employers to support patients without insurance or adequate coverage.

Emotional Support Through Localized Groups

> **"Therapeutic and support groups are essential. Groups allow patients to learn from others' experiences."**
> — Support Service Provider, Jefferson County

Support service leaders and medical professionals stress the crucial need for **localized counseling services and support groups** to provide emotional relief, particularly for patients without family support and those in minority communities who face additional isolation due to cultural, language, or trust barriers in formal systems. They propose partnerships like **sliding-scale models for mental health resources** to make them accessible and affordable, emphasizing that this support is most urgently required for patients dealing with the psychological aftermath of diagnosis and treatment, including post-traumatic stress, anxiety about recurrence, and grief over life changes, across diverse demographic groups including men, younger adults, and those in remote areas where virtual options may not suffice due to limited internet access. For instance, in Jefferson, medical professionals advocate for **comprehensive distress screening** to assess holistic patient needs beyond the disease, integrating psychological support into a whole-patient approach with multidisciplinary teams, while support services in Walker prioritize **peer and emotional support** alongside physical care and navigation services. Providers in St. Clair highlight the importance of **awareness for personal decision-making in emotional care**, suggesting geographic accessibility through community-based groups to foster connections, and in Blount, co-survivors echo the value of companionship and community but call for expanded programming like supportive events and mental health integration to address the **gaps left by informal networks** alone.

Resource Coordination and Awareness

> **"Services require diligent searching and aren't readily available."**
> — Support Service Provider, Jefferson County

Healthcare and support providers highlight the imperative need for a **coordinated resource system** and **enhanced provider education** to eliminate dead ends in information, with this support being most critical for minority communities and rural patients who currently rely on inconsistent referrals from undertrained staff or outdated lists. They advocate for **proactive outreach** through medical offices, **regular training sessions for healthcare teams**, and the development of a **centralized, live-updated database** across the five counties to ensure **early access to programs** like patient navigation, financial hardship funds, and housing assistance, addressing the systemic failure that leaves many patients, especially those in remote areas, unaware of available aids until late in their journey or after treatment concludes. For example, support providers in Jefferson call for comprehensive resource identification with live updates and demonstrated collaboration before funding pursuits, while support services in St. Clair emphasize financial assistance tied to awareness for informed decisions and geographic accessibility to bridge urban-rural divides. **In both the urban and rural setting, the support service landscape is fragmented.** Medical professionals in Jefferson stress a multidisciplinary clinical team and whole-patient approach to improve coordination, noting that assistance for balancing work and treatment is key, and overall, providers suggest nurturing grassroots efforts with accountability to donor intent to enhance visibility and prevent fragmentation exacerbated by post-COVID changes.

Workforce Re-Entry and Long-Term Support

> **"Workforce development is a gap area. Many patients are laid off or out of work during treatment and need help transitioning back to employment after recovery."**
> — Support Service Provider, Jefferson County

Professionals across the region identify **workforce development** and **post-treatment navigation** as significant needs for survivors transitioning back to work, with support leaders emphasizing tailored programs to address **financial toxicity**, where treatment costs lead to job loss or reduced hours, and **ongoing care requirements** like follow-up appointments or therapy. This support is crucial for urban survivors who face **corporate layoffs** amid treatment disruptions, rural survivors with **limited local job opportunities**, and **young women with children** who juggle family duties. Many need long-term follow-up support to facilitate a smooth return to economic stability and sustained health

management. Medical professionals in Jefferson, for instance, highlight support for balancing work and treatment as a top priority, alongside financial resources and assistance for young families, while support services in Walker and St. Clair call for psychological support and navigation services that extend into survivorship to help with re-entry challenges. **Providers note that needs evolve**, with initial focus on multidisciplinary care shifting to long-term aspects like mental health and practical aids, suggesting **integration of workforce programs with existing services** like patient navigators to provide guidance on resume building, employer advocacy, and flexible accommodations, ultimately reducing the isolation felt by survivors post-treatment and promoting holistic recovery.

