



# Behind the Mask

2021 Annual Report



Arkansas Cancer Coalition



## Dedicated to those who have faced or fought cancer, Covid-19, or both.

This past year, 2020-2021, has brought challenges like no other. Fighting cancer is hard. It is scary and emotionally draining. It tears apart lives and leaves families without loved ones. The uncertainty that came along with a pandemic threatened those who were already immunocompromised because of their battles with disease. They and their caregivers suffered in all the old ways and in many new ones as well. There were lost jobs, financial hardships and physical distancing that separated us from friends and family, often at a time when their closeness was needed most.

We appreciate the health care providers, public health and government officials, legislators, volunteers, and others, already dedicated to reducing the burden of cancer in our state, who worked tirelessly to protect themselves, each other, and the public from Covid-19, often finding that what they thought they knew on one day was something altogether different on another. As their

knowledge about this pandemic evolves and grows, so does our arsenal of weapons against it.

We at ACC will not waver in our quest to reduce the incidence and suffering from cancer and to protect cancer patients from the virus that might make their journey more fraught. Though the challenge of protecting the vulnerable is still mighty, ACC is committed to meeting the threats of Covid-19 and cancer on all fronts.

We mourn the lives lost since the beginning of this pandemic, as well as all lives lost to cancer. We dedicate this report, a summary of our efforts big and small to lessen your struggles, to all of those who have faced or fought cancer or who have cared for loved ones who did. You are the reason we won't waver in our efforts to fight against this disease.

# What's Inside

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<b>3</b>	<b>Cancer Control Around the State</b>	
	Honors for Fighting Colorectal Cancer	3
	Launching the Fourth Edition of the Arkansas Cancer Plan	4
	Funding Cancer Control Around the State	5
<b>6</b>	<b>Success Stories</b>	
	Arkansas Cancer Control Leadership Team	6
	UAMS Lung Cancer Program	8
	White River Health System	10
<b>12</b>	<b>Educating Health Care Providers</b>	
	Cancer Control	12
	Tobacco Control	14
<b>15</b>	<b>Outreach Efforts</b>	
	Toad Suck Daze	16
<b>17</b>	<b>Cancer Rates in Arkansas</b>	
	Cancer in Arkansas	17
	Cancer and Covid-19	18
<b>20</b>	<b>Our Impact</b>	
<b>21</b>	<b>Operations</b>	
	Board Members	21
	Staff	21
	Financial Overview	22

## 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



# ACC's Pandemic Story: Pivoting Through a Pandemic

## To Our Arkansas Cancer Coalition (ACC) Family:

Fiscal year 2021 brought many unprecedented challenges and tribulations. A global pandemic ravaged our world and left us picking up the pieces of its devastation. We at ACC pressed on, adapting our existing plans to ever-changing pandemic protocols, and also formulating new strategies to strengthen our community's ability to care for vulnerable cancer patients.

Like many organizations, ACC had to make rapid adjustments to continue facilitating partnerships geared toward reducing the burden of cancer in our state. We first created an emergency contingency plan to keep staff safe. For the first time in the history of the Coalition, we operated in an 100% virtual environment. Each employee was equipped with basic office needs such as a computer, printer, office phone application and video conferencing software. We suspended our outreach programs pending further guidance from the Arkansas Department of Health.

Despite the sudden inability to meet with community groups face-to-face, ACC accomplished many noteworthy achievements:

- We conducted a successful virtual Arkansas Cancer Summit in conjunction with University of Arkansas at Pine Bluff's Minority Initiative Sub-Recipient Grant Office (MISRGO). Almost 200 participants across the state gathered via Zoom to discuss strategies for fighting Covid-19 and continuing cancer screenings and survivorship support. Each participant received a mask from ACC and was encouraged to wear it to stop the spread of Covid-19.
- We supplied clinics and hospitals with over 1,000 face masks for patients in active treatment.
- We trained almost 250 healthcare professionals via our virtual Brief Tobacco Intervention Tobacco Cessation for Healthcare Providers training and Tobacco and Disease Symposium.
- We received the 80% in Every Community National Achievement Award from the National Colorectal Cancer Roundtable in recognition of our colorectal cancer screening efforts

- We announced our first-ever Arkansas Cancer Race! The race is a means to provides patrons with the motivation to get out, get active, stay healthy and prevent cancer while helping a cancer patient with essential medical supplies such as ostomy supplies, bed pads, pull-ups and belted undergarments. These are often not covered by health insurance and have to be purchased out-of-pocket.

ACC's 2021 annual report is nearer to my heart than any other report. We fought hard and we fought scared! As this report goes to print, we are thrilled to announce the release of the 4th edition of our Arkansas Cancer Plan (ACP). Using the core cancer objectives from the U.S. Department of Health and Human Services Healthy People 2030, the 4th edition provides clear and concise goals that coalition members can use to implement and track the progress of the cancer plan.

As we forge on through the Covid-19 pandemic, let us not forget our sworn purpose – serving cancer patients and survivors. We look forward to Fiscal Year 22 and to a future that embraces inclusion, equity, growth, and resilience, as we work to prevent, screen for, treat and cure cancer. Our thanks and gratitude go out to every one of you.

*Trena Mitchell*

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

*Louise Scott*

**Louise Scott, LSW**  
Board of Directors Chair





# Cancer Control Around the State

## ACC Honored for Colorectal Cancer Screening Efforts

ACC received national recognition for its success in advancing initiatives geared toward increasing screening rates for colorectal cancer, which is a leading cause of death in men and women, even though it can be prevented or treated when found in an early stage.

The National Colorectal Cancer Roundtable, founded by the American Cancer Society and the US Centers for Disease Control and Prevention, created the 80% in Every Community National Achievement Award to recognize the efforts of leaders to get more people screened for colorectal cancer.

ACC was recognized for engaging numerous state partners – including the Arkansas Department of Health, the American Cancer Society, clinic and health system administrators, clinicians and policymakers – and collaborating on multiple colorectal cancer public awareness, advocacy and provider education efforts in a multi-faceted approach to getting more Arkansans screened.

