



PULASKI COUNTY MEDICAL SOCIETY News

February 2026

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When you think professional, ethical, quality healthcare,
think physicians of Pulaski County Medical Society.

Fashion Designer Elyce Arons to Headline Baptist Health’s Bolo Bash Reception & Luncheon

Elyce Arons, co-founder and CEO of Frances Valentine, will headline the 36th annual Bolo Bash Reception and Luncheon. This year’s event is presented by Dillard’s and will be supporting Baptist Health’s Behavioral Health Services.

The Reception, presented by Stone Ward, will be held at the Capital Hotel on Tuesday, April 21, from 6 to 8 p.m. The Luncheon will be held at the Little Rock Marriott on Wednesday, April 22. The reception and auction will start at 10:30 a.m. and the program will be from 11:30 a.m. to 1 p.m.



Elyce Arons

Reception sponsorships range from \$500 to \$5,000. Individual tickets can be purchased for \$75 each or two for \$100. Luncheon sponsorships range from \$3,000 to \$10,000, and individual tickets are \$300. To purchase tickets and to learn more about sponsorship opportunities, visit baptisthealthfoundation.org or call Baptist Health Foundation at (501) 202-1839.

This year’s Reception & Luncheon will be co-chaired by Caroline Minor, senior account manager at Stone Ward, and Katy Bartlett-Wake, managing partner and executive creative director at Stone Ward.

Funds from this year’s event will benefit Baptist Health Behavioral Health Services through essential therapy and medication for uninsured patients and will support the expansion of telehealth capabilities in rural areas. Additionally, these resources will be dedicated to suicide prevention

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When the Most Important Step is to Stop

Katy Smith, JD, Senior Claims Attorney, SVMIC

REPRINTED FROM THE SVMIC SENTINEL

I have a confession: I prefer a life of green lights. Yellow lights pop up as a challenge to avoid, but I am infuriated by the red lights that dare to stop me. Should that red light's schedule take priority over mine? I have things to do, places to go, people to see. I am efficient. I am organized. I am Getting It Done. (I suspect I am not alone in this posture.)

Ordering my days under the "green lights" of forward progress is not bad per se. I am efficient in my work because I seek to be a good steward of the resources I have been given. I am organized when I unpack a challenging situation into information easier for others to understand. The tasks I want to get done are often those performed in service to others. While staying on the Go, Go, Go is not inherently bad, it is certainly not without risk. Moving too fast can cause me to miss something important. Sometimes, the most important thing is found only in the pause. This was the situation for the physician in today's closed claim. Like me, this physician demonstrated a green light, full-steam-ahead approach to performing his patient's surgery and the result was an undesired sterilization followed by a lawsuit and a settlement.

On April 20, 2022, 31-year-old female patient Ms. Alison presented for an appointment with ob-gyn Dr. Baker. Ms. Alison reported several gynecological complaints to Dr. Baker, who recommended laparoscopic surgery. During the appointment, Ms. Alison also advised Dr. Baker that she did not want to have another child, and she inquired about surgical sterilization. Dr. Baker discussed the possibility of performing a bilateral tubal ligation during the planned laparoscopic surgery. Ms. Alison consented to the sterilization and filled out the necessary consent forms.

Ms. Alison's Medicaid insurance plan mandated a 30-day waiting period for surgical sterilization. The surgery was accordingly planned for the following month. The day after the appointment, Dr. Baker's nurse called Ms. Alison to finalize the scheduling of the surgery. During that phone call, Ms. Alison informed the nurse that she had changed her mind about the sterilization, but she wanted to go ahead with the rest of the surgery. After the call, the nurse emailed Dr. Baker with Ms. Alison's update regarding the sterilization. Dr. Baker responded to the nurse's email, confirmed that he understood that Ms. Alison had changed her mind, and instructed the nurse to go ahead and schedule surgery for the other procedures. Ms. Alison returned to the clinic the following day and signed new consent forms for the surgery. The new forms omitted any reference to bilateral tubal ligation. Surgery was scheduled for May 31, 2022, and Dr. Baker's office submitted paperwork to the hospital for the surgery. The paperwork was based on the new consent forms and did not include bilateral tubal ligation in the list of procedures to be performed. The hospital prepared for the surgery by generating its own paperwork that also did not contain any reference to bilateral tubal ligation.

