

Vermont Comprehensive Cancer Control Program

Year 1 Annual Evaluation Report (2022 – 2023)

September 2023

Prepared for:

Sharon Mallory, MPH

Comprehensive Cancer Control Program

Vermont Department of Health

Prepared by:

Professional Data Analysts

Kate LaVelle, PhD

Emily Groebner, MPH



**Professional
Data Analysts**

Summary of Vermont Comprehensive Cancer Control FY23 Key Findings



Professional
Data Analysts

The evaluation of the Vermont Comprehensive Cancer Control (CCC) included two major activities.



A **survey of VTAAC members** to gauge their satisfaction with the coalition, understand ways they are currently engaged and want to be engaged in the coalition, learn about work being done to advance the cancer plan goals, and collect background information.



Focus groups with VTAAC workgroup, project, and taskforce leads to learn from their perspectives and experiences, gather input on groups' strengths and challenges, and generate ideas for potential action steps in the development of workgroups, taskforces, and projects.

Together, the evaluation efforts in FY23 provided useful and action-oriented findings regarding VTAAC (Vermonters Taking Action Against Cancer), Vermont Cancer Plan, and aspects of health equity throughout Vermont CCC's work. Key stakeholders were engaged in the evaluation in multiple ways, including in the designing of data collection procedures, meaning-making of preliminary results, and discussion of findings to use for programmatic decision-making.

Key findings from Year 1 evaluation activities

Coalition structure

- The Health Equity Committee is forming and has held multiple meetings to define their roles and responsibilities.
- There is some confusion about the structure of VTAAC, particularly the difference between a taskforce, project, & workgroup.
- VTAAC members are interested in creating taskforces to fill gaps in cancer plan strategies and building awareness and education of cancer prevention & screening.

Member engagement

- VTAAC is a multi-sector coalition with members who work in a variety of professional sectors and have been involved for varying lengths of time.
- Most survey respondents perceive VTAAC as a coalition with active, engaged members. Some members reported not being engaged at the level they would like to be in the coalition.

Cancer Plan

- Many VTAAC groups' work directly ties to the cancer plan, and VTAAC members' work outside of the coalition also often aligns with the cancer plan.
- The Year 1 Cancer Plan Status Report is used for tracking progress on the objectives laid out in the plan. This will continue to be used in future years and track progress over time.

Missing Voices

- Most (78%) members who responded to the survey are not a part of any of the cancer plan populations of focus. Of those that are, there was the most representation from the LGBTQ+ community.
- Survey results indicate that there is opportunity for intentional recruitment of members from populations of focus.

Table of Contents

4	<u>About this report</u>
5	<u>Year 1 Evaluation Questions</u>
6	<u>Stakeholder Engagement</u>
7	<u>Partnership</u>
13	<u>Cancer Plan</u>
17	<u>Program</u>
20	<u>Conclusion & Recommendations</u>
22	<u>Appendices</u>
22	<u>Member Survey Brief</u>
26	<u>VTAAC Leads Focus Group Summary</u>
29	<u>2025 Vermont Cancer Plan Year 1 At-A-Glance Status Report</u>

About this report

This report describes the process and outcome evaluation findings, limitations, and lessons learned of the Vermont Comprehensive Cancer Control (CCC) Program evaluation and covers program activities that occurred between July 1, 2022 and June 30, 2023. The scope of programmatic and evaluation activities are limited due to funding, time, and capacity. This is the first year of the current funding cycle from the Centers for Disease Control and Prevention (CDC). Professional Data Analysts (PDA) was contracted to evaluate the Vermont CCC process and outcomes for this fiscal year (FY23). Questions about this report can be directed to Kate LaVelle, KLaVelle@pdastats.com.

This report is organized by the three areas of CCC work: Partnership, Cancer Plan, and Program. Equity is interwoven into all of the sections, as appropriate. Although there are separate sections for each of the three Ps, the content of this work overlaps and is dependent on the other areas.

Intended Audiences

There are four intended audiences of this report, with the Vermont Department of Health (VDH) and the CDC being the primary intended readers. The intended audiences include:

- **Vermonters Taking Action Against Cancer (VTAAC)**, which consists of stakeholders across the state who are interested in reducing the burden of cancer in Vermont. The intended use for the process evaluation results is to inform learning and improvement, where as the outcome evaluation results inform understanding of progress toward goals.
- **Vermont Department of Health (VDH) programs**, including VT CCC and VDH cancer partners, such as the You First Program and the Tobacco Program. These types of groups may use results for improvement of partnerships and collaborative activities.
- **Funders**, including the Centers for Disease Control and Prevention (CDC), who use the report for accountability.
- **State leadership**, including state policy-makers and VDH leadership. The intended use for these groups is for accountability.

Overview of the evaluation

Evaluation is a valued and integrated aspect of Vermont cancer prevention and control efforts. The evaluation takes a participatory, utilization-focused approach, identifying and engaging primary users of the evaluation from planning through use of results. The CDC's Framework for Evaluation in Public Health was used to guide the development of evaluation planning and implementation. The framework ensures the needs and perspectives of stakeholders are incorporated throughout the evaluation process. Together, the evaluation efforts in FY23 have provided useful and action-oriented findings regarding VTAAC, Cancer Plan, and the program, as well as data-driven recommendations for program direction and improvement.

The evaluation, along with the performance measures for FY23, track key indicators and offer insight into how and why indicators may have changed, respectively. The performance measures and evaluations complement each other and continuously inform program decision-making. The performance measures with actual numbers for Year 1 can be found in the awards management platform (AMP).

Year 1 Evaluation Questions

This past year, the evaluation involved:

- A **survey** to understand VTAAC member representation, engagement, and satisfaction;
- A **focus group study** with VTAAC workgroup, project, and taskforce leaders to learn about their experiences and generate ideas for potential next steps in the development of these groups within VTAAC; and
- **Ad hoc activities** such as idea generation for the supplemental survivorship funding, supporting the formation of a health equity committee, and presenting to the VTAAC Steering Committee.

This year's evaluation built upon evaluation results from the previous funding cycle to provide a more comprehensive picture of Vermont CCC. The evaluation integrated annual feedback from CDC on the evaluation plan. The following evaluation questions were created in collaboration with the Vermont CCC team and VTAAC leadership and reflect the information that these key stakeholders perceive as the most important for accountability and to facilitated program and coalition improvement efforts. The evaluation questions addressed in Year 1 center on the assessment of VTAAC's quality and effectiveness as a statewide coalition that strives to bring together various partners to work collaboratively toward common goals. Not all activities outlined in the Year 1 Evaluation Plan went as planned due to lack of funding, time, and capacity – although best efforts were made to answer key questions. In the table below, a ✓ indicates an evaluation question that was answered in the corresponding year.

Table 1. Evaluation questions addressed by fiscal year

		FY23	FY24	FY25	FY26	FY27
Partnership	1. How effective is VTAAC in providing a forum for collaboration & sharing resources to support statewide cancer efforts?	✓				
	2. How is the VTAAC supporting members and partners in carrying out the Cancer Plan ?	✓				
Plan	3. How is VTAAC and its partners implementing the Cancer Plan?	✓				
	4. How are individuals from priority populations & organizations serving them involved in implementation?					
	5. How much progress has been made toward the Cancer Plan's goals?	✓				
	6. To what extent are interventions yielding desired outcomes?					
	7. How is the Cancer Plan being used and how can it be enhanced?	✓				
Program	8. How are interventions/EBIs from the VT CCC work plan being implemented ?					
	9. What factors are influencing progress toward VT CCC work plan goals?					
	10. How have the interventions/EBIs contributed to achieving the intended outcomes for statewide cancer prevention and control?					
	11. How does VT CCC use its capacity, resources, and partnerships (internally and externally) to support VTAAC and implementation of Cancer Plan strategies?					