ACC has also awarded close to \$400,000 in competitive grants to organizations across the state, mostly in rural counties and lower income populations, to encourage increased colorectal cancer screenings in those areas. **In Arkansas, colorectal screening went up 10 percent, from 56 percent to 66 percent, between 2012 and 2018, compared to an only 4 percent increase nationwide during that time.**

The 80% in Every Community National Achievement Award included a \$1,000 grant to promote continued colorectal cancer screening efforts.



## 4th Edition of the Arkansas Cancer Plan launched in 2021

The 4th edition of the Arkansas Cancer Plan (ACP), “Arkansas Cancer Plan: The Power of a Cancer Coalition,” was launched in 2021.

Comprehensive cancer control (CCC) plans distinguish how organizations or coalitions address the burden of cancer in their geographic region. State cancer plans are unique to each state or region and are based on data collected about people that live in that area. Plans also adopt the strategies that have worked, either in that region or in a comparable one, and make them into a blueprint for action.

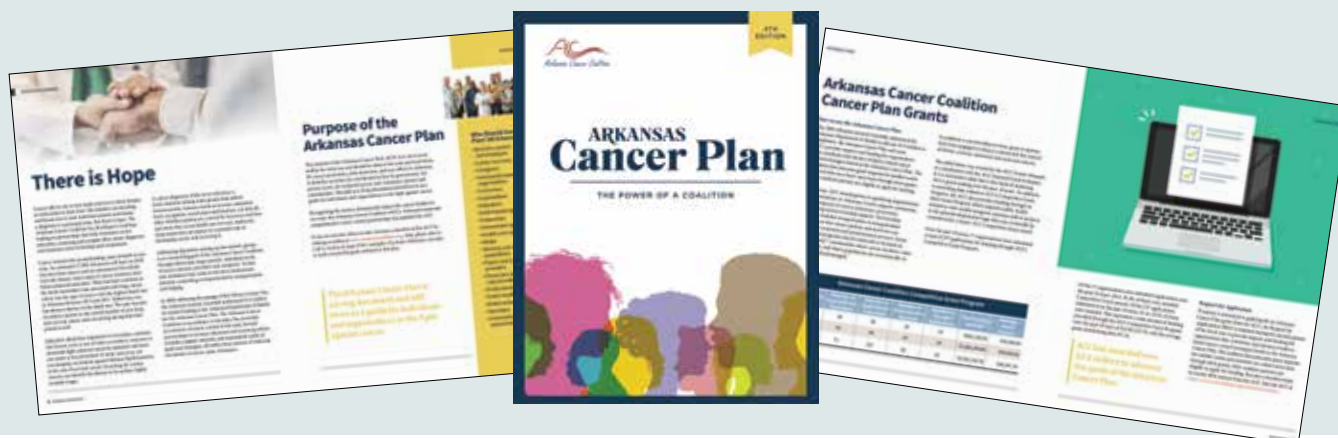
Plans are typically renewed every five years, and during the fifth year, they are revised using different criteria. The Centers for Disease Control and Prevention’s Cancer Plan Self-Assessment Tool gives a basic framework for how to evaluate and update CCC plans.

The ACP, derived from the Office of Disease Prevention and Health Promotion’s Healthy People 2030 Framework, encompasses cancer fundamentals, overarching goals, a plan of action and a rich history and context for cancer control in our state.

The 4th edition offers 5 overarching goals with 32 complimentary objectives to reduce the burden of cancer in Arkansas. The overarching goals are:

- **Goal 1:** Improve health by promoting healthy eating and making nutritious foods available.
- **Goal 2:** Improve health, fitness, and quality of life through regular physical activity.
- **Goal 3:** Reduce tobacco use and exposure to secondhand smoke in adults and youth.
- **Goal 4:** Reduce new cases of cancer and cancer-related illness, disability, and death.
- **Goal 5:** Increase quality of life for cancer survivors.

Other effective prevention and risk reduction strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. Effective targeted therapies and personalized treatments are also included, as they are key to helping people with cancer to live longer.



## Arkansas Cancer Plan Grants

ACC awarded \$349,414.22 in competitive grants and \$20,422.43 in mini grants – a total of almost \$400,000 - to organizations committed to prevention, detection or treatment of cancer or to the care of cancer patients and their providers and caregivers.

### COMPETITIVE GRANTS

Organization	Program Title	Cancer Plan Chapter	Amount
Arkansas Immunization Action Coalition	HPV Prevention Workgroup Continuation	Cervical Cancer	\$54,999.79
CARTI Foundation	Improving Survivorship by Helping Cancer Patients Access Care	Survivorship	\$50,000.00
CHI St Vincent Hospital Hot Springs	3D Standard of Care: Enhancing SW Arkansas Breast Care	Breast Cancer	\$50,610.00
Don W. Reynolds Cancer Support House	Saving Lives with Survivorship Care	Survivorship	\$41,794.56
Mainline Health Systems, Inc.	Early Detection	Prevention (Breast, Colorectal & Cervical Cancer)	\$55,000.00
St. Bernards Development Foundation	Increasing Access to Screening Mammography & Breast Health Education	Breast Cancer	\$51,515.00
University of Arkansas for Medical Sciences	Promoting Lung Cancer Screening/Tobacco Cessation Outreach through the UAMS MammoVan	Lung Cancer	\$45,494.87

### MINI GRANTS

Organization	Program Title	Cancer Plan Chapter	Amount
Targeting Our Peoples Priorities with Service (TOPPS)	TOPPSBEAT (Breast Health, Education, Access, & Treatment)	Survivorship	\$3,000.00
White River Health System, Inc.	Rides to Wellness	Survivorship	\$3,500.00
St. Francis House NWA dba Community Clinic	Colon Care Program	Colon Care Program	\$4,000.00
Mena Medical Associates	Cancer Screening	Cancer Screening	\$1,934.72
The Family Home	Family Home Repair & Cleaning	Family Home Repair & Cleaning	\$4,000.00
Don W. Reynolds Cancer Support House	Skin Cancer Prevention Sun SMART	Skin Cancer Prevention Sun SMART	\$3,987.71

# Success Stories

## Arkansas Cancer Control Leadership Team strengthened partnerships

Even as the Covid-19 pandemic raged, making it difficult for groups to gather, the Arkansas Cancer Control Leadership Team strengthened partnerships for the good of cancer prevention and treatment across the state.

The Cancer Control Leadership Team was assembled to meet federal funding requirements, says Rhonda Brown, Cancer Prevention and Control Section Chief at the Arkansas Department of Health. Its purpose is to make sure stakeholders are working together and sharing information in their efforts to control cancer and to ensure that the state is working toward the goals set forth in the Arkansas Cancer Plan.

The team is comprehensive, including representatives from the Arkansas Cancer Coalition, the Arkansas Cancer Registry, the Chronic Disease Coordinating Council, the American Cancer Society and others.

“We collaborate, network and make sure activities for cancer prevention are coordinated,” she says.

According to Brown, Arkansas stakeholders had begun this cooperative effort before the requirement was put in place.

“We always did have a good relationship and worked cooperatively with the Arkansas Cancer Coalition and other cancer prevention partners in the state,” she says. “To have the team formalized as a requirement of the grant, puts us a step ahead. Not all states have that.”

Pre-pandemic, the group met quarterly in person. After the pandemic began, the team was not able to meet face to face. Concerns about falling behind because of Covid-19-related delays led to more frequent virtual meetings.

“We had to put together our report for the US Centers for Disease Control and Prevention, and I wanted to make sure we had all the information we needed from all the partners,” says Brown. “With Covid, we switched to Zoom. We were all in reporting mode; we were trying to figure out if we had done everything we said we were going to do.”

More than a year into the pandemic, the group was still meeting almost monthly. Meeting virtually, Brown explains, means no one has to leave their offices, drive somewhere and find a place to park, making these frequent gatherings more convenient.

“It’s been fantastic. We are keeping in touch with what each other is doing, we’re collaborating,” she says. “In the olden days, not everybody could always get there.”





Gathering more often, she says, has honed communication among organizations and spurred initiatives and cooperative activities.

“The Breast and Cervical Program has new materials they’re working on, and we told them at the meeting what we’re doing,” says Brown, giving an example.

“They said, ‘That’s something we’ve been wanting to do.’ So, we are doing a resource directory specifically focused for cancer, and the Arkansas Cancer Coalition has been able to provide some additional information for some resources to include in the directory.”

The Chronic Disease Coordinating Council, represented on the leadership team, created some Exercise is Medicine prescription pads that doctors and patients can use in discussions about activities that may benefit patients’ health. The prescriptions for exercise plans can be agreed to and signed by both parties, the idea being that this strengthens commitments to comply.

“That’s out of the American College of Sports Medicine,” Brown says of Exercise is Medicine. “The Arthritis Program here was working on that. “I said, ‘We can use that in other programs - we can use that for cancer survivors and for the cardiovascular disease program.”

Trena Mitchell, Arkansas Cancer Coalition’s executive director, coordinates physician training on the Exercise is Medicine program during the Arkansas Cancer Summit and the Chronic Disease Forum and facilitates contact with the UAMS Family Medicine about training as well.

When one group shares a resource, other groups can help with distribution, adds Brown, casting a wider net and doing a better job of getting the word out about how to control and treat cancer.

“We’re expanding each other’s reach by being on the leadership team together and sharing our resources with one another, collaborating on different projects where we can,” she says. “I’ve been feeling really good about this group and what meeting and sharing has done to benefit us all.”

## UAMS Lung Cancer Program teamed up with Mammovan and Covid Van to promote Low-Dose CT scan screening

Low-dose CT scans can reduce lung cancer deaths by 20 percent. To help get the word out about these powerful screenings to more Arkansans, UAMS combined the forces of its Lung Cancer Team with the Mammovan and its Covid Van.

The UAMS Mammovan has logged more than 200,000 miles traversing the state for a decade, providing easy access to breast cancer screening for about 20,000 women.

Over the last year, a \$45,495 competitive grant from the ACC allowed for a trained educator to tag along in the Mammovan to provide tobacco cessation support and education and help schedule long-time smokers for those potentially life-saving, low-dose CT scans that can detect lung cancer in its earliest stages when treatment options are effective.

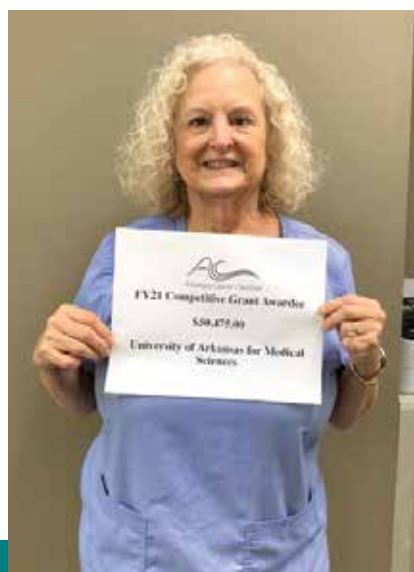
“It’s kind of a two-for-one thing,” says Patricia Franklin, an advance practice nurse who has worked in cardiothoracic surgery or thoracic surgery oncology at the UAMS Winthrop P. Rockefeller

Cancer Institute. “We’re trying to get the word out about the low-dose CT scans and at the same time we’re trying to do tobacco cessation counseling.”

According to the American Cancer Society, almost half of lung cancers in Arkansas are found in late stages, and because of late diagnoses, treatment options are limited. Survival rates, too, are affected – people whose lung cancers are diagnosed at early stages are five times more likely to survive than those diagnosed after the disease has progressed.

The Mammovan was borne of a realization that most of the patients screened at UAMS lived in central Arkansas, meaning patients outside that area were being underserved.

Patients who arrived at the Mammovan for mammograms were asked if they were smokers, according to Franklin. Those who were smokers were offered tobacco cessation counseling and, if they qualified, for lung cancer screening.



People between 55 and 77 years of age who had a history of smoking 30 packs of cigarettes a year – the equivalent of one pack a day for 30 years – qualified for low-dose CT screening for lung cancer.

The Covid-19 pandemic began at roughly the same time as the competitive grant. Franklin and her colleagues still wanted to get the word out about the best options for cancer prevention, even as people were more reluctant to venture out for screenings.

“We had a huge drop last year in how many people we screened, because people would say, ‘I’m not coming to the hospital for that,’” says Franklin. “So, in conjunction with the Mammovan, here at UAMS we had a Covid van that took people around the state and did testing for Covid, and then transitioned to giving the vaccine when that was available.”

Many of the people who were arriving to be tested for Covid-19 were smokers, and thus they qualified for tobacco cessation and lung cancer screening as well.

According to Chaunacy McRae, tobacco cessation interventionist in UAMS’s Thoracic Surgery Oncology, 183 people were identified during fiscal year 2020-2021 as those who would benefit from lung cancer screening or tobacco cessation counseling.

“A lot of the patients who were being tested in the Covid van were also smokers,” says Franklin. “She could either talk with them on site or she could call them later, whichever way worked best.”

The result of these efforts of UAMS staff to go to people who might benefit from screening rather than waiting for them to come to UAMS has been positive, and a year and a half into the Covid pandemic more people are seeking out screening.

“This year it’s been wham-bam,” says Franklin. “I won’t say we’ve been overwhelmed, but our numbers have certainly gone up.”





## White River Health System and Churches United developed Rides to Wellness program

Amanda Roberts, grants development coordinator at White River Health System, knew many cancer patients needed transportation to medical appointments and also knew that church vans often sat unused in parking lots most weekdays. She set out to put those two things together to create the Rides to Wellness program.

“There’s no public transportation in this area,” says Roberts. “If you don’t have your own vehicle or you’re doing treatment and you’re not strong enough to drive or do all that on your own, there’s really just no system here.”

White River Health System has another program that helps patients with paying utility bills or cover transportation costs, but it often wasn’t enough to address the problem she saw many cancer patients facing.

“We do what we can to help with transportation, but even giving a patient a gas card doesn’t help if they don’t have a reliable car, and sometimes the problem is they don’t have a car, and there isn’t the option of public transportation.”

The non-profit Churches United, a ministerial alliance of various denominations, focuses on food insecurity, mental health issues and transportation. Roberts got to know one of the pastors from the alliance and they discussed the challenges she saw patients face in getting to their life-saving appointments.

Using a \$3,500 mini-grant from the Arkansas Cancer Coalition, Churches United members and White River Health system put together Rides for Wellness, recruiting volunteers and creating a rotation schedule among participating churches, making use of their vans during the week when they are otherwise idle.

“It was just sort of an aha moment between us and them,” says Roberts. “It was a leap of faith, just to jump together and make that happen. The pastors that were involved coordinated with our patient navigator at White River Medical Centers Cancer Care Center to just start small, with a few patients here and there.”

Some of the Churches United volunteers used their personal vehicles to drive patients to appointments, but for many patients there was comfort in seeing a church logo on a van that would take them to where they needed to go.

“What I see with our cancer patients is that it’s not that they have one doctor’s appointment here or there,” she says. “If you’re being treated for cancer, you may have chemotherapy and radiation and then you’re coming to our hospital several times in a row.”

Even when a patient has family or friends who can take them to some of their appointments, the burden of daily trips can be a challenge.





“Your neighbor might be able to take you for a couple of days but they probably can’t every single day and it just becomes this game of helping patients figure out if they can come, because if you can’t you’re prolonging treatment. And for our cancer patients, that no-show situation gets to be a life-threatening thing for them.”

There are still logistics to tweak, and rising gas prices will make transportation efforts more of a struggle, she says. The Covid-19 pandemic presented a new challenge this year, of course, prompting White River Health Systems and volunteers to consider the safest way to transport patients, especially those who were immunocompromised.

Roberts would like to see the program expand to include churches in Cherokee Village and Mountain View.

“A lot of people come from surrounding counties to have treatment and if it’s radiology it’s going to be daily for a few weeks,” she says. “It’s been very small scale, and with the pandemic it’s remained much smaller than we had anticipated. But for the cancer patients it has helped, it’s been a tremendous help. We hope it grows.”

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**The Covid-19 pandemic presented a new challenge this year, of course, prompting White River Health Systems and volunteers to consider the safest way to transport patients, especially those who were immunocompromised.**

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# Education & Training Offered for Healthcare Providers

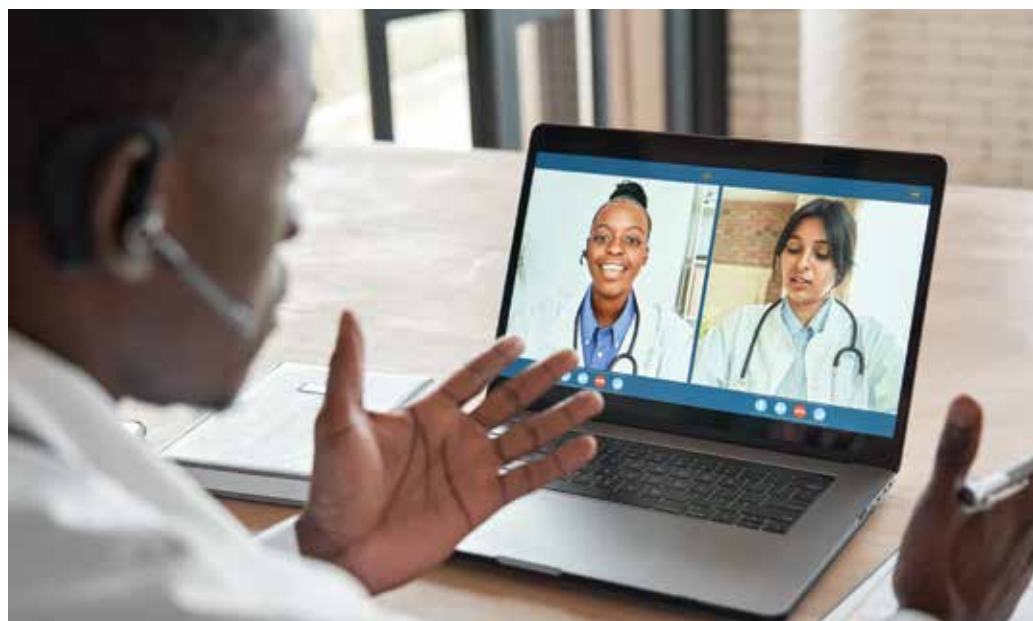
## Cancer Control

**ACC's Quarterly Meetings series on Covid-19**, held virtually, featured speakers who could address the specific ways in which Covid-19 affects cancer patients in Arkansas. In May 2021, Dr. Kristin Zorn, director of the Division of Gynecologic Oncology in the UAMS College of Medicine and professor in the Department of Obstetrics and Gynecology and the Division of Genetics, spoke about cancer patients and the Covid-19 vaccine. In February 2021, Kristin Trulock, executive director of Home for Healing, which offers lodging for cancer patients and their caregivers, spoke about providing support for cancer patients during the pandemic.

Risé D. Jones, Ph.D., partner in Evaluation Solutions and co-founder of Hamilton Wings as well as evaluator for ACC since 2016, spoke at the December 2020 Quarterly Meeting about the tools public health and educational organizations need to facilitate access, build communities and improve lives through program evaluation and social science research.

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**ACC's Quarterly Meeting series on Covid-19 featured speakers who could address the specific ways in which Covid-19 affects cancer patients in Arkansas.**



ACC sponsored the **1st Annual Arkansas Cancer Race** in February 2021, in its effort toward “decreasing the burden of cancer in Arkansas one step at a time.”

Almost 70 race participants signed up and pledged to complete a 3K walk, a 3K run or a 5K walk or 5K run virtually, whether on a treadmill, in a park or in another location. The race not only raised awareness and support for cancer survivors, it also helped with cancer prevention. Obesity is a major risk factor for cancer, and the race served as motivation for people to get outside, get active and stay healthy.



“


**Cancer sucks! I am a survivor of colon cancer, my mom is a survivor of breast cancer, one of my best friends has anal cancer, my sister-in-law is battling triple negative breast cancer and my mother in law passed from colon cancer. Finished walking my 5k to support those who are fighting and surviving and in memory of those who have been lost.**

Keeley R Buckley, Arkansas Cancer Race participant

In June 2021, ACC held the first **Survivorship Roundtable**, convening stakeholders in the cancer community for discussions about cancer resources and research, development of new cancer therapies, delivery of quality cancer care and more. Speakers included Patricia Champion, M.S., R.D., L.D., from CARTI, who talked about the “Healthy 10 Challenge,” created by the American Institute for Cancer Research; cancer epidemiologist Mallory Jayroe, M.S., C.H.E.S., from the Arkansas Department of Health, who spoke on Covid-19 and cancer patients; Krista Kirksey, Cancer Control Strategic Partnerships manager at the American Cancer Society; and Becky Adams, Dr. P.H., R.D., C.D.C.E.S., director, partnership and policy support section chief of Nutrition, Activity and Obesity at the Arkansas Department of Health, who shared information about the Arkansas Strategy regarding physical activity prescriptions.

## Media and Communication

Throughout Fiscal Year 2021, ACC continued efforts to remind Arkansans of the importance of getting screened for breast and cervical cancer and explaining that the Arkansas Department of Health Breast Care Program offers breast and cervical cancer screening and diagnostic tests at no cost for eligible women. ACC took that message to radio waves for ads on Cumulus Media stations KOKY and B98.5. Actor Terrence Howard provided a personal message about his mother, who died of colorectal cancer at age 56, for another radio spot sponsored by ACC and the Arkansas Department of Health. In the ad, Howard urged Arkansans to get screened for colorectal cancer.



**Survivorship Roundtable Agenda**  
Thursday, June 3, 2021  
10:00 am

Introduction Tara Mitchell Arkansas Cancer Coalition	10:00 am
"Healthy 10 Challenge" Patricia Champion, M.S., R.D., L.D. Registered Dietitian CARTI	10:10 am
C19H19 among Cancer Survivors Mallory Jayroe, M.S., C.H.E.S. Cancer Epidemiologist Arkansas Department of Health	10:40 am
2020 Cancer Project Krista Kirksey Cancer Control Strategic Partnerships Manager American Cancer Society	11:10 am
Physical Activity Prescriptions, Arkansas Strategy Becky Adams, Dr. P.H., R.D., C.D.C.E.S. Director, Partnership and Policy Support Section Chief, Nutrition, Physical Activity and Obesity Arkansas Department of Health	11:40 am



The **22nd Arkansas Cancer Summit with the 18th Clearing the Air in Communities of Color Conference** was held March 9-10 with more first-time attendees than in the past six years. Held virtually for the second time because of Covid-19 precautions, the Summit theme was ***Cancer in the Covid Era: Navigating Uncharted Waters***. Keynote speakers were Dr. Dan Bradford from Highlands Oncology Group and Sarah Shafir from the American Cancer Society. Other topics covered included “Smoking, Vaping and Covid-19: A Dangerous Mix!” as well as health equity, support for cancer patients and caregivers and projections regarding cancer and Covid data.

The conference covered issues such as “Tobacco, Racism, Menthol and African Americans,” as well as implementing community tobacco prevention programs and assessing the risks of alternative smoking devices among minority youth, parents and school officials.



## Tobacco Control

ACC led **Brief Tobacco Intervention** training sessions in November 2020 and February 2021 to help physicians, physician’s assistants, nurses, nutritionists, wellness managers, respiratory therapists, dental professionals, social workers, community health professionals and cancer and tobacco control advocates.

Brief Tobacco Intervention training provides a toolkit of new strategies for working with tobacco users to develop quit plans, prescribe medications and refer patients for lung cancer screenings. Counseling and medication are effective for tobacco cessation, but the odds of quitting double for users who work through the process with a clinician.

Throughout the year, ACC spread the word via print advertising and social media about the **Be Well** call center, which connects patients with counseling services – in person at local health units or over the phone – and resources for quitting tobacco and nicotine products, as well as managing diabetes and high blood pressure.

ACC partnered with the University of Texas MD Anderson Cancer Center in April 2021 – Oral Cancer Awareness Month – to provide free online training or certification to professionals from 22 towns and 20 organizations who wanted to become **Tobacco Treatment Specialists**. Tobacco treatment specialists are qualified to treat tobacco cessation in a community or clinical setting. The training exceeded the required 24 hours of core competency training in documented areas of counseling skills, motivational interviewing, treatment planning, pharmacotherapy and relapse prevention.

In October 2020, 184 people attended virtually the **Tobacco and Disease Symposium**, part of the 24th Annual Family Medicine Update. Topics covered included “Low-Dose CT Scans for High-Risk Tobacco Users,” “Treating Your Patients with Lung Cancer During Covid-19,” and “Tobacco and Vaping: Bronchiolitis Obliterans,” and “Do You Know What Your Kids are Inhaling?”



# Outdoors Outreach Efforts Took ACC's Message Throughout The State

ACC works hard on both education and outreach efforts, but precautions taken to slow the spread of Covid-19 made it difficult – sometimes impossible – to take messages about cancer prevention and screening to people at indoor events, like the Arkansas State Fair. Screenings were, in fact, stopped for several weeks during the spring of 2020, as healthcare providers considered how best to keep people safe. However, ACC got creative, investing in MEGA Colon and Lung medical inflatables for use at outreach events in Little Rock and Springdale in support of partners, Hope Cancer Resources and UAMS.

One of those events was the Heather Ridley-Fleeman Battle for Hope, a 10K run and 5K run and walk – a hybrid this year, with 31 virtual participants and 78 in-person ones. The inflatable MEGA Colon allowed people to see various stages of colorectal cancer, from normal colon tissue to advanced disease.

ACC also received 5,000 masks at no cost from the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response in Washington, D.C., part of an initiative to help community-based organizations distribute masks to participants. ACC accepted requests from members who needed masks for their patients and then distributed to sites where they were requested in Hot Springs, Jonesboro and Fort Smith. They were also given to people who participated in the Arkansas Cancer Summit.

**ACC got creative, investing in MEGA Colon and Lung medical inflatables for use at outreach events in Little Rock and Springdale, in support of our partners.**





Toad Suck Daze, cancelled in 2020, was divided into seven events in seven Conway locations over six weeks for 2021. ACC participated in four of those events, providing educational information and signing up participants for the Be Well Helpline. At these events, ACC staff referred 3 people for low-dose CT screenings, obtained 101 smoke-free pledges and 45 secondhand smoke surveys. They handed out over 350 bags with bottles and brochures and additional educational information to promote tobacco cessation.

**3** LOW-DOSE CT SCREENING  
REFERRALS

**101** SMOKE-FREE PLEDGES  
OBTAINED

**45** SECONDHAND SMOKE  
SURVEYS OBTAINED

**350** BAGS WITH BOTTLES AND  
BROCHURES HANDED OUT



# Cancer Rates in Arkansas

ACC's goal is to find ways to prevent cancer, or have it detected early, when treatments are more effective. This reduces the number of deaths and increases the number of cancer survivors.

## Newly Diagnosed Cancers

The top five new cancers by sex, between 2013 and 2017, in Arkansas are displayed in the tables to your right. Breast and prostate cancer were the most newly diagnosed cancers in women and men respectively.\*

## Deaths from Cancer

The top five cancer killers by sex, between 2013 and 2017, in Arkansas are displayed in the tables to your right. Lung cancer remains the leading cause of death among women and men.\*

\*\*During 2020, as the public eye was trained tightly on a novel coronavirus, it was estimated by the American Cancer Society that 17,200 Arkansas residents would be diagnosed with invasive cancer or in situ bladder cancers. Approximately 6,730 cancer deaths were anticipated in Arkansas.

**17,200**  
ESTIMATED ARKANSANS

who would be diagnosed with invasive cancer or situ bladder cancers during 2020

**6,730**  
CANCER DEATHS

anticipated in Arkansas

NEW CANCERS BY SEX, ARKANSAS,  
2013 - 2017 COMBINED

FEMALES		
Cancer Type	# of Cases	% of Total
Breast	10,883	27.5%
Lung	6,288	15.9%
Colorectal	3,616	9.1%
Uterine Corpus	2,195	5.5%
Melanoma of the Skin	1,453	3.7%
All Others	15,166	38.3%

MALES		
Cancer Type	# of Cases	% of Total
Prostate	10,064	22.4%
Lung	8,129	18.1%
Colorectal	4,182	9.3%
Urinary Bladder	2,821	6.3%
Kidney & Renal Pelvis	2,247	5.0%
All Others	17,459	38.9%

CANCER DEATHS BY SEX, ARKANSAS  
2013 - 2017 COMBINED

FEMALES		
Cancer Type	# of Deaths	% of Total
Lung	4,305	28.9%
Breast	2,032	13.7%
Colorectal	1,348	9.0%
Pancreas	970	6.5%
Ovary	695	4.7%
All Others	5,558	37.3%

MALES		
Cancer Type	# of Deaths	% of Total
Lung	6,001	33.0%
Colorectal	1,600	8.8%
Prostate	1,375	7.6%
Pancreas	1,044	5.7%
Liver & Intrahepatic Bile Duct	867	4.8%
All Others	7,295	40.1%

### Citations:

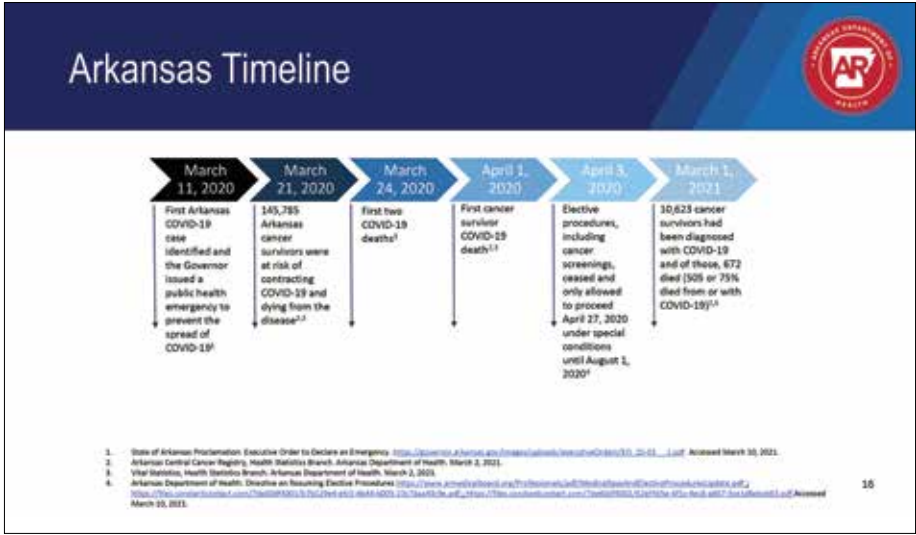
\* Cancer in Arkansas 2020 [https://www.healthy.arkansas.gov/images/uploads/publications/2020\\_Cancer\\_Report.pdf](https://www.healthy.arkansas.gov/images/uploads/publications/2020_Cancer_Report.pdf)

\*\* American Cancer Society. 2020 Cancer Facts & Figures.

