

2023 ANNUAL REPORT

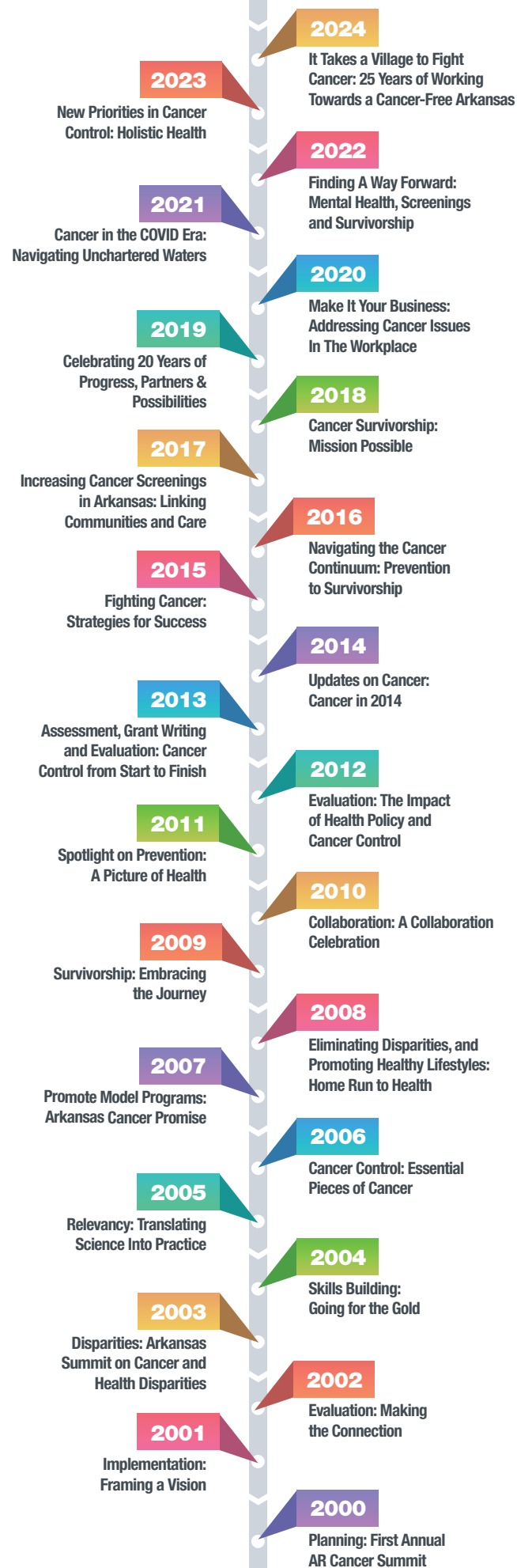
IT TAKES A
VILLAGE
TO FIGHT CANCER

25 Years of Working Towards a Cancer-Free Arkansas



ARKANSAS CANCER COALITION'S 25 YEARS OF IMPACT

This year we celebrate the 25th anniversary of the Arkansas Cancer Summit. We are overwhelmed with gratitude for the village that has marched with us in our fight toward the creation of a cancer-free Arkansas.



DEAR MEMBERS OF THE ARKANSAS CANCER COALITION,

As we embark on a milestone year, it is with great joy and pride that we celebrate 25 years of unwavering dedication to fighting cancer in Arkansas. This journey has been marked by resilience, collaboration, and a shared commitment to improving the lives of individuals and families affected by cancer across our state.

It seems like just yesterday that the Arkansas Cancer Coalition was formed through a merger between the Arkansas Cancer Control Coalition and the Arkansas Department of Health comprehensive cancer planning task force in 2001. This pivotal moment not only marked the birth of our organization but also heralded the publication of the *Arkansas Cancer Plan: A Framework for Action*. This document, conceived in the same year of our inception, continues to serve as a beacon, guiding our efforts in cancer prevention, detection and care.