Stakeholder Engagement

The evaluation applied a utilization-focused approach, keeping the intended use of the evaluation at the forefront from evaluation planning through implementation and reporting. It has been essential that PDA evaluators and the VT CCC work together to prioritize the intended uses so that limited evaluation resources are distributed accordingly. Evaluation findings have also been shared with key stakeholders in multiple ways throughout the year. The table below presents examples of strategies used to engage primary intended users in the review, discussion, and use of evaluation results.

Table 2. Year 1 stakeholder engagement strategies

Intended user	Engagement in the Year 1 Evaluation	Use of results
CDC	Submit Year 1 evaluation report (September 2023)	Accountability
VTAAC Membership	- Participate in member survey data collection (Spring 2023) - Dissemination of member survey brief	- Contribute to statewide efforts - Identify potential partnerships
VTAAC Steering Committee*	- Provide feedback on member survey results (May 2023 Steering Committee Meeting) - Bring up critical questions, barriers, and opportunities	- Inform cancer work - Identify potential partnerships
VTAAC workgroups, project, taskforce leads	- Focus group participation (Fall 2022) - Identify needs and priorities	- Inform cancer work - Identify potential partnership
VTAAC workgroups, project, taskforces	- Participate in member survey data collection (Spring 2023) - Identify needs and priorities	- Inform cancer work - Identify potential partnerships
VT CCC Staff* (Program Director, Analyst, Coalition Coordinator)	- Collaborate on evaluation planning - Review and offer feedback on reports - Provide cancer data - Bring up critical questions, barriers, or opportunities - Support communication and dissemination of results (monthly evaluation meeting and via email as needed)	- Accountability - Program monitoring and improvement
VDH Health Equity Integration Office	Review and offer feedback on data collection tools	Accountability
Statewide Partners	Read and share evaluation briefs including the member survey brief	Dissemination
Larger Community	Read and share evaluation brief	Dissemination

**Included in the Evaluation Advisory Group. Additional individuals were invited as relevant and feasible.*

Although best efforts were made to engage users as outlined in the Year 1 Evaluation Plan, it was not always possible. Many partners do not have the capacity to engage in every stage of the evaluation, so the Evaluation Advisory Group served as leaders in the evaluation and others were invited to participate as relevant and feasible.

The Partnership

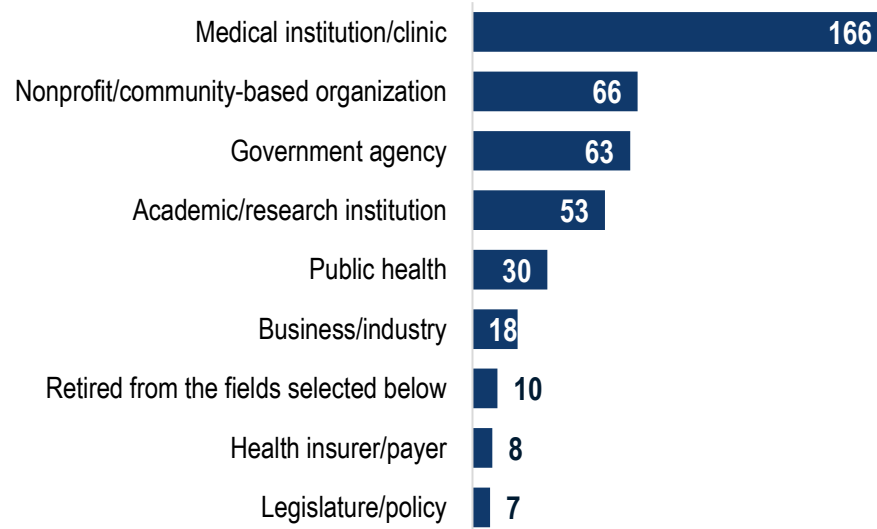
Vermonters Taking Action Against Cancer (VTAAC) consists of workgroups, taskforces, projects, and committees that allow members to engage in groups that focus on a particular topic of interest. Meetings for these working groups are in addition to the annual general membership meeting. A list of VTAAC groups can be found on [page 15](#).

Coalition composition

VTAAC is a growing network of groups and individuals from across the state, working in different ways to address the burden of cancer in Vermont. VTAAC currently has **578 active members**. As shown in the graph below, most active VTAAC members work or volunteer in a medical institution or clinic. There is less representation from legislature/policy, health insurance/payers, and business/industry. Sector data is missing for 214 active members. VTAAC members represent a wide variety of organizations, although there is substantially more representation from the University of Vermont with an estimated 141 members (including the Cancer Center and Medical Center) and the Vermont Department of Health with an estimated 49 members. Other organization with more representation include Rutland Regional Medical Center (RRMC), Dartmouth, Central Vermont Medical Center (CVMC) and Southwestern Vermont Medical Center (SVMC). Organization data is missing for 166 active members. There are ongoing efforts fill gaps in VTAAC membership.

Sector representation

Among active VTAAC members (n = 421)



LGBTQ+ Best Practices Training

The Pride Center of Vermont, VTAAC, and You First VT hosted two LGBTQ+ best practices training in May 2023. The virtual trainings covered a brief overview of identify development, provided exercises to distinguish and understand the components of the LGBTQ acronym, facilitated a discussion around how to normalize conversations regarding personal pronouns and reviewed the minority stress model. The training lead was Kell Arbor, a VTAAC member and Director of Health & Wellness programs at Pride Center of Vermont, where they supervise lived-experience outreach groups and provide trainings to service providers on LGBTQIA+ best practices. There were 168 total attendees across the trainings, of which 96 are VTAAC members (53 became new members upon registering for the event). The training was shared with You First members, VTAAC members, publicly on social media and through other partners' communication channels.



Health Equity Committee

After an expressed need by VTAAC members and a FY22 Evaluation Recommendation, the Health Equity Committee is in the forming stage with 17 members interested in being involved. Its development is intentional and purposeful and has involved the VDH Health Equity team. In December 2022, representatives from the Minnesota Cancer Alliance's Cancer Health Equity Network (CHEN) described how CHEN interacts with the alliance, how it implements strategies, and how it was involved in the cancer plan development. After hearing from the CHEN representatives, two individuals from the Office of Health Equity Integration at VDH gave an overview of their work before starting to lead an appreciative inquiry process with the group of VTAAC members interested in providing input on the development of the committee. This appreciative inquiry process was continued at a later meeting in February 2023.

Appreciative inquiry process results

Health Equity Committee Formation – VDH HE team; Discover, Dream, Design, Do activity (“Small is all” – the role of VTAAC may be to create spaces for connection, not overhauling oppressive systems).

Phase	Select examples
Discover: In what ways is an equity lens currently being used in your work with/as a member of VTAAC?	“VTAAC Health Equity Summit” “VT Cancer Plan – data to understand disparities” “Inviting partners to the VTAAC ‘table’ that are from/represent populations facing health inequities” “Lived-experience storytellers”
Dream: How are you hoping to engage in health equity work through VTAAC and/or as a member of VTAAC? What would accessible, equitable, and inclusive prevention and treatment programs look like?	“EveryBODY gets the screenings and access to care they need in people-centered, low barriers, low-cost ways.”
Design: How might the VTAAC Health Equity Committee create opportunities to implement the themes that emerged from the “Dream” phase?	“community dream spaces” “have a health equity presence at each workgroup” “Create space and opportunity to gather qualitative data from those with lived experience”
Do: What are some tangible steps VTAAC’s Health Equity Committee can take toward implementation?	See image below.

create safer spaces for dreaming with community participants + 2	Could this committee use community partners to ask legislature to invest in community health workers. + 2	Partner with VPR for a place to storytell and share with community + 2	Create training series on tangible health equity-related topics (like accessible language) that all VTAAC members are invited to + 1	Discuss priorities and outreach to folk working on said priorities to come to the VTAAC Health Equity Committee meetings! + 1
Inventory and audit existing materials for plain language and language access. + 0	Meet with Green Mountain Self Advocates to connect and learn more about graphic medicine + 0			

Next Steps

The Health Equity Committee’s next project will focus on updated VTAAC’s guiding principles to include more inclusive and health equity-focused language/structure.

