

2020 Annual Report

The
POWER
of a Cancer Coalition

10 YEARS OF COOPERATIVE EFFORTS



The **POWER** of a Cancer Coalition

10 YEARS OF COOPERATIVE EFFORTS





To our Arkansas Cancer Coalition (ACC) Family:

On behalf of the ACC Executive Director, Trena Mitchell, and Board Chair, Louise Scott, it is our pleasure to release the 2020 ACC Annual Report. The theme for this year's report is "The Power of a Cancer Coalition: Ten Years of Cooperative Efforts," highlighting our mission which is engrained in community work geared to prevent, screen, treat and support survivors of this dreaded disease called cancer.

ACC's goal is to provide a favorable environment for cancer control partners to reduce and ultimately eliminate the burden of cancer for every person in Arkansas. Our partners bleed commitment and care as they strive to ensure Arkansans have even the simplest needs met, such as a ride to treatment appointments, access to screenings and essential information on cancer prevention.

The annual report highlights 10 years of evidence-based strategies to reduce the burden of cancer in Arkansas. The 2009 Arkansas General Assembly authorized the Arkansas Department of Health (ADH) to spend \$1.8 million to implement the Arkansas Cancer Plan annually. The funding allows ACC to support cancer initiatives with a focus on awareness, prevention, screenings, and survivorship at the community level. Over the past ten 10 years, ADH has provided over \$4 million in community funding to advance the goals of the Arkansas Cancer Plan.

We are indebted to the many volunteers who support the work of the Coalition. Thank you for your service and commitment to the community.

We would also like to thank the ACC Board of Directors, staff, coalition members and partners who remain committed to advancing the goals of the Arkansas Cancer Plan.

In the words of Mother Teresa *"Yesterday is gone. Tomorrow has not yet come. We have only today. Let us begin."*

Trena Mitchell

Trena Mitchell, MA, CNP
Executive Director

Louise Scott

Louise Scott, LSW
Board of Directors Chair

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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



Cancer Control Programs in Arkansas

Arkansas Department of Health (ADH) works with partners across the state to coordinate a comprehensive approach to inform policy, systems and environmental change strategies to prevent and control cancer. Through the Invited Grants program, ADH ensures that select organizations receive capacity and resources to reduce the burden of cancer around the state. These programs are: Arkansas Cancer Coalition, Arkansas Central Cancer Registry, Arkansas Prostate Cancer Foundation and UAMS Department of Surgery Health Initiatives and Disparities Research and Breast Oncology Program. Mentioned below are two previously funded programs: The UAMS Cervical Cancer Education and Prevention Program and The National Witness Project/Arkansas Witness Project.

Organizations Reducing the Burden of Cancer Around the State

- Arkansas Cancer Coalition
- Arkansas Central Cancer Registry
- Arkansas Prostate Cancer Foundation
- UAMS Department of Surgery Health Initiatives and Disparities Research and Breast Oncology Program
- UAMS Cervical Cancer Education and Prevention Program
- The National Witness Project/
Arkansas Witness Project



Arkansas Cancer Coalition

The Arkansas Cancer Coalition (ACC) is the largest Invited Grant program which implements a wide range of programs around the state as follows:

Arkansas Cancer Plan

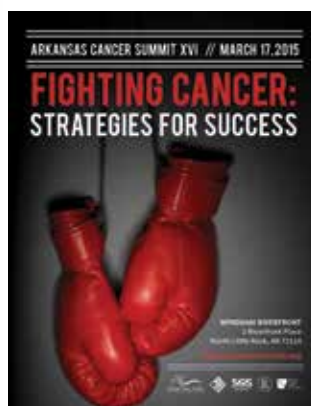
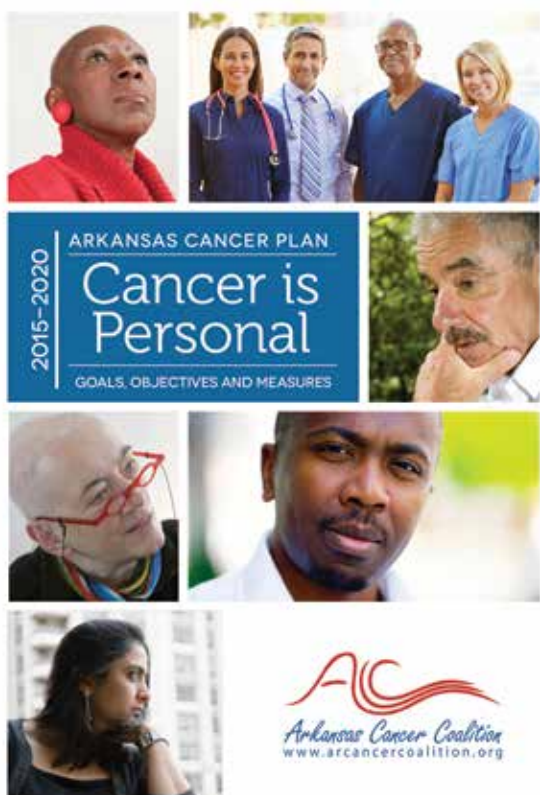
ACC develops and hones the Arkansas Cancer Plan (ACP), which serves as an outline for strategies to be used statewide and locally to prevent cancer, detect it early and to provide cancer patients with care. The ACP also addresses Cancer Disparities, Clinical Trials, Healthcare Workforce Development, Survivorship, Palliative Care, Professional Education, Surveillance and Reporting and Evaluation. The 4th Edition of the Arkansas Cancer Plan will also include a section on COVID-19 and cancer patients in its map of recommended actions and activities for government, private and non-profit sectors and communities across the state.

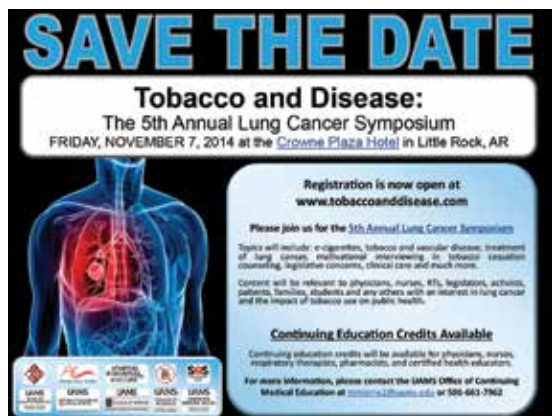
Training and Education

Aside from developing a plan, ACC provides education and training to members and partners who are working with them in the effort to reduce the cancer burden in the state.

ACC has trained 1,675 people during the last 10 annual Arkansas Cancer Summits, held to highlight and promote discussion of the Arkansas Cancer Plan. The 21st annual summit, held virtually in June 2020, was titled “Make It Your Business: Addressing Cancer Issues In the Workplace.”

Over the past 10 years, more than 1,100 people have participated in the ACC’s annual tobacco and disease symposiums, and more than 2,000 participants have gathered for ACC’s quarterly meetings, learning about issues relevant to the cancer continuum and tobacco control and networking.





Competitive and Mini Grants Program

ACC bolsters cancer control programs across the state by funding grant requests to offset the high costs of serving patients.

Grants support programs that are statewide or focused on communities where cancer incidence rates are highest and where populations are disadvantaged either medically or economically. Grants are awarded through competitive evaluation, and recipient organizations must demonstrate that the programs targeted for funding have capacity to implement the goals and strategies outlined in the Arkansas Cancer Plan.

Over the past decade, the ACC has awarded more than \$3.7 million in mini and competitive grants – \$358,694 in 2020 alone – to qualifying organizations and institutions that have made education about cancer prevention and screening possible, helped cancer patients find physicians and get to appointments and manage life after treatments.

In 2020, ACC awarded 13 mini grants, ranging from \$3,500 to \$15,993, and 14 competitive grants, ranging from \$35,048 to \$53,618.

ARKANSAS CANCER COALITION GRANT SUMMARY IMPACT

MINI GRANT

	Total Funding Requested	Awarded Applications	Total Funding Awarded
2 Year	\$167,460.00	17	\$78,182.99
5 Year	\$347,909.31	56	\$137,064.05
10 Year	\$744,111.95	145	\$326,814.86

COMPETITIVE GRANT

	Total Funding Requested	Awarded Applications	Total Funding Awarded
2 Year	\$1,888,576.61	14	\$622,535.13
5 Year	\$4,419,562.85	38	\$1,731,609.15
10 Year	\$12,317,551.14	81	\$3,693,069.24

Arkansas Central Cancer Registry

The Arkansas Department of Health Arkansas Central Cancer Registry aims to reduce the burden of cancer in our state by collecting and sharing cancer incidence data.

Statistics regarding the types and stages of cancer diagnosed, treatment courses prescribed and resulting outcomes are collected from hospitals and clinics all over the state, says Abby Holt, MPH, MLIS, Arkansas Central Cancer Registry section chief.

“We link with vital records so we can look at survivorship, how long someone lives with cancer, and all of the data is funded by the CDC and is made available after the CDC reviews it,” says Holt. “The data gets used by cancer researchers here in Arkansas and also nationally. If there's a multi-state cancer research project, and a lot of them are looking at reducing disparities in cancer incidence, we provide that to them once approved. And then, of course, the Cancer Coalition uses it a lot for their grantee project outcomes and their interventions.”

Thus, the Cancer Registry supports the Cancer Coalition's goal of reducing the cancer burden in the state.

“That's really why we collect the data that we collect, for evidence that shows that reduction is occurring. That drives the work that we do to improve our processes to get the data in real time,” says Holt. “Currently, there are about 17,000 people diagnosed with cancer every year in Arkansas, and about 6,500 people die of cancer every year. If we can get the data faster and in real time, we can measure the intervention.”

The Cancer Registry's epidemiologist works directly with researchers, reviewing research protocols and institutional review board approvals as well as collecting data associated with research subjects and providing that data back to the researchers, with the ultimate goal of improving care for patients.

“What we do is really at the population level, rather than down at the patient level,” says Holt, who initially joined the Cancer Registry as the cancer epidemiologist in 2010. “What we can do in the state is look and see what cancers are affecting our population. What I've seen is that lung cancer has decreased over this time period, especially among men. What that is telling us is that people in Arkansas are smoking less than they used to, so the cessation programs are working.”





Holt can also see from data collected by the Cancer Registry that incidences of melanoma are increasing, especially in men.

“A lot of times men are working outside, and it takes a long time to develop cancer,” Holt explains. “When we’re talking about risk here we’re talking about probably 20 years ago.”

The Cancer Registry has begun collecting data about COVID-19 in cancer patients. Cancer patients may have weakened immune systems and the CDC has recommended that they and their caretakers take extra precautions to avoid exposure to the virus. As of June 2020, there were 255 cancer patients matched to the Arkansas Department of Health COVID database. Of those, the data shows that 45.4 percent were hospitalized, and of those hospitalized 15.7 percent were intubated.

“The most frequently diagnosed cancer among the COVID patients were female breast cancer, prostate, colorectal cancer, and lung cancer, and those are the same cancers that are prevalent in the general population, too,” says Holt. Cancer Registry data will continue to play a crucial role in understanding and guiding care of cancer patients through the pandemic, including reminding people of the importance of getting cancer screenings even in the midst of a pandemic. Cancer that goes undetected for longer periods of time may be larger and more difficult to treat. “For just about everything we do, the purpose is to reduce the cancer burden in the state,” says Holt.

Arkansas Prostate Cancer Foundation

Everything the Arkansas Prostate Cancer Foundation does, starts and ends with education.

Executive Director, Chris Collier, says representatives from the Arkansas Prostate Cancer Foundation attend health fairs at community centers, churches, and even in businesses around the state, where they talk with people about health initiatives and screening procedures.

“We will partner with any and all of those types of organizations to participate in the form of outreach, to distribute material, to be able to answer questions, and to do everything we can

to try to educate the general public as much as possible about prostate cancer, the risk, the need to be screened and so forth,” says Collier. “With that educational outreach, we also do a lot of screening.” Screening processes can include questionnaires and prostate-specific antigen blood tests.

“We screen, on average, 2,500 men each year,” says Collier. “That runs the gamut of Lake Village to Springdale, Jonesboro, Paragould, DeQueen and everywhere in between. We are truly statewide in that regard.”

If, based on a screening, a man’s PSA number is found to be elevated, the foundation follows up with a letter or a phone call.





Arkansas Prostate Cancer Foundation

“Our patient navigators are on staff for any man and their families, if they need any additional support,” says Collier.

Patient navigators help patients with physician referrals and more.

Say you have a gentleman that's been screened in Dermott, Ark., and the closest place for him to go to treatment is Pine Bluff, and maybe his financial situation is such that that's a burden for him to make that drive. We provide things like gas cards, to help that gentleman get to his treatment services appointments,” says Collier.

The foundation may also be able to help pay for overnight accommodations where necessary, and beyond that, to provide guidance and emotional support.

The foundation maintains a library of informational pamphlets in both English and Spanish to share with men who are diagnosed with prostate cancer and their families. And, Collier says, after they have completed treatment, some prostate cancer survivors and their partners take on the roles of mentors for men who have been recently diagnosed and their partners.

“These peer networks are a way for men to have an informal setting where they can get questions answered, that's not only informal but private, so they can feel comfortable asking whatever it

is on their mind and they can have their wife or significant other there with them and they can do the same,” says Collier.

