



Comprehensive
Cancer Coalitions &
the Evolving
Landscape of
Cancer Survivorship

1

We acknowledge the Centers for Disease Control and Prevention, for its support of the American Cancer Society staff, and in the development and dissemination of this webinar, under cooperative agreement NU58DP007540 awarded to the American Cancer Society. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.



June 17, 2025



Learning Objectives

1. **Define** the domains of cancer survivorship that should be considered to optimize long-term quality of life for cancer survivors and their caregivers.

2. Identify resources that can support cancer coalitions in creating actionable objectives to address survivorship.

Comprehensive
Cancer Coalitions and
the Evolving
Landscape of Cancer
Survivorship



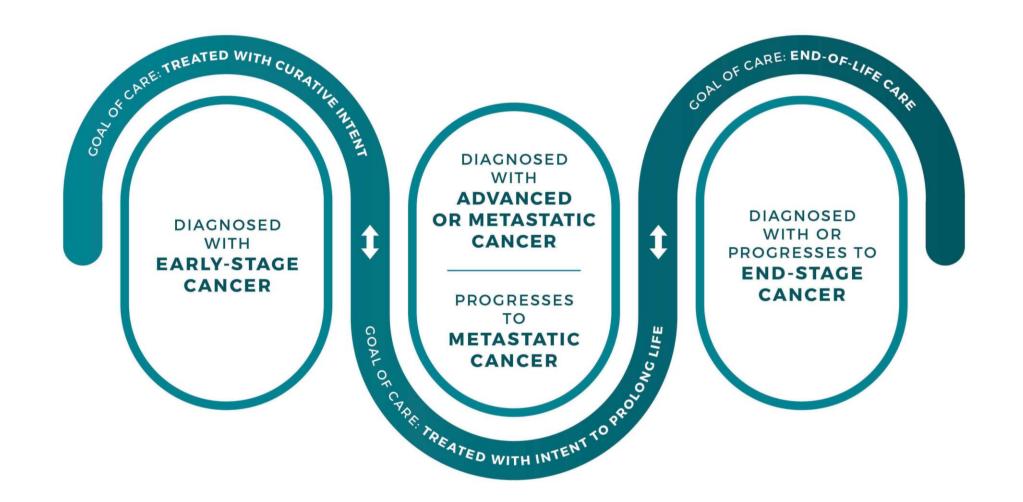




Nicole L. Stout, DPT, CLT-LANA, FAPTA, Senior Director, Survivorship & Wellness at the American Cancer Society

Defining Survivorship Who







Estimated Number of Survivors of Cancer in the United States by Site

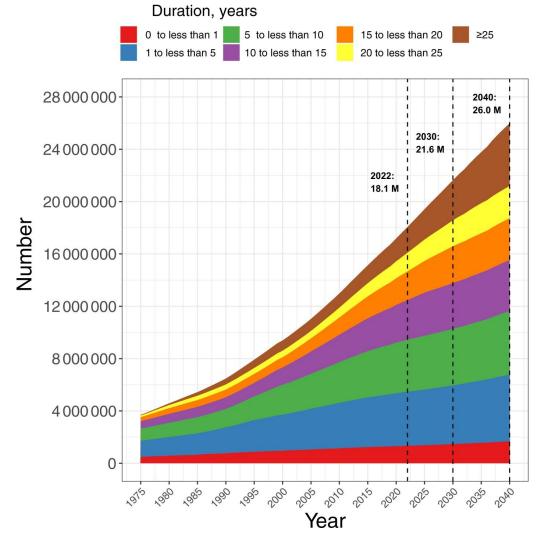
	Male		Female			
	Prostate	3,552,460	Breast	4,305,570		
25	Melanoma of the skin Colon & rectum 729,550 Urinary bladder 593,890 Non-Hodgkin lymphoma 464,100	Uterine corpus	945,540			
		729,550	Thyroid	859,890		
20		593,890	Melanoma of the skin		T . J.	
As of January 1, 2025		Colon & rectum	714,380			
	Kidney & renal pelvis	450,440	Non-Hodgkin lymphoma	415,180		
auc	Oral cavity & pharynx		Lung & bronchus	392,440		
Ţ	Testis 317,930	Uterine cervix	286,560	10.5101		
S	Leukemia	315,780	Kidney & renal pelvis	284,090		
٩	Lung & bronchus	288,010	Ovary	244,600		
	Allsites	8,417,150	All sites	10,199,840		
	Male		Female	Female		
	Prostate	4,247,480	Breast	5,302,700		
	Melanoma	1,013,230	Uterine corpus	1,182,660		
35	Colon & rectum	869,560	Thyroid	1,104,840		
20	Urinary bladder	750,620	Melanoma of the skin	974,330		
-	Kidney & renal pelvis	593,830	Colon & rectum	851,440	2035 estm:	
As of January 1, 2035	Non-Hodgkin lymphoma	568,730	Non-Hodgkin lymphoma	522,060	~~~	
D.	Oral cavity & pharynx	417,880	Lung & bronchus	506,600	~22M	
f Ja	Leukemia	393,170	Kidney & renal pelvis	376,660		
S	Testis	366,300	Uterine cervix	286,830		
4	Lung & bronchus	364,980	Ovary	268,410		
	All sites	9,982,670	All sites	12,372,370		

https://www.cancer.org/research/cancer-facts-statistics/survivor-facts-figures.html