Member Survey

The purpose of the VTAAC member survey was to (1) gauge members' **satisfaction** with the coalition, (2) understand ways they are currently **engaged** and want to be engaged in the coalition, (3) learn about **efforts** being done to advance the Cancer Plan's 14 specific goals, and (4) inform **development and growth** of committees, workgroups, taskforces, and projects.

The survey was administered in April 2023 online via Survey Monkey, and all members were encouraged to respond, regardless of their current level of involvement. The survey was sent to 548 emails, opened by 32%, and received 72 total responses compared to the set goal of 75.

“

“[VTAAC brings] organizations together that support reducing the burden of cancer in Vermont. **Together we can achieve a lot more** than one sole entity or organization.”

–VTAAC Member

”

Highlights from the survey results

Representation

- Respondents included those who have personal experiences with cancer either as a survivor or as a caregiver/loved one of someone impacted by cancer.
- Respondents' length of involvement in VTAAC ranges widely and includes members who have been involved with the coalition for less than two years and others for five years or more.
- Respondents work in a variety of professional sectors. Representation was highest in academic/research institutions, public health, and non-profit/community-based organizations, and lowest from legislature/policy, business/industry, or health insurance/payer sectors.

Engagement

- Most members report reading VTAAC emails and newsletters and several share information about the coalition with others in their organization.
- Many respondents report being a member and/or lead of a VTAAC workgroup, taskforce, and/or project, which include both newer and longer-term coalition members.
- Most respondents perceive VTAAC as a coalition with active, engaged members. However, several members reported not being engaged at the level they would like to be in the coalition.
- Most respondents reported that they benefit in multiple ways from being a member of VTAAC.

Structure & Functioning

- Most respondents think that VTAAC creates a space that brings individuals from across the state together for the common goal to reduce the impact of cancer for Vermonters, though only 69% agree that the coalition has a greater impact than individual organizations.
- Some respondents disagree that they have the opportunity to influence VTAAC decision-making and are unsure if VTAAC structures and processes to solve problems, resolve conflicts, and support member involvement.
- Respondents shared ideas for ways to enhance VTAAC, including using directed recruitment efforts, creating taskforces to fill gaps in cancer plan strategies, and building awareness and education of cancer prevention and screening.

Health Equity Highlight

As VTAAC works toward improving cancer outcomes for all Vermonters, integrating the voices of those who are more likely to be affected by cancer than others due to social, environmental and economic disadvantages into the coalition is essential to ensure the coalition's efforts reach and are responsive to the needs of those most impacted. The 2025 Vermont Cancer Plan identifies four populations of focus:

- Black, Indigenous and people of color (BIPOC)
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters
- Vermonters living with disabilities
- Low-income Vermonters

Among respondents, **78% reported that they are not a part of any of the cancer plan populations of focus**. Of those that are, there was the most representation from the LGBTQ+ community. The survey results indicate that there is opportunity for intentional recruitment of members from populations of focus.

To further understand how to engage these populations, VTAAC members were asked, "How could VTAAC further integrate the perspectives of community members most affected by cancer into the coalition?" Themes from the responses, along with select quotes are:

Gather important perspectives	"Community forums, possibly survey outreach to those who have cancer or their family/supports including healthcare professionals who care for them."
Build greater representation	"Invite key stakeholders to have a position on each task force." "Compensation for time" "More LGBTQIA+ focused materials." "Recruit more members especially in the geographic areas in the mid and southern regions."
Enhance coordination & collaboration	"Work with community organizations that support community members and caregivers."

Survey Limitations ⚠️

The survey is based on the sample of VTAAC members who responded to the survey and may not be representative of the entire coalition membership. Those more engaged in the coalition may be more likely to respond to the survey, therefore potentially skewing the results.

Next Steps

The VTAAC Member Survey Results brief presents key findings and can continue to be distributed to VTAAC leadership, members and statewide partners. It describes characteristics of those who responded to the survey, how they are involved in VTAAC, the benefits of involvement, opportunities for improvement, and how the 2025 Cancer Plan is being used.



See the brief in [Appendix A](#).

Focus Groups with VTAAC workgroup, project, and taskforce leaders

These focus groups were intended to learn from the perspectives and experiences of leads, gather input on groups' strengths and challenges, and generate ideas for potential next steps in the development of workgroups, taskforces, and projects within VTAAC.

Focus groups consisted of the workgroup, taskforce, or project leader or co-leader. The six total focus groups were held between September 6th – 21st via Zoom. Two groups had one lead attend the discussion. The discussions were recorded and transcribed for analysis. All participants consented to being recorded. The facilitator started by sharing the goals for the discussion and group agreements. The discussions were structured around three groups of questions: purpose, priorities, and connection with VTAAC; group structure and collaboration; and implementation.

There are ten themes that stood out across the six focus groups:

1. Organizational influence

VTAAC's organizational influence as a well-known organization across the state helps groups garner support for their work and increase legitimacy with external partners. Having members from major institutions such as the University of Vermont (UVM), Dartmouth, and the American Cancer Society (ACS) is important for many groups to access resources and networks.

2. Structure, purpose, and priorities

Groups with a clear structure, purpose, and/or project are more active and have more momentum than groups without. Groups with a clear understanding tend to be taskforces and projects with funding. Leaders expressed a need for clear agendas to keep members engaged and keep work moving forward. Some leaders are currently in the process of re-evaluating group structure and purpose.

3. VTAAC's structure

Leads don't have a clear understanding of the VTAAC structure, including the differences between a project, taskforce, and workgroup. This can create a feeling of disconnect between groups and VTAAC as a whole. There is some uncertainty about the role of the Steering Committee and how individuals are selected for the committee. While group leads were looking for definition and clarity, not all of them feel the need for more involvement from Steering Committee members in their work once it is established.

4. Vermont Cancer Plan

Many group leaders, particularly those whose groups were involved in writing the plan, said that their work is directly tied to the VT Cancer Plan. However, a few leaders shared that although their work aligns with the plan, they may not feel a connection to it and may not intentionally draw from elements of the plan.

5. Connections across groups

Leads and members are interested in what other groups are working on to discover overlap and potential partnerships but are also weary of adding more meetings or tasks to their plate.

6. Member Engagement

Engaging group members, especially beyond the people usually involved, is a challenge across groups. Especially since the COVID-19 pandemic, people are stretched thin and less likely to join more Zoom calls. Group leaders are interested in hearing from their current members to learn more about how they can make the group meaningful and worthwhile, especially for people with limited time and capacity to contribute.

7. Leaders Support Needs

Many group leaders put in a significant amount of time outside meetings to coordinate, plan, and move projects forward. Leaders and most engaged members are generally people who can do this work as part of their paid job. Most of the co-leads mentioned the need for administrative support, possibly from the coalition coordinator, to lessen the burden on group leaders and ensure the group continues to move forward.

8. Sustainability

Sustainability, particularly regarding funding, is a concern for leaders. Funded projects tend to be more engaging, meaningful, and impactful. A few groups also mentioned the need to have established positions, so efforts continue even after an individual leaves their role.

9. Missing Voices

Leaders identified missing voices and opportunities for greater member engagement. Across most groups, leaders said they would like to increase engagement from people in rural areas of the state, primary care providers/clinical staff, and community members impacted by cancer. However, no groups had a plan in place to engage these populations.