Divergent Perspectives Between Survivors and Providers:

> **"Doctors didn't actively share information about available services."**
> — Survivor, Jefferson County

> **"Most support comes through word-of-mouth between survivors."**
> — Support Service Provider, Jefferson County

Survivors and healthcare/support providers share **broad agreement on critical needs** like **transportation**, **financial aid**, and **emotional support**, but their **perspectives diverge** in key areas of **focus** and **execution**. **Survivors**, particularly in rural counties, advocate for grassroots, survivor-led peer support groups and community-driven awareness events, viewing these as essential for **emotional healing through direct, relatable connections**. They often perceive established programs like Forge as too distant or overly formal, failing to meet their need for immediate, personal engagement. In contrast, **providers** emphasize **structured, centralized systems** managed by established organizations, supported by consistent provider training, arguing that these are more sustainable and capable of reaching diverse populations. They express skepticism about the long-term viability of survivor-led initiatives, favoring professional coordination to ensure broader impact.

Another point of contention lies in **resource dissemination**. Survivors express frustration over inconsistent or absent referrals, demanding that healthcare providers deliver comprehensive resource information at the point of diagnosis. Providers, however, point to privacy regulations and overwhelming workloads as constraints, proposing that support organizations manage centralized databases to streamline information sharing, highlighting a **disconnect in expectations** around who should bear the **responsibility for early resource awareness**. Additionally, survivors prioritize workforce re-entry and long-term emotional support as critical post-treatment needs, often feeling neglected once active treatment concludes. Providers, however, focus primarily on financial toxicity during active treatment, arguing that survivorship programs should build on a foundation of effective

initial care. This **difference in timing and emphasis** suggests a need for dialogue to align priorities and better address the evolving needs of survivors.

Analysis by Area:

Jefferson County serves as the **primary resource hub**, but it grapples with i**nconsistent referral practices** and **navigation challenges**, particularly for minority communities facing language barriers and distrust in formal systems. Both survivors and providers recognize these issues, though survivors emphasize the **personal impact of unclear information**, while providers focus on **systemic fixes** like improved training and coordination to enhance access.

Walker County's pronounced isolation is evident in its minimal oncology infrastructure, limited to basic infusion centers, with access difficulties frequently rated at 4 out of 5. Survivors and providers agree on the urgent need for transportation and financial relief, but survivors highlight the **emotional toll of long commutes**, while providers advocate for **structural solutions**, such as board representation from rural areas, to address structural gaps.

St. Clair and Blount counties face near-total absence of local screening services and **maximum access barriers**. Survivors push for **community-led awareness events and peer support** to combat isolation, valuing local connections, while providers prioritize **professional outreach and infrastructure improvements**, like on-site imaging, to reduce travel burdens. This reflects a shared understanding of rural vulnerabilities but differing approaches to solutions.

Shelby County presents a hybrid challenge, where survivors seek nearby **peer groups and accessible communication** tools like text-based options to avoid reliance on Jefferson's distant resources, while providers note **logistical hurdles** in extending services and suggest leveraging urban hubs with better visibility. Both groups acknowledge the need for proximity but propose divergent strategies to achieve it.

Region-wide, **transportation**, **financial aid**, and **emotional support** dominate as shared priorities, with evolving needs like workforce re-entry and long-term recovery offering clear intervention opportunities. The urban-rural divide necessitates **tailored solutions** that integrate survivor-driven community initiatives with **provider-led systemic reforms** to ensure equitable support across the five-county area.

Recommendations

Overview

The findings from this community assessment make clear that while clinical services exist across the five-county region, the experience of navigating breast cancer remains **fragmented**, **uneven**, and **deeply dependent on where a patient lives**, **who they encounter at diagnosis**, and **how effectively they are connected to support**. Survivors and providers repeatedly described a landscape where transportation barriers disrupt treatment, emotional support is difficult to access, and essential non-medical needs go unmet or are discovered far too late. By investing in systems that **connect, guide, and sustain individuals throughout their cancer journeys**, the Women's Breast Health Fund has an opportunity to meaningfully reduce fragmentation and advance equitable support across Jefferson, Shelby, St. Clair, Walker, and Blount counties.