The day of surgery arrived. Dr. Baker met with Ms. Alison in the hospital before the surgery. He conducted his customary pre-operative discussion, verified that Ms. Alison wanted to go forward with the surgery that they discussed at last month's office visit, and reviewed the risks of the procedure. Ms. Alison confirmed that she understood and wanted to proceed with the surgery. Months later, Dr. Baker and Ms. Alison recalled different versions of this conversation. Dr. Baker remembered asking Ms. Alison specifically whether she still wanted to go forward with "bilateral tubal ligation," using those specific words. Ms. Alison, however, remembered only that Dr. Baker discussed the surgery generally by asking whether she wanted to go forward with "what they discussed" at the appointment, and denied that Dr. Baker said specifically "bilateral tubal ligation."

The surgery ensued. At the appropriate time, the OR nurse called for the "time out" and read the list of planned procedures from the hospital paperwork. Since bilateral tubal ligation was not included in the surgery paperwork, the OR nurse did not mention it. In response, Dr. Baker spoke up and added "and bilateral tubal ligation." Not surprisingly, a discussion followed amongst the OR staff. Dr. Baker maintained that Ms. Alison intended for the sterilization to occur, had previously signed the sterilization consent form at his office, and confirmed with him that morning that she wanted bilateral tubal ligation. In the end, Dr. Baker proceeded with all facets of the planned surgery, including sterilization.

Ms. Alison's surgery was otherwise uneventful, and she was discharged home. She returned to see Dr. Baker in follow-up on June 14, 2022. During that appointment, she learned that the May 31st surgery included bilateral tubal ligation. Ms. Alison was shocked. She told Dr. Baker that she had changed her mind the day after their appointment and had returned to the office and filled out a new consent form. Shortly thereafter, Ms. Alison filed a lawsuit against Dr. Baker alleging wrongful sterilization. After some time, the parties participated in a mediation and reached a settlement.

Dr. Baker failed to appreciate multiple opportunities to stop, step back, and re-evaluate the situation. Had he done so, Dr. Baker would have recalled that Ms. Alison had changed her mind about proceeding with bilateral tubal ligation.

The first missed opportunity to pause was in preparation for the surgery. It was more than one month since Dr. Baker interacted with Ms. Alison. At the time of the surgery, Dr. Baker remembered only half of the pertinent information. Although he remembered the events of the office visit, Dr. Baker did not recall the email correspondence discussing the patient's subsequent change of mind. Reviewing the patient's chart in preparation for the surgery would have refreshed Dr. Baker's recollection of the correct surgical plan.

Another missed opportunity to pause was when Dr. Baker decided to proceed with the surgery after receiving the email from his nurse. Instead, this was the time to bring Ms. Alison back to the office to review the situation face-to-face and discuss concerns and the reason for her abrupt change of mind. (In fact, Dr. Baker instituted this change in his office process for those future patients who change their mind about surgery after leaving. Sometimes, a clinic does not recognize a vulnerability in an office process until an adverse patient event exposes a weakness in the process. This is another opportunity to pause. After an unexpected patient event, take the time to pause as a staff to discuss the event, any office process involved, and investigate opportunities to avoid similar outcomes in future cases.)

The final missed opportunity to pause was during the "time out." This preoperative procedure is, by definition, a time for the operative team to stop, pause, and review the surgery that they are about to perform. This issue was identified during the "time out." Baker remembered his office appointment with Ms. Alison but not the subsequent email correspondence. He ignored what was listed on the surgery paperwork and pressed ahead with what he believed was correct. Instead, Dr. Baker could have stopped, questioned the discrepancy between his recollection and what was listed on the paperwork, and investigated this further before beginning the surgery. A call to his office nurse would have quickly solved the mystery by reminding Dr. Baker of the patient's change of mind.