10. Evaluation and tracking

Some group leaders mentioned the need for evaluation in their group – both for their projects and for the group itself. Most groups did not have a way to track their activities. Of those who did, it was usually part of a funded project or an outside organization.

Survey Limitations ⚠️

There was not representation from each workgroup, taskforce and project in the focus group study. Not every lead was able to attend either, so there may be some perspectives missing that differ from those represented in the results.

Next Steps

A brief summary of themes from the focus group was shared with VTAAC leaders to inform the improvement of coalition groups. These findings will continue to inform the efforts to provide support to groups, update VTAAC's guiding principles, connect work to the Cancer Plan, enhance communication within and between groups, and ensure sustainability of VTAAC's efforts.

VTAAC Leads Focus Group Summary

Professional Data Analysts (PDA), the external evaluators for the Vermont Comprehensive Cancer control (CCC) Program, conducted focus groups with Vermonters Taking Action Against Cancer (VTAAC) workgroup, project, and taskforce leads. These focus groups were intended to learn from the co-researchers and experts potential next information a year (July 2022).

Description of Focus groups were 1 for analysis. A group of 4 and 10 members.

Participants Focus groups were 1 for analysis. A group of 4 and 10 members.

Variation in Focus groups were 1 for analysis. A group of 4 and 10 members.

There are 10 groups. 1. Organizational 2. Structure 3. VTAAC 4. Vermont 5. Cancer 6. Member 7. Leader 8. Support 9. Missing 10. Evaluation

The following that VTAAC is within VTAAC

Focus Group Findings & Reflections

1 Organizational Influence

VTAAC's organizational influence as a well-known organization across the state helps groups garner support for their work and increase legitimacy with external partners. Having members from major institutions such as the University of Vermont (UVM), Dartmouth, and the American Cancer Society (ACS) is important for many groups to access resources and networks.

Continue to find ways to leverage VTAAC's resources and reputation to attract funding, members, and projects. Consider ways to involve major players, while integrating historically underrepresented perspectives.

2 Structure, purpose, and priorities

Groups with a clear structure, purpose, and/or project are more active and have more momentum than groups without. Groups with a clear understanding tend to be taskforces and projects with funding. Leaders expressed a need for clear agendas to keep members engaged and keep work moving forward. Some leaders are currently in the process of re-evaluating group structure and purpose.

Provide support for groups to define a clear purpose and structure, along with additional administrative support to set agendas. Sharing meeting agendas could also be used as a way to track and share activities.

3 VTAAC Structure

Leads don't have a clear understanding of the VTAAC structure, including the differences between a project, taskforce, and workgroup. This can create a feeling of disconnect between groups and VTAAC as a whole. There is some uncertainty about the role of the Steering Committee and how individuals are selected for the committee. While group leads were looking for definition and clarity, not all of them feel the need for more involvement from Steering Committee members in their work once it is established.

Consider updating the organizational chart and/or the definitions in the VTAAC guiding principles and ensure that all VTAAC members are aware of these updated resources. A shared understanding may lead to a more collective experience.

4 Vermont Cancer Plan

Many group leaders, particularly those whose groups were involved in writing the plan, said that their work is directly tied to the VT Cancer Plan. However, a few leaders shared that although their work aligns with the plan, they may not feel a connection to it and intentionally draw from elements of the plan.

Find ways to show the value of connecting group efforts to the Cancer Plan, such as an increased connection to VTAAC and ability to measure statewide impact and progress on Plan goals.

5 Connections across groups

Leads and members are interested in what other groups are working on to discover overlap and potential partnerships but are also weary of adding more meetings or tasks to their plate.

Create informal communication channels for groups to share updates, learn what other groups are currently working on, and connect with each other. Examples of communication channels include a webpage or regular emails.



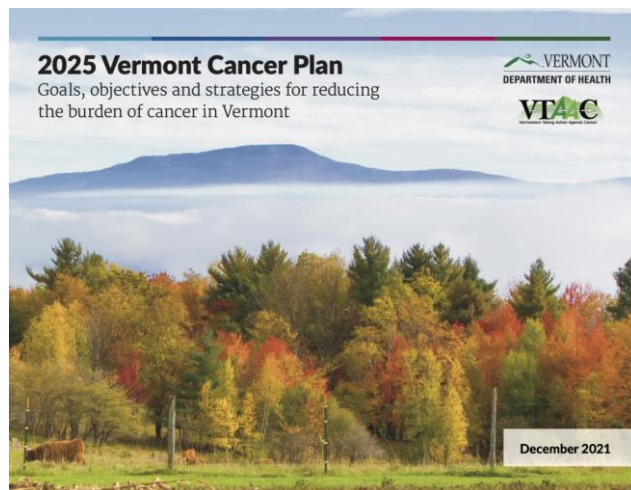
See the brief in [Appendix B](#).

Cancer Plan

The 2025 Vermont Cancer Plan presents the shared goals, objectives, and priority strategies to reduce the burden of cancer in Vermont. The Plan serves as a roadmap and a call to action for individuals and organizations who are dedicated to joining efforts to reduce the impact of cancer in Vermont. The Cancer Plan is intended as a guide for all Vermonters and speaks to a wide range of stakeholders, whether they are physicians, clinicians, researchers, caregivers, advocates, or individuals personally impacted by cancer. The five-year plan strives to improve cancer outcomes for all Vermonters, especially those known to be at higher risk and more likely to be affected by cancer due to social, environmental, and economic disadvantages.

The Cancer Plan's goals, objectives and strategies cover the cancer continuum and the crosscutting area of health equity. The 2021-2025 Cancer Plan is divided into the following five sections:

- **Health Equity** – Ensure that all Vermonters have a fair and just opportunity to be healthy.
- **Cancer Prevention** – Prevent cancer from occurring or recurring.
FOCUS AREAS: Tobacco, Physical Activity and Nutrition, Human Papillomavirus (HPV) and Environmental Hazards (ultraviolet radiation and radon)
- **Cancer Early Detection** – Detect cancer at its earliest stages.
FOCUS AREAS: Colorectal, Cervical, Breast, Lung and Prostate Cancers
- **Cancer Directed Therapy and Supportive Care** – Treat cancer with appropriate, quality care.
FOCUS AREAS: Cancer Directed Therapy, Integrative Medicine and Palliative Care
Vermont Cancer Plan Cover Page
- **Survivorship and Advanced Care Planning** – Ensure the highest quality of life possible for cancer survivors.
FOCUS AREAS: Optimal Physical and Emotional Health, Hospice Care and Advanced Planning for Vermonters diagnosed with cancer

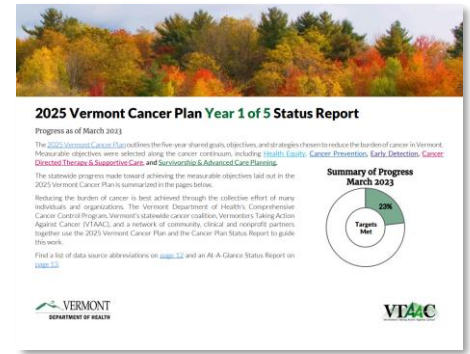


Vermont Cancer Plan Cover Page

The following pages describe ways that the Cancer Plan's implementation is measured and tracked, as well as brief descriptions of how VTAAC groups are implementing the strategies.

Measuring progress on the 2025 Vermont Cancer Plan

The 2025 Vermont Cancer Plan Year 1 of 5 Status Report was created, led by the VT CCC Analyst, to measure statewide progress toward achieving the measurable objectives laid out in the plan. The report is organized by the objectives across the cancer continuum, including Health Equity, Cancer Prevention, Early Detection, Cancer Directed Therapy & Supportive Care, and Survivorship & Advanced Care Planning. As available, each objective includes a baseline, comparison to the set target, trend, and whether the target has been met, as shown in the image below.