1 Strengthen Regional Navigation and Support Coordination

A central recommendation is to establish a coordinated regional navigation system that functions as a true **"resource for resources,"** linking patients, caregivers, and providers to the supports that already exist but remain inconsistently known or unevenly distributed. Survivors and providers consistently described challenges in identifying reliable information, locating local support, and navigating available resources, prompting the need for a **regional navigation network**. Strengthening **coordination among existing organizations** that provide navigation, emotional support, and practical assistance would help reduce reduce the most **persistent barriers** identified in this assessment.

Expand Direct Assistance Through Coordinated Support Organizations

This expansion should begin with increased funding for **direct assistance**. **Transportation remains the single greatest obstacle** for rural patients, many of whom must make daily trips into Jefferson County for radiation or chemotherapy. There is also an opportunity to partner with existing transportation providers. **Kid One**, which already operates a medical-transport fleet, could extend its services to women undergoing breast cancer treatment. **Birmingham On Demand** offers $1.50 city-supported rides, and **providers could distribute vouchers** for patients within its service area, though its limited geographic footprint makes it a **supplemental rather than region-wide** option. Funding

dedicated transportation support, such as vouchers, paired with **non-medical financial assistance** such as childcare, utility relief, and wage replacement, would directly address the real-world pressures that survivors described. Establishing county-specific funding targets based on patient volume would ensure that support is distributed equitably and visibly across all five counties. In this model, WBHF would **resource** organizations within the regional navigation network to **expand these supports**, and those organizations would then **ensure that patients and survivors** are effectively **connected to the options available** to them.

Establish a Multi-County Navigation Hotline

Establishing a staffed, **regional hotline** would further reduce fragmentation by offering a **single, reliable point of contact** for anyone seeking help. Survivors across counties emphasized that they often did not know where to turn, and providers acknowledged frequent variation in staff knowledge of resource availability. A centralized hotline, staffed by lay navigators trained in local resources, would give patients **immediate access to guidance** and **reduce the "dead ends"** that so many described encountering. It also offers a consistent mechanism for connecting newly diagnosed individuals to the emotional and practical support they need early in their treatment journey rather than months later.

Develop a Centralized Support Group Network

Emotional support, particularly through **in-person peer groups**, emerged as one of the strongest needs across the five counties. Survivors spoke powerfully about how isolating treatment can be, especially in rural areas where local groups do not exist. Many described peer connections as **"life-changing"** and wished that support groups had been easier to find or closer to home. By developing a **visible, organized network of peer support groups** and ensuring regular group offerings in each county, WBHF can strengthen one of the most impactful forms of survivorship care. As a part of the regional support ecosystem, this network would include partnerships with healthcare providers, nonprofit organizations, faith-based groups, and survivor-led initiatives to guarantee support opportunities across multiple counties. **Groups tailored to different experiences**, young survivors, caregivers, those recovering from mastectomy, or individuals navigating hormone therapy, would fill large gaps in the current landscape.

Expand Outreach Footprint and Resource Awareness

A separate but equally essential priority is expanding the **outreach presence** of support organizations across the region. Survivors repeatedly emphasized that **awareness of available resources depended largely on chance**: whether a particular clinician happened to mention support

programs, whether information was posted in a local clinic, or whether they knew someone who had survived breast cancer before them. To address this, support organizations require a **centralized, intentional, and visible** presence in front-line clinical settings. **Dedicated outreach staff** can develop relationships with mammography centers, primary care practices, oncology clinics, and county health departments, ensuring that accurate, up-to-date resource materials are consistently available and that local providers understand how to connect patients to support. This outreach is **relational infrastructure** that ensures **patients learn about available support** at diagnosis and during treatment, not months later when opportunities have passed. Expanding outreach footprint would significantly **reduce the rural–urban awareness gap** and **improve early connection to assistance**.

Together, these investments, **direct assistance**, **navigation infrastructure**, **emotional support**, and **expanded outreach**, support the development of a **regional navigation network** that is capable of meeting the practical and emotional needs identified throughout this assessment.

2 Strengthen Representation and Training Across the Healthcare System

The assessment highlighted areas where **additional structure and support** could improve how information about resources is communicated across the region. Both survivors and healthcare professionals noted that awareness of available services often depends on individual clinic workflows, **staff familiarity with community programs**, and the amount of time available during clinical encounters. These experiences do not reflect a lack of commitment from clinical teams, but rather the reality that **without a shared system for communication and decision-making**, even well-designed resources can be **difficult to deliver uniformly**. These variations are understandable in a busy care environment, yet they create **opportunities for improving consistency** so that patients across all five counties receive comparable information early in their care.

Expand WBHF Board Representation

One way to support this effort is to **broaden representation within WBHF's decision-making processes**. Including at least one community member from each county would ensure that the Fund continues to benefit from local **perspectives on needs**, **access patterns**, and **existing support networks**. This approach is not in response to dissatisfaction; rather, it reflects the practical value of incorporating routine input from individuals who understand the day-to-day realities of their counties. As the service area spans urban, suburban, and rural settings, **county-level representation** helps maintain alignment between funding priorities and the distinct contexts in which patients live and seek care.

Enhance Provider Resource Education & CEU Training

Additionally, the assessment identified **provider education** as an area where structured support could improve the reliability of resource communication. Clinical teams consistently expressed a desire for **up-to-date, easy-to-reference information** about support services, and survivors emphasized how helpful it is when this information is shared **at the time of diagnosis**. Rather than building a new program, this recommendation focuses on **expanding UAB's existing CEU infrastructure** to deliver a **standardized training module** on community-based supports. With input from providers, navigators, and community organizations, the module would **consolidate current guidance** on transportation assistance, financial support, survivorship services, and referral pathways. UAB is already positioned to develop and host accredited CEU offerings, making it a natural partner for strengthening this educational component. Such training would complement existing clinical workflows by providing clear guidance on **when and how to introduce support resources**, especially during the early stages of care when patients are processing a significant amount of information.

Taken together, **expanded representation** and **enhanced provider education** offer practical, achievable steps for improving consistency in how patients learn about support and for ensuring that WBHF's strategies remain closely connected to the circumstances of each county.

3 Develop a Regional Breast Cancer Resource Directory

Both survivors and providers struggle with **fragmented**, **inconsistent**, and often **outdated information about available services**. Patients frequently described learning about emotional support, transportation programs, or financial assistance long after they needed it, while providers acknowledged relying on informal networks or personal knowledge rather than a shared, standardized system. Developing a comprehensive **Regional Breast Cancer Resource Directory** would create a **single, reliable source of information** for survivors, caregivers, navigators, and clinical teams across all five counties.

Clinical & Screening Services

The directory should clearly outline where patients can access **screening**, **diagnostic**, and **treatment services**. This includes mammography and diagnostic imaging locations, oncology and infusion centers, surgical and specialty providers, genetic counseling, and **county-specific clinical pathways**. A consolidated overview of clinical options, organized by county, would help **reduce the confusion** patients experience **when determining where to begin or continue care**.

Navigation, Emotional Support, & Peer Connections

Given the central role of emotional support in patient well-being, the directory should catalog both **professional** and **peer-based options**. This includes **lay navigators**, **hospital-based navigation** teams, **county-level support groups**, virtual and in-person offerings, **counseling resources**, **grief support**, and **tailored groups** for young survivors, caregivers, or those navigating hormone therapy. Consolidated information ensures that **access to** emotional and navigational **support does not depend on chance** encounters or variable clinic processes.

Transportation, Financial & Practical Assistance

Transportation and financial strain emerged as two of the **most widespread non-medical barriers** across the region, making this section essential. The directory should include information on Kid One Transport, Birmingham On Demand (with **voucher guidance** and geographic limitations), **county-specific transit programs**, Hope Lodge and temporary **lodging options**, **childcare** assistance, **utilities** support, **wage-replacement** or emergency aid programs, and any **local nonprofit or church-based supports**. Each listing should include **eligibility requirements**, **documentation needs**, and **referral instructions** to improve consistency across providers.

Survivorship-Specific Resources

Survivors repeatedly described uncertainty about the **services available after active treatment ends**. The directory should include a dedicated section outlining survivorship resources such as lymphedema therapy, rehabilitation and physical therapy, sexual health and menopausal symptom support, mental health and coping resources, return-to-work programs, long-term follow-up care guidelines, nutrition and exercise supports, and ongoing peer groups for long-term recovery. A centralized survivorship section would **reduce the "drop-off"** survivors experience as they transition out of treatment and help ensure continuity of care.

County-Level Summaries & Provider Tools

To support consistent, high-quality referrals in clinical settings, the directory should include **one-page county summaries** outlining local resources, nearest regional sites, and key points of contact. **Provider-facing tools**, such as referral workflows, "at diagnosis" quick-reference sheets, and a **QR code linking to the regularly updated digital directory**, would further standardize communication across the care continuum. Integrating the directory into **future CEU training** ensures that staff remain aware of available resources and updates.

4 Launch a Regional Post-Treatment "Bell Ringer Survey" for Continuous Evaluation

Automatic Survivorship Connections at Treatment Completion

Administering the survey when patients complete active treatment creates a **natural point for re-engagement**. Individuals often have immediate needs related to **emotional support**, **navigation**, or **practical assistance** as they move into survivorship. Incorporating an **automatic connection**, such as a follow-up call or referral to Forge or another partner, ensures that the survey does more than gather information; it provides a pathway to link survivors with **ongoing support services** at a time when structured contact is especially valuable.

Identify Community Needs & Evaluate Funded Initiatives

The survey would enable WBHF and its partners to **identify patterns and gaps in real time**. By collecting information across counties, care sites, and demographic groups, the Fund can more quickly recognize **shifts in needs**, whether related to transportation, financial strain, emotional health, or access to local resources. This early visibility would support **more responsive planning** and allow WBHF to adjust strategies in ways that reflect the evolving experiences of survivors.

Survey findings would also serve as an **evaluation tool** to assess the **reach and effectiveness** of WBHF-supported programs. Responses can help determine whether patients are aware of available assistance, whether referrals are occurring consistently, and whether funded initiatives are meeting their intended goals. Over time, these data would support **evidence-based decision-making**, strengthen accountability, and guide refinements to resource allocation so that investments continue to align with community needs.

Conclusion

Collectively, these recommendations provide a cohesive roadmap for strengthening the breast cancer support ecosystem across Blount, Jefferson, Shelby, St. Clair, and Walker counties. By coordinating a regional navigation ecosystem, broadening representation and provider competencies, and implementing a consistent mechanism to evaluate survivor experience and connect individuals to care, the Women's Breast Health Fund can meaningfully reduce

fragmentation, expand equity, and ensure that every woman, regardless of county, income, or support network, has access to the resources she needs.

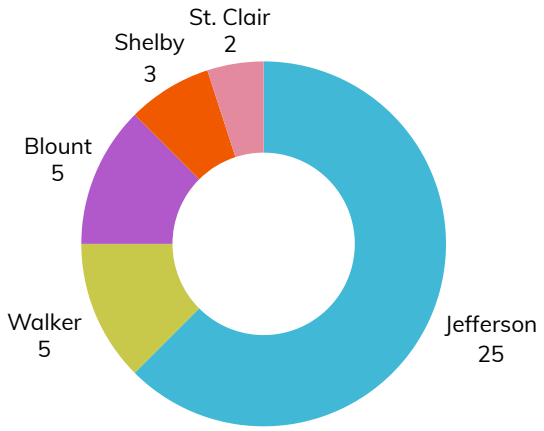
Appendix

1.1 – Profile of Interviewees

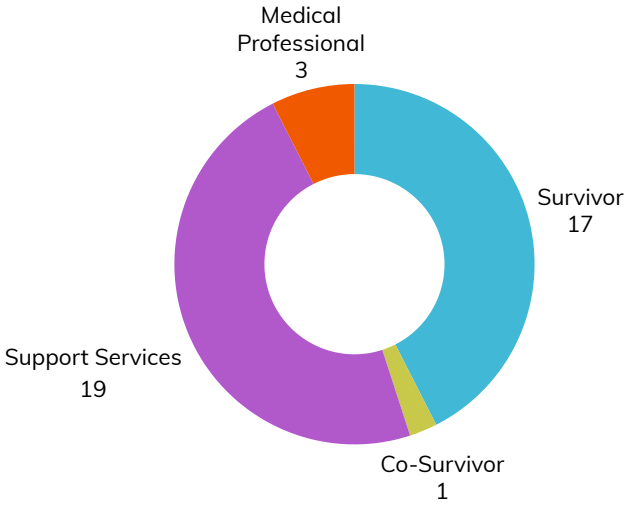
Profile of 40 Interviewees; by County, by Category:

County	Survivor	Support Services	Medical Professional	Co-Survivor	Totals:
Blount	4			1	5
Jefferson	7	15	3		25
Shelby	3				3
St. Clair	1	1			2
Walker	2	3			5
Totals:	17	19	3	1	**40**

Breakdown by County:



Breakdown by Category:



1.2 – Focus Group Composition

List of Focus Groups:

1. Older Survivor
2. Spanish-Speaking
3. Younger Survivor
4. Support Service Professionals in Jefferson County
5. St. Vincent's Breast Cancer Support Group
6. Medical + Administrative Professionals in St. Clair County
7. Support Service Professionals in Jefferson County

1.3 – Interview and Focus Group Questions

Introduction:

The Women's Breast Health Fund has long been commitment to provide funding for resources and services to support those diagnosed with breast cancer. During this interview/focus group, we want to understand your experience with the availability and ease of finding/connecting with those resources and services. Resources might include caregiving services, educational information, or retail outlets for things that eased your journey. Services could include organizations that provide psychological, physical, daily living and emotional support. We want to know what is best about the services available and what gaps exist. If the goal is to make the cancer journey easier, what services and programs support someone diagnosed with breast cancer?

Questions Asked to All Participants:

1. What support services are available, while in treatment, for those diagnosed with breast cancer?
2. What support services are available for those recovering from breast cancer? And are they different from those needed when newly diagnosed?
3. How easy/difficult is it to locate services supporting those diagnosed with breast cancer?
4. What are the top three most valuable support services available for those diagnosed with breast cancer?
5. Are there any specific resources or services that don't exist locally that would help support those diagnosed with breast cancer?
6. How do you see support needs for those with breast cancer change as time passes from the original diagnosis?
7. What would you change about breast cancer support in your community?

Medical Professional / Support Service Provider-Specific Question:

1. How do you connect your services to someone with breast cancer?

Survivor-Specific Questions:

1. Did you know where to find information about breast cancer support services options?
2. When you were seeking support resources and services, how did you find those services? Did your doctor's office give you information or did you find the services through your own research?
3. When you were first diagnosed, what was the first resource you reached out to?
4. What was frustrating when finding resources after diagnosis and when in recovery?
5. Who did you consider to be part of your support system?

1.4 – Survey Questions & Results

Of the many vehicles used for survey distribution, only 44 surveys were returned. Not every question was answered in every survey. When interpreting this information, take into account the small respondent pool size.

Survivor Survey Questions & Results:

1. How satisfied are you with support services for those with breast cancer in your community?		
Response Choices	**Count**	**Percentage**
1 - Very Dissatisfied	7	17.95%
2 - Dissatisfied	6	15.38%
3 - Neither Dissatisfied nor Satisfied	7	17.95%
4 - Satisfied	13	33.33%
5 - Very Satisfied	6	15.38%

2. How difficult is it to locate services supporting those with breast cancer?		
Response Choices	**Count**	**Percentage**
1 - Very Easy	7	19.44%
2 - Somewhat or Fairly Easy	10	27.78%
3 - Neither Easy nor Difficult	5	13.89%
4 - Somewhat or Fairly Difficult	8	22.22%
5 - Very Difficult	6	16.67%

3. Top 3 most valuable services available to support someone with breast cancer?		
Service Category	**Count**	**Percentage**
Named Organizations & Programs	22	27.50%
Social Support & Personal Networks	21	26.25%
Financial & Practical Assistance	13	16.25%
Information, Navigation & Education	10	12.50%
Medical & Wellness Services	9	11.25%
Emotional & Mental Health Support	5	6.25%

Note: Responses were grouped into thematic categories for reporting.

Named organizations mentioned by respondents included: Forge, Cancer Awareness Network, St. Vincent's Breast Cancer Support Group, CanSerVive, UAB Survivorship Program, Cancer Nation, Joy to Life, and Touching You

4. Did you receive services in the county you live in?		
Response Choices	**Count**	**Percentage**
Yes	29	74.36%
No	10	25.64%

5. How old are you?		
Response Choices	**Count**	**Percentage**
Under 18	0	0.00%
18–24	0	0.00%
25–34	0	0.00%
35–44	2	5.13%
45–54	3	7.69%
55–64	9	23.08%
65+	25	64.10%

6. What is your ethnic background?		
Response Choices	**Count**	**Percentage**
Hispanic or Latino	0	0.00%
Not Hispanic or Latino	37	100.00%

7. What is your race?		
Response Choices	**Count**	**Percentage**
American Indian or Alaska Native	0	0.00%
Asian or Asian American	0	0.00%
Black or African American	26	68.42
Native Hawaiian or Other Pacific Islander	0	0.00%
White / Caucasian	12	31.58%
Other	0	0.00%

8. What is your annual household income?		
Response Choices	**Count**	**Percentage**
Under $15,000	4	11.11%
$15,000 – $29,999	7	19.44%
$30,000 – $49,999	8	22.22%
$50,000 – $74,999	8	22.22%
$75,000 – $99,999	3	8.33%
$100,000 – $150,000	1	2.78%
$150,000 – $200,000	3	8.33%
$200,000 – $250,000	0	0.00%
Greater than $250,000	2	5.56%

9. Do you have children in the home?		
Response Choices	**Count**	**Percentage**
Yes	10	25.64%
No	29	74.36%

10. If you have children in the home, how many?	
Statistic	**Value**
Mean (Average)	1.4
Median	1
Range	1–3

11. How many years has it been since your breast cancer diagnosis?		
Time Since Diagnosis	**Count**	**Percentage**
Less than 1 year	2	5.13%
1–3 years	12	30.77%
4–6 years	5	12.82%
7–10 years	7	17.95%
More than 10 years	13	33.33%

12. What is your county of residence?		
Response Choices	**Count**	**Percentage**
Jefferson	33	89.19%
Blount	0	0.00%
Shelby	3	8.11%
St. Clair	0	0.00%
Walker	1	2.70%

13. Have you heard of Forge Breast Cancer Survivor Center?		
Response Choices	**Count**	**Percentage**
Yes	34	85.00%
No	6	15.00%

14. Were you referred to Forge Breast Cancer Survivor Center?		
Response Choices	**Count**	**Percentage**
Yes	17	44.74%
No	21	55.26%

Medical Professional / Support Service Provider Survey Questions & Results:

1. How strong are support services for those with breast cancer in your community?		
Response Choices	**Count**	**Percentage**
1 - Very Poor	1	25.00%
2 - Poor	0	0.00%
3 - Acceptable	0	0.00%
4 - Good	3	75.00%
5 - Very Good	0	0.00%

2. How difficult is it to connect those with breast cancer to available support services?		
Response Choices	**Count**	**Percentage**
1 - Very Easy	1	25.00%
2 - Somewhat or Fairly Easy	3	75.00%
3 - Neither Easy nor Difficult	0	0.00%
4 - Somewhat or Fairly Difficult	0	0.00%
5 - Very Difficult	0	0.00%

3. Top 3 most valuable services available to support someone with breast cancer?		
Service Category	**Count**	**Percentage**
Social Support & Personal Networks	4	40.00%
Financial & Practical Assistance	4	40.00%
Information, Navigation & Education	1	10.00%
Emotional & Mental Health Support	1	10.00%

Note: Responses were grouped into thematic categories for reporting.

4. What would you change/add to available support services for those with breast cancer?
Suggested Improvements Identified by Medical Professionals and Support Service Providers:
Peer and Group-Based Support
Holistic and Wellness Services
Dedicated Physical Space for Survivors and Caregivers
Increased Provider Outreach

5. Have you heard of Forge Breast Cancer Survivor Center?		
Response Choices	**Count**	**Percentage**
Yes	3	75.00%
No	1	25.00%

6. Have you ever referred a client/patient to Forge Breast Cancer Survivor Center?		
Response Choices	**Count**	**Percentage**
Yes	2	50.00%
No	2	50.00%

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