The Arkansas Cancer Plan is more than just a static document; it is a living testament to our collective vision and commitment to combatting cancer in all its forms. It outlines a comprehensive roadmap for action at both the state and local levels, providing a blueprint for the implementation of vital initiatives aimed at reducing the burden of cancer in our communities.

One of the most significant milestones facilitated by the Arkansas Cancer Plan was the securing of implementation funding from the U.S. Centers for Disease Control and Prevention. This funding has been instrumental in supporting our efforts to enact meaningful change and bring about tangible improvements in cancer prevention, early detection, treatment and survivorship programs across the state.

As we reflect on the past 25 years, we are reminded of the countless lives that have been touched and transformed by our collective efforts. From raising awareness and promoting education to advocating for policy change and expanding access to care, each accomplishment serves as a testament to the power of unity and collaboration in the fight against cancer.

As we reflect on the past 25 years, we are reminded of the countless lives that have been touched and transformed by our collective efforts.

However, our work is far from over. As we look to the future, we must remain steadfast in our resolve to build upon the foundation laid by the Arkansas Cancer Plan and continue pushing the boundaries of innovation and excellence in cancer care. Together, we can and will make a difference in the lives of those affected by cancer, now and for generations to come.

On behalf of the entire Arkansas Cancer Coalition, we extend our deepest gratitude to each and every one of you for your unwavering dedication, passion, and commitment to our shared mission. Together, we have achieved great things, and together, we will continue to make strides towards a future free from the burden of cancer.

Here's to 25 years of progress, partnership, and perseverance, and to many more years of making a meaningful difference in the fight against cancer.

With heartfelt appreciation,



Trena Mitchell
Trena Mitchell, MA, CNP
Executive Director



Marian Evans
Marian Evans, DrPh
Chair of the Board of Directors



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

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This annual report is dedicated to the memory of Louise F. Scott, past Board Chair of the Arkansas Cancer Coalition.

THE IMPACT OF THE VILLAGE

During the past quarter of a century, ACC has seen both great strides and setbacks that created uncertainty in cancer control efforts. Through it all, our eyes have remained trained on improving detection, prevention and treatment – and ultimately on a better world that exists without cancer concerns.



ACC’s 25-year history includes advocating for the Tobacco Settlement Act, which uses funds from a master settlement with the tobacco industry to pay for cessation programs as well as for cancer prevention, research and other health initiatives. It also includes our pushing for the creation of the BreastCare Program to enable Arkansas women to access breast and cervical cancer screening and diagnostic services. The statewide BreastCare Program is paid for by federal and state funding and with the tobacco tax, and it covers mammograms, diagnostics and treatments for low-income women. It also includes Act 655 of 2019, which created the Arkansas Colorectal Cancer Screening Initiative Act, providing \$500,000 in new funding for colorectal cancer education, screening, diagnostics and treatment, especially for underinsured or uninsured Arkansans, and Act 779 of 2021, which lowered the age for covered colorectal screenings from 50 to 45 and required most insurance policies to provide cost-sharing for the follow-up of positive screening results.



We held the state’s first major cancer conference, the Arkansas Cancer Summit, which led to the creation of the Arkansas Cancer Plan, and we have continued to hold annual conferences each year to explore newer and stronger ways to support its tenets to ease the burden of cancer in our state. We have brought together people and resources who can help resolve inequities in healthcare and support among minority groups and who can help with understanding and addressing troubling trends, like vaping among young people.



In 2020, the world came nearly to a halt as the Covid-19 pandemic began, and with it came a pause in efforts focusing on prevention education, on cancer screenings meant to catch cancer early, and in some cases even in cancer treatment plans. ACC adapted, moving forward virtually with our annual summit so we could host valuable networking opportunities for experts to discuss strategies for both fighting Covid-19 and for continuing cancer screening efforts and survivorship support. We also supplied clinics and hospitals with more than 1,000 face masks for patients in active treatment. That year, despite the unprecedented challenges we faced, ACC trained almost 250 healthcare providers in tobacco cessation strategies, and we received the 80% in Every Community National Achievement Award from the National Colorectal Cancer Roundtable in recognition of our colorectal screening efforts.