Year 01 Status Report

Cancer Prevention

Goal 2. Reduce exposure to tobacco among Vermonters.

Objectives (Data source)	BASILINE (YEAR)	COMPARISON TO TARGET	TREND	MET TARGET
		current ♦ target ■ target met ■		☐ no new data
2.1 Decrease % of adults who currently use any tobacco product (cigarettes, e-cigarettes & chew) (BRFSS 2017-2021).	21% (2017)		No change	☒

Example data status

An “at-a-glance” report is also available to promote use.



See the At-A-Glance Report in [Appendix C](#).

Summary of progress

As of March 2023, **23% of cancer plan targets were met**. A total of 15 objective’s trends are improved, 12 are worsened, and 2 were not changed (out of 40 objectives). Ten targets only have baseline data, so trends will be determined in the following years.

Goal Area	Summary progress
Health Equity	All Health Equity objectives are improving, showing progress in Vermont related to key measurements for ensuring that all Vermonters have a fair and just opportunity to be healthy.
Cancer Prevention	Only three out of fifteen cancer prevention objectives are improving, and one target has been met. Six of the objectives have no new data and therefore no trends to report.
Cancer Early Detection	Four out of ten cancer early detection objectives are improving, and two targets have been met.
Cancer Directed Therapy and Supportive Care	Two out of five cancer directed therapy and supportive care objectives are improving, and two targets have been met.
Survivorship and Advanced Care Planning	Three out of seven survivorship and advanced care planning objectives are improving, and all three of those targets have been met.

This status report can also be helpful when examining the impact of EBIs outlined in the program workplan.

Efforts of VTAAC workgroups, projects, and taskforces

VTAAC's active workgroups, projects, and taskforces are undergoing efforts to implement the 2025 Vermont Cancer Plan. The Executive Committee and Steering Committee are leaders of VTAAC, helping to guide the coalition's collective efforts. Below are brief summaries of VTAAC's current efforts.

Prevention & Detection Workgroup

52 members

A subcommittee from the prevention and detection workgroup is working to update a cancer **screening guidelines one-pager** with the support of a communications specialist at VDH.

Colorectal Screening Project with SVMC/ACS

14 members

Over the past three years, Southwestern Vermont Medical Center (SVMC) worked with VTAAC, American Cancer Society (ACS), Dartmouth Health (DH), and the Vermont Department of Health on a three-year ACS Health Systems Capacity Building (HSCB) initiative to improve colorectal cancer (CRC) screening rates in five of their primary care practices. ACS's HSCB initiative tasked the group to increase CRC screening rates by pooling resources, connections, and expertise to complete evidence-based interventions.

This collaborative group is very pleased to share that SVMC's CRC screening rates went from a baseline of 37% in 2019 to 43% in 2022 for a **6% increase over the course of the project!** ACS identified SVMC as a top performer among those who received this grant across the country.

Colorectal Cancer Taskforce

10 members

The Colorectal Cancer Taskforce was formed in February 2023. Members came together to launch a coordinated **communications campaign** for March, Colorectal Cancer Awareness Month. Taskforce members also created a [list of colorectal cancer screening resources](#) for the public, alongside communication toolkits for organizations to use in their own campaigns. Members began working on co-branding a toolkit over the summer that includes resources for payors, providers and patients around coverage for follow-up colonoscopies in Vermont.

Skin Cancer Taskforce

22 members

This taskforce was launched in March 2023. The VTAAC website was updated to provide members' **skin cancer resources** as well as information on the Taskforce. In addition, in June 2023, the Taskforce initiated a VT Sunscreen Community Dispenser opportunity, to supply 12 Vermont community park and recreation locations with free automated sunscreen and other sun safety implementation resources.

HPV Taskforce

49 members

The HPV Taskforce was formed in Fall 2022 and is collaborating with other states on a **call-to-action letter** to healthcare and dental providers encouraging HPV vaccinations starting at age 9. This letter will be rolled out September 2023.

Lung Cancer Screening Taskforce

36 members

This group is working with the American Cancer Society to plan a media and education campaign and free screening day opportunities around **Lung Cancer Awareness** Month (November) using \$15,500 that ACS VT was awarded to work with VTAAC. The Taskforce also collaborated with the Vermont Department of Corrections to help initiate and support the new provision of lung cancer screening to become available to incarcerated Vermonters after July 1, 2023.

Quality of Life Workgroup

65 members

VTAAC applied for and was awarded a \$25,000 supplemental funding opportunity for Year 2 of the workplan (July 1, 2023 – June 30, 2024). These funds will be used to revise the VTAAC resource pages to include a useful and comprehensive **survivorship resource list**.

This will be a focus for the Year 2 Evaluation.

Physical Activity & Nutrition

7 members

A partner at the Central Vermont Medical Center is working to expand provider education trainings around encouraging physical activity and nutrition prescription tools that this group worked on in the past.

Health Equity Committee

7 members

Members of the Health Equity Committee are interested in supporting the update of VTAAC's Guiding Principles document with a health equity and accessible/plain language focus. The group will be working to add in best practices around compensating community members for their time/expertise.

Program

The Vermont CCC Program is housed in the Health Promotion & Disease Prevention (HPDP) division, a department with considerable collaboration and integration of services across the cancer continuum. The Cancer Program relies on strong collaboration with other Vermont Department of Health chronic disease programs to implement statewide cancer efforts. Further, the Cancer Program plays an essential role in supporting and sustaining the statewide cancer Partnership, VTAAC. The Cancer Program collaborates with coalition members to coordinate and implement cancer control efforts, which are guided by the Vermont Cancer Plan.

Intra-agency partnership, collaborations, trainings, etc.

The Vermont CCC Program utilizes a variety of intra-agency partnerships to strengthen and expand their work. The LGBTQ+ Best Practices Training with You First VT is one example. Another is utilizing the Vermont Department of Health Office of Health Equity Integration to facilitate the Health Equity Committee formation meetings and as a resource when developing health equity focused questions in the Year 1 member survey.

VT CCC staff participation in ACS leadership training

Hanna Snyder, the Coalition Coordinator for VTAAC, participated in the ACS facilitative leadership training series. Attending this series provided the opportunity to develop valuable skills for:

- designing and facilitating engaging meetings;
- persuading others, negotiating agreement, and resolve conflict;
- holding effective coaching conversations; and
- identifying impactful coalition strategies and recruiting members able to execute those strategies.

These types of professional opportunities support the program's capacity building and improvement efforts.



ACS Facilitative Leadership Toolkit

Sharing Vermont's efforts with professional networks

PDA presented on the development and use of an equity checklist to advance health equity-focused goals in cancer prevention and control at the 2022 American Evaluation Association Conference. Presenters discussed how the *CCC Equity Checklist* was adapted and expanded for use with the Vermont CCC Program. The benefits of using the equity checklist framework for health evaluation and program development purposes was highlighted, as well as lessons learned and considerations for future application. This presentation allowed evaluators to share Vermont CCC health equity efforts with evaluators from across the world and contribute to the professional field.

Use of checklist results



- Vermont's cancer coalition, VTAAC, developed a three-part webinar series focused on critical cancer equity issues within the state.
 - Brought together multiple partners and built coalition member engagement
 - Provided a space for partners to discuss challenges in their cancer work and share ideas for potential solutions.
 - Elevated the lived experience of people impacted by cancer through panel conversations
 - Offered partners training and education on equity concepts and cultural competency in healthcare.

Year 1 Workplan Progress

Below are brief summaries of progress on the Year 1 Workplan objectives.