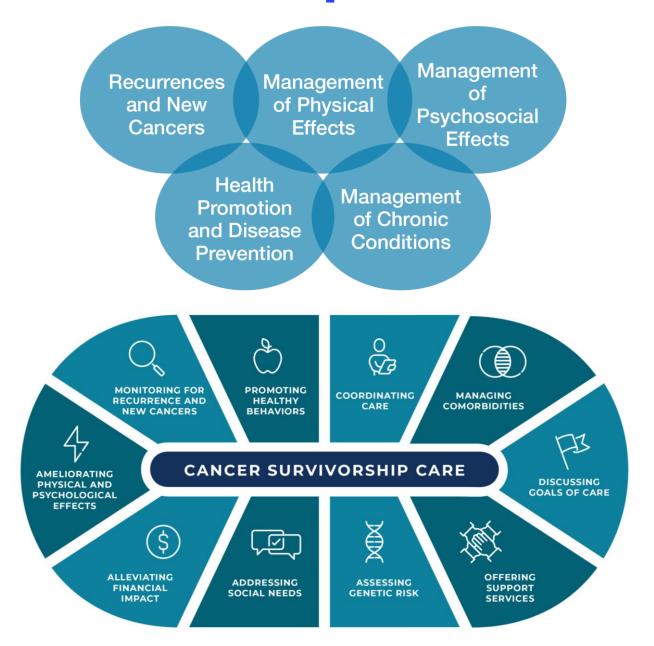
Estimated Number of Survivors of Cancer in the United States by Sex and Years Since Diagnosis as of January 1, 2025

	Male and Female			
Years since diagnosis	Number	Percent	Cumulative Percent	
0 to <5	5,554,410	30%	30%	
5 to <10	3,874,650	21%	51%	
10 to <15	2,958,130	16%	67%	
15 to <20	2,201,470	12%	78%	
20 to <25	1,457,170	8%	86%	
25 to <30	920,140	5%	91%	
30+	1,651,030	9%	100%	



Domains of Survivorship | What







Growing population with long-term needs

Cancer treatments becoming more complex

Centralization of cancer care delivery

Individuals living longer with advanced disease

Provider volume and clinic capacity issues

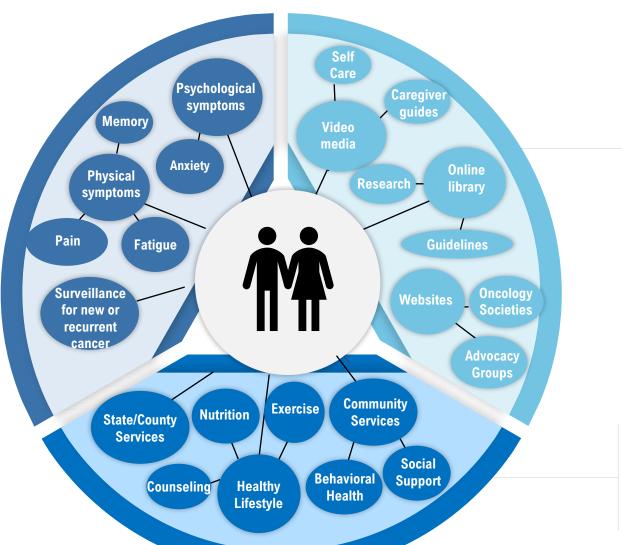
Growth of evidence-based interventions that improve and prolong survival

Ecosystem of Cancer Survivorship Care



Medically Directed Care

Healthcare services that address cancer treatment-related symptoms and provide surveillance for disease monitoring



Health Information

Materials that improve knowledge about condition and condition management

Supportive Services

Services that address the practical issues that limit individuals from full participation in life roles

Strategy for Building Survivorship Programs



Health Care System

Community

Short Term
Treatment

- Patient/caregiver
- Clinics
- Providers
- Health system

- Health system
- Organizations
- Resources

Long Term Lifespan

- Patient/caregiver
- Clinics
- Providers
- Health system

- Health system
 - Organizations
- Resources

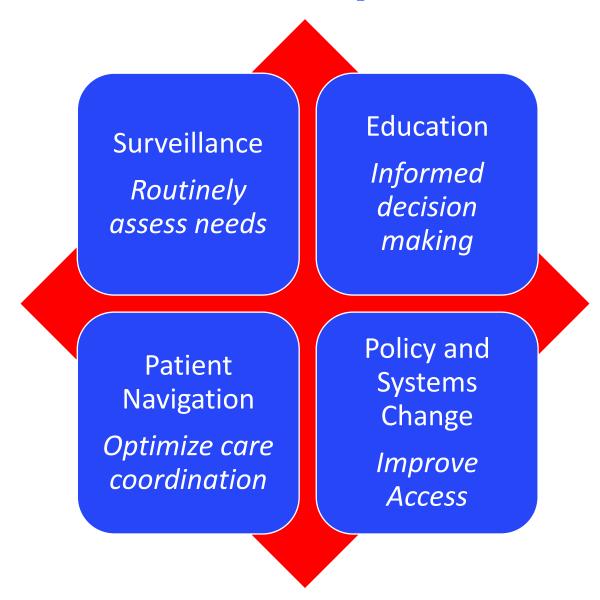
Strategic Roles for State Cancer Coalitions



- **Tapacity Building**
 - Creating the ecosystem in health care and community settings
- Property of the second property of the sec
- Connect survivors to programs, develop and disseminate toolkits
- Education and Awareness
 Public campaigns, provider education, organizational training
- Policy Advocacy
 Legislation for survivorship needs at the state level (funding, access, workforce)

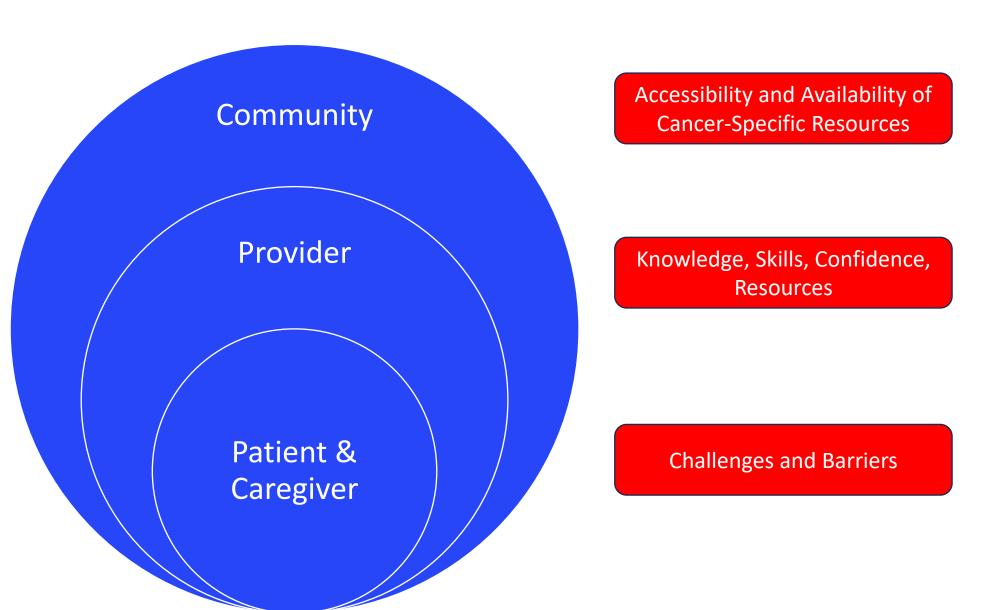
Priority Areas for Survivorship





Surveillance | Unmet needs





Surveillance | Unmet needs





State of Survivorship Survey https://canceradvocacy.org/state-of-survivorship-survey/

 Researchers and advocacy organizations may request datasets to support practice, research, and advocacy



Pilot study of survivor needs assessment tool

Clinical pathway implementation

Implementing a Clinical Pathway for Needs Assessment and Supportive Care Interventions. *JCO Oncol Pract* **20**, 1173-1181(2024).DOI:10.1200/OP.23.00482

Assessment for Survivors of Cancer (ASC)

Would you like any help with or information about any of the topics below? Mark all that apply and circle your top three concerns.

Phy	sical Wellbeing	Sexu	ıal Health / Fertility	Stay	ing Healthy
000000	Pain Sleep Fatigue Memory / Concentration Changes in eating / Weight Ability to walk or move around Numbness / Tingling in hands/feet	Prac	Interest / Ability in sexual activity Ability to have children tical Taking care of myself Taking care of others / childcare Work / Schol	0 0 0 0 0	Getting exercise Eating Healthy Vaccinations Screening or testing for other cancers Smoking / Tobacco use Drug / Substance use Alcohol use
	stional / Social Wellbeing Fear of cancer coming back Feelings of worry, anxiety, sadness, loss Loneliness Changes in how I look Relationship with family / friends / co- workers	00000	Finances / Insurance Transportation Having enough food Affording / Getting medicine or other treatments on time		Communication with health care team (like primary care) Cancer risk for me or my family Follow-up care (like scans, labs) Supplements / Herbs / Vitamins Alternative / Complementary treatments (like acupuncture)
	Spiritual or religious concerns			Do y	ou have any other concerns?

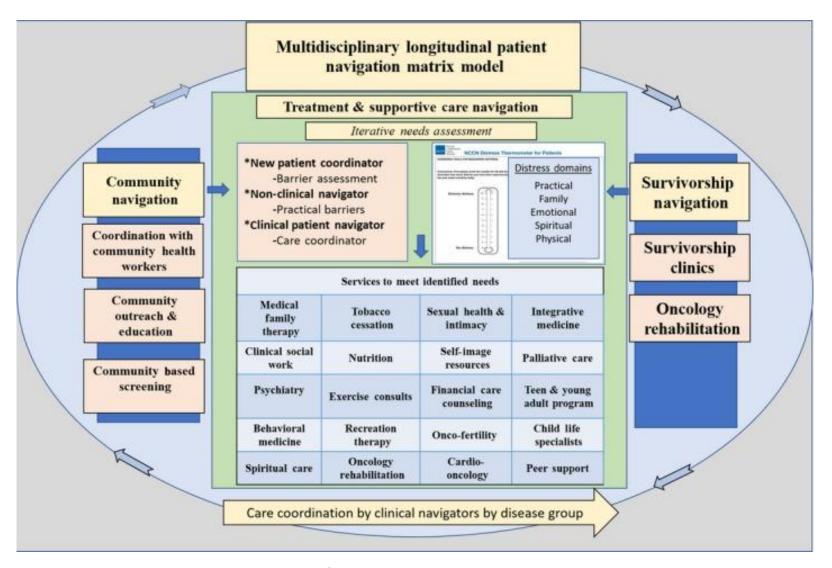
Surveillance | Environmental Scan



	Published	Un-Published	
Professional Viewpoints	Literature Review - Chronic care delivery - Primary care - Cancer survivorship care - Community determinants of health (SDI, SVI)	Key informant interviews with providers (P)	
Lay Viewpoints	Comprehensive web search - Programs in communities - Health departments - Community centers - Extension offices	Key informant interviews with community-based stakeholders	

Navigation | Care Coordination





Cancer Med. 2020 Mar 4;9(9):3202–3210. doi: 10.1002/cam4.2950



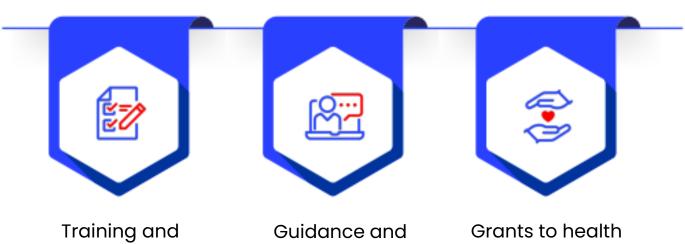
Community-centralized care

	Previsit preparation	Initial visit in-person	Routine follow-up in-person or remote
Provider	Primary care provider (RN, LPN, or other) Community navigator	Primary care provider Community navigator Others based on assessment (SW, PT, RD, psych MD, etc.)	Primary care provider Community navigator
Approach Obtain cancer treatment history Comorbidities Patient and caregiver needs assessment Scheduled initial visit based on findings		Initial contact and discussion with navigator Meet with primary care Consultations with other services Order tests and imaging	Review needs assessment Assess progress against prior needs or reported morbidity Review tests Update or adapt plan
Outcome	Develop patient profile Coordinate services for initial visit	Create survivorship care plan Provide interventions as indicated Referrals for next-level care	Update survivorship plan Provide interventions as indicated Triage for next-level care

ACS LION Training



The ACS LION program is designed for individuals providing **non-clinical navigation services (in whole or in part)** or any organization employing individuals providing non-clinical navigation services.



Training and credentialing for nonclinical patient navigation services

education on implementing navigation best practices

Grants to health systems and practices interested in sustainable navigation

Eligible job titles may include but are not limited to:

- Patient Navigator/Oncology Patient Navigator
- Professional Navigator
- Social Worker
- Cancer Nurse Navigator
- Community Health Worker
- Promotores/Promotoras de salud
- Financial Navigator
- Clinical Trial Navigator
- Patient Care Coordinator
- Registered Nurse
- Licensed Practical Nurse

Changes in 2024



New Payor Reimbursement

- New Medicare reimbursement for addressing HRSNs
 - Offers an unprecedented opportunity for oncology providers to create, enhance, or expand their navigation services
- Additional payors recently announced

Support from ACS

- ACS Leadership in Oncology Navigation (ACS LION)
- The program meets the Centers for Medicare & Medicaid Services (CMS) training requirements for "Principal Illness Navigation" reimbursement and is aligned to Oncology Navigation Standards of Professional Practice



ACS LION Training and Credentialing:

Program Structure





Completed online, self-paced



No in-person requirement



10 Learning modules



Final assessment is remotely proctored, 80% score to pass



Re-credentialing and continuing education is aligned with CMS requirements

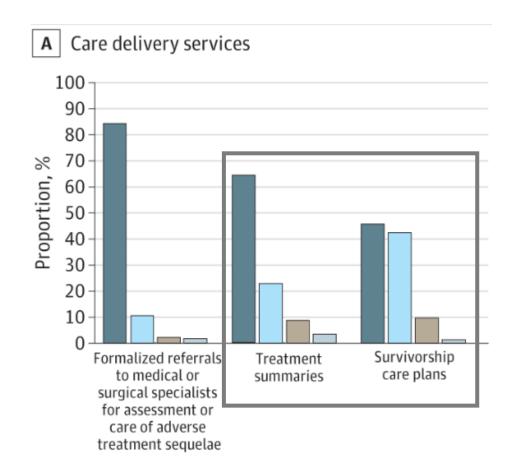




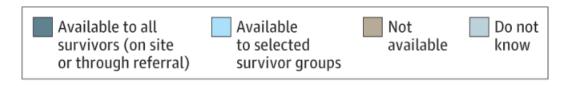
	Standard 3.3 (2016)	Standard 4.8 (2020)
Focus	Survivorship care plan (SCP)	Survivorship program (SP)
Required Elements	Required SCP elements specified	No specific SCP elements required
Process	Focus on development and distribution of SCPs (metric)	Focus on development of SP and provision of valued services ± SCPs (metric)

- "Don't ask me to do another thing unless there is good evidence that it will affect survival."
- When asked about management of complications of disease and treatment oncologist says: "I already do that.." is this true?
- Is good survivorship care really just good follow-up care?

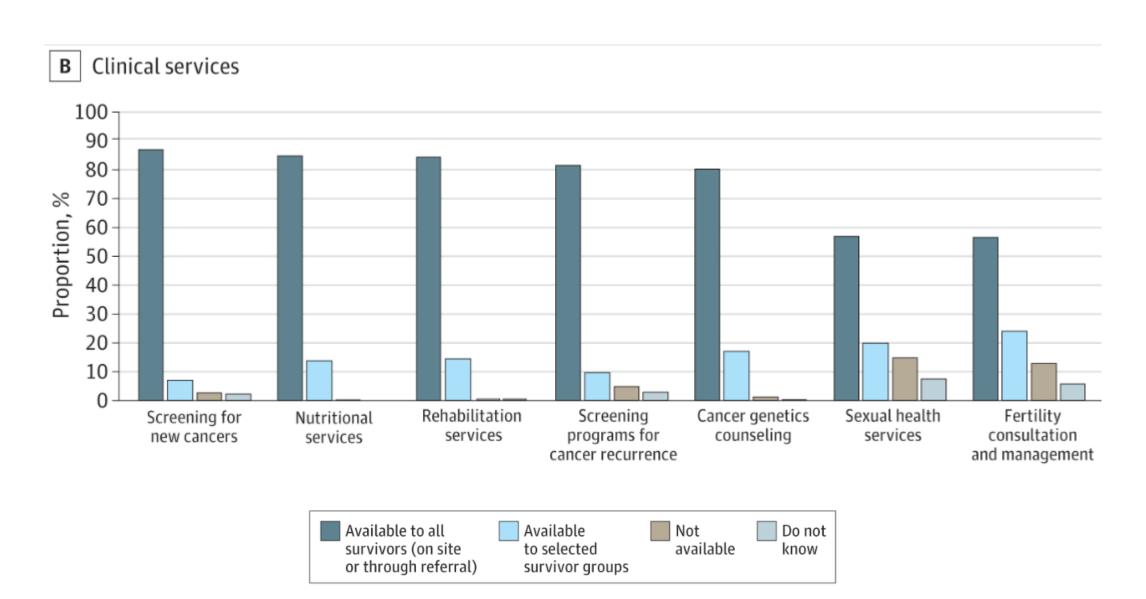




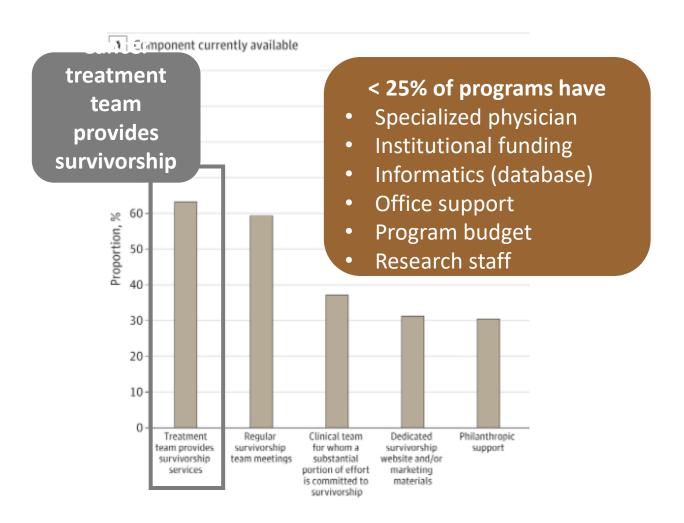
- 89.1% agreed that Survivorship Standard 4.8 helped initiate and/or advance their program
- 85.7% agreed survivorship services were very beneficial or beneficial for survivors who receive them
- 81.4% perceived only some, few, or no survivors receive the services offered
- Two most common barriers were lack of referrals and patients not aware of services

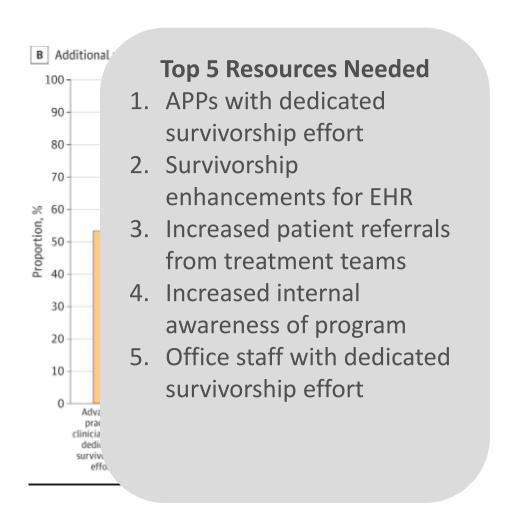














Program Standards: National Cancer Institute, Office of Cancer Survivorship National Standards for Cancer Survivorship Care







Policies, frameworks, and descriptions of care delivery services are codified into system policies

Clinical pathways and workflows engage providers and patients in interval assessment and referrals to needed services

Data collection for clinical outcomes, patient & caregiver experience, and relevant business metrics



Program Standards: National Cancer Institute, Office of Cancer Survivorship

INSPiRE: Interdisciplinary Network for Survivorship and Primary Care Research and Education

Working Groups

Care Delivery Research

Goal: To advance primary care survivorship research using innovative approaches to gain insights into the multilevel factors affecting survivors, clinicians, and systems to enhance the health and healthcare of cancer survivors.

Building Capacity and Partnerships

Goal: To organize and foster a network of clinicians and researchers in primary care and survivorship to promote collaboration and build capacity leading to high-quality research.

Training and Career Development

Goal: To build primary care and survivorship research capacity through training and mentorship for researchers and clinicians

https://cancercontrol.cancer.gov/ocs/special-focus-areas/primary-care-and-cancer-survivorship

Policy and System Changes | Advocacy National Coalition for Cancer Survivorship



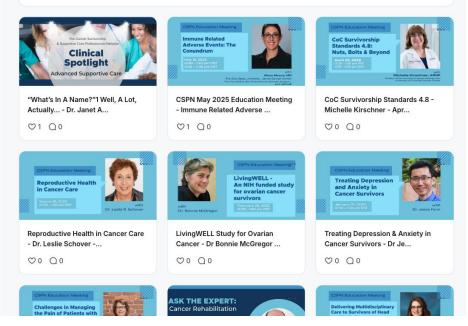
- Explore the State of Survivorship Survey
 - Request datasets to support publications and grant proposals
- Support Survivorship Legislation
 - Comprehensive Cancer Survivorship Act
 - To be reintroduced by Rep. Debbie Wasserman Schultz in Fall 2025
- Share your Story
 - How has the care of your patients been impacted by policy?
 - How has your survivorship research been impacted by changes at NCI?
- Join Survivorship Champions Program
 - A community, with a multi-directional information exchange about best practices, lessons learned, and effective models of survivorship care.



Build Partnerships | Workforce Capacity

Providing high-quality cancer survivorship care in the future will require an *expanded* workforce of health care professionals in community settings with greater knowledge of cancer and better capability to manage the long-term needs of survivors.



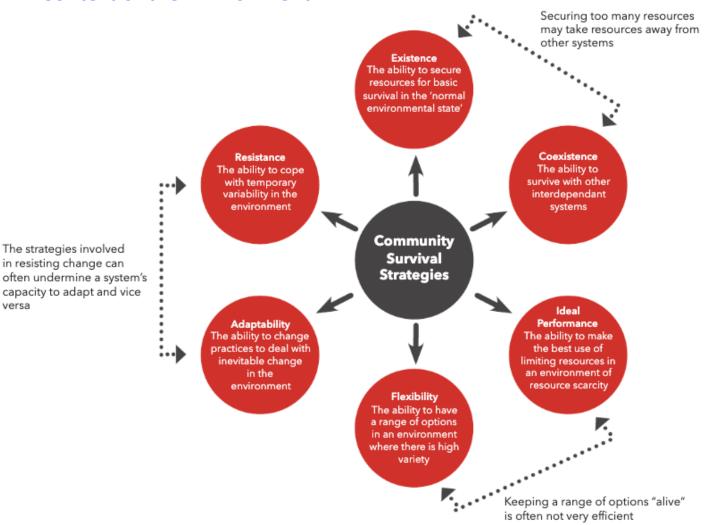


Build Partnerships | Community in Context



Context of the Environment

Community-based services must be purposefully developed for cancer survivors so they may continue their social, recreational, and vocational roles and function in daily life.



Cancer survivorship care delivery models should demonstrate good fidelity in implementing care that addresses all domains of survivorship and recognize that <u>these services may stray outside a PCP's scope and expertise</u>



Data and Evaluation

Data is not the end of the story; it is just the beginning.

Using Data to Drive Action

- Trends in cancer care delivery

 Who is doing what differently? How does that information inform coalition work?
- New payment models

 Collaborations to use new payment incentives or new billing codes for pilot opportunities

Leveraging Learning from Grantees



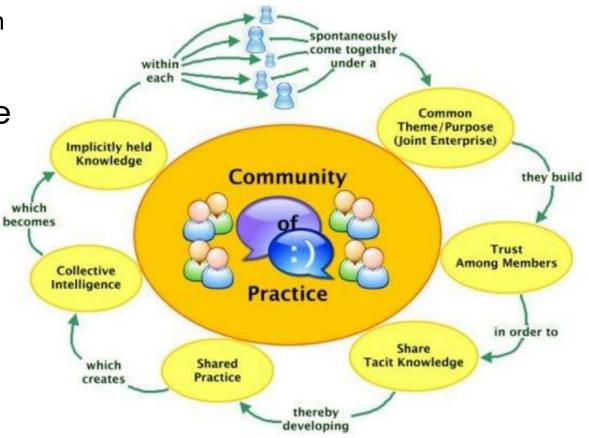
Communities of Practice

- Learning networks
 - Themes of barriers and facilitators
 - Build relationships among groups doing common work

Develop best practices in program implementation

Shared learning and shared data

 Feeds forward for toolkits and resource guides





Action Steps | Plan and Go

Survivorship Workgroups integrated into coalition work

Who is not in the room and needs to be?

Community health workers, home health agencies

Who is in the room that we need to work with to think differently?

- Primary Care Professionals- shift focus beyond screening to follow up needs.
- Organizational representatives who are not the usual suspects



Educational Resources

National Cancer Institute: Office of Cancer Survivorship

https://cancercontrol.cancer.gov/ocs

National Coalition for Cancer Survivorship

https://canceradvocacy.org/

National Comprehensive Cancer Network Survivorship Guidelines

https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1466

American Cancer Society Navigation Resources

https://www.cancer.org/cancer/patient-navigation/how-american-cancer-society-supports-patient-navigation.html

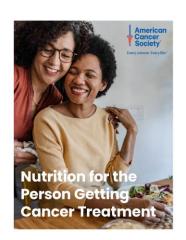


American Cancer Society

Risk and Prevention

- <u>Tips</u> and <u>recipes</u> to help make healthy food choices, including <u>how</u> to stock your kitchen, <u>quick entrees</u> and <u>snacks</u>, <u>controlling portion</u> <u>sizes</u>, and <u>understanding food terms</u>
- Tools such as a <u>Body Mass Index Calculator</u>, <u>Calorie Counter</u>, and <u>Exercise Activity</u> and <u>Target Heart Rate Calculator</u>
- Healthy Eating, Active Living Videos
- <u>Nutrition Resources from ACS Flyer</u>
- Healthy Eating and Being Active Can Lower Your Cancer Risk Flyer
- Fuel Your Body: Healthy Food Essentials Flyer







Living Well During and After Treatment

- <u>Nutrition for People With Cancer</u>, including <u>food safety</u> <u>during treatment</u>, <u>how to eat well</u>, and <u>managing eating</u> <u>problems caused by treatment</u>
- <u>Eating Well After Treatment</u>
- Physical Activity and the Person with Cancer
- Nutrition for the Person Getting Cancer Treatment Booklet
- Moving Through Cancer: A Guide to Getting and Staying Active During Cancer Treatment
- <u>Nutrition and Physical Activity Videos for Cancer Survivors</u>
- What to Eat During Cancer Treatment Cookbook

Stress Management & Social Connectivity

- Practice Mindfulness and Relaxation
- Coping Checklist for People with Cancer
- Adjusting to Life with Cancer
- Effect of Attitudes and Feelings on Cancer
- Self-management: Take Control of Your Health
- Psychosocial Support Options for People with Cancer
- Mental Health and Distress, including Anxiety, Depression, Distress, and Social Isolation and Loneliness
- Cancer and Mental Health: How Caregivers, Friends, and Family Can Help
- What to Do for Distress Flyer
- Cancer and Your Mental Health Video
- Personal Health Inventory Worksheet
- Spiritual Life and Cancer Pocket Guide
- Mind-Body Medicine for Whole Person Cancer Guide
- <u>Art Therapy Pocket Guide</u>
- **Guided Meditation to Relieve Stress**



What to Do for Distress

Distress is an unpleasant emotion, feeling, or thought. It is common in people with cancer and in their family members and other loved ones.

Distress can affect the way you think, feel, or act. It can make it hard to cope with having cancer and deal with symptoms, treatment, and side effects. It can even make side effects worse, such as fatigue, nausea, sleep problems, and pain.

Distress can also make it harder to make decisions. You may have trouble deciding about treatment, making follow-up appointments, and even taking medicines you need to treat your cancer.

Learning how to talk about and cope with distress can help you and your loved ones.



Tips to help with distress

There isn't one single fix. Find things that work for you. Something might even work one day but not the next. The more coping

methods you have ready, the better prepared you'll be when you need them

- Think about the ways you've coped in the past. If they helped, try them again,
- · Try relaxation exercises, meditation, yoga, massage
- · Be active, such as walking, riding a bike, or working in vour garden.
- · Find someone you can talk to about your illness
- · Deal with cancer "one day at a time." Know that some days will be better than others.

- · Find a doctor who lets you ask all your questions. This can help you prepare for what is likely to happen.
- Explore spiritual and religious beliefs and practices, such as prayer, that have helped you in the past. Look into other practices that might offer you comfort.
- Keep a journal as a way to express yourself.
- Keep records of your doctors' phone numbers, dates of treatments, lab values, x-rays, scans, symptoms, side effects, medicines, and general medical status.
- · Talk to your cancer care team if you are thinking about stopping regular treatment. Tell them why you are thinking about this and what you would rather do instead.

- · Assume that you will die because you have cancer. Talk with your cancer care team about what you
- · Blame yourself for causing your cancer
- · Feel bad if you can't always be positive. It is normal to feel down some of the time
- . Try to deal with your distress all alone. Get help with what you need.
- · Be embarrassed to get help from a mental health
- · Keep your worries or symptoms secret from the person closest to you. They can help you figure out what to do and remember what your cancer care



Avoidance of Risky Substances

- <u>Tobacco and Your Health</u>, including <u>harmful chemicals in tobacco</u> products, health risks of smoking, secondhand smoke, and e-cigarettes and vaping
- Tobacco Cessation, including health benefits of quitting over time, reasons to quit, and tools and support like nicotine replacement therapy
- Smoking Cessation: 3 Steps to Quitting Video
- Alcohol Use and Cancer
- **Empowered to Quit**
- **Great American Smokeout**
- Health Benefits of Quitting Smoking Over Time Flyer
- Tobacco: What is it Cost You Flyer?
- You Can Help Reduce Your Cancer Risk Flyer
- **Quitting Starts Here Flyer**



your risk of getting cancer. Some of them may be easier than you think.

Stay away from tobacco, including cigarettes, cigars, chewing tobacco, and other forms.

Get moving with regular physical activity. We recommend at least 75-150 minutes of vigorous activity, or 150-300 minutes of moderate activity

Eat healthy with plenty of fruits, vegetables, and whole grains, and limit or avoid red and processed meat and processed foods.

Get to and stay at a healthy weight.

It's best not to drink alcohol. If you do drink, women should have no more than 1 drink per day and men should have no more than 2 drinks per day.

Protect your skin from the sun with sunscreen clothing, wide-brimmed hats, and sunglasses; and avoid the sun from 10 a.m. until 4 p.m.

Know yourself, your family history, and your risks, and let your health care team know

Get regular checkups and cancer

Visit us online at cancer.org or call 1-800-227-2345 to learn more about what you can do to help reduce your cancer risk and to get answers to your cancer questions. We're here when you need us.





You don't have to stop smoking in one day. Start with day one.

Let the American Cancer Society Great American Smokeout® event on the third Thursday of November be day one of your journey toward a smoke-free life. You'll be joining thousands of people across the country who smoke in taking an important step toward a healthier lifestyle and helping reduce your cancer risk. The American Cancer Society can help you access the resources and

support you need to quit smoking for good Empowered to Quit is a free, personalized email-based program t

The program helps you understand

- · When and where you most feel like smoking
- · How to cope with cravings

For more information and resources on quitting tobacco, visit the American Cancer Society website at cancer.org/quittobacco or call us at 1-800-227-2345. We're here when you need us







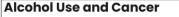
to Quit program

increase the odds

quitting by 47%.

was proven to

of successfully



rinking alcohol increases the risk of cancer. In fact, alcohol use is one of the most important preventable isk factors for cancer, along with tobacco use and excess body weight.

cohol use accounts for about 5% of all cancers and 4% of all cancer deaths in the United States. Bu nany people don't know about the link between alcohol and cancer

On this page [show

What types of cancer are linked to alcohol use?

- Throat (pharyn:
- Voice box (larynx)
 Esophagus
- Colon and rectum
 Breast

Icohol probably increases the risk of some other cancers as well.

ancer, most notably breast cancer, drinking even small amounts of alcohol can increase your risk.

Cancers of the mouth, throat, voice box, and esophagus

ohol use clearly raises the risk of mouth, throat, voice box, and esophagus cancer. Drinking and

Restorative Sleep

- Practice Mindfulness and Relaxation
- **Sleep and Cancer Risk**
- What to Do for Sleep Problems Flyer
- Sleep Problems in People with Cancer
- **Guided Meditation for Restful Sleep**



Does Sleep Affect Cancer Risk?

Although there's not enough research that clearly links sleep with cancer risk, it's important for overall health and well-being. Getting a good night's sleep can benefit your health in many ways - physically. mentally, and emotionally. Long-term sleep problems can affect your risk of developing or worsening

How sleep affects your health

Getting enough sleep and getting quality sleep allows your body and brain time to rest and recover. It is important for your overall health. While you are sleeping, your body:

- · Repairs itself (if you're sick or have an injury)

During sleep, your body and brain activity decrease, which lowers blood pressure and controls body temperature. Meanwhile, other activities increase during sleep, such as production of hormones needed

However, many people have trouble sleeping. When sleep is disrupted or not long enough, your brain and body may not be able to function as they should. Any change in your usual sleeping habits can make it

Experts at the American Academy of Sleep Medicine say getting at least 7 hours of sleep per night is good for adults. Children need more sleep, about 8-12 hours of sleep per night, depending on their age, activity level, and growth patterns.

Sleep cycle and sleep quality



What to Do for Sleep Problems

Many people with cancer have trouble sleeping. But sleep is key to good physical and mental health, and for your mood and well-being. Because of this, having a good sleep routine or good sleep hygiene is important.



Common sleep problems for people with cancer

- Feeling the need to rest and sleep more
- · Having trouble getting to sleep or staying
- · Getting too much sleep, which might affect what you can do during the day
- · Taking too many naps during the day, which might affect your sleep at night
- · Being too hot or cold, needing to use the bathroom, sleep-walking, nightmares, or sleep terrors.

Sleep changes may be temporary, or they may last months to years after cancer treatment.

Trouble sleeping can affect many parts of your life. It might make it hard for you to:

- · Take care of yourself and your family.
- · Enjoy social activities or hobbies.



What causes sleep problems?

 Certain surgeries, radiation therapy, hormone therapy, or other medicines used to treat cancer

- · Medicines for cancer and non-cancer conditions
- · Side effects of cancer, cancer treatment, or medicines, such as:
- Fatigue
- Pain

- Anxiety and worrying
- Depression Nausea or vomiting
- Leg cramps
- Night sweats or hot flashes
- Shortness of breath



and wake times, patterns, and naps might give you clues about what is causing your sleep problems. A person who is with you at home or during the night can help describe these, too.

- · Go to sleep and get up at the same time each day.
- · Try to exercise at least once a day. Even a short walk
- · Avoid caffeine for 6 to 8 hours before bedtime longer if it affects your sleep.
- . Use a guiet setting for rest at the same time each day.
- · Take short daytime naps if needed (less than an hour) to decrease the effect on your nighttime sleep.
- · Keep sheets clean, tucked in, and as free from wrinkles as you can.
- · Create a bedtime routine, like reading or taking a

Survivorship Videos from the American Cancer Society

Watch this video series to learn how to cope with the physical and emotional challenges that come during cancer treatment and beyond and find inspiration in the experiences of other survivors.



<u>Survivorship: During and After</u> Treatment

You'll find information and tips on staying active and healthy during and after cancer treatment. You can also get information on managing your health care as a cancer survivor.



ACS Survivorship Resources

<u>Let's Talk: Nutrition, Physical</u> <u>Activity and Cancer Survivorship.</u>

This training is designed to give health care providers, physician assistants, nurses, and nurse practitioners new ideas for getting better results from their conversations with cancer survivors.



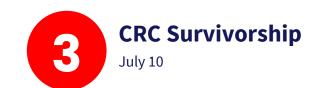




ACS CRC Mortality Learning Community Roadmap

The ACS CCC team is hosting this CRC Mortality Learning Community to increase CCC teams' capacity to integrate interventions mitigating CRC mortality disparities into the state planning process.









CRC Mortality in Your Communities
August 7, 2025

Focus on gaining foundational knowledge on the latest in CRC mortality disparities

Focus on applying what we've learned to our work

Register Today! Every meeting is from 3-4pm ET



Check out resources from ACS CCC!



acs4ccc.org

Your one-stop shop for coalition resources across ACS

Monthly E-Newsletter



ACS Coalition University

Brief, on-demand trainings for CCC coalition staff & leadership on topics such as.....





Thank you from your ACS CCC Team!



Sarah Shafir Principal Investigator



Director, Data & Evaluation



Disa PatelSenior Data and
Evaluation Manager



Liddy Hora Program Manager



Aubree ThelenProgram Manager

acs4ccc.org