“The ACP shows a clear connection with contemporary work in the field of cancer control, modeling its work after national Centers for Disease Control and Prevention (CDC) efforts. It is a high-value project for public health in Arkansas.” – *Becky Williams and Associates*

Our past has shown us that we may not know what lies ahead, be it an unprecedented challenge to our mission of controlling cancer in Arkansas or be it the next big breakthrough against fighting the disease that affects so many. But it has also shown us that come what may, we will be here, working alongside our amazing partners across the state to ensure that our friends, neighbors and loved ones – and yours – do not have to bear the heavy burden of a cancer diagnosis alone.



THE HISTORY OF ACC

with Dr. Jennifer Dillaha

ACC, since its inception, has worked in tandem with the Arkansas Department of Health to control cancer in our state.

Dr. Jennifer Dillaha, director of the Arkansas Department of Health, joined that organization in 2001, the same year as the publication of the first *Arkansas Cancer Plan: A Framework for Action*. ACC and the Arkansas Department of Health's comprehensive cancer planning taskforce had merged one year earlier to form the ACC, following the first comprehensive cancer conference, the Arkansas Cancer Summit.

"I have had a variety of roles since I came to the Health Department, and in earlier roles I have been very involved with the Arkansas Cancer Coalition because they were collaborators with the programs that I was responsible for," says Dillaha who in 2005 became the director of ADH's Center for Health Advancement, overseeing the WIC, oral health and chronic disease prevention programs.

For Dillaha, cancer is personal.

"Cancer is a bad actor and I would like to wipe it out," she says. "My parents died of cancer, so I have a special interest in promoting awareness of and implementing measures to reduce cancer. My father died of colon cancer at the age of 44. That was in 1969, when I was 13 years old."

"Most of us have felt the impact of cancer—either in our own lives or in the lives of loved ones. But because of the work of organizations like yours, great strides have been made in the prevention and treatment of this destructive disease...The Summit and the ACC's statewide partnership remain focused on comprehensive cancer control." – Former Arkansas Governor, Mike Beebe

Dillaha's father, Dr. Calvin J. Dillaha, was chairman of the University of Arkansas for Medical Sciences Department of Dermatology.

"Ironically, he developed one of the great breakthrough treatments of skin cancer before he died," she says. "My mother died of breast cancer at the age of 83. That was 10 years ago."

Dillaha counts among the positive strides in cancer control efforts over the last 25 years, the use of the Tobacco Settlement Fund to address tobacco use and tobacco's impact on cancer, and the creation of the Breast Care Program to enable Arkansas women to access breast and cervical cancer screening and diagnostic services. The tobacco excise tax levied in 2009, too, helps fund cancer control programs in Arkansas, she says.

"All of these things have worked together to increase people's awareness about the things that cause cancer and give people practical steps they can take to address it for themselves and their families," says Dillaha. "Those two things have to go hand-in-hand. People have to know the risks and people have to have something that they can do to address the risks."

Smoking or chewing tobacco, for example, has been associated with an increased risk in lung and oral cancers.

"People can quit and we have, over time, established resources to help people quit, especially the tobacco quit line," says Dillaha, who oversaw the implementation of the Clean Indoor Air Act after it passed in 2006.



Dillaha later became the Medical Director for the ADH Center for Health Protection's Immunization Program, and she served on the board of the Arkansas Immunization Action Coalition, also known as ImmunizeAR, and as the chair of the state's Cervical Cancer Task Force. Through those positions, she advocated for people to follow national recommendations and get the human papillomavirus (HPV) vaccine between the ages of 9 and 26, which can prevent the occurrence of HPV infection and reduce the incidence of HPV-related cancers, including cervical and throat cancers.

"I've been wanting to encourage people to understand and become aware of HPV-related cancers and the availability of an HPV vaccine to prevent them," she says.

The Breast Care Program is available to help people who do not have access to breast and cervical cancer care, in addition to screenings.

"If they are diagnosed with cancer the BreastCare Program helps connect them to the services and care they need," she says.

The Arkansas Cancer Registry (ACCR) and the Arkansas cancer control community, including ACC, have had a collaborative relationship since the registry's inception in 1996, according to Dillaha. ACCR helped staff ACC work groups and provided data for the Arkansas Cancer Plan. Data from the ACCR was used to determine objectives within the ACP.

"The Health Department also maintains the state Cancer Registry," says Dillaha. "So cancers are reported to the Health Department and we track what kinds of cancer are occurring in our state and how much and where."

Dillaha is complimentary of ACC's efforts over the past quarter century.

"One of the things I appreciate about the Arkansas Cancer Coalition is the maintenance of their focus on cancer, and their staying power to help Arkansans address it," she says. "They have maintained their mission and they have done quality work over the years, which has made them a stable, contributing member of Arkansas's cancer control community."



THE WARRIOR OF THE VILLAGE

Stacy Sells on Arkansas BreastCare

Long before she was diagnosed with breast cancer herself, Stacy Sells was a tenacious fighter for access to breast cancer care and prevention.

Sells helped build what is now called Arkansas BreastCare, a statewide program paid for by federal and state funding, with backup funding from a tobacco tax, that covers mammograms, diagnostics and treatments for low-income women.

“It took us two years to pass it,” she says. “It was a tough one, because the tobacco lobby is a very powerful force.”

Arkansas’ breast cancer control program began in 1992, a year before Arkansas Cancer Coalition was formed to support and monitor the state’s breast cancer control plan. That same year, Sells and her father, Bob Sells, were part of a small team that

worked with Arkansas legislators to pass a one-cent tobacco tax in 1992 – the first tobacco tax since 1977 – to expand Meals on Wheels for senior citizens affiliated with area Agencies on Aging.

“The tobacco lobby had a stronghold on the legislative committees,” says Sells. “The next ask was for breast cancer.”

By 1995, when Sells was asked to join the effort to fund a breast cancer program, the Coalition had worked with the Arkansas Department of Health’s Breast and Cervical Cancer Control Program to forge a five-year agreement with the Centers for Disease Control and Prevention to provide women in our state with services for the early detection of breast and cervical cancer through partnerships with various non-profits. “We talked about why we were doing it and why Arkansas

ranked so high in the number of women who died from breast cancer and the number of women who had access to mammography services, and even if they had access there was an affordability issue because we’re a poor state,” says Sells.

“The Breast Cancer Act was written to address all those things, to increase access and to increase mammography so we could increase the number of women who were able to detect breast cancer in the early stages and then provide some diagnostic services, such as needle biopsy, sonograms and all those things that, again, were unaffordable for a lot of women who didn’t have health insurance.”

Sponsors Sen. Jay Bradford and the late Rep. Joretta Wilkins were unable to get the bill that would achieve those things out of committee in 1995.

They prepared to try again during the 1997 session, however, with Sells leading the charge.

This time, Sells – whose background is in public relations – called on Pat Torvestad and Pat McClelland, founders of Komen in Arkansas, and took to the streets to rally women who could urge their legislators to take action.

“Email was just starting, and we didn’t even know what was going to come with social media and online,” Sells says. “We were doing old-fashioned grassroots legwork. I went and got some volunteers to join me and we took big clipboards out to the Race for the Cure – for two years – and we signed up almost 5,000 women who wanted to help pass the Breast Cancer Act, and who agreed to call their legislators when the time was right and urge them to be among hundreds to make at least one call.”

In March 1997, the Arkansas Breast Cancer Act was signed into law.

“Those women were amazing,” says Sells. “The 5,000 women and the leadership of the Komen foundation were just imperative to fight the tobacco industry.”

Shortly after the session, Jim Keet, former Republican legislator and gubernatorial candidate, asked Sells, a Democrat, to join forces with him in an attempt at eliminating cigarette machines from bars, restaurants and other buildings in the city. Cigarette smoking is, according to the Centers for Disease Control and Prevention, the number one risk factor for lung cancer in the United States.