1. HPV Vaccination

Objective: Increase % of rural VT health or dental providers receiving training on HPV vaccination evidence-based interventions from 5 (2021 VT CCC records) to 20 by 06/29/2023.

- In March 2023, a “You are the Key” film screening was held in Vermont in a virtual setting. Several break-out sessions were included to allow participants to learn from each other and strategize with other professionals. Continuing medical education, continuing nursing education, and continuing education units were offered. 91 registrants, across 6 states attended, (VT, NH, UT, PA, OH, and NJ), including multiple staff from two VT Federally Qualified Health Centers (FQHCs).
- The VTAAC HPV Taskforce was relaunched in October 2022. Initial meetings focused on data sharing, current work and priorities, evidence-based interventions, and potential areas of collaboration. As of June 2023, the Taskforce was collaborating with other states on a call-to-action letter to healthcare and dental providers encouraging HPV vaccinations starting at age 9. Other healthcare provider training activities will be implemented after the letter has been distributed.

2. Sun Safety

Objective: Increase the number of state and local parks and recreational facilities in Vermont that provide sunscreen stations from 30 to 35 by June 29, 2023.

- Vermont State Parks provided public sunscreen stations at 20 parks during Summer and Fall 2022. During this time, Vermont State Parks also began including sun safety funding in their internal budget to maintain the statewide skin cancer prevention activities without outside funding.
- A VTAAC Skin Cancer Taskforce was initiated in March 2023. The group coordinated the initiation of a new sunscreen opportunity for local parks and recreational facilities to expand the number of sunscreen to 12 additional locations.

3. Colorectal Cancer Screening

Objective: Increase % of VT healthcare systems/practices implementing provider assessment and feedback /client reminders evidence-based interventions to increase colorectal cancer screening rates from 4 (2021 VT CCC records) to 6 by 06/29/2023.

- Vermont CCC worked with Bi-State Primary Care to support provider assessment and feedback of colorectal cancer screening rates at 7 FQHCs through a summary dashboard by clinic and provider.
- VTAAC coordinated with Southwestern Vermont Medical Center to continue the CRC screening QI project in 5 of their primary care practices using EBIs such as patient reminders and provider prompts in the electronic medical record.

4 and 5. Lung Cancer Screening (LCS)

Objective: Increase % of VT healthcare providers receiving training on LCS evidence-based interventions or cultural competency in working with health equity populations such as Vermonters with disabilities from 5 (2021 VT CCC records) to 10 by 06/29/2023.

Objective: Increase number of coordinated small media campaign efforts facilitated by the VTAAC Lung Cancer Screening Taskforce from 0 (2021) to 2 by June 29, 2023.

- In July 2022, VTAAC’s Lung Cancer Screening Taskforce launched a public education campaign promoting early detection of lung cancer. Two provider trainings were held as part of this effort. Trainers covered shared decision making, reducing stigma and current screening guidelines. Two free virtual community meetings were also held in July 2022.

- VT CCC was unable to fully implement a focus on Vermonters with disabilities, instead pivoting to working with correctional facilities as a different health equity target. This involved collaboration with the Vermont Department of Corrections to help initiate and support the new provision of lung cancer screening to become available to incarcerated Vermonters after July 1, 2023.

6. Survivorship

Objective: Increase the % of rural VT adult cancer survivors who report always or usually receiving social & emotional support from 76% (BRFSS 2018) to 78% by 06/29/2023.

- The VTAAC Quality of Life Workgroup met four times during this year. Initial meetings focused on priority setting and promoting local organizations supporting survivor psychosocial health. This work is challenging to implement and will continue into Year 2.
- Due to competing priorities for health care providers, it is challenging to successfully promote provider level cancer survivor care education. VT CCC was not able to organize any trainings during this reporting period. VT CCC will continue to plan and identify successful locations/targets for provider cancer survivor education.

7. Physical Activity & Nutrition

Objective: Increase the number of exercise prescriptions given to Vermont cancer patients/survivors at the University of Vermont Cancer Center and Central Vermont Medical Center from 175 (February-June 2022) to 250 by June 29, 2023.

- The VTAAC Survivor Physical Activity Rx project, implemented in two Vermont cancer centers in Year 5 of DP17-1701, progressed in Year 1 to develop expansion plans for continued provider training and expansion of Rx use in Central Vermont Medical Center (CVMC). Additional provider training was held at CVMC in March 2023, however further expansion plans were delayed due to unexpected staffing vacancies. This work will continue in Year 2.

Conclusion and Recommendations

This last section of the report reflects on how evaluation recommendations from the previous funding cycle were carried forward over the past year and offers additional recommendations for consideration looking ahead. These reflections and considerations are organized by the three Ps. Progress made on the recommendations from the prior year (FY22) is shown in blue and recommendations going into the next year (FY23) are indicated with a .

FY22 Recommendations & Progress

FY22 Partnership Recommendation: Consider building upon the previous coalition membership analysis to identify specific gaps or areas for coalition growth, explore potential strategies for recruitment and retention, and try out new or enhance ways of engaging members from groups missing or less involved. A key piece of fostering engagement is ensuring that participation in VTAAC is valuable for members. It may be helpful to look more deeply at members' perceived value of the coalition, as well as what they see as their contributions to cancer work.

- ✓ The VTAAC member survey gathered information about members' satisfaction with the coalition and ways they are currently engaged and want to be engaged in the coalition. The results of the survey will be integrated into programmatic decision-making and was distributed across VTAAC membership.

FY22 Partnership Recommendation: Consider looking at how VTAAC's structure of workgroups, taskforces, and projects have been effective and where there may be areas for improvement to better support the implementation of the Plan. Conducting interviews or focus groups with group leads or members could provide valuable input and generate new ideas.

- ✓ Focus groups of VTAAC workgroup, taskforce, and project leaders were conducted to inform areas for improvement and helped to understand where there are barriers.

FY22 Partnership Recommendation: We recommend continuing to keep equity at the forefront and bring it up at relevant meetings and with different groups of key stakeholders to explore what action steps might be beneficial to prioritize. The interest voiced by some members in forming a Health Equity Committee is a good step forward.

- ✓ The CCC team continued to collaborate with the VDH Health Equity Integration Office as subject matter experts. The Health Equity Committee was also formed in an intentional and purposeful way.

FY22 Plan Recommendation: Consider effective and feasible ways to monitor and measure progress toward Plan goals and objectives. The development of a systematic and user-friendly tool, such as a dashboard, could help evaluate collective progress toward the Plan's targets and intended outcomes over time.

- ✓ The VT CCC Program analyst developed an annual status report on Cancer Plan progress to distribute with VTAAC members and partners.

FY22 Plan Recommendation: Further, it maybe helpful to find ways to share with VTAAC leadership and the general membership regularly the steps that have been taken on Plan implementation and create opportunities to foster discussion of progress and challenges among members.

- ✓ The VT CCC team is considering a working group progress tool that could be developed to share the efforts of the groups more broadly and track their efforts over time.

FY22 Program Recommendation: Connect programs within VDH that work in areas related to cancer prevention and control and look for synergies and new opportunities to deepen collaborations internally. As many as 50+ VDH staff are currently members of VTAAC, which is a solid base for exploring ways that programs with similar components (e.g., state plans) or priorities (e.g., reducing tobacco use or improving physical activity and nutrition) can be more coordinated and aligned, as possible.

- ✓ Vermont CCC Program staff continued to collaborate with other programs within VDH, including You First VT, Health Equity Integration Office, Food and Nutrition Security Workgroup, etc.

