

REAL FACES.
REAL STORIES.
REAL STRUGGLES.



Arkansas Cancer Coalition

Annual Report: Fiscal Year 2015



*“Because of your time, talents
and treasures, the Coalition
was able to screen over 8500
Arkansans and train over 200
healthcare professionals
around the state. ”*

Trena Mitchell, Executive Director

Dear ACC Family,

It gives me great pleasure to present the Arkansas Cancer Coalition annual progress report for the 2014-2015 fiscal year. The Coalition continues to make great strides to advance the goals of the Arkansas Cancer Plan, which in turn, will reduce the burden of cancer in our state.

Throughout this fiscal year, ACC has had the opportunity to collaborate with many organizations to feature *“Real Faces, Real Stories, and Real Struggles”* from our fellow cancer control advocates and survivors.

We expanded relationships with more traditional partners such as the Arkansas Minority Health Commission and the University of Arkansas for Medical Sciences in order to gain greater access to medical knowledge and networking opportunities. Recognizing the value of nontraditional partnerships, ACC also collaborated with popular community organizations like Riverfest Inc. and Arkansas Livestock Association to reach a high volume of Arkansans with tobacco and cancer control messages while building the infrastructure for implementing policy, systems, and environment change initiatives.

Because of your time, talents and treasures, the Coalition was able to screen over 8500 Arkansans and train over 200 healthcare professionals around the state. We welcome you to join us in celebrating our success during the year and to continue ensuring that we work together to reduce the cancer burden in Arkansas.

Thank you for your continued support and belief in our efforts. We can't do it without you!

Our best,

Trena Mitchell, MA
Executive Director

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IMPACT

107

Coalition Members
In
Red Counties

8

New Red
County
Members

Red Counties Served

Arkansas, Chicot,
Crittenden, Clay, Cross,
Jackson, Lafayette,
Mississippi,
Monroe, Ouachita, Phillips,
Poinsett, Sharp, Woodruff

Mission

The Arkansas Cancer Coalition's mission is to facilitate and provide partnerships to reduce the human suffering and economic burden from cancer for the citizens of Arkansas.

Together we:

- ⇒ Provide a current overview of cancer control in Arkansas
- ⇒ Strengthen and sustain the cancer control partnership and support network
- ⇒ Direct goals and strategies in the Arkansas Cancer Plan

COLLABORATION

Competitive Grants Awarded		11	Mini Grants Awarded		11
Amount invested		\$434,986.48	Amount invested		\$21,233.04
Arkansas counties reached		46	Arkansas counties reached		26
*Arkansas Red Counties served		14	*Arkansas Red Counties served		4
Arkansans reached		14,246	Statewide projects		5
Total screenings and treatment		8551	Arkansans reached		7305
Healthcare professionals trained		247	Patients served		1,642
Arkansas Cancer Plan chapters addressed		6	Arkansas Cancer Plan chapters addressed		6

**The Red Counties are defined as counties where the Life Expectancy (LE) at birth ranges from 6 to 10 years less than the LE in the county with the highest LE*

ACC BY THE NUMBERS

During the year, ACC was awarded **\$735,000** from the Arkansas Department of Health to advance the goals of the Arkansas Cancer Plan. ACC:

- ⇒ Granted 11 competitive grantee programs in the amount of **\$434,986.48** to implement one-year cancer control strategies
- ⇒ Granted 11 mini-grant programs in the amount of **\$21,233.04** for short, specialized projects
- ⇒ Increased cancer-control capacity by providing:
 - Two major trainings
 - Four networking meetings

PROGRAMS

“ACC’s greatest achievement at the Arkansas State Fair was a signed policy from the Executive Director of the Arkansas Livestock Association to ban smoking and electronic cigarette use in major areas at the state fair. The surveys collected represented individuals from 48 Arkansas counties.”

ARKANSAS STATE FAIR

TOBACCO PREVENTION AND CESSATION INITIATIVE

ACC partnered with the Arkansas Livestock Association to provide educational resources to patrons of the Arkansas State Fair and refer tobacco users to the Arkansas Tobacco Quitline (ATQ).

From the Arkansas State Fair Initiative, ACC successfully attained:

- ⇒ 1097 surveys on tobacco policy attitudes and behaviors
- ⇒ 97 smoke free pledges
- ⇒ 60 ATQ fax referrals
- ⇒ 35 carbon monoxide monitor samples
- ⇒ 7 new ACC members

The Toll of Tobacco in Arkansas

High school students who smoke	15.7% (24,800)
Male high school students who use smokeless or spit tobacco (female use much lower)	17.5%
High school students who use e-cigarettes	26.4%
Kids (under 18) who become new daily smokers each year	2,600
Packs of cigarettes bought or smoked by kids each year	7.3 million
Adults in Arkansas who smoke	24.7% (561,400)

Source: Campaign for Tobacco-Free Kids. June 2016

ARKANSAS CANCER SUMMIT XVI // MARCH 17, 2015

FIGHTING CANCER: STRATEGIES FOR SUCCESS



www.arkcancercoalition.org/events



ACC staff used an electronic immediate-response survey to evaluate the program:

- ⇒ 94% of respondents stated that they had a greater understanding of how Arkansas ranks in the fight against cancer
- ⇒ 95% of respondents stated the tobacco endgame panel provided insight into effective ways for fighting tobacco use in their communities
- ⇒ 94% increased their understanding of the Arkansas Cancer Plan goals and objectives
- ⇒ 42% stated they had not previously attended a Summit compared to 37% the previous year
- ⇒ 100% agreed that the speakers were knowledgeable in their respective areas in line with 100% the previous year.

ARKANSAS CANCER SUMMIT

ACC's 16th Annual Cancer Summit was held successfully on Tuesday, March 17, 2015 with 192 in attendance in a townhall-style symposium. The Summit featured a highly interactive agenda that included a mix of keynote speeches, breakout sessions and a panel. Dr. Deborah Erwin was the keynote speaker, highlighting national and Arkansas cancer trends and examining evidence and strategies to prepare for a successful fight against cancer.

Dr. Erwin's speech was followed by Dr. Maria Fernandez who spoke on cancer control interventions and evidence-based practices.

ACC's Outstanding Organization Award was presented to the Coalition for a Tobacco Free Arkansas, and the Mrs. Lydia Enoch Outstanding Individual Award was presented to former Arkansas representative, Fred Allen.

The Tobacco Endgame panel featured the Arkansas Department of Health Tobacco Prevention and Cessation Program, the Coalition for a Tobacco Free Arkansas, as well as partners representing Florida, Mississippi, Missouri, New Orleans and Texas.

#ARfightcancer



Tobacco and Disease:

The 5th Annual Lung Cancer Symposium

LUNG CANCER SYMPOSIUM

Tobacco and Disease: The Fifth Annual Lung Cancer Symposium (LCS) was a phenomenal success with attendance doubling from last year. With a strong team of planners from ACC, the Lung Cancer Workgroup and UAMS, the symposium was held on Friday, November 7, 2014 at the Crowne Plaza in Little Rock. Topics included: electronic cigarettes, tobacco and vascular disease, treatment of lung cancer, motivational interviewing in tobacco cessation counseling, legislative concerns, clinical care and much more.

Denise Jolicouer, a Tobacco Treatment Specialist from the University of Massachusetts Medical School was the keynote speaker on motivational interviewing techniques for tobacco users. The symposium offered four intensive, simulated learning activities on the use of motivational interviewing techniques to encourage tobacco users to quit. A microsite for the symposium was created to provide registration services, agendas, and additional information. The microsite link is: www.tobaccoanddisease.com.

>>> Smoking-Attributable Lung Cancer

"Smoking, a main cause of small cell and non-small cell lung cancer, contributes to 80 percent and 90 percent of lung cancer deaths in women and men, respectively. Men who smoke are 23 times more likely to develop lung cancer. Women are 13 times more likely, compared to never smokers." *American Lung Association*



- ⇒ Symposium attendance doubled to 199 participants
- ⇒ 49% said they did not have a system to remind patients about cancer screenings
- ⇒ 94% said they were in favor of low dose CT scans to detect lung cancer



WARNING!

**Tans fade, Damage doesn't!
Don't Get Burned by Tanning Myths!**

Learn more at www.arcancercoalition.org



RIVERFEST TOBACCO AND SUN-SAFETY PREVENTION INITIATIVE

ACC collaborated with Riverfest Inc. to be the official sun safety sponsor for Arkansas Riverfest 2015. Riverfest is a celebration of visual and performing arts that is held annually over Memorial Day weekend on the banks of the Arkansas River in Little Rock. Riverfest is the largest single event in the state of Arkansas with a rich 38-year tradition.

Approximately 250,000 patrons attended the event, with an estimated economic impact of \$33 million on the community. ACC interacted with over 70,000 patrons by providing two sun safety stations for patrons. The sun safety stations included a tent for shade and SPF 30 sun screen lotion. ACC also provided 500 UV bracelets that will prompt patrons to move to a shaded area when the bracelets turn red. Statewide events like Riverfest were essential to our outreach goals.

MAGIC SPRINGS SUN SAFETY INITIATIVE

ACC and Magic Springs Inc. joined forces this year to increase sun safety behaviors among theme and water park patrons. The coalition was the official sponsor of the "Cool Zones" area now referred to as the "SUNSMART Cool Zone." Six (6) banners were created by Magic Springs and displayed in high exposure shaded and non-shaded areas to promote the Coalition and sun safety tips. ACC provided 300 UV bracelets and 500 bags to promote sun safety habits.

Nontraditional partners such as Riverfest were also essential in advancing the goals of the Arkansas Cancer Plan.



**LET'S
START
NOW**

Community skin cancer prevention programs can prevent future melanoma cases and decrease treatment costs.



21,000
Melanoma cases
prevented every year
beginning in 2020
through 2030.

\$250 Million
Projected savings
every year
beginning in 2020
through 2030.



SOURCE: CDC Vital Signs, Morbidity and Mortality Weekly Report, June 2015.

PLAN

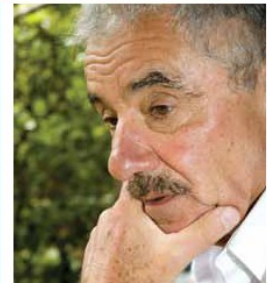


2015-2020

ARKANSAS CANCER PLAN

Cancer is Personal

GOALS, OBJECTIVES AND MEASURES




Arkansas Cancer Coalition
www.arkcancercoalition.org

ARKANSAS CANCER PLAN WORK GROUPS

During the year, ACC continued to engage the expertise of over 100 cancer control experts in 50 organizations to update and produce the third Arkansas Cancer Plan.

At the 16th Annual Arkansas Cancer Summit in March 2015, nine work groups met to review a draft version of the plan and provided feedback and updates in preparation for the final version. Work groups developed goals, objectives and measures for specific cancers as well as important and emerging cancer focus areas as follows:

Priority Cancers

1. Breast cancer
2. Cervical cancer
3. Colorectal cancer
4. Lung cancer
5. Oral cancer
6. Prostate cancer
7. Skin Cancer

Additional Cancer Focus

1. Palliative Care
2. Survivorship
3. Surveillance and Evaluation

Emerging Priorities

1. Bone Metastasis
2. Genomics

Overall chapters focused on the role of prevention, health insurance, health literacy, policy, systems and environmental change and cancer surveillance.

Cancer is the second leading cause of death in our state, and if current trends continue, cancer may become the leading cause of death within the next decade, surpassing the current number one cause—cardiovascular disease. Approximately 14,879 Arkansans were diagnosed with cancer, and 5,372 died of cancer in Arkansas in 2013
(Arkansas Central Cancer Registry, n.d.).

SKIN CANCER WORKGROUP



Dr. Balamurugan– Arkansas Department of Health

What's your role with the ACC?

I serve as the chair for the Skin Cancer Workgroup, and a member of the ACC executive committee.

In your role as a primary care physician, what struggles have you noticed among Arkansans regarding skin cancer?

There are several challenges Arkansans face regarding skin cancer, including 1) low awareness about skin cancer signs and symptoms; 2) low awareness about sun safety measures; 3) low rates of skin cancer screening among physicians.

How has the work group advanced the goals of the Arkansas Cancer Plan?

Skin cancer is one of the fastest growing cancers, especially among young adults 15 to 29 years of age. The Arkansas Cancer

Plan brought together key stakeholders in addressing this through selective objectives and key strategies such as promotion of sun safety measures, professional and community education on skin cancer, and addressing issues related to indoor tanning.

What are the next steps to reducing the skin cancer burden in Arkansas?

While the skin cancer workgroup consists of a small group of interested parties, it cannot do it all. The next few steps in reducing skin cancer in Arkansas would be to identify more stakeholders, community organizations, and members to implement the key objectives and strategies identified to reduce skin cancer in the Arkansas Cancer Plan.

COMPETITIVE GRANTS

Each year, ACC uses a competitive process to provide funding to organizations working to advance and implement evidence-based strategies from the Arkansas Cancer Plan. Recipients range from small community-based nonprofit organizations to large educational and healthcare institutions that are members of the coalition. In FY15, 11 organizations received a combined total of over \$408,000 to implement activities across the cancer control continuum. Grant sizes ranged from around \$34,000 to \$54,000.

These organizations completed a wide range of evidence-based cancer control activities as follows:

Educated over 14,000 individuals through classes at worksites, schools and health care settings.

Facilitated over 8,500 screenings and treatments including PAP smears and chemotherapy.

Provided more than 230 mammograms

Identified five breast cancers

Referred over 460 individuals to resources and services

Trained over 240 health care professionals

ARcare

Program: ARcare Cancer Care

Focus area: Survivorship

Funding amount: \$48,684

Counties served: Cross, Jackson, White and Woodruff

ARcare developed a long-term survivorship clinic to improve the quality of life for cancer survivors. Over 110 survivors were served through nutrition and physical activity classes, 128 patients received primary prevention screenings, 89 patients received transportation assistance and 67 cancer patients received screenings and follow up tests.

CARTI

Program: Transportation Assistance Program

Focus areas: Access to Treatment

Funding amount: \$36,266

Counties served: Arkansas, Chicot, Crittenden, Dallas, Desha, Fulton, Jackson, Lee, Little River, Mississippi, Monroe, Ouachita, Phillips, Poinsett, Polk, Sevier, St. Francis, Union, and Woodruff

CARTI provided informational packets on their transportation assistance program to 3336 patients, resulting in 468 patients being counseled and 350 being qualified to receive fuel cards. CARTI also transported staff and supplies once a week to clinics in El Dorado and Stuttgart. As a result, over 8200 appointments were provided to an average of 180 patients for over 40 weeks.

Arkansas Human Development Corporation

Program: Addressing Disparities in Cancer Education within the Hispanic and Asian Communities

Focus area: Disparities

Funding amount: \$34,336.50

Counties served: Pulaski, Saline, Garland, Faulkner and Jefferson

In partnership with organizations like the Guatemalan and Mexican Consulates, the American Heart Association and others, ARHDC educated over 4000 Asians and Hispanics about early detection and screening. They reached over 25,000 using media messaging and surveyed 206 individuals on their knowledge about tobacco use and cancer.

Donald W. Reynolds Cancer Support House

Program: Enhancing Quality of Life

Focus area: Survivorship

Funding amount: \$36,050

Counties served: Sebastian, Crawford, Franklin, Johnson, Logan, Scott, Yell and Polk

Reynolds identified and eliminated barriers to care by navigating 427 patients to hospitals, cancer support groups and make-up sessions. Reynolds also provided accommodation for 228 low-income cancer patients.

Hope Cancer Resources

Program: Access to Cancer Care

Focus area: Access to treatment

Funding amount: \$42, 336

Counties served: Benton, Carroll, Madison and Washington Counties

Oncology workers from Hope Cancer Resources assessed 1950 newly diagnosed cancer patients to evaluate their distress level and to determine the resources they needed. Out of those, 144 patients were transported to their appointments through Hope's van services, while 240 received gas cards to use so they could attend their appointments.

Mississippi County Coalition for a Tobacco Free Arkansas

Program: Body and Soul

Focus area: Prevention

Funding amount: \$34, 034

Counties served: Mississippi

MCCFTFA targeted over 2000 congregants of 16 churches with the Body and Soul program. All 16 churches implemented a tobacco-free policy, 1593 members completed pre- and post-questionnaires regarding tobacco knowledge and 1994 adopted a smoke-free policy for their homes. Additionally, 45 individuals collectively lost 184 pounds, 21 individuals quit smoking and two Master Gardeners worked to prepare four community gardens for the community.

Wells Bayou Youth Development, Inc.

Program: Bio-banking

Focus area: Disparities

Funding amount: \$34,953.88

Counties served: Lincoln, Drew, Desha and Jefferson

WBYPD partnered with the UAMS Mobile Mammography Program and other community organizations to identify and educate 155 women aged 40 and above about the importance of bio-banking.

Further, WBYPD partnered with 13 additional organizations to distribute surveys and coordinate two focus groups with 162 women. Among those surveyed, support for bio-banking increased by 42%, resistance to bio-banking decreased by 44% and women's willingness to donate their bio specimen increased by 47%.

Share Foundation: PRIDE Youth Programs

Program: Too Good for Drugs (TGFD)

Focus area: Prevention

Funding amount: \$41,094

Counties served: Calhoun and Union

Nine (9) teachers from seven schools were certified to teach the TGFD curriculum, reaching 1224 students. Of the students taught, 85% indicated an increased awareness of the hazards of tobacco and a decrease in social acceptance of tobacco. Share Foundation also hosted a four-day training preparing 14 college students to lead the Arkansas PRIDE conference in April 2015, and trained 15 middle school students to implement the Samantha Skunk drug prevention program which was then presented twice to 295 students and 86 parents.

St. Bernards Development Foundation

Program: Bringing Mobile Mammography to Your Community

Focus area: Disparities

Funding amount: \$24,934

Counties served: Crittenden, Jackson, Lee, Mississippi, Monroe, Poinsett, Phillips, St. Francis and Woodruff

St. Bernards supported a mobile mammography unit that offered free digital screening mammograms and breast health education to women in counties that did not have fixed mammography services. Breast health education was provided to 1407 women in the target area where five out of nine counties did not have fixed mammography services. Through 101 screening events, free mammograms and clinical breast exams were provided to over 100 women, resulting in breast cancer detection in five women.

UAMS Community Based Tobacco Control Program

Program: Community-based Tobacco Control
Focus area: Screening and Detection, and Professional Education
Funding amount: \$47,499.10
Counties served: Statewide

The UAMS Community Based Tobacco Control Program provided tobacco dependence treatment for thoracic surgery, general medical oncology and pulmonary patients. The program also provided education to oncology health care professionals about the tobacco cessation process. All 48 patients served were asked about their tobacco use. Of those, two agreed to receive tobacco treatment services from UAMS, and 46 agreed to sign up for the Arkansas Tobacco Quitline using a fax referral process. Over 30 professionals attended trainings and received CMEs.

University of Arkansas: Partners for Inclusive Communities

Program: Colorectal Cancer Education for People with Paralysis and Health Professionals
Funding amount: \$54,769
Focus area: Professional education
Counties served: Statewide

ADHP educated individuals with paralysis and their families and health care providers about colorectal cancer. A tip sheet and resource guide was developed and distributed to 1950 clients. And in partnership with UAMS, ADHP developed a one-hour live interactive broadcast on bowel preparation for patients with spinal cord injuries titled: "Colorectal Screening in Neurogenic Bowel due to Myelopathy". A total of 207 health care providers viewed the training which is available on Learnondemand.org.

MINI GRANTS

To facilitate smaller projects, ACC provided 11 mini grants that ranged in size from \$750 to \$2500 during the reporting period. Grants were used on short term projects or events that took place over a period of three months. Mini grants had the following impact:

- ⇒ Over \$21,000 was invested in organizations in 26 counties including four red counties.
- ⇒ Five (5) organizations were funded for projects that had a statewide impact.
- ⇒ 7,305 individuals were educated through the program
- ⇒ 1,642 patients received screenings, treatment or access to treatment

Organizations that received funding included the following:

Arkansas Cancer Institute

Arkansas Youth Leadership Initiative

Coalition for a Tobacco Free Arkansas

Donald W. Reynolds Cancer Support House

Hands of Hope Support Group

Hope Cancer Resources

Hospice and Palliative Care Association of Arkansas

Mercy Health Foundation Fort Smith

UAMS CLP HIM Cancer Registry

UAPB Minority Sub-recipient Grant Office

Washington Regional Medical Center

PARTNERS



Dr. Issam Makhoul—University of Arkansas
for Medical Sciences

UAMS Survivorship Care Clinic

What's your role with
UAMS?

I am the Hematology/
Oncology Division director
and the Hematology/
Oncology Fellowship
Program Director.

What motivated you to establish the UAMS Survivorship Care Clinic?

I have always considered post-treatment survivorship care an integral part of the care for cancer patients. The Institute of Medicine Report on cancer survivorship released in the second half of the 2000's further enhanced my conviction about the need for a specific program for cancer survivors. In 2013 we launched our program that culminated in the opening of the survivorship clinic in the fall of 2014. The clinic helped create an environment for long-term cancer survivors so we could focus on their specific problems. We identified 21 services that survivors may need and benefit from, and free clinic slots to care for new patients and the acutely ill.

How can survivorship care be expanded in the state?

A model based on a partnership between community oncologists and Primary Care Physicians (PCPs) and a University-based survivorship program is more likely to meet the needs of our population. If this is the case, the active participation of community oncologists and PCPs in the design of this state-wide program is key.

To do this, we need to explore knowledge, attitudes and beliefs about cancer survivorship among community oncologists and PCPs, and evaluate the local needs before piloting the program in areas where champions have been identified to lead the effort in their communities.

Raising awareness and knowledge of the providers should include education of the patients and community-based organizations are an integral part of this effort. Technology, such as Telemedicine, may be used to connect the different players but should not replace direct contact in meetings that should be held around the state. Once the piloting phase is completed and conclusions have been drawn, I can see a state-wide program being launched with the help of the state and all the other partners.

Arkansas Hospice and Palliative Care Association



Lisa Vaden– Hospice and Palliative Care Association

What is your role in the Hospice and Palliative Care Association of Arkansas?

My name is Lisa Vaden, and I am the Executive Director.

People associate “palliative care” with “hospice care”. Please explain palliative care and how it is different from hospice care?

Palliative care is specialized medical care for those with serious illness. The team approach of doctors, nurses, social workers and spiritual counselors focuses on relief of symptoms, pain and stress for those facing serious illness and their families. Palliative care is supportive care that is provided along with the patient’s treatment plan, including curative treatments.

Hospice is a form of palliative care that is specifically for patients with a terminal diagnoses (six months or less to live) and are no longer seeking curative treatment. The hospice manages the care plan for the terminal diagnoses and pain management.

What has been done in the state to increase access to palliative care and quality of life?

HPCAA works with legislators, communities and providers across the state to promote and educate on palliative care. HPCAA’s Partners in Care conference (previously the Palliative Care Symposium) provides a two-day educational event for care providers of patients with serious illness. The conference educates on palliative care interventions, resources and facts. We also plan to hold a one-day workshop as a pre-conference day to the Partners in Care conference in October 2016. We hope to educate hospital systems and hospices on establishing palliative care programs in their areas of the state.

HPCAA has also presented to medical and pharmacy students at the UAMS College of Medicine regarding palliative care, to ensure our future providers are informed of its benefits and need in Arkansas. And, in the summer of 2016 we plan to hold a palliative care certification preparation course for registered nurses and certified nursing assistants to help them enhance their ability to care for those with serious illness. Also, we’ve led palliative care roundtable discussions during the ACC Cancer Summit to educate on our services.

Arkansas Minority Health Commission



Dr. Micheal Knox– Arkansas Minority Health Commission

What is the mission of the Arkansas Minority Health Commission?

The mission of the Arkansas Minority health Commission (AMHC) is to ensure all minority Arkansans have access to health care that is equal to the care provided to other citizens of the state and to seek ways to provide education, address issues and prevent diseases and conditions that are prevalent among minority populations.

Why is tobacco control a focus for minority communities?

A review of marketing strategies by the tobacco industry reveals that advertisement disproportionately targets minority communities. The National African American Tobacco Prevention Network reported smoking disproportionately affects those most in need such as the poor, the homeless, racial minorities, LGBT persons and those suffering from mental illness and substance use disorders. While there have been declines in both youth and adult tobacco use in America, gaps in

health equity persist and minority smoking rates remain higher than those of the general population.

What challenges do you face in rural and underserved communities?

As we have traveled around the state to engage communities in these areas, it is safe to say that there have been consistent issues that have been articulated at AMHCs community and public health leaders' forums. A few of the more prevalent challenges raised are access to healthcare, knowing what support services are available, and having readily available access to safe areas for physical activity. Each of these areas are challenging individually to overcome; however, when tobacco addiction is added, they become almost an insurmountable mountain to overcome.

What are your accomplishments so far?

Over the past 16 months, AMHC has accomplished many things: We have worked with many public, private, educational, and non-profit organizations in establishing a school-based health and wellness clinic at Shorter College; assisted with the adoption of tobacco- and vape-free educational and policy changes at three Historically Black Colleges and Universities; engaged political and community leaders in addressing the immediate healthcare needs of citizens in Crittenden, Lafayette, Jefferson, Mississippi, Phillips, as well as other counties in Arkansas; worked to establish community and box gardens in Phillips, Jefferson, and Pulaski counties; delivered an Educating, Empowering, and Equipping Conference; worked to continue the navigation of healthcare access of Arkansas citizens in the modification of the "Private Option" to the establishment of "Arkansas Works," and delivered the 4th Biennial Arkansas Minority Health Commission Summit entitled: "Social Determinants of Health: Impacting All Arkansans."



Carrie Fortune – ARcare

What is your role within the organization?

I am the Director of Grants Management.

What programs does ARcare offer to cancer patients?

ARcare offers age appropriate screenings and/or referrals for screenings, follow-up care, care after treatment or survivorship care, health education, physical fitness and nutrition programs.

What challenges do you face in your community, with regard to cancer care?

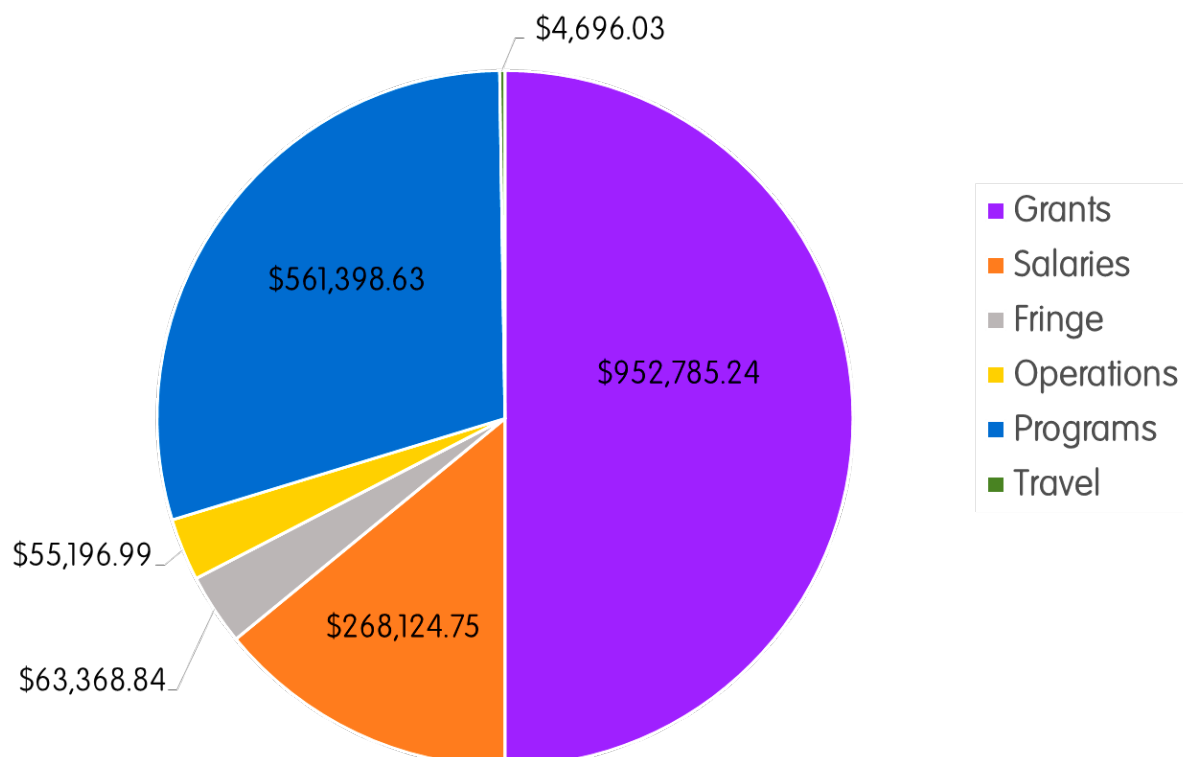
A few of the challenges in our community include people not obtaining age-appropriate screenings and no shows for follow-up appointments.

How important is ACC funding to ARcare?

ACC's grant gave us credibility within our communities. We are the only primary care provider in many of the communities we serve; knowing that the clinic or program you attend is being funded through a state coalition helps to calm some of the fear in our patients.

OPERATIONS

Arkansas Cancer Coalition Fiscal Year 2015



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