Peer networks are currently set up in just four areas of the state – Jonesboro, Springdale, Fort Smith and Little Rock.

“One of our goals is that we would certainly like to expand our peer networks to more communities and make that available to more men,” he says.

Several of the health fairs and other events that Arkansas Prostate Cancer Foundation staff would have attended this year were cancelled because of the COVID-19 pandemic. Collier was concerned that men would stay away and not get the necessary education and screenings because of the pandemic, but at the events that did go on as scheduled, there were as many as or more men screened as in past years.

“It runs the gamut. Some of them had been screened before; some of them had never been screened,” says Collier. “Another of my big initiatives is that we've got to do a better job holding more screenings and more educational events in the Delta. I've been working diligently for the last several months enforcing some strategic partnerships with some entities that are willing and anxious and excited to help us make more of an impact in that part of the state.”

University of Arkansas for Medical Sciences Department of Surgery Health Initiative and Disparities Research and Breast Oncology Department

The University of Arkansas for Medical Sciences Department of Surgery Health Initiative and Disparities Research and Breast Oncology department promote prevention and early detection of breast cancer and colorectal cancer through educating and screening.

“I want people to think about being survivors, and how do you become a survivor? It’s that you get cancer found as early as possible – early detection,” says Dr. Ronda Henry-Tillman, chief of breast oncology, director of Health Initiatives and Disparities Research and professor in the Department of Surgery. “There are things you can do to prevent yourself from getting cancer, too, and if you get it you can make sure you get appropriate treatment.”

In 2003, Henry-Tillman developed a modular program that evolved into a mobile screening program. UAMS now does mobile screenings around the state for mammography.

“We call it the Mammovan,” says Henry-Tillman of the UAMS mobile screening unit. “We also

have our colorectal screening – it’s not mobile, but we send directly to patients and community members who are 45 and older colorectal screening FIT [fecal immunochemical] tests, and if they have a positive FIT, we try to navigate them to appropriate care.”

In subsequent years, Henry-Tillman and others at UAMS recognized that there are factors that keep people from getting necessary screenings and treatments for cancer, and they set out to address those through Health Initiative and Disparities Research. Disparities such as education level, socioeconomic standing, and even geography can influence whether people get necessary health screenings, whether they have access to health care when needed and how well they fare with diseases.

“We research and study the disparities and we study outcomes and issues and look at factors that work and factors that don’t work,” says Henry-Tillman.

As fears about COVID-19 are discouraging some people from coming into the hospital for regular screenings, Henry-Tillman steadfastly holds to reminders of the importance of preventive care for early detection. Her



departments relay this message via phone messages, announcements on TV, radio and social media and mail.

“We are still promoting screening. Our facilities are open. Actually, we increased our colorectal screening rate, just by finding a way to give screenings directly to the individual. We, as educators, should be out there telling people to come in and get their screening, whether it's for breast cancer, whether it's for colorectal cancer, whether it's for hypertension, whether it's for diabetes ... if you have a medical condition, put your mask on, you're going to be socially-distanced within any facility or hospital, but do not stay at home and not be taken care of.”

Though there is always more to be done to improve on cancer prevention and care, Henry-Tillman remains encouraged.

“Millions of people do the right thing. They get screened for cancer. It doesn't mean that you're not going to get cancer. It means we find it earlier and you have a better chance of survival,” she says. “You know, ‘Someone made a difference that they brought screening to my county where there wasn't a mammography facility, and I got on that van and got screened.’ I always try to make sure that people know that there are resources, that's what our office does. We want to be a positive in people's lives.”

She advises a continued adherence to the Arkansas Cancer Plan, through the pandemic and beyond.

“I just want people to know that because of this comprehensive plan and Health Initiative and Disparities and the Arkansas Cancer Coalition, we're able to make a difference in the state of Arkansas,” says Henry-Tillman.





National Witness Project/ Arkansas Witness Project

The National Witness Project/Arkansas Witness Project is a community-based program developed by the National Cancer Institute to increase mammography rates among African American and medically underserved women through education and other services. ACC awarded a \$2,400 mini grant to the project for the training of lay patient navigators who can assist women through screening, diagnosis and treatment. ACC awarded a separate \$1,000 mini grant to the Witness Project's Patient Transportation Assistance Program, resulting in 40 gas cards valued at \$25 each being distributed to 28 low-income patients. The gas cards were key to enabling those women to overcome barriers to affordable transportation so they could receive medical care when they needed it.



University of Arkansas for Medical Sciences Cervical Cancer Education and Prevention Program

The University of Arkansas for Medical Sciences Cervical Cancer Education and Prevention Program provides education about the human papillomavirus (HPV) as well as free HPV vaccinations for both girls and boys in Pulaski, Jefferson and Chicot counties. Gardasil, the HPV vaccine, a series of three injections, protects against cervical cancer and against many precancerous cervical lesions and vulvar, vaginal and anal carcinomas.



State and Local Policies Passed

ACC does not engage in lobbying or political activity but its cooperative energies over the past decade have resulted in the creation of or changes to many policies that enhance cancer research and treatment options, further efforts toward prevention and early detection and make care more accessible.

ACC partners with the state chapter of the American Cancer Society on its service programs, and In 2019, provided a grant to help the Arkansas chapter of ACS provide transportation for cancer survivors needing follow-up care.

Michael Keck, the governmental relations director for the American Cancer Society Cancer Action Network in Arkansas, counts as a meaningful achievement the creation of Arkansas Works, also known as private option, in 2013. Arkansas Works provides insurance to qualifying Arkansans, allowing for more people to get necessary cancer screenings, resulting in more people benefiting from early detection and treatment when needed rather than ending up in an emergency room with advanced disease and higher medical expenses.

The 2019 legislative session brought several laws and policies that help with cancer prevention, treatment and recovery.

Acts 181 and 580 provided funding and cleared the way for the University of Arkansas for Medical Sciences to pursue designation as a National Cancer Institute designated cancer center through legislation relating to the sale and taxation of tobacco products, cigarette paper and e-cigarettes.

Act 1045 made way for the formation of an Arkansas Blue Ribbon Panel on Pediatric Cancer Research. Act 752 set aside funding for Arkansas BreastCare program that provides breast and cervical cancer screening and diagnostics for eligible Arkansas women.

The passage of Act 247 made it permissible for public school students to bring and apply sunscreen at school. Previously, this had not been allowed because the U.S. Food and Drug Administration categorized sunscreen as an over-the-counter drug and many state policies prohibit the possession or use of over-the-counter drugs at school. The Centers for Disease Control and Prevention recommends using sunscreen with a sun protection factor of 15 or higher to protect skin from ultraviolet rays, which can lead to skin cancer including melanoma, the most dangerous form.



Act 973, Crump's Law, ensures that firefighters diagnosed with occupationally-caused cancer are granted more paid leave from their jobs while they are undergoing treatment. Act 446 prohibits health plans from requiring patients diagnosed with stage IV advanced metastatic cancer to undergo step therapy, also known as "fail first." Step therapy means patients have to try a health plan preferred drug before receiving coverage for the one their doctor prescribed.

Other new legislation from the last general session focused on research into e-cigarette and vape use, and healthcare coverage of tobacco prevention and cessation.



ACC works tirelessly with organizations and businesses interested in reviewing and updating their tobacco-free policies to create healthier environments for their employees, customers and volunteers.

In 2014, ACC staff worked with the Arkansas Livestock Association to survey fair-goers regarding their attitudes toward a tobacco-free Arkansas State Fair. Based on a 75 percent response in favor, state fair officials adopted a tobacco-free, nicotine-free fair policy in 2015 that remains in place today. Before 2015, tobacco use was prohibited in enclosed buildings on the fairgrounds, but there was no written, overarching site-wide policy in place and e-cigarettes and vapors were not addressed at all. The new policy protects the fair's workers as well as the 400,000 who visit the Arkansas State Fair from secondhand smoke, which is a risk factor for lung cancer as well as other respiratory conditions.

In 2017, ACC, State Fair officials and other public health partners began an evaluation of the new policy's impact, and they continue looking for ways to decrease statewide tobacco rates in hopes of reducing the high smoking rates that lead to preventable chronic diseases, including lung cancer.

These partners continue to identify opportunities for decreasing statewide tobacco use with hopes of reducing the high smoking rates that lead to preventable chronic diseases like lung cancer. Partnerships like this allow ACC to work with broader audiences to create a healthier Arkansas. The success of the initiative that begun with the Arkansas State Fair has been replicated to help other community partners, including Washington Barber College and Wild River Country.

ACC joined forces with the Community Action Program of Central Arkansas (CAPCA) Head Start Program in 2015 to educate the more

than 600 low-income families served through that program about the harmful effects of tobacco use and to offer those families tobacco cessation services. ACC provided train-the-trainer courses to help CAPCA's staff strengthen their abilities to talk with Head Start parents about tobacco exposure-related dangers, to them as well as to their children. CAPCA updated its tobacco policy to prohibit the use of electronic cigarettes and smokeless tobacco at its 15 sites in seven counties, creating safer environments for more than 800 children. The Head Start Family Smoking Survey collected responses from 566 parents after four months of the program's operation. The survey showed that 27 percent of the parents who responded were tobacco users, 16 percent of those parents were enrolled in the Arkansas Tobacco Quitline and 78 percent pledged to keep their homes and cars smoke-free.

In 2019, ACC formed similar partnerships with Grandma's House Daycare and Learning Center, Toad Suck Daze, Mississippi County Arkansas Economic Opportunity Commission and Head Start Programs and Marvelous Kids Child Care Centers.



Cancer Rates in Arkansas

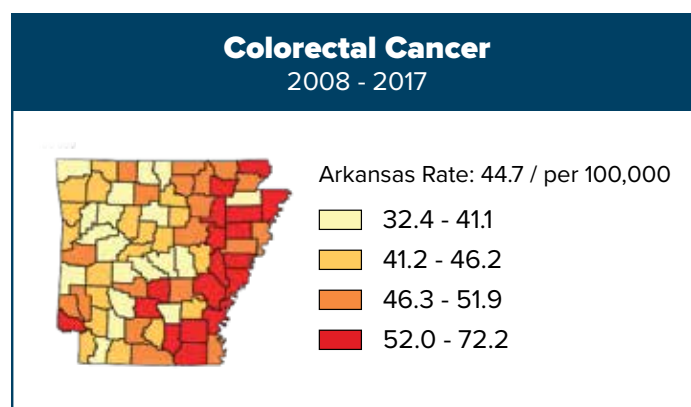
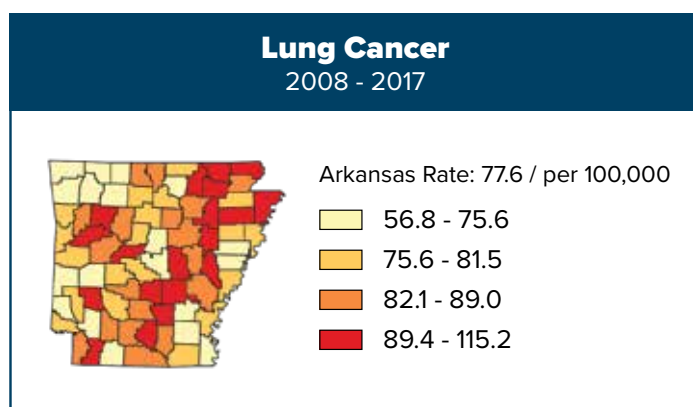
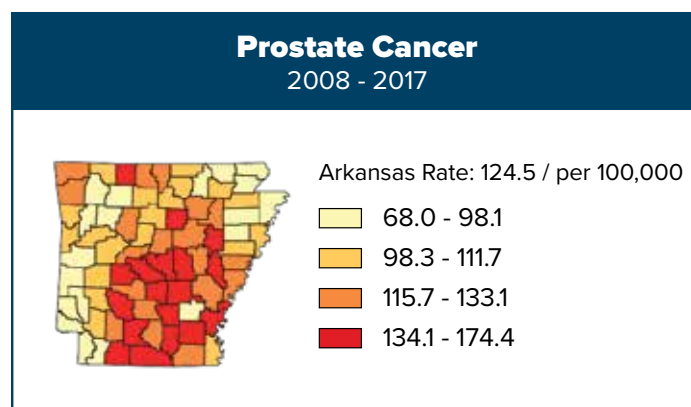
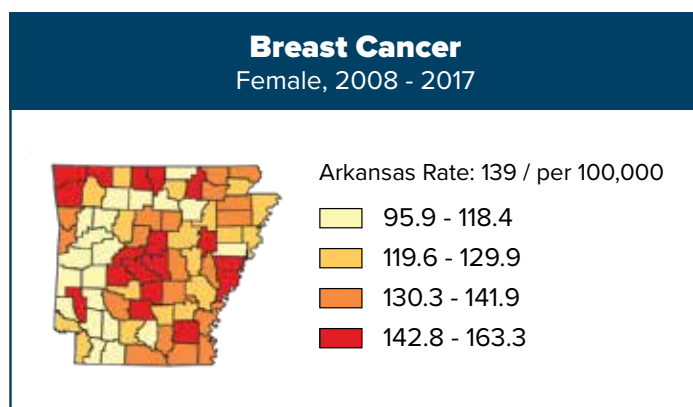
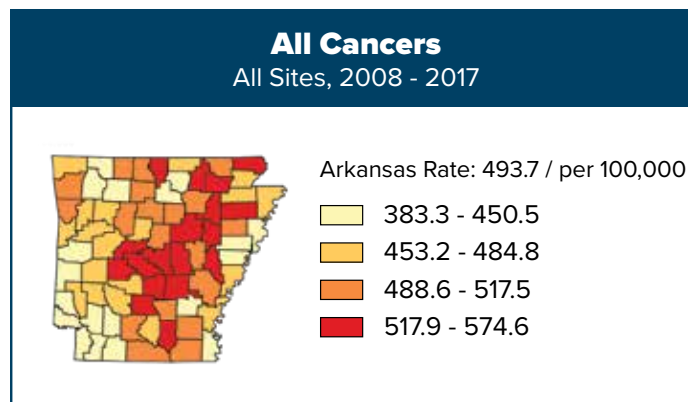
ACC's work remains critical. Cancer is still the second leading cause of death in Arkansas after heart disease, with an estimated 6,730 residents expected to die of the disease in 2020, according to the Arkansas Cancer Registry. Arkansas, in fact, ranks fifth in the nation in cancer mortality rates over the last three years.

From 2008 to 2017, the most commonly diagnosed cancers were female breast, prostate, lung and colorectal cancer:

Cancer Incidence for Arkansas Counties, 2008 to 2017

Cumulative rates of new cancers, per 100,000 population, by county are displayed at left for all, breast, prostate, lung and colorectal cancers.

Cancer Type	Age-Adjusted Incidence Rate in Arkansas, By County, 2008 to 2017, Male and Female
All Cancers	493.7
Breast Cancer (Female)	139
Prostate Cancer	124.5
Lung Cancer	77.6
Colorectal Cancer	44.7



Citations:

Age-Adjusted Cancer Incidence Rates in Arkansas, 2008 - 2017. Based on data released May 2020. Arkansas Cancer Registry. [Cancer-Rates.info](http://cancer-rates.info/ar/). Retrieved Jan 28, 2021, from <http://cancer-rates.info/ar/>



COVID and Cancer

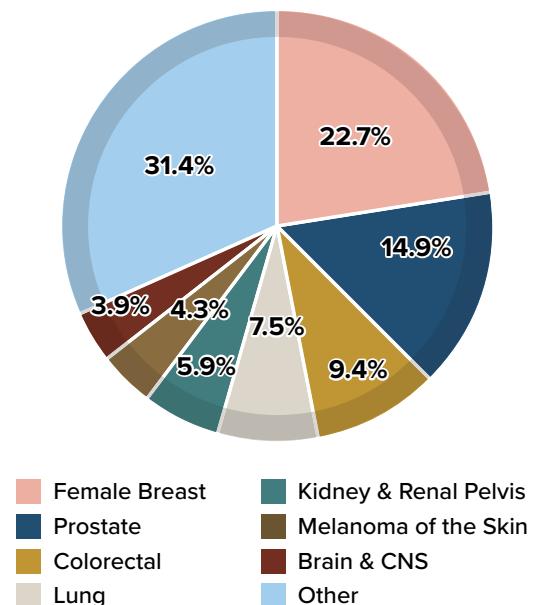
COVID-19 and Cancer

Cancer patients, especially those who are undergoing chemotherapy or a stem cell transplant, as well as cancer survivors may have weakened immune systems that leave them exceptionally vulnerable to COVID-19. According to the American Cancer Society, cancer patients and their caregivers should lower their risk of contracting COVID-19 by following guidelines set by the U.S. Centers for Disease Control and Prevention (CDC).

As of June 2020, the Arkansas Central Cancer Registry (ACCR) matched 255 cancer patients to the Arkansas Department of Health COVID database. Of those, 45.4 percent were hospitalized, and of those hospitalized 15.7 percent were intubated.

According to the ACCR, 9 percent of the cancer patients who were diagnosed with COVID-19 died.

Cancer Patients Diagnosed with COVID-19 by Cancer Type, Arkansas



Our Future

Each year, ACC's cancer and tobacco control programs serve thousands across the state, connecting individuals with resources in their communities and helping member organizations gain funding that helps them reach more people who need their help.

Those members have expressed gratitude for ACC's work over the past decade as well as hope for a future that holds even further success in reducing the burden of cancer on Arkansans.

Highlighted below are some of their comments:

“

“Cancer patients struggle to afford treatment, medication, food, transportation and accommodation. Additionally, cancer strains caregivers, families and financial resources. I imagine an Arkansas where ACC can support the full struggle that a cancer patient goes through by providing more resources for cancer support homes, cancer treatment centers, caregivers and transportation providers so that the cancer journey is not as difficult as it currently is.”

Coalition Member

“

“ACC does a great job of supporting cancer patients through this most difficult journey. I envision ACC serving Arkansans in all parts of the state by increasing access to screening and treatment especially in some of the most rural and poorest areas.”

Coalition Member

“

“I imagine ACC will continue to use those proven and productive parts and mechanisms that ACC already has in place for many of its programs, such as the mini-grant program.”

Katherine Donald
Coalition for a Tobacco Free Arkansas

“

“I would love to partner with members of the ACC team who could guide efforts in encouraging insurance providers to cover preventive cancer screenings in Arkansas for individuals who do not fall within the parameters of “high risk” or age specifications for early screening.”

Coalition Member

”

“[ACC could], number one, assist in offering transportation for recommended cancer screening, diagnosis, and/or treatments for rural Arkansans. [Number two,] assist in providing pocket resources for healthcare providers, and patients, showing recommended treatment providers, locations, payment options, available housing and/or overnight facilities for patients and family members, for specific cancer types/treatments (breast, colon, cervical, prostate, etc.). [Number three,] publish a statewide directory of Cancer Support Services in Arkansas.”

Marybeth Curtis, UAMS Community Health and Education

“

“Surviving cancer patients [can] give information/help with things they have experienced. I personally had a diagnosis of Brain Cancer in 2005 of a very vigorous Glioblastoma Multiform Tumor that is notorious for reoccurring. June this year marked 15 years. The doctors are still amazed, since my prognosis was at best to live 1 1/2 years. Through experience I learned a lot about how to and not to eat while taking oral chemo for 12 years. I elected to stop the chemo, even though the doctors still stated it was risky, for a better quality of life.”

Nelda Anderson

”

“That you all would help in increasing the number of screenings for the most easily detected cancers.”

Andrea Hooten, UAMS

To learn more about ACC, download a copy of the Arkansas Cancer Plan, or to become a member, visit us at www.arcancercoalition.org or call 501.404.2363.

Operations

Arkansas Cancer Coalition Board of Directors

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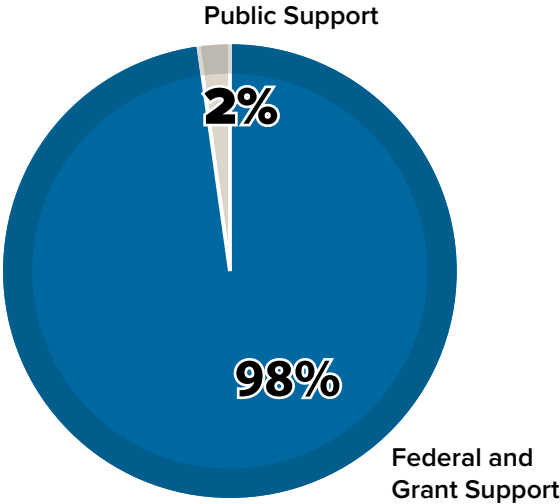


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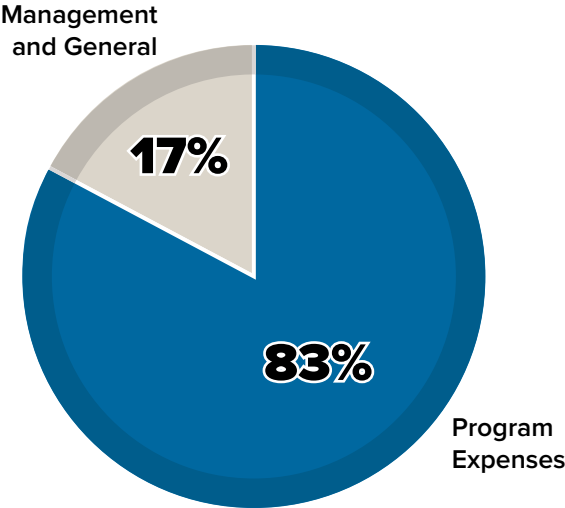


Revenue & Other Support

Federal & Grant Support	\$1,146,972.00
Public Support	\$24,341.00
TOTAL REVENUE	\$1,171,313.00

Expenses

Program Expenses	\$1,000,857.00
Management & General	\$204,311.00
TOTAL REVENUE	\$1,205,168.00





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