FY23 Recommendations

Partnership

- 💡 Intentionally recruit new VTAAC members from currently missing or underrepresented groups to fill gaps. This might include those who represent populations of focus and those working in business/industry and legislature/policy.
- 💡 Continue to clarify VTAAC's structure and processes. This might include updating the guiding principles, considering the language used to describe the coalition's parts, and incorporating conversations about the coalition's structure and processes into working group and coalition-wide meetings.
- 💡 Explore health equity focused action steps to set as priorities for the year and incorporate feedback and input from VTAAC members, particularly those working with and who are a part of populations of focus.

Plan

- 💡 Continue to monitor the progress of cancer plan implementation – both through quantitative data updates and through more incremental steps made by projects, workgroups, and taskforces. This may be accomplished through continuing the annual status reports and pairing it with a VTAAC taskforce progress tool.
- 💡 Continue to disseminate the plan broadly among VTAAC members and partners and demonstrate its direct connection to efforts that are already underway.

Program

- 💡 Given current funding limitations, look for more ways to integrate the program's annual workplan into the coalition's efforts and consider how partnerships could be strengthened and expanded.
- 💡 Continue to build internal capacity for evaluation and measurement of progress.

Appendix A. VTAAC Member Survey Results

June 2023



The **Vermonters Taking Action Against Cancer** (VTAAC) member survey was used to gauge members' satisfaction with the coalition, understand ways they are currently engaged and want to be engaged in the coalition, learn about work being done to advance the 2025 Vermont Cancer Plan goals, and collect background information. The survey was administered online in April 2023, and all members were encouraged to respond regardless of their current level of involvement. The survey was sent to 548 emails, opened by 32%, and 72 responses were received. The information provided in this summary are based on the sample of VTAAC members who responded to the survey and *may not be representative* of the entire coalition membership.

Who responded to the member survey?

The background information on respondents tells us which perspectives were included in the responses, as well as sense of which ones might be missing or less prominent.



32% reported being personally impacted by cancer



49% identified as a caregiver or loved one of someone personally impacted by cancer



19% reported being a physical or mental health care clinician

Sector representation

Many respondents work within an academic/research institution, public health, or non-profit/community-based organization.

n = 46*

Academic/research institution	17 respondents
Public health	16
Non-profit/community-based organization	16
Government agency	13
Medical institution/clinic	11
I joined VTAAC as a community member.	8
Other	3
Legislature/policy	1
Business/Industry	1
Retired	1
Health insurance/payer	0

*25 respondents selected more than one answer.



“[VTAAC brings] organizations together that support reducing the burden of cancer in Vermont. **Together we can achieve a lot more** than one sole entity or organization.”

–VTAAC Member



Length of involvement

Nearly half of respondents have been VTAAC members for 2 or less years, while there is also representation from long-standing members with historical knowledge.

n = 45

Less than 1 year	12
1-2 years	10
3-5 years	9
6-10 years	9
Greater than 10 years	5

How are VTAAC members involved in the coalition?

Members have an opportunity to engage with VTAAC in various ways. The most common ways respondents report being involved in VTAAC are:

- 64% Read VTAAC emails
- 53% Read the VTAAC newsletter
- 36% Member of a workgroup, taskforce, and/or project
- 32% Share information about VTAAC with people in their organization

Newer members are as likely as members involved for more than 2 years to be engaged in a workgroup, taskforce, and/or project. However, only 36% overall reported this type of engagement, suggesting there may be **opportunities to increase the number of VTAAC members overall who are a part of these groups.**

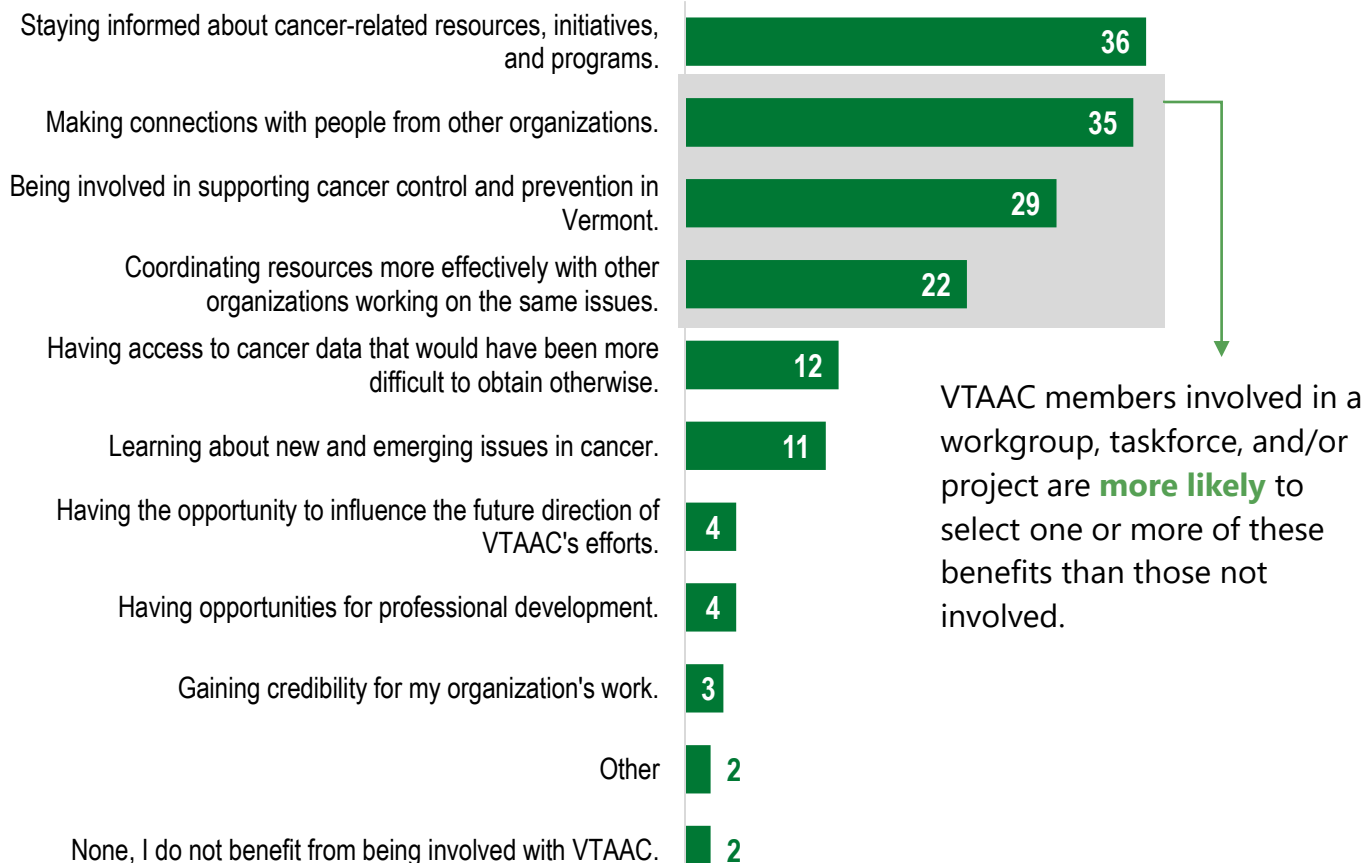
Respondents communicated the need for clearer expectations for participation, and more information on how to get involved.

In addition, **75%** of respondents agree that they feel **well-informed** about coalition activities and **88%** agree that they **understand the purpose** of VTAAC.

How do VTAAC members benefit from being involved in the coalition?

Many members find value in opportunities to connect with others outside of their organization and help staying up-to-date on cancer resources and services. While members often benefit in more than one way from being involved in VTAAC, what they view as the most important benefits vary depending on their engagement.

n = 60



*53 respondents selected more than one answer.

Note: Respondents were asked to select up to three most important benefits of involvement in VTAAC.