Medicine is usually a high stake, time sensitive endeavor. The recommendation to stop may seem counterintuitive to a physician's desire to provide effective and expeditious patient care. However, pausing at the appropriate time helps physicians deliver accurate care, and providing accurate care the first time is always the most efficient and effective option. For physicians, the key is allowing yourself to stop what you are doing, pause to step back and evaluate the situation, and recognize those questions that need to be answered first before resuming the care.

Fashion Designer Elyce Arons to Headline Baptist Health's Bolo Bash Reception & Luncheon

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education, equipment upgrades for inpatient care and provide transportation for discharged patients who lack the support needed to get home safely.

Elyce Arons was the co-founder of Kate Spade and is the co-founder and CEO of Frances Valentine, a New York-based luxury apparel and accessories company. Frances Valentine celebrates the power of personal style through clothes and accessories that boost moods and tell a story.

A 35-year fashion veteran, Arons knows a thing or two about business and style. She famously chased her passion for fashion all the way from Kansas to New York City alongside her best friend, Kate, and co-founded Kate Spade in 1993. Arons shepherded the company from inception to international success, growing it into one of the most iconic brands in modern fashion history, and was instrumental in its 2006 sale to Neiman Marcus Group. In 2016, Arons, as well as Kate and Andy Spade launched Frances Valentine as an evolution of their joyful

style aesthetic; a brand with heart, soul and a story to tell.

In June 2025, Arons published her debut memoir, "We Might Just Make It After All", which debuted on the New York Times Best Seller list. The book chronicles her decades long friendship with Kate Spade and the lessons she has learned building two iconic fashion brands. "We Might Just Make It After All" will be available for purchase at the Luncheon.

"The Bolo Bash Reception and Luncheon continues to be a vital catalyst for health and hope across Arkansas," says Janet Marshall, chief development officer of Baptist Health Foundation. "This year, we are proud to direct our efforts toward behavioral health services, addressing critical needs in suicide prevention and rural telehealth. With Elyce Arons sharing her journey of passion and purpose, we are confident this event will inspire a lasting impact on mental health care in Arkansas."

Antonije Lazic Named Research Director for Arkansas Center for Health Improvement

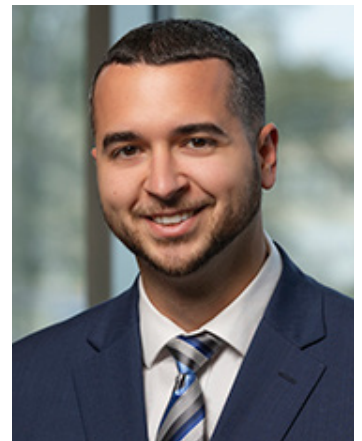
The Arkansas Center for Health Improvement has appointed Antonije Lazic, Ph.D., as director of research. In this role, Lazic will lead the health policy center's efforts to develop evidence-based research that informs decision-makers and the broader research community on key health issues impacting Arkansas.

Lazic was the inaugural recipient of the G. Richard Smith, MD, ACHI Fellowship in Health Services and Policy Research from 2023 to 2024 and has continued to serve on the center's research team since completing his fellowship. His research has appeared in *The American Journal of Medicine*, *Preventive Medicine Reports* and *the Journal of Substance Use and Addiction Treatment*, among other publications.

"Toni is a talented researcher who has already made valuable contributions to ACHI's work on issues such as disparities in cesarean section rates, risk factors for severe maternal morbidity, and the costs associated with adult obesity," said ACHI President and CEO Craig Wilson.

"We look forward to having him in this expanded role as we work to inform and support policies that improve the health of all Arkansans."

Lazic previously worked as a health data analyst with TEKsystems, where he supported the Arkansas Department of Health's efforts to enhance utilization of the Arkansas Healthcare Transparency Initiative's All-Payer Claims Database and other data assets. After completing his undergraduate studies at the University of Central Arkansas, Lazic earned a master's in health administration and a Doctor of Philosophy degree in health systems and service research from the University of Arkansas for Medical Sciences.



Antonije Lazic, Ph.D.

Baptist Health Joins U.S. Clinical Trial to Evaluate New Treatment for Advanced Heart Failure

Baptist Health, the First and Only Health System in Arkansas to Participate in the INNOVATE Trial for the BrioVAD® Left Ventricular Assist System (LVAS)

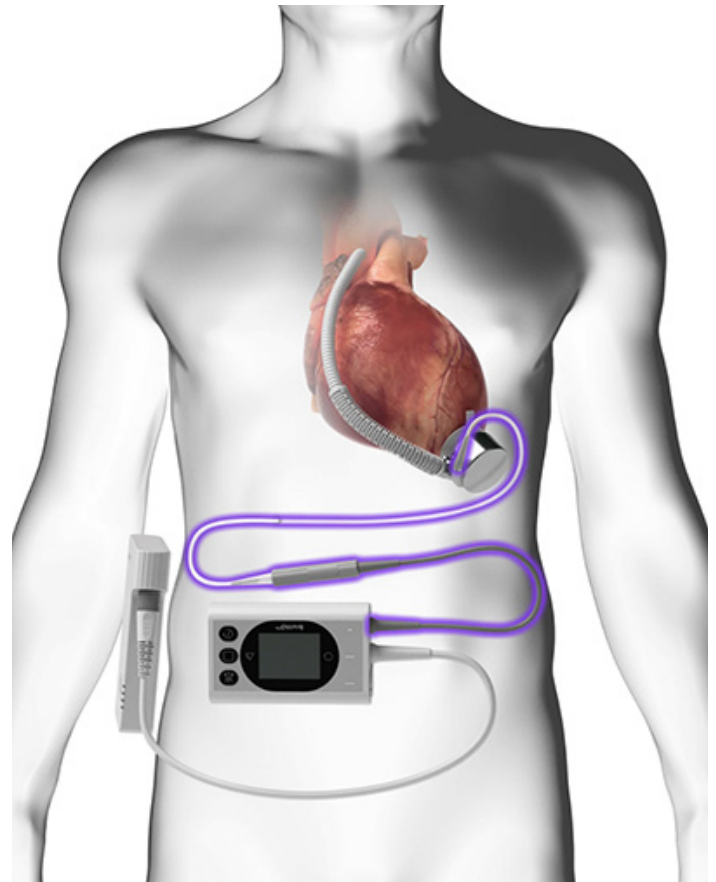
Baptist Health is the first and only health system in Arkansas to participate in the INNOVATE Trial evaluating the safety and effectiveness of the BrioVAD® Left Ventricular Assist System (LVAS).

The BrioVAD® System, developed by BrioHealth Solutions, Inc., is an advanced left ventricular assist device (LVAD) that is smaller than the only currently FDA approved LVAD available in the U.S. It is designed to reduce complications in patients requiring LVAD support for advanced heart failure.

“Being the only health system in Arkansas to offer this cutting-edge trial is a testament to Baptist Health’s commitment to providing the most advanced care for our heart failure patients,” said Dr. Patrick Campbell, medical director, Baptist Health Heart Failure and Transplant Institute.

Dr. Karol Mudy, surgical director, Baptist Health Heart Failure and Transplant Institute , added: “The BrioVAD System’s smaller size and innovative design hold the potential to significantly reduce the risk of complications often associated with current LVAD technology, offering our patients a chance at an improved quality of life and better long-term outcomes.”

The BrioVAD System is an investigational device developed by Burlington, Massachusetts-based BrioHealth Solutions, Inc. consisting of a small pump implanted in the chest, connected to an external controller and battery. More than 640 patients outside of the U.S. have already received the BrioVAD pump.



Chen Chen, Ph.D. CEO of BrioHealth Solutions, “We are excited to partner with Baptist Health Medical Center-Little Rock as they join an elite group of medical centers in the U.S. leading the field of advanced heart failure treatment.”

“With only one LVAD currently available in the U.S., patients with advanced heart failure have limited options when it comes to treatment.” said Francis D. Pagani, M.D., Ph.D., the Otto Gago, M.D., Professor of Cardiac Surgery at University of Michigan Medical School and the study’s National Principal Investigator (PI). Through the INNOVATE Trial we hope to show that the BrioVAD® System is as safe, reduces time spent in the hospital, and improves the quality of life in patients requiring LVAD support compared to currently available options.”

For more information, visit baptist-health.com/services/heart-failure or call (501) 202-1500.



CAUTION: The BrioVAD® System is an investigative device and is not approved by the U.S. Food and Drug Administration for commercial use.

UAMS College of Nursing Seeks Applicants for Nurse-Midwifery Program's Inaugural Cohorts

The University of Arkansas for Medical Sciences (UAMS) College of Nursing is seeking applicants for the initial two cohorts of its Nurse-Midwifery Program, which will welcome students in the 2026-27 academic year.

The program plans to accept five applicants to begin classes in fall 2026 and another five who will start in spring 2027. The application period is open through March 1.

Samantha Crouch, DNP, CNM, assistant professor in the UAMS College of Nursing and director of the Nurse-Midwifery Program, said the program initially had planned to accept only six students in its inaugural year.

"Robust support from stakeholders across the state has given us the ability to create a second admission cycle for our first year," she said. "This offers another opportunity for those who are just learning about our program and aren't sure whether they can commit to starting classes this fall."

The master's-level degree program will help aspiring nurse-midwives reach the workforce after 2 ½ years of graduate training. Many of the courses will be taught virtually, though the students will convene in-person each semester for a skill-development session at the main UAMS campus in Little Rock or the UAMS Northwest Regional Campus in Fayetteville.

Students will complete their training by working alongside certified nurse-midwives, as well as advanced practice registered nurses and physicians, at clinical placement sites in the state.

To be eligible for the program, applicants must have a Bachelor of Science in Nursing (BSN) degree and be a registered nurse (RN) with no disciplinary actions or limitations on their license.

Those who would like to submit an application or learn more about the Nurse-Midwifery Program can visit nursing.uams.edu/programs/mnsc/nurse-midwifery.

EngageMED Names Mary Andrews Chief Clinic Operating Officer

EngageMED of North Little Rock, a full-service healthcare practice management company, has announced that Mary Andrews has been named Chief Clinic Operating Officer.

Andrews previously served as Executive Vice President of Clinic Operations and brings more than 25 years of healthcare practice management experience to her expanded leadership role.

In her new position, Andrews will continue to provide operational oversight for specialty and primary care practices across the central Arkansas and Hot Springs markets, with an emphasis on practice efficiency, quality initiatives, leadership development and patient experience. She has been with EngageMED for 11 years and has played a key role in strengthening clinic operations and advancing value-based care strategies.

"Mary's leadership has been instrumental to EngageMED's success," CEO Julie Embry said.

"I am excited for her to continue applying her deep operational expertise and passion for developing leaders in this expanded role. Mary consistently leads in a way that reflects our core values of integrity, respect, innovation and service, and I look forward to her leadership as we strengthen clinic operations, innovate for the future and deliver meaningful results for our clients and patients."



Antonije Lazic, Ph.D.

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EngageMED Names Mary Andrews Chief Clinic Operating Officer

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Andrews said she is excited to continue supporting clinics and leadership teams in her new role.

"I am honored to serve as Chief Clinic Operating Officer and to continue working alongside our clinic leaders and care teams," Andrews said. "EngageMED's mission to empower providers to focus on caring for patients truly resonates with me. I look forward to building on our strong foundation and supporting practices that improve operations and the patient experience."

Andrews holds a bachelor's degree in dietetics from the College of St. Scholastica and a master's degree in health services administration. Her areas of expertise include value-based care, strategic planning, provider relations, process improvement and leadership development. In her career, she has worked with both specialty and family practice clinics. In October, she received an Arkansas Business Executive of the Year award in the large private company category.

Baptist Health Foundation Welcomes Four New Members to Board of Trustees

Baptist Health Foundation is pleased to announce the appointment of four new members to its Board of Trustees for 2026: Ted Garrison, Wes Martin, SaraCate Moery and Ross Owyong.



Rock Regional Chamber Board of Directors, the Better Business Bureau of Arkansas board, and the Society of Industrial and Office Realtors. Martin is married to Stacey, and they have one 6-year-old daughter.

These individuals bring diverse professional expertise and a strong commitment to the community, which will be invaluable to the Foundation's mission.

- **Ted Garrison:** A native of Little Rock, Garrison is a graduate of the University of Arkansas at Little Rock and serves as a senior project manager at CDI Contractors. Garrison is actively involved with Baptist Health Foundation, serving on the Bolo Bash Golf Tournament Committee, and also dedicates his time to the Saline County Career & Technical Campus Advisory Board. He and his wife, Mary Dudley, have two young daughters.
- **Wes Martin:** A native of Bryant, Martin is a graduate of Missouri State University and serves as principal and vice president at Hathaway Group. He has been an active member of the Bolo Bash Golf committee for two years. His commitment to the region is further demonstrated by his service on the Little

- **SaraCate Moery:** Born and raised in Forrest City, Moery is an attorney with PPGMR Law. She holds a degree from the University of Arkansas and a Juris Doctor from the UALR Bowen School of Law. Moery is actively involved with Pulaski Heights United Methodist Church and is a dedicated member of both the Pulaski County and Arkansas Bar Associations. She and her husband, Robert, have two young daughters.
- **Ross Owyong:** Originally from McGehee, Owyong now resides in Little Rock. He earned his degree from the University of Arkansas and a Master of Public Service from the Clinton School of Public Service. Owyong is the director for a private family office. He is a member of Rotary Club 99 and is involved in several other community opportunities across the region.

To learn more about Baptist Health Foundation, visit BaptistHealthFoundation.org.

Digital Health Diabetes Education Improves Health of Rural Communities Across Arkansas

Delivering family-centered diabetes self-management education and support (DSMES) programs through digital health can significantly improve health outcomes for people with Type 2 diabetes, particularly those living in rural and underserved communities, according to researchers from the University of Arkansas for Medical Sciences (UAMS) Institute for Community Health Innovation.

Diabetes affects nearly 11% of the U.S. population and poses an even greater burden in Arkansas, where nearly 15% of residents are living with the disease. As a majority rural state, Arkansas faces unique challenges regarding access to diabetes care and education, including long travel distances, transportation barriers and limited local resources — making digital health a critical strategy for reaching those most in need.

The study, [Comparative Effectiveness of Telehealth-Delivered Family Model of Diabetes Self-Management Education and Support](#), is the first to compare standard and family models of DSMES delivered virtually. Researchers found that participants in both digital health DSMES models experienced clinically significant improvements in blood sugar control and management immediately following the program and up to 12 months later.

Notably, the family-centered model led to an increase in helpful family involvement in diabetes care while reducing the potential for harmful family behaviors that could undermine self-management efforts, such as encouraging unhealthy food choices or planning meals that are not diabetes-friendly.

“These results show that DSMES programs are highly effective in improving diabetes outcomes when delivered through digital health,” said Jennifer Andersen, Ph.D., an assistant professor at the institute. “This is especially important among rural populations. Although both approaches helped participants achieve meaningful changes to their health, the family-centered model strengthened supportive family involvement in diabetes care, highlighting the value of engaging patient support networks.”

Additionally, researchers noted that the family-centered model may reduce diabetes-related risk among family members and supportive networks by promoting healthy eating habits, regular physical activity and other self-care behaviors.

“For many rural residents, traveling long distances for diabetes education simply isn’t feasible,” said Pearl McElfish, Ph.D., director of the institute. “Digital health removes that barrier and demonstrates that geography does not have to limit access to care and education, while allowing us to support both individuals living with diabetes, their family members or their support networks.”

The virtual health delivery model met national accreditation standards for DSMES and achieved high attendance, engagement and fidelity without any additional cost or education burden, demonstrating that scalable, reimbursable digital health education is achievable statewide.

“This research shows that digital health DSMES programs align with existing accreditation and reimbursement structures, making it easier for health systems to adopt such a model without adding cost or administrative burden,” said Jonell Hudson, Pharm.D., an associate professor at the UAMS College of Pharmacy. “This is especially important in rural clinics, which often operate with limited funding and resources, but can still expand their reach and provide essential chronic disease education.”

The institute has expanded diabetes education through culturally tailored programs designed to meet the needs of specific populations. These efforts include a faith-based diabetes self-management education program developed in partnership with Marshallese communities in Northwest Arkansas and in the Republic of the Marshall Islands, incorporating cultural values, family engagement and language translation. The institute also leads digital health initiatives, including remote patient monitoring, that support pregnant women with gestational diabetes to reduce complications and improve maternal and infant health across Arkansas. Learn more about the institute’s diabetes improvement initiatives at communityhealth.uams.edu.

UAMS Receives \$3.5 Million from CDC to Improve Colorectal Cancer Screening

The Centers for Disease Control and Prevention (CDC) recently awarded more than \$3.5 million to the University of Arkansas for Medical Sciences (UAMS) to lead a five-year statewide effort to improve the rate of colorectal cancer screening in the state.

Arkansas ranks fifth nationally for overall cancer mortality and sixth nationally for colorectal cancer mortality, making colorectal cancer screening a major public health concern statewide.

The grant will enable physicians and researchers at UAMS who focus on primary care health outcomes to establish and enhance partnerships with other entities in Arkansas who also have an interest in improving the screening rate, for the purpose of adopting integrated practices based on the best available science.

Called Promoting Resource and Outreach to Enhance Colorectal Testing for Arkansas (PROTECT-AR), the UAMS-led effort will include data monitoring and continuous quality improvements. Its goal is to enhance completion rates of all colorectal cancer screening regardless of which approved screening method is used.

"We are collaborating with several groups within UAMS, including the Winthrop P. Rockefeller Cancer Institute, to implement new workflows for cancer screening navigation and follow-up, as well as the Institute for Community Health Innovation for evaluation and readiness activities," said Stephen Foster, M.D., the principal investigator and a member of the Cancer Institute's Cancer Prevention and Population Sciences research program.

"While the primary focus of this project is to improve colorectal cancer screening rates and follow-up within the UAMS Regional Campuses, the initiative will expand to include several Baptist Health clinics," he added.

"This funding allows us to build the kind of statewide partnerships that can truly move the needle on colorectal cancer outcomes in Arkansas," said Michael Birrer, M.D., Ph.D., director of the UAMS Winthrop P. Rockefeller Cancer Institute and a UAMS vice chancellor. "Colorectal cancer is one of the most preventable and treatable

cancers when it's found early, yet too many Arkansans are still not being screened. The reality is that we can't have enough colorectal cancer screening opportunities to address the impact this disease is having on families and communities in our state.

Foster is an assistant professor in the UAMS College of Medicine Department of Family and Preventive Medicine, the medical director of Population Health for the UAMS Primary Care and Population Health clinical services, and the director of the Department of Family and Preventive Medicine's Office of Digital Health. He thanked the grant team at the UAMS Institute for Digital Health & Innovation for their assistance with the grant submission process.

The funding is being dispersed in annual increments through Aug. 29, 2030. The first installment of \$544,420 was awarded in late September.

UAMS leads sustained, statewide efforts to improve colorectal cancer screening and reduce colorectal cancer deaths. That work began with the launch of an education and screening initiative led by Ronda Henry-Tillman, M.D., a surgical oncologist who also serves as chief of breast surgical oncology. These longstanding efforts have continued to expand in recent years, including a 2025 partnership between the [UAMS Winthrop P. Rockefeller Cancer Institute](#) and Arcare to screen up to 80% of eligible patients at 11 Arcare clinics around the state.

"For more than a decade, UAMS has been a leader in colorectal cancer screening, treatment and research across Arkansas, with a clear focus on reducing disparities and saving lives," said Jonathan Laryea, M.D., professor and chief of colon and rectal surgery at UAMS. "From supporting legislation to lower the screening age and ensure insurance coverage to building strong community partnerships, UAMS has remained committed to expanding access to high-quality screening and care. This CDC award further strengthens the statewide infrastructure needed to prevent colorectal cancer and improve outcomes for patients in every corner of our state."