The Little Rock City Board passed an ordinance on July 1, 1997, prohibiting cigarette vending machines in any business in the city, including hotels, shopping centers, restaurants and bars.

“I thought it was a grand idea, of course, and we got every cigarette machine outlawed in the city of Little Rock,” she says. “It was fun to watch the progress being made in Arkansas.”

Sells was invited several years ago to share the stories of her involvement in cancer control as a keynote speaker at an Arkansas Cancer Summit, but she had to decline because at that time she was undergoing treatment for cancer herself. “Who knew I would get breast cancer, right? But it sure worked to my advantage to have the history,” says Sells, who was diagnosed with stage III-B inflammatory breast cancer in February 2010.

Cancer treatments and complications have stalled Sells’s advocacy efforts off and on throughout the years since her diagnosis, but she joined the UAMS Rockefeller Cancer Institute Foundation Board in 2012, helping to raise a \$3.5 million endowment to improve and expand patient services. The money raised covered support groups, physical fitness classes and financial counseling for cancer patients, as well as things like wigs and hats for people going through cancer treatment.

She has been a supporter of the ACC since its inception in 2000, through a merger of the Arkansas Cancer Control Coalition and the Arkansas Department of Health’s comprehensive cancer planning task force.

“I just admire their work so much,” she says. “They have made incredible progress in so many ways and being a cancer patient, I can attest to the amazing progress made to advance prevention and screening and so much more.”

She points to a quote on ACC’s website: “Cancer is difficult, but getting help shouldn’t be.”

“They truly can pat themselves on the back,” she says. “Because that is such an appropriate motto for them. The Coalition continues to push for prevention and early screenings and research, and their work has been amazing on behalf of the people who have to experience the difficulties of cancer.”



GRANT FUNDING IMPACT

Each year, ACC awards mini grants and competitive grants to members and partner organizations around the state to extend their reach, thereby furthering our efforts to implement the Arkansas Cancer Plan.

Over the years, ACC has awarded \$366,815 in mini-grants and \$4.7 million in competitive grants.

Mini grants, ranging from \$2,000 to \$4,000 each, supported strategies or transportation assistance for 160 partner applicants.

Community grants of \$35,000 - \$55,000 were competitively awarded to 100 of our partners. In grant-awarding decisions, ACC gave special consideration to organizations working in the 17 counties identified as red counties by the Arkansas Department of Health.

“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

COMPETITIVE GRANTS AWARDED IN FISCAL YEAR 2023 INCLUDED:

- Mainline Health Systems, for Operation Prevent and Detect, which helps with recalls of patients due for breast, colorectal and cervical screenings;
- CARTI Foundation, for Increasing Survivorship by Improving Access to Care for Cancer Patients, with a focus on the financial wellbeing of patients by helping with transportation and housing assistance so they can continue cancer treatment regimens;
- Home for Healing, so that organization can offer affordable lodging for cancer patients and their caregivers;
- Goodness Village, which offers low-cost, fully-furnished, affordable apartments for cancer patients and their families;
- Reynolds Cancer Support House, for Surviving and Thriving, which offers nutritional support and physical activity, transportation assistance and Patient navigation;
- CARTI, for Implementing a Lung Cancer Screen Program in Rural Arkansas;
- University of Arkansas for Medical Sciences for programs increasing awareness and assessment using low-dose spiral computed topography for lung cancer screenings; and
- Arkansas Immunization Action Coalition for HPV Prevention and Vaccine Acceptance.

AWARDED MINI GRANTS

	TOTAL FUNDING REQUESTED	NUMBER OF AWARDED APPLICATIONS	TOTAL FUNDING AWARDED
2 Years	\$83,101.82	9	\$19,500.00
5 Years	\$312,076.82	32	\$118,182.99
10 Years	\$626,258.57	116	\$260,963.55
13 Years	\$888,728.77	160	\$366,814.86

AWARDED COMPETITIVE GRANTS

	TOTAL FUNDING REQUESTED	NUMBER OF AWARDED APPLICATIONS	TOTAL FUNDING AWARDED
2 Years	\$1,317,631.29	13	\$642,769.11
5 Years	\$3,939,910.01	33	\$1,565,304.24
10 Years	\$8,779,281.23	73	\$3,381,742.70
14 Years	\$14,368,884.54	100	\$4,635,838.35

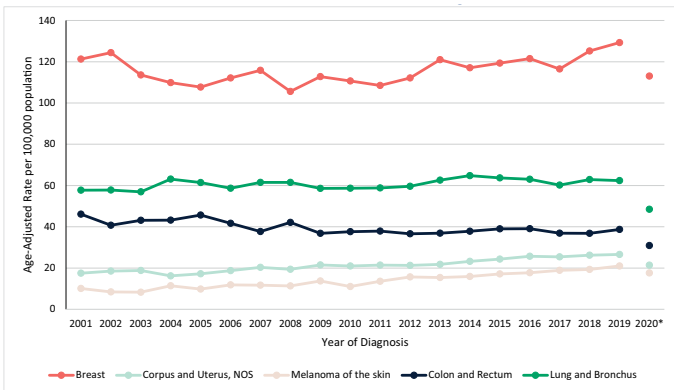
Incidence and Mortality Rates

Throughout the 25 years since its inception, ACC has striven to control cancer and to support the people who have been diagnosed with the disease, as well as those who care for them.

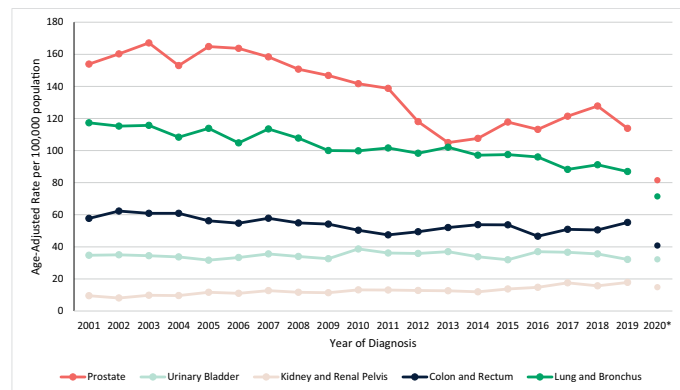
Early detection is linked to better outcomes for many types of cancer, so we at ACC know it is imperative that we increase access to cancer screenings for people around the state.

We find encouragement in data that shows the cancer types most commonly diagnosed between 2001 and 2020 are not the ones that resulted in the most deaths.

Trends in Age-Adjusted Incidence Rates By Cancer Site Among Females
Arkansas, 2001-2020



Trends in Age-Adjusted Incidence Rates By Cancer Site Among Males
2001-2020



INCIDENCE

FEMALES			MALES		
CANCER TYPE	NUMBER OF NEW CASES	% OF NEW CASES	CANCER TYPE	NUMBER OF NEW CASES	% OF NEW CASES
Breast	40,647	28.2%	Prostate	43,029	25.5%
Lung & Bronchus	22,636	15.7%	Lung & Bronchus	31,248	18.5%
Colon & Rectum	14,345	10.0%	Colon & Rectum	16,066	9.5%
Corpus & Uterus, NOS	7,740	5.4%	Urinary Bladder	10,299	6.1%
Melanoma of the Skin	4,704	3.3%	Kidney & Renal Pelvis	7,487	4.4%
All Others	53,853	37.4%	All Others	60,433	35.9%

MORTALITY

FEMALES			MALES		
CANCER TYPE	NUMBER OF DEATHS	% OF DEATHS	CANCER TYPE	NUMBER OF DEATHS	% OF DEATHS
Lung & Bronchus	16,486	28.3%	Lung & Bronchus	24,660	34.9%
Breast	8,119	13.9%	Colon & Rectum	6,329	9.0%
Colon & Rectum	5,574	9.6%	Prostate	6,142	8.7%
Pancreas	3,591	6.2%	Pancreas	3,864	5.5%
Ovary	2,800	4.8%	Liver & Intrahepatic Bile Duct	2,914	4.1%
All Others	21,647	37.2%	All Others	26,705	37.8%

Breast and prostate cancers were the most prevalent new cancer diagnoses during that time. However, though the rates of breast cancer diagnoses have increased slightly over the past 20 years, mortality rates associated with it have declined.

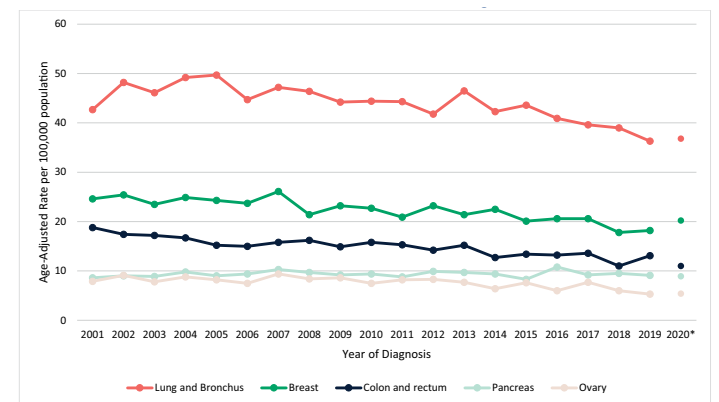
There has been a decline in both the rates of prostate cancer diagnoses and in the rates of associated mortality during that time.

Cancers of the lung and bronchus and of the colon and rectum were the second and third most diagnosed cancers between 2001 and 2020. The rates of lung and bronchus cancer-related deaths, however, declined during that time in both men and women.

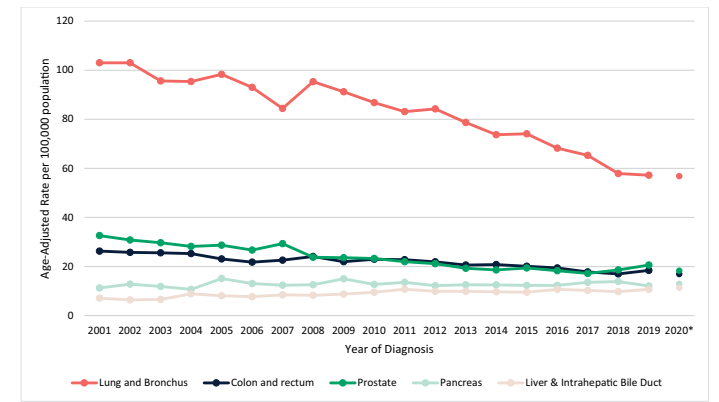
“Cancer is nonpartisan. It affects people of all kinds, from all places, all walks of life, everybody.”

– Carrie Fortune, as Director of Grants Management for ARCare

Trends in Age-Adjusted Mortality Rates By Cancer Site Among Females
Arkansas, 2001-2020



Trends in Age-Adjusted Mortality Rates By Cancer Site Among Males
Arkansas, 2001-2020



OPERATIONS

Arkansas Cancer Coalition Staff



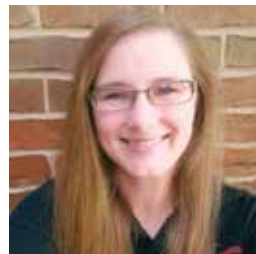
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CARTI

FINANCIAL OVERVIEW

REVENUE AND OTHER SUPPORT

Federal & State Grants	\$1,069,132	98.5%
Other Grants	\$2,449	0.2%
Public Conference Support	\$5,230	0.5%
Donations	\$6,611	0.6%
Arkansas Cancer Race	\$1,260	0.1%
Misc. Income	\$696	0.1%
TOTAL	\$1,085,378	100%

EXPENSES

Program Expenses	\$ 924,272	84%
Management & General	\$ 160,624	15%
Fundraising	\$ 11,389	1%
TOTAL	\$1,096,285	100%



Arkansas Cancer Coalition

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