Opportunities for improvement within VTAAC

Respondents shared a variety of ways that VTAAC could increase engagement among members and better support its mission to reduce the burden of cancer in Vermont, including:

- continue to **provide educational and networking virtual opportunities**,
- demonstrate the coalition's **impact**,
- continue to work towards **tangible work plans and measurable activities**,
- increase communications about **current workgroups and projects**, and
- ensure every task force has one or more **patient/caregiver representatives** on it.

There are already activities underway to address many of these suggestions for improvement.

Integrating perspectives of those most affected by cancer

As VTAAC works toward improving cancer outcomes for all Vermonters, integrating the voices of those who are more likely to be affected by cancer than others due to social, environmental and economic disadvantages into the coalition **is essential to ensure the coalition's efforts reach and are responsive to the needs of those most impacted**. The 2025 Vermont Cancer Plan identifies four populations of focus:

- Black, Indigenous and people of color (BIPOC)
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters
- Vermonters living with disabilities
- Low-income Vermonters

To further understand how to engage these populations, VTAAC members were asked, "How could VTAAC further integrate the perspectives of community members most affected by cancer into the coalition?" Themes from the responses, along with select quotes are:

“In supporting VTAAC’s goal of health equity, **engage more members from the populations we look to support.**”
–VTAAC Member”

Gather important perspectives	“Community forums, possibly survey outreach to those who have cancer or their family/supports including healthcare professionals who care for them.”
Build greater representation	“Invite key stakeholders to have a position on each task force.” “Compensation for time” “More LGBTQIA+ focused materials.” “Recruit more members especially in the geographic areas in the mid and southern regions.”
Enhance coordination & collaboration	“Work with community organizations that support community members and caregivers.”

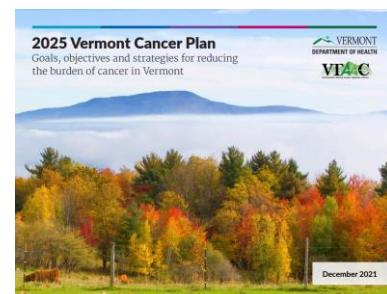
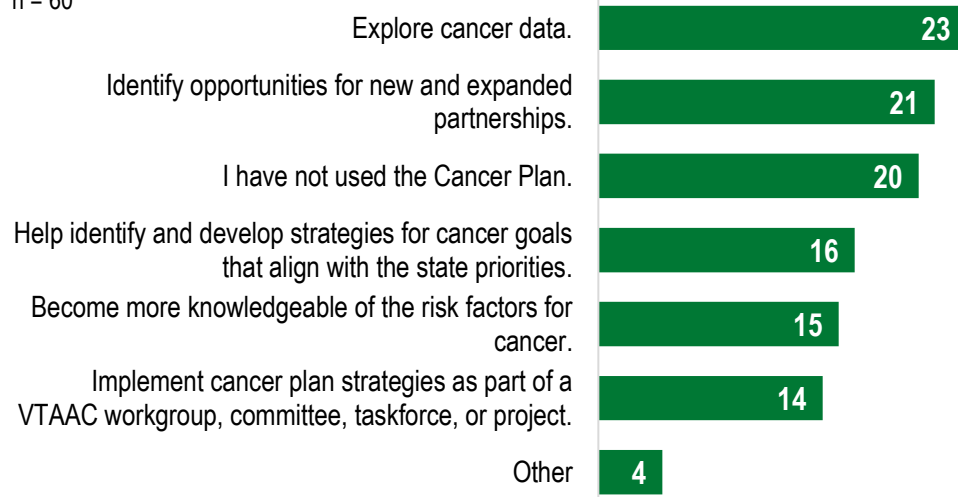
Among respondents, **78% reported that they are not a part of any of the cancer plan populations of focus**. Of those that are, there was the most representation from the LGBTQ+ community. The survey results indicate that there is opportunity for intentional recruitment of members from populations of focus.

The responses related to integrating perspectives of those most affected should be acted upon with caution given the lack of representation from these communities in the survey and the critical need to work in partnership and reciprocity with communities most impacted by cancer.

How is the Vermont Cancer Plan being used and what are the barriers to use?

Of the 66% respondents (40 out of 60) who have used the cancer plan, many use the plan to explore cancer data and identify opportunities for partnerships. Survey results showed opportunities for expanded use of the plan by members.

n = 60*



Learn more about the [2025 Cancer Plan](#) and explore the [Year 1 Status Report](#).

*25 respondents selected more than one answer.

Most respondents (43%) shared that nothing prevents them or their organization from using the cancer plan, while others reported barriers to use including **lack of time** (23%) and **competing organizational priorities** (12%). Half of those who have not used the plan were also not familiar with the plan.

Respondents identified tangible ways to ensure the continued use and implementation of the cancer plan:



"...identifying gaps in the strategies of the cancer plan that aren't currently being implemented by any organization and develop task forces to fill those gaps."



"Continue reinforcing collaborations and disseminate the cancer plan as widely as possible."



"Create systems to support the VT Cancer Plan (e.g., screening tool for cancer types, data dashboard, member communications tools, etc.)."

Actionable ways to use the findings of this report:

- Inform recruitment efforts, particularly from populations of focus and other groups with less representation within VTAAC.
- Build upon efforts to engage cancer partners across Vermont by focusing on the benefits of being involved in a statewide coalition.
- Ensure that VTAAC continues to create multiple ways for members to engage that fit their availability and interest, such as a structured group or committee or ad hoc meetings for brainstorming and sharing.
- Continue to disseminate the 2025 Vermont Cancer Plan widely, promote its use, and communicate progress toward reducing the cancer burden across the state.

This survey was conducted in partnership between Vermont Department of Health's Comprehensive Cancer Control Program and their external evaluator, Professional Data Analysts. Learn more about VTAAC's efforts at vtaac.org. Contact coordinator@vtaac.org with questions about the member survey.

"I love meeting other people doing this very important work throughout the state! Thanks for bringing us together and I look forward to all the collaboration in the next year +." – VTAAC member

Appendix B. VTAAC Leads Focus Group Summary

Professional Data Analysts (PDA), the external evaluators for the Vermont Comprehensive Cancer control (CCC) Program, conducted focus groups with Vermonters Taking Action Against Cancer (VTAAC) workgroup, project, and taskforce leads. These focus groups were intended to learn from the perspectives and experiences of leads, gather input on groups' strengths and challenges, and generate ideas for potential next steps in the development of workgroups, taskforces, and projects within VTAAC. This information will be used to address the overall VT CCC's key evaluation questions established for this fiscal year (July 2022 – June 2023).

Description of process

Focus groups consisted of the workgroup, taskforce, or project leader or co-leader. The six total focus groups were held between September 6th – 21st via Zoom. The discussions were recorded and transcribed for analysis. All participants consented to being recorded. The discussions were structured around three groups of questions: purpose, priorities, and connection with VTAAC; group structure and collaboration; and implementation.

Participants

Focus groups were organized by group and consisted of group leads.

- Prevention and Detection Workgroup co-leads
- Quality of Life Workgroup co-lead
- Lung Cancer Screening Taskforce leads
- HPV Taskforce lead
- Physical Activity and Nutrition Survivors project leads
- American Cancer Society (ACS) Colorectal Cancer project leads

Variation in group structure

Groups are in different stages of forming, planning, and implementing activities, leading to a variety of perspectives included in the findings. Group structures tend to differ based on the purpose and type of group. Most groups have a regular meeting schedule established, while a few groups are in the process of re-evaluating or re-starting regular meetings after being inactive.

There are ten themes that stood out across the six focus groups:

1. Organizational influence
2. Structure, purpose, and priorities
3. VTAAC's structure
4. Vermont Cancer Plan
5. Connections across groups
6. Member Engagement
7. Leaders Support Needs
8. Sustainability
9. Missing Voices
10. