

2019 ANNUAL REPORT

# *Celebrating Success*

WITH COMMUNITY PARTNERS







**ACC HOSTED THE 4TH ANNUAL REGIONAL SOUTHEAST COLORECTAL CANCER CONSORTIUM CONFERENCE IN JUNE 2019.**

# Table of Contents

<b>2</b>	Partner Letter
<b>3</b>	Cancer in Arkansas
<b>8</b>	Tobacco Use in Arkansas
<b>9</b>	Our Impact
<b>11</b>	Our Programs
<b>16</b>	Our Plan
<b>20</b>	Operations/Financials



**ACC WORKED WITH GRANDMA'S HOUSE CHILD CARE CENTER TO IMPLEMENT THE STRICTEST POLICY TO PROHIBIT ALL VAPING AND TOBACCO USE.**



**ACC'S KIRSTY DEHAN PROVIDING EDUCATION ON THE DANGERS OF SMOKELESS TOBACCO USE AT THE VAMS MIDSOUTH BLACK EXPO.**



**TINA GILL, BOARD CHAIR +  
CHAMPION CANCER FIGHTER**

# Dear ACC Family,

I am pleased to present you with the Arkansas Cancer Coalition's 2019 annual progress report. The theme is **“Celebrating Success with Community Partners”**

The report provides a comprehensive overview of the notable progress we are making because of our coalition members, grantees, and community partners.

Each year, we seek to advance the goals of the Arkansas Cancer Plan. Our members have the ability to shape the future of cancer control in a great state. Our collective vision, leadership, and willingness to enhance our skills and implement evidence-based strategies take us closer to eliminating the burden of cancer among all Arkansans.

As highlighted in the report, cancer mortality rates continue to fall in Arkansas. The Arkansas Department of Health publication Arkansas Cancer Facts and Figures 2017 finds that our cancer mortality rate fell from more than 200 people per 100,000 in 1999 to 184.5 per 100,000 by 2013.

Vaping and tobacco use continue to be a priority for the coalition. Use of vaping devices is increasing dramatically among Arkansas youth.

In addition to human costs, tobacco use has a significant economic price tag. In Arkansas, it is responsible for at least \$293.1 million in state-funded Medicaid costs each year, and \$1.7 billion in lost productivity.

The 2019 fiscal year brought with it some big wins and some powerful results. We wanted to highlight some best practices worth sharing and milestones worth celebrating. We hope you join us in proudly looking back at the year that was and optimistically look forward to the years to come. The Arkansas Cancer Coalition is finding connections, furthering the cause and fighting cancer.

*Tina Gill*

**Tina Gill, MAOIC**  
Board Chair

*Trena Mitchell*

**Trena Mitchell, MA, CNP**  
Executive Director

## MISSION statement

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





*EACH YEAR, ACC PARTNERS WITH THE UAMS MOBILE MAMMOGRAPHY PROGRAM TO PROVIDE MAMMOGRAMS AT NO COST, AT THE ARKANSAS STATE FAIR.*

## Cancer Rates in Arkansas

Cancer mortality rates continue to fall in Arkansas. Despite this good news, we cannot pause in the fight against this disease. Cancer remains our state's second leading cause of death, and Arkansas's mortality rate remains notably higher than the nation as a whole.

The Arkansas Department of Health publication Arkansas Cancer Facts and Figures 2017 finds that our cancer mortality rate fell from more than 200 people per 100,000 in 1999 to 184.5 per 100,000 by 2013. During the same timeframe, the national cancer mortality rate declined to 163.2 per 100,000.

It's important to recognize only a small percentage of cancers are caused by inherited genes. The largest number of cancer deaths are related to lifestyle and environmental factors, which can be avoided or prevented in most cases. This gives us hope of continuing to reduce the incidence of cancer and cancer-related deaths in Arkansas.

The Centers for Disease Control and Prevention (CDC) report that tobacco usage remains the nation's leading preventable cause of death. Tobacco is associated with more than 12 kinds of cancer, including lung cancer. Approximately 20 percent of all cancer cases are related to physical inactivity, body weight, alcohol consumption, or poor nutrition. Skin cancer is the most commonly diagnosed, and it may be prevented by protecting the skin from ultraviolet radiation from the sun and indoor tanning devices.

**Tobacco is associated with more than 12 kinds of cancer, including lung cancer.**



## Percentage of New Cancer Cases in Arkansas

The four most common types of new cancer cases in Arkansas are lung, prostate, female breast, and colorectal. Between 2009-2013, these four types of cancer accounted for a combined total of 41,227 new cases. Total cases and incidence rates for Arkansas are:

**Lung cancer:** 13,433 new cases with an incidence rate of 77.1 per 100,000

**Prostate cancer:** 10,623 new cases with an incidence rate of 128.4 per 100,000

**Female breast cancer:** 9,887 new cases with an incidence rate of 111.5 per 100,000

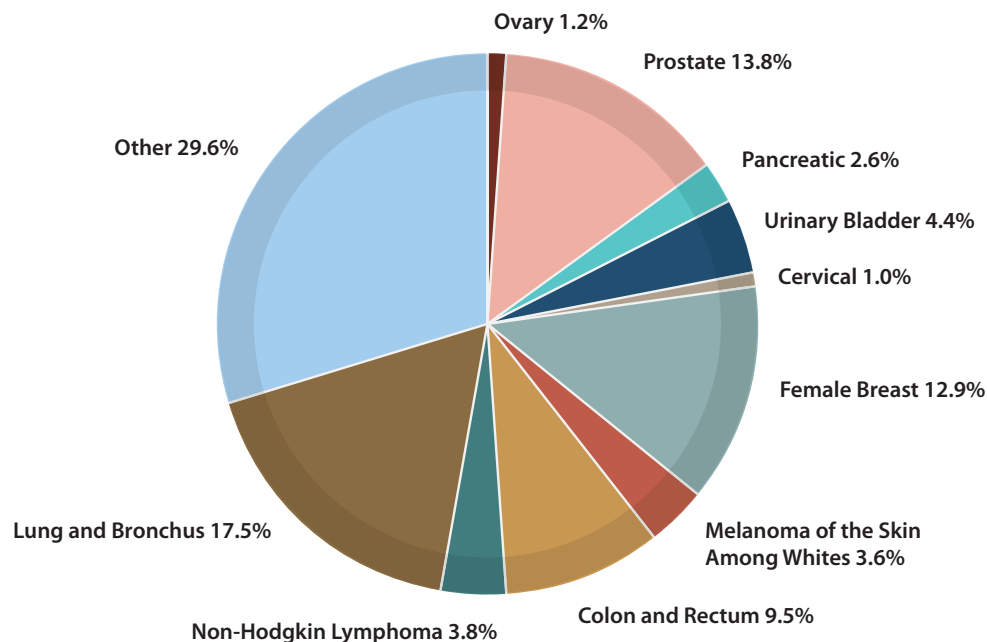
**Colorectal cancer:** 7,284 new cases with an incidence rate of 43.0 per 100,000 (**Fig 1.1**)



## Leading Causes of Cancer-Related Mortality in Arkansas

The four most common types of cancer in Arkansas also account for a significant number of deaths in our state. For each type of cancer except prostate, Arkansas mortality rates remain higher than the United States as a whole. The following information provides key details about Arkansas's mortality rates for lung, prostate, female breast, and colorectal cancer. Data are broken down by race and sex, as applicable. Information is taken from the Arkansas Department of Health publication *Arkansas Cancer Facts and Figures 2017*.

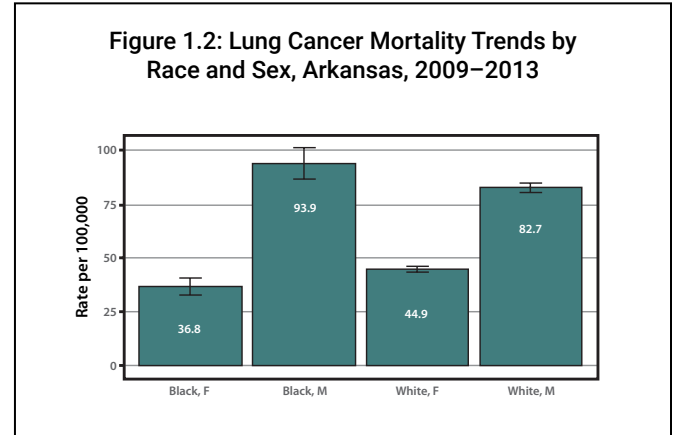
Figure 1.1: Percentage of New Cancer Cases in Arkansas by Primary Site, 2009–2013





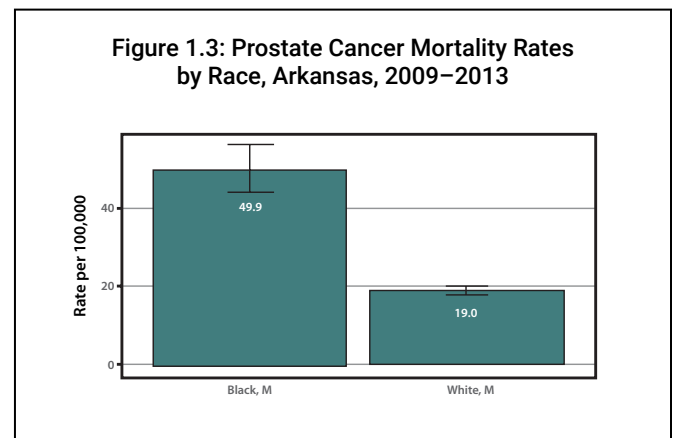
## Lung Cancer Mortality Rates by Race and Sex

Mortality rates for lung cancer in Arkansas vary by race and sex. Between 1999-2013, the mortality rate among men declined but remained higher than that of females. Over this 15-year period, Black men averaged 15.3 more deaths per 100,000 than did White men. Rates for Black and White women remained stable, but Black females averaged 9.9 fewer deaths per 100,000 than did their White counterparts. For the period 2009-2013, the lung cancer mortality rates per 100,000 were: Black females 36.8, Black males 93.9, White females 44.9, and White males 82.7. (**Fig 1.2**)



## Prostate Cancer Mortality Rates by Race

During 1999-2013, Arkansas's prostate cancer mortality rates remained slightly higher than the United States rate, even while showing significant declines year-over-year. By 2013, the state's mortality rate for prostate cancer had declined to 19.0 per 100,000, essentially matching the national rate of 19.2. Even with these improvements, a significant disparity exists between Black and White men. For the five-year interval of 2009-2013, Black males were 2.6 times more likely to die from prostate cancer than were White males. Mortality rates were 49.9 per 100,000 for Black men and 19.0 for White men. (**Fig 1.3**) For 2013, the death rate for Black males declined further, to 44.6 per 100,000, while White men experienced a same-year rate of 23.2 deaths per 100,000.



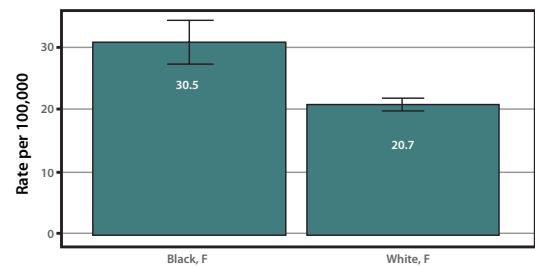


## Female Breast Cancer Mortality Rates by Sex

Breast cancer mortality rates for both Black and White females have declined over time, from 1995-2013. Although Black women experienced a higher mortality rate during this 15-year timeframe, White women had a higher incidence rate. Over the five-year period of 2009-2013, the average breast cancer mortality rate for Black females stood at 30.5 per 100,000, significantly higher than the 20.7 per 100,000 rate of White females. **(Fig 1.4)**

In 2013, Black women had a mortality rate of 27.2 deaths per 100,000 while White women experienced a rate of 20.6 per 100,000.

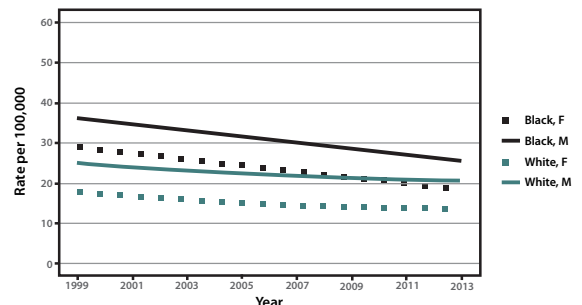
Figure 1.4: Breast Cancer Mortality Rates by Race, Arkansas, 1999–2013



## Colorectal Cancer Mortality Rates by Race and Sex

For the period of 1999-2013, colorectal cancer mortality rates showed noticeable declines for both races and sexes. The mortality rates for Black males and females shrank year-over-year at an average rate of 0.77 cases per 100,000. The decline in rates for White males and females slowed down in recent years. For 2013, colorectal cancer mortality rates per 100,000 were: Black females 20.7, White females 14.4, Black men 20.8, and White men 19.5. **(Fig 1.5)**

Figure 1.5: Colorectal Cancer Mortality Trends by Race and Sex, Arkansas, 1999–2013





## ARKANSAS SEES PROGRESS, CAN'T STOP NOW, KECK SAYS

"Cancer," Michael Keck says, "is nonpartisan. It affects people of all kinds, from all places, all walks of life, everybody."

Well, maybe not everybody. "Actually, I've met one person who said she had no family or friends who had suffered from cancer," Keck says. "Just one person."

As government relations director for the American Cancer Society Cancer Action Network in Arkansas, Keck is surrounded by cancer facts, cancer patients, and cancer fighters. He works with an array of public agencies and elected officials, health care organizations, and practitioners to develop public policies that help people prevent, treat, or recover from cancer.

Wherever he looks, Keck sees improvements in the state's response to cancer, along with the continuing need to

do more. He can run down a list of achievements and needs, but he puts stronger emphasis on the plus side, starting with Arkansas Works. This is the state's Medicaid health insurance program offered to qualifying Arkansans as a private option.

"With Arkansas Works, more people have health insurance. That means a higher percentage of cancer screenings and a higher likelihood of preventing cancer or getting care earlier," Keck says. "Without insurance, people run the risk of winding up in the emergency room with advanced disease and correspondingly greater medical expenses."

"Hospital and other health services have stabilized with Arkansas Works, too," he says, noting their social and economic importance to Arkansas's many rural communities. And, insurance premiums have not increased here as fast as in other states where similar insurance is not available.

In 2019, state legislators approved Act 580 supporting the University of Arkansas for Medical Sciences in its quest to become a National Cancer Institute Designated Cancer Center. The competition for NCI designation is fierce, and success would allow UAMS to participate in more clinical trials and cancer research.

NCI designation, Keck says, "could be one of the most significant things to happen in our state." He points to the prospect of vastly improved outcomes for patients and the economic benefits of increased spending for medical research in the state.

State legislation and public policy decisions have made it easier for doctors to prescribe tobacco cessation programs, and led to more screenings for colorectal cancer.

Keck says, "We have the start of a really strong effort on colorectal cancer screenings. We see a nearly nine percent increase in the number of screenings. What we've done here is something the rest of the United States will be looking at, because we've done this well."

"Public awareness and access to care are key. We're making progress," Keck says, pointing again to the combined work of many parties.

There are challenges, too:

He sees the need for greater awareness; because so many cancers are preventable, more can be accomplished through outreach and strong public policy. Better standards on the use of tanning booths could help prevent skin cancers, which are the most common type of cancer. Reforming the portion of Act 580 that preempts local governments from adopting stronger limits on tobacco products would combat addiction and further reduce the incidence of cancer.

Keck is emphatic that "the number one challenge in Arkansas is the impact of tobacco."

"Nationally, 13.7 percent of adults smoke. Here, it's 22.7 percent. We see a correspondingly higher incidence of cancer here compared to the nation. Smoking costs lives and increases health care costs in our state by \$1.21 billion a year. In addition, Arkansas loses \$1.7 billion in productivity annually because of smoking.

Keck drives home his message with one more fact: "If you combine the five other most common cancers, together they still don't equal the impact of lung cancer."



Michael Keck of the American Cancer Society Cancer Action Network (right) joins Gov. Asa Hutchinson and Rep. Fred Allen at the signing ceremony of legislation updating the state's program of colorectal cancer prevention, early diagnosis, and treatment. Rep. Allen was the lead sponsor of Act 655 of 2019.



# Tobacco Use in Arkansas

## Tobacco and Electronic Smoking Device use in Arkansas

There is no safe level of tobacco use or exposure to secondhand smoke. In addition, there are growing concerns about the potential health risks of electronic smoking devices (e-cigarettes or vaping).

Each year, approximately 480,000 deaths in the United States are attributed to smoking. This includes an estimated 5,800 Arkansans, ranking us 49th nationally.

Use of vaping devices is increasing dramatically among Arkansas youth. Vaping has been described as a “bridge to cigarettes” for young people because in this age group e-cigarettes users are four times more likely to also use smoking tobacco. As many as 69,000 young Arkansans are expected to die prematurely as a result of tobacco use.

In addition to these human costs, tobacco has a significant economic price tag. Tobacco use in Arkansas is responsible for at least \$293.1 million in state-funded Medicaid costs each year, and \$1.7 billion in lost productivity.

Arkansas Department of Health has launched the *Be Well Arkansas* campaign to help Arkansans quit tobacco and address other health concerns. Residents interested in quitting tobacco may go online ([www.bewellarkansas.org](http://www.bewellarkansas.org)), text, or call toll-free for counseling, advice, tips, and encouragement.

ACC promotes the *Be Well Arkansas* campaign through social media, quarterly meetings, outreach programs, trainings for health care providers, and by other means.

## Adult Usage

According to the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), in 2018, 22.7 percent of adult Arkansans were current smokers.

Among all Arkansans, 23.9 percent of adult males smoke, as do 21.6 percent of females. White Arkansans smoke at 23.2 percent and Blacks at 20.8 percent.

Smokeless tobacco is used by 3.9 percent of Arkansas adults daily, while 2.5 percent use it on some days.

## Youth Usage

Data from the Campaign for Tobacco Free Kids website last updated on January 31, 2020, provides important insights on youth usage.

Cigarette are used by 13.7% of Arkansas high school students, and it is reported that 15.7% of male high school student smoke cigars. Nationally, 5.8% of high school students smoke and 9% of male high school students smoke cigars.

Electronic cigarette use by high school students now surpasses the smoking rate at 13.9%. However, this rate is much lower compared to the national rate of high school electronic cigarette use which is 27.5%.

Each day, 1,200 Arkansas kids become smokers. and 69,000 kids who are alive now will die from smoking.



# Our Impact



## AWARENESS AND OUTREACH

3,589 Arkansans reached through 144 outreach events hosted by the coalition throughout the state to raise awareness on Arkansas' deadliest cancers.



## ACCESS TO CANCER EDUCATION

- 4,641 health care providers, public health professionals, health profession students, patients and the general public educated by ACC and coalition members so as to increase knowledge on early detection, treatment, survivorship and others.
- 379 community members surveyed to obtain knowledge about cancer, early detection, screening and tobacco use.



## SURVIVORSHIP SUPPORT

6 monthly support group meetings were hosted by 17 volunteers. Survivors received various resources including cranial prostheses, individualized makeovers, breast prostheses and bras, lymphedema sleeves, transportation services and private consultations, and help with utilities, groceries and supplies.



## ACCESS TO TRANSPORTATION

- Staff and equipment were transported 95 times allowing close to 8,999 patient visits.
- 1,115 patients received 4,263 gas cards and vouchers.
- 528 patients assisted to and from treatment using various transportation systems.



## PATIENT NAVIGATION

449 navigated to treatment resources including health care providers and the Be Well Helpline.



## ACCESS TO CANCER EARLY DETECTION AND SCREENING

- 994 FIT kits distributed
- \$22,878 received by 22 patients in financial assistance for colorectal cancer screenings
- 1,354 received mammograms
- 586 received cervical screenings
- 1,206 patients screened
- 75 screened for skin cancer
- 350 weight and biometric screenings, cholesterol, blood glucose and pulse screenings
- 109 received carbon monoxide tests for tobacco use

**3,589**

Arkansans Reached

**144**

Outreach Events

**8,999**

Patient Visits

**4,263**

Gas Cards & Vouchers

**528**

Patients Used  
Transportation Systems

**4,641**

Educated

**379**

Surveyed

**449**

Navigated  
to Treatment

**6**

Monthly Support  
Group Meetings

**994**

FIT Kits Distributed

**\$22,878**

Financial Assistance

**1,354**

Mammograms

**586**

Cervical Screenings

**1,206**

Patients Screened

**75**

Skin Cancer Screenings

**109**

Tobacco Screenings

**350**

Health Screenings



## VOLUNTEER CECIL MCDONALD: SCREENING MATTERS AND I'M GONNA TALK ABOUT IT



**VOLUNTEER CECIL MCDONALD WITH BOARD MEMBER DR. RONDA HENRY-TILLMAN WORK TIRELESSLY TO REDUCE THE CANCER BURDEN IN ARKANSAS.**

Cecil McDonald will do just about anything to convince someone to get screened for cancer.

McDonald has been a community volunteer with the Arkansas Cancer Coalition for more than 15 years. He has, on more than one occasion, offered to ride with people to their doctor's office so they can get the appropriate cancer screening.

"If that's the only thing stopping them from going, I'll do that," he says. "I don't mind that at all. Whatever it takes to get them there – that's the main thing, just getting them to go."

No one has taken him up on his offer to

chaperone as yet, but it still stands, he insists.

McDonald urges men to get prostate exams and women to get mammograms and everyone to get checked for colon cancer.

"People say, 'We don't want to talk about this,' but we need to talk about it," he says. "Sometimes they might not want to talk about stool samples in front of everybody, but, yes, I'm going to talk about it in front of everybody because it's important."

McDonald isn't afraid to use levity to get his point across, maintaining that squeamishness and embarrassment

have no place in cancer prevention. He makes jokes about bodily functions as he explains to his audience how easy it is to put samples in the mail and wait for results to come back.

"If you can make it fun and just show them that it's easy, you can break a lot of barriers," says McDonald, who served as an appointee to the USDA Office of Rural Development during the Clinton administration before returning from Washington, D.C., to his hometown of Blytheville in 2003.

Today he speaks about the importance of cancer screenings at churches

and other community hubs, and on the local radio station. "I'm an open book. I'll talk about it with anybody, anytime," McDonald says.

He recalls the time when he sat in the kitchen with a man who was waiting for test results. "I talked to him for hours, reassured him everything was going to be OK," he says. "He did have cancer but he's doing OK now, and when I see him, I still ask him if everything is going OK."

The memory of that experience motivates McDonald to work even harder to get the message out. He knows that without strong encouragement to get screened, everything might not be OK with his neighbor today.

"It would have been bad," says McDonald.

McDonald found his way to ACC through fundraisers, like Relay for Life, and his work with the Mississippi County Equal Opportunities Commission and its Mississippi County Cancer Council. It's his concern for others, like the man in the kitchen, that keeps him dedicated to the Arkansas Cancer Coalition's mission in his community.

Keep reading to learn more about our member impact.







ATTENDEES PRACTICE THEIR NEWLY ACQUIRED MOTIVATIONAL INTERVIEWING SKILLS.



ACC'S MYKA HUNTHROP PRESENTED CARBON MONOXIDE MONITORS TO DR. KELLEE FARRIS OF LEE COUNTY COOPERATIVE CLINIC.



HEALTH CARE PROVIDERS ATTENDED A TRAINING ON MOTIVATIONAL INTERVIEWING.

## Our Programs

Throughout the year, ACC partners with other organizations to deliver programs at the community level. This section highlights four such programs to illustrate the range of activities.

### ACC Partners with Lee County Cooperative Clinic to Address Tobacco Use

In FY19, ACC partnered with Lee County Cooperative Clinic to help its clinical staff members improve their ability to treat nicotine addiction in some of the most distressed communities of the Arkansas Delta. Lee County Cooperative Clinic is located in Marianna with branches in Madison and Hughes in St. Francis County, and Lakeview in Phillips County.

One reason the program was so productive is that clinic CEO Kellee Farris, PhD led her staff in identifying their greatest challenges in helping their patients quit smoking. These include:

1. High tobacco use rates by youth and adults
2. Concerns about using electronic cigarettes to quit smoking
3. Addictions to other drugs as well as tobacco
4. Low confidence in Nicotine Replacement Therapy medications (NRTs)
5. Uncertainty about how to help long-time tobacco users
6. Helping patients with limited income and lack of insurance
7. Helping smokers who also have illnesses such as cancer, diabetes, and high blood pressure

Two training sessions were organized to help provide the skills needed to assist patients. Psychologist Dr. Joseph Banken trained participants in "Motivational Interviewing for Tobacco Cessation," and pharmacist Dr. Julie Kissack described medications used to help tobacco users quit.

ACC contributed in several ways: We provided four carbon monoxide monitors so that clinicians can help patients understand how tobacco hurts their lungs. This is a powerful tool to help encourage people to quit smoking. We provided information about the Arkansas Department of Health Be Well Helpline, and the availability of free medication and counseling. Educational materials were provided that explain the harmful effects of tobacco and the cost of maintaining a tobacco addiction.

ACC also recommended updates to the clinic's Electronic Medical Records (EMR) processes to gather more information about tobacco cessation interventions. By the end of the fiscal year, the clinic had successfully implemented EMR changes to better track how clinicians were using their newly learned skills. Data for the period February to May 2019 show the following outcomes:

- 570 tobacco users were identified, 337 were counseled on quitting tobacco, and relapse counseling sessions were offered to 208 patients
- 186 patients agreed to a carbon monoxide test
- 3 were referred to the Be Well Arkansas Helpline
- 1 was prescribed NRT by the pharmacist at Lee County Cooperative Clinic

Looking ahead, clinic staff members are focusing on improving referrals to the Be Well Arkansas Helpline and working with more patients as they attempt to quit using tobacco.





ACC EXECUTIVE DIRECTOR, TRENA MITCHELL, EDUCATES ON SKIN CANCER AT THE LITTLE ROCK ZOO.



ACC HOSTED PARTNERS FROM 13 SOUTHEASTERN STATES AND PUERTO RICO.



CONSORTIUM MEMBERS PRESENT EVIDENCE-BASED PROGRAMS TO FIGHT COLORECTAL CANCER.

## ACC Fights Skin Cancer at The Little Rock Zoo

Each year, ACC reaches hundreds of Arkansans by targeting areas where patrons are outdoors and educating them about skin cancer, which is the most common of all types of cancer. This year, we created a new partnership with the Little Rock Zoo.

During the months of May and June 2019, ACC educated approximately 750 zoo patrons on sun-protective behaviors and skin cancer. We also provided sun screen and bags or hats with sun safety messaging.

Our Sun Safety message is titled “Sun S.M.A.R.T.” which stands for:

- S – Slip on a hat or T-shirt**
- M – Move to the shade**
- A – Apply sun screen**
- R – Re-apply sunscreen**
- T – Tell your friends to be sun S.M.A.R.T.**

The deadliest form of skin cancer is melanoma, which occurs in the cells that create skin color. About 1 percent of all skin cancers are melanoma, but the rate of melanoma diagnoses is increasing. Nationwide, the American Cancer Society reports as many as 96,480 new cases of melanoma are expected, and 7,230 deaths are anticipated in 2019. In Arkansas, 760 new diagnoses and 80 deaths are forecast.



## ACC Hosts Regional Colorectal Cancer Conference

ACC hosted the annual conference of the Southeastern Colorectal Cancer Consortium, representing 13 Southeastern states and Puerto Rico, in Little Rock on June 19-21, 2019. Participants exchanged ideas and experiences, shared best practices, and discussed collaborative efforts to reduce the burden of colorectal cancer.

ACC Executive Director Trena Mitchell welcomed the 143 attendees and ACC Board Chairperson Tina Gill served as moderator. Over the course of three days, attendees participated in seven workshops, roundtables, and other discussions to share insights and information.

Participants included researchers, health care providers, health educators, policy specialists and advocates, volunteers, and at least one colorectal cancer survivor. The consortium has the goal of getting at least 80 percent of the target population in every community to get regular screenings for colorectal cancer. People aged 50-75 are encouraged to get screened.

Experts believe increased screening and early treatment are major contributors to the recent decline in colorectal cancer deaths. Even so, it remains the third most deadly form of cancer. In 2016, 1,500 Arkansans were diagnosed and 586 died of colorectal cancer. Nationwide, 145,600 people are projected to be diagnosed in 2019, and deaths are forecast to reach 51,020.



## Arkansas Summit: 20 Years of Progress, Partners, and Possibilities

ACC hosted the state's cancer control community at the 20th Annual Cancer Summit to celebrate two decades of collaborative efforts to reduce the cancer burden in communities across the state. We paused to reflect on our journey and recognize the big achievements we've made—and to address the many challenges we still face. Together, we recommitted ourselves to fighting even harder to prevent and cure cancer.

The 2019 summit was held on March 27-28, 2019, at the Wyndham Little Rock in North Little Rock with more than 150 participants. Major events included the ACC Awards reception and the third annual Tobacco Control Conference.

The awards reception on March 26 honored founders, executive directors, and policy makers who have supported ACC through the years. On March 27 we presented three awards: the ACC Dr. David Bourne Award to Dr. Ronda Henry-Tillman, the ACC Dr. Fay Boozman Award to Dr. Joe Bates, and the ACC Partner of the Year Award to the Arkansas Department of Health.

New board members nominated were Dr. Marian Lothery, Travis Montgomery, Abby Holt, Dr. Lisa Vanhooose, Kenya Eddings, and Dr. Sharp Malak.



**DRS. APPATHURAI BALAMURUGAN, RONDA HENRY-TILLMAN AND JOE BATES ARE HONORED FOR THEIR CONTRIBUTION TO CANCER CONTROL OVER THE PAST 20 YEARS.**



**OVER 150 ACC MEMBERS ATTENDED THE 20TH ARKANSAS CANCER SUMMIT**



**ACC MEMBERS LEARNING FROM EXPERTS ON EVIDENCE-BASED BEST PRACTICES.**



## UAMS PARTNERSHIP KEEPS HEALTH CARE PRACTITIONERS UPDATED ON CANCER AND TOBACCO CONTROL



**DIRECTOR ALYSIA DUBRISKE LEADS A STRONG TEAM TO EDUCATE THE HEALTH CARE COMMUNITY ON THE LATEST IN CANCER AND TOBACCO CONTROL AND MANY OTHERS AREAS.**

Quitting smoking is tough, and health care providers need the most up-to-date tools available so they can help people succeed.

One of ACC's partners in this effort is the Community and Health Education Division of the University of Arkansas for Medical Sciences Department of Family and Preventive Medicine.

The partnership with ACC enables the Community Health and Education Division to offer multi-disciplinary intensive updates and training courses for physicians and other health care providers across Arkansas. Through these updates and courses, Arkansas professionals learn about the latest trends in cancer control and tobacco cessation techniques.

Alysia Dubriske, M.Ed., CHES, director of the Community Health and Education Division, says the programs address colon and lung cancer, nicotine use and addiction, heart health, and other high-risk health concerns. These tobacco- and nicotine-related health issues exist in every Arkansas community.

During FY2019, Dubriske says, ACC helped the division host "local and national health experts to speak on the health risks, the trends, the pharmacotherapy updates, and relapse prevention regarding nicotine use."

In November 2018, UAMS physicians, pharmacists, and nurses joined other medical professionals as presenters to the Tobacco & Disease Symposium at the UAMS Jack T. Stephens Spine Institute. Speakers addressed a wide range of interdisciplinary techniques for tobacco cessation. Presenters and topics were:

- Gail Olin, MSHI, MSN, RN, CPC, CHSRAP, AAPC MACRA Proficient, from Texas Medical Foundation, spoke on the role of the medical staff in effective communication, billing, and documentation.
- Jennifer Roberts, BS, presented on the role of the pharmacist in medication.
- Pat Franklin, APRN-CTTS, described the role of the nurse/nurse practitioner/PA in assessments and interventions.
- Dr. Joseph Banken, PhD, addressed the role of the medical team in motivational interviewing.
- Dr. Claudia Barone, DNP, EdD, led small group hands-on training in the use of carbon dioxide monitors.
- Dr. Harriett Kayanja, MD, PhD, discussed the role of the clinician in addressing myths, truths, and evidence related to vaping, juicing, and e-cigarettes.
- Dr. Susan Ward-Jones, MD and CEO of East Arkansas Family Health Center, and members of her staff discussed the role of the team in delivering patient services.



During the Family Medicine Spring Review in May 2019, three physician specialists from UAMS focused on the medical aspects and effects of tobacco and nicotine. Additional information was presented on the Arkansas Department of Health Be Well Arkansas Campaign.

- Dr. Manish Joshi addressed the importance of understanding the definition of chronic obstructive pulmonary disease (COPD), diagnostic approaches, and management.
- Dr. Matthew Steliga discussed ways to increase physicians' confidence in selecting appropriate cases for surgical consultation related to acute and chronic complex infections of the chest, and he addressed the role tobacco plays in these cases.
- Dr. Mohammed Moursi defined terms, incidence, diagnosis, and the disease process of peripheral vascular disease (PVD) related to tobacco and nicotine use. He also advised family practice physicians about when to refer patients for vascular lab testing and treatment options.
- Joy Gray from the Arkansas Department of Health Tobacco Prevention and Cessation Program delivered an update on Be Well Arkansas. This wellness program provides tobacco and nicotine cessation services as well as counseling for diabetes and blood pressure control.

"Several participants of the medical education courses have expressed interest in expanded cessation treatment being made available in clinical settings," Dubriske says. There is interest, too, in policies and procedures that increase services to help people give up tobacco and nicotine products. ACC follows up with those interested in more specific training for their staff and offers tailored courses on motivational interviewing and pharmacotherapy.

"Providers have learned or relearned the importance of helping their patients quit nicotine products," Dubriske says. Physicians and health care providers who have attended the sessions "find the speakers' knowledge, effectiveness, and interaction to be exceptional and valuable for future interactions with patients. The program further develops their current practices and they believe it will improve their patient outcomes."



**ACC WORKED WITH ALYSIA AND HER TEAM TO IDENTIFY AND INVITE LEADING TOBACCO CESSATION EXPERT DR. THOMAS PAYNE TO SPEAK IN ARKANSAS.**



**PINNING DOWN THE DETAILS FOR ONE OF THE MANY CONFERENCES OFFERED BY UAMS COMMUNITY HEALTH AND EDUCATION DIVISION.**

Keep reading to learn more  
about our member impact.



# Our Plan: Competitive and Mini Grants

Each year, ACC awards grants to qualifying organizations and institutions in Arkansas. Grants support community-level programs of cancer awareness, prevention, screening and survivorship support. Survivorship support includes transportation or transportation funding so that cancer patients and survivors can travel for treatment and post-treatment services.

Grant-supported programs may be statewide or focused on Red County communities where cancer incidence rates are highest, and where populations are economically or medically disadvantaged. In FY19, eight competitive grants were awarded, totaling \$324,838.71. Seven mini grants were awarded, with a total value of \$28,728.04.

In addition to survivorship services, grant recipients are engaged in tobacco control and the control of cervical, breast, colorectal, and oral cancers. For details, refer to the accompanying information tables.

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## ACC FY2019 Competitive Grants

APPLICANT ORGANIZATION	PROGRAM TITLE	ARKANSAS CANCER PLAN CHAPTER	AMOUNT
CARTI Foundation	Access to Treatment-Overcoming Barriers	Survivorship	\$55,000.00
Clarice's Room of Hope	Community Outreach	Survivorship	\$31,794.92
Mainline Health Systems, Inc.	Project: Cervical Cancer Awareness	Cervical Cancer	\$53,951.76
St. Bernards Development Foundation	Increasing Screening Mammography/ Education Services in Disparate Rural Communities	Breast Cancer	\$37,693.00
University of Arkansas for Medical Sciences	CSI AR! Colorectal Screening Improvement in Arkansas	Colorectal Cancer	\$40,893.80
White River Health Systems, Inc	The 80% Pledge: Increasing Colorectal Cancer Screening & Reducing Mortality	Colorectal Cancer	\$38,705.23
Washington Regional Medical Foundation	Washington Regional Cancer Support Home	Colorectal and Oral Cancer	\$36,800.00
Arkansas Immunization Action Coalition	HPV Prevention Workgroup	Cervical Cancer	\$30,000.00
<b>TOTAL COMPETITIVE GRANTS</b>			<b>\$324,838.71</b>



## ACC FY2019 Mini Grants

APPLICANT ORGANIZATION	PROGRAM TITLE	ARKANSAS CANCER PLAN CHAPTER	AMOUNT
TRANSPORTATION			
American Cancer Society	Transportation	Survivorship	\$3,500.00
Donald W. Reynolds Cancer Support House	Cancer Support House Transportation Program	Survivorship	\$3,500.00
Hope Cancer Resources	Patient Transportation Assistance	Survivorship	\$3,500.00
CANCER CONTROL			
Harding University College of Pharmacy	Harding University College of Pharmacy Health Screenings	Prevention	\$5,500.00
Little Rock Chapter of LINKS, Inc.	Move Your Body Community Forum "Level Up" Project	Prevention	\$4,450.19
Donald W. Reynolds Cancer Support House	Skin Cancer Prevention Program: TASDT & Sun SMART	Skin Cancer	\$4,423.71
TOBACCO CONTROL			
Ministry of Intercession	Youth Intervention Counter Marketing Tobacco Education Program	Lung Cancer	\$3,874.14
<b>TOTAL MINI GRANTS</b>			<b>\$28,748.04</b>



NICOLE MCGEEHEE SHOWS ARKANSAS STATE FAIR PATRONS HOW TO USE A FIT KIT, A TAKE HOME TEST TO DETECT COLORECTAL CANCER.



RESOURCES ARE AVAILABLE FOR CANCER PATIENTS AT WASHINGTON REGIONAL CANCER SUPPORT HOME.



HARDING UNIVERSITY COLLEGE OF PHARMACY STUDENTS PROVIDE HEALTH SCREENINGS AT THE ARKANSAS STATE FAIR.

## DIANNE CAMPBELL FIGHTS CANCER IN HER CAREER AND AS A VOLUNTEER



**HIGHLY AWARDED NURSE DIANNE CAMPBELL IS A PASSIONATE VOLUNTEER AND CONTRIBUTOR TO THE ACC MISSION**

Dianne Campbell retired in 2018 from her job as a registered nurse and health policy writer for the Arkansas Department of Health Women's Health Section, but that just leaves her with more time to volunteer with the Arkansas Cancer Coalition.

She knew when she was young that she wanted to be a nurse, and she enjoys volunteering for some of the same reasons she chose her profession.

"I just love helping people and helping them understand their bodies, especially women. I can't tell you how many women I've talked to in my clinical roles that didn't understand their bodies," says Campbell.

"My master's thesis title was 'Women's Health Beliefs about Cervical Cancer and Utilization of the Papanicolaou Smear,' so you see my interest in cancer goes way back to my formal education," she adds.

Campbell has been involved with ACC since its inception in 1999, having networked with the organization's founders through her profession. Over the years, she has served on the coalition's program, agenda, continuing education, and registration committees. She has also reviewed grant applications for the organization, helping to decide which groups receive funding.

She recalls, "When I was a grant reviewer, we helped all kinds of people with all kinds of things, from tokens so they can travel to places, to providing wigs, and all of those things that will impact a survivor's life and can help them with this diagnosis. That's important because this is probably one of the most devastating diagnoses you can receive in life."

Campbell obtained her formal education from the University of Arkansas for Medical Sciences campus and the UAMS Graduate School. Throughout her career, she has worked in hospital and clinical settings, and for the state health department. There, she held several

administrative positions focusing on reproductive health, cervical cytology, and women's health, creating policies to improve patient awareness and understanding.

"I impacted the education that the patients received from the latest data and information and clinics that were set up. I ran a clinic for 20 years and I wrote reproductive health policies for 25 years," she says. "I've enjoyed just being able to keep Arkansas current with the issues in women's health, whether it's contraceptive or cervical cytology. I enjoy learning and putting what I've learned down in writing for someone that needs to use it (and) share with the patient, because if patients don't understand they feel so lost."

ACC brings together all the various people and organizations in the cancer community and has benefited many patients and survivors, Campbell says. She enjoys her volunteer hours and urges others to give of their time, as well. "I would tell people to get involved. All of us have various areas we can use our talents and our skills and our education."

Keep reading to learn more about our member impact.







## PROJECT EARLY DETECTION COMBATS CANCER IN DELTA COMMUNITIES



**STAFF MEMBERS WITH MAINLINE HEALTH SYSTEMS INC.'S PROJECT EARLY DETECTION NAVIGATE PATIENTS FOR SCREENINGS AND TREATMENT.**

When Mainline Health Systems Inc. began operations in 1978, it faced the challenge of serving the farming community of Portland in rural Ashley County. This was a time and place where doctors were scarce and an ambulance ride to the nearest hospital took 45 minutes.

Today, Mainline is a community health center serving 17 locations in the Delta. It partners with Arkansas Cancer Coalition on Project Early Detection, a program that reminds patients when it's time for recommended mammograms, pap smears, and colonoscopies.

"Funding from the Arkansas Cancer Coalition helps us expand our

services to reach those people who maybe need a phone call or need somebody to have a relationship with, who will remind them to come in and get checked out," says Brittany Sears, Mainline marketing and recruitment director.

Of course, people don't always answer their phones these days because of frequent telemarketer calls, so Project Early Detection uses mail, social media, and patient portal accounts.

"When we do get in contact with them, we either schedule the appointment for the screener needed, or we try to educate and encourage them to have the screening

completed," says Jeni Barham, clinical quality director at Mainline.

As a community health center, Mainline provides services regardless of the patient's ability to pay. Its services include medical, behavioral health, and dental services. "Our patients are considered to be in an underserved area, and our whole mission is to provide care to those patients and to fill healthcare gaps," Sears says.

Project Early Detection fills a significant gap. Through it, staff members contacted 3,735 patients, resulting in 586 patients being screened for cervical cancer and 525 patients completing colon cancer screening.

Barham points out that patients are sometimes anxious about having cancer screenings completed. In such situations, the simple act of reaching out with a friendly reminder and additional education can result in early diagnosis and treatment – and survival.

"We had a patient who, as a result of this recall, had a colonoscopy completed and polyps were found," she says. The polyps were cancerous, but because of the screening, doctors were able to remove them and give the patient an excellent prognosis.

"He was very happy that we contacted him to get this done," says Barham.

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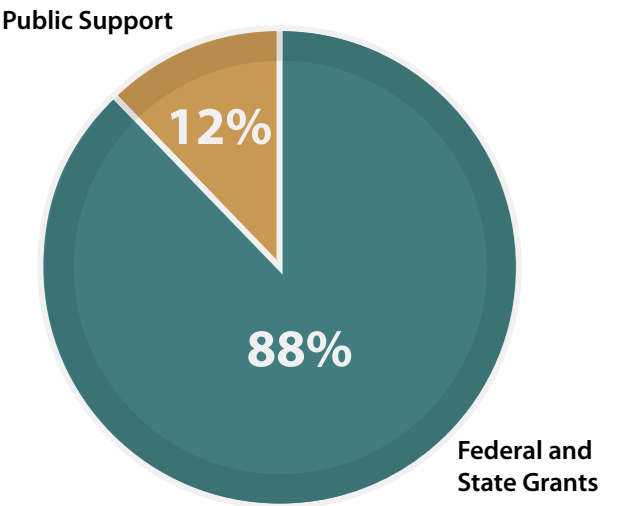
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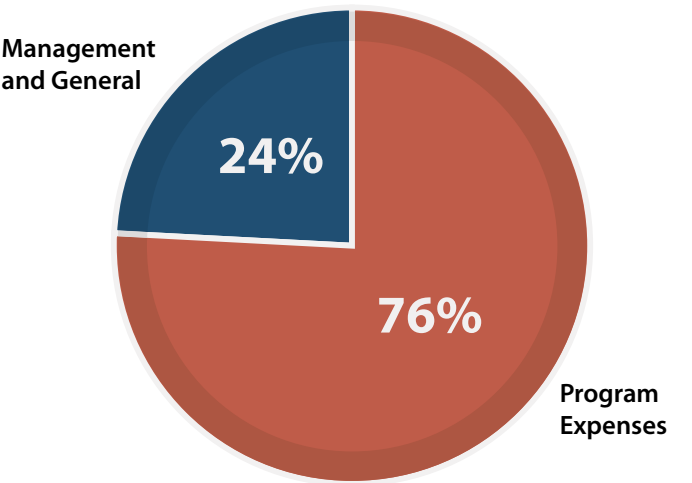
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Financials



Revenue & Other Support

Federal & State Grants	\$1,127,418.00
Public Support	\$152,954.00
<b>TOTAL REVENUE</b>	<b>\$1,280,372.00</b>



Expenses

Program Expenses	\$894,630.00
Management & General	\$289,179.00
<b>TOTAL REVENUE</b>	<b>\$1,183,809.00</b>





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**Content created by:** Wagnon Strategies, LLC, Little Rock, AR

**Design created by:** Kara Darling Creative, Little Rock, AR