<https://www.cancer.org/content/dam/cancerorg/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures2019.pdf>



# Cancer and Covid-19



## Arkansas Timeline For Cancer and Covid-19

The first Covid-19 case in Arkansas was identified on March 11, 2020, triggering the declaration of public health emergency by Gov. Asa Hutchinson. On March 21, 2020, 145,785 cancer survivors in the state were identified as being at high risk of complications or death by contracting the Covid-19.

April 1, 2020, marked the first Covid-19-related death of a cancer survivor in Arkansas.

## Cancer Patients Diagnosed with Covid-19

Arkansas Central Cancer Registry (ACCR) began studying the effects of Covid-19 on cancer patients across the state as soon as the pandemic began. Using Match\*Pro software funded by the National Cancer Institute, ACCR found a total of 10,623 patients with one or more type of cancer with Covid-19 as of March 2, 2021. Ninety-three percent of those recovered from their infections. Of the 672 deaths recorded among that group, 505 – 75 percent – were attributed to Covid-19 or Covid-19-related complications.

Those records showed that 72 of those patients were reinfected 90 days or more after the first positive Covid-19 diagnosis.

**145,785**  
**CANCER SURVIVORS**

identified as being at high risk of complications or death by contracting Covid-19

**10,623**  
**TOTAL PATIENTS**

with one or more type of cancers with Covid-19

**505 OUT OF 672**  
**TOTAL DEATHS**

attributed to Covid-19 or Covid-19 related complications

**72**  
**PATIENTS**

were reinfected 90 day or more after the first positive Covid-19 diagnosis



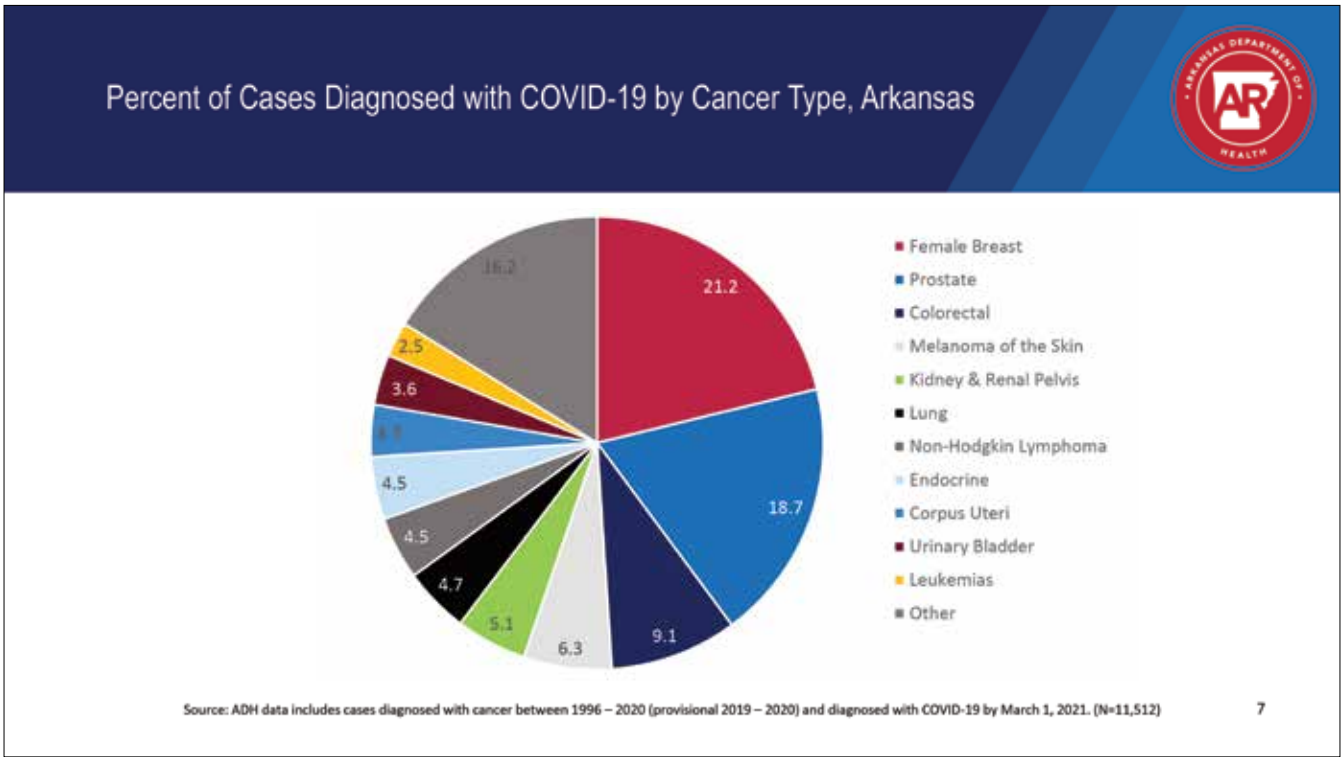
Cancer Patients Diagnosed with Covid-19  
by Type of Cancer

Patients with female breast cancer made up the largest portion of the total at 21.2 percent, those with prostate cancer made up another 18.7 percent and 16.2 percent were non-Hodgkin lymphoma patients.

Care and treatment were limited, with many physicians offices closed during the early part of the pandemic. Between April 3 and April 27, 2020, elective

procedures, including cancer screenings, ceased. They were allowed only under special conditions through Aug. 1, 2020, and hesitancy because of exposure risk continued for many people through much of 2021.

ACC’s new and immediate goal was to encourage Arkansans to work with their health care providers in order to resume appropriate cancer screening and follow up care.



Citations:

Characteristics of Cancer Patients with Covid-19 in Arkansas, Arkansas Department of Health

# Our Impact

**We strive to reach as far as possible, to touch as many lives as we can.**

ACC is focused on bringing together people, organizations and resources to prevent, screen, treat and support patients and survivors of cancer across Arkansas.

For more than 20 years we have worked toward our mission, and though we have made marked progress we know our work is not yet done.

Impact	Total
<b>Early Detection &amp; Screening</b>	
Breast Cancer	<ul style="list-style-type: none"> <li>• 2,263 mammograms conducted</li> <li>• 1 - 3D unit installed on mammography bus</li> </ul>
Cervical Cancer	<ul style="list-style-type: none"> <li>• 759 cervical cancer screenings</li> </ul>
Colorectal Cancer	<ul style="list-style-type: none"> <li>• 327 colonoscopies or colorectal cancer blood tests</li> </ul>
Lung Cancer	<ul style="list-style-type: none"> <li>• 5 Low Dose CT Screenings Completed</li> </ul>
Skin Cancer	<ul style="list-style-type: none"> <li>• Received free skin cancer exams</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Over 4,600 health care providers and patients educated on cancer and tobacco control, including the Be Well Helpline.</li> </ul>
<b>Lodging</b>	<ul style="list-style-type: none"> <li>• 235 low-income and underinsured or uninsured patients assisted with subsidized lodging</li> <li>• 4 major repairs and 1 appliance replacement at cancer patient lodging facility.</li> </ul>
<b>Masks Distributed</b>	<ul style="list-style-type: none"> <li>• 1,206 masks distributed to cancer patients through partner programs.</li> </ul>
<b>Patient Navigation &amp; Support</b>	<ul style="list-style-type: none"> <li>• 2 cancer support groups with 347 attendees</li> <li>• 2,380 patients navigated to support services</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• 866 cancer patients received gas cards to help with cancer transportation</li> <li>• 200 cancer patients transported for treatment by certified volunteers.</li> </ul>
<b>Outreach &amp; Awareness</b>	<ul style="list-style-type: none"> <li>• Over 1,000 reached through 7 community outreach event</li> <li>• 165 Facebook posts reaching over 22,000 viewers and engaging over 300.</li> <li>• 1 professional video created to provide education on sun safety</li> <li>• 101 smokefree pledges completed</li> <li>• 45 responses provided to Secondhand Smoke Survey.</li> </ul>
<b>Policy &amp; Advocacy Work</b>	<ul style="list-style-type: none"> <li>• 4 Statewide HPV work group meetings were held with 404 stakeholders in attendance.</li> <li>• Data was presented to Arkansas Medicaid to discuss coverage of HPV vaccine in adults with fee-for-service Medicaid.</li> </ul>

# Operations

## Arkansas Cancer Coalition Board of Directors

Louise Scott, LSW (Chair)	Chris Collier	Krista Kirksey Thomas
Marian S. Lothery, PhD, MPH (Vice-Chair)	Connie Hill, DNP, MBA, FACHE	Sharp Malak, MD, MPH
Krista Kirksey (Treasurer)	Daniela Ochoa, MD	Tina Gill, MAIOC
Sarah Faitak, RN (Secretary)	Gay Prescott	Valandra German, DrPH, MPH
Abby Holt, MPH, MLIS	Gwendolyn Bryant-Smith, M.D.	Yara Robertson, MD
	Kenya L. Eddings, MPH, CWWS, CRS	

## Arkansas Cancer Coalition Staff



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



**Miriam Karanja, MBA, BCOM**  
Director of Programs



**Rachael Moore, AAS, AA**  
Operations Manager



**Nicole Taylor, BS**  
Grants Manager



**Wonder Lowe, MPA, BSHE, TTS**  
Health Programs Specialist



**Kirsty DeHan**  
Communications Specialist



**Eve Lepe**  
Executive Assistant

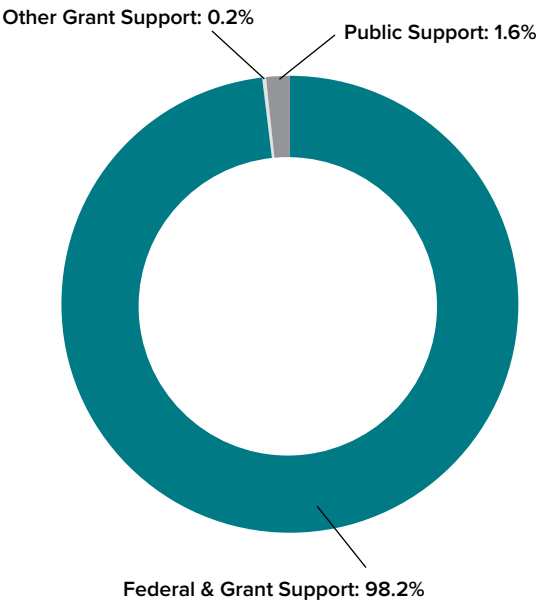
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# Financial Overview

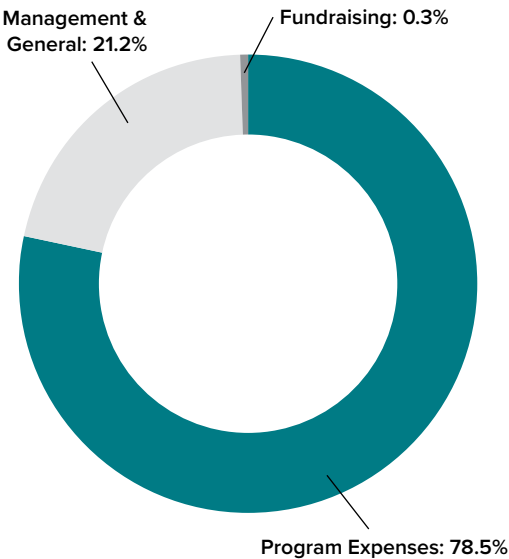
## Revenue & Other Support



Federal & State Grant Support	\$1,078,292
Other Grant Support	\$2,500
Public Support	\$17,302
Total Support	\$1,098,094

## Expenses

Program Expenses	\$845,689
Management & General	\$228,631
Fundraising	\$3,454
Total Expenses	\$1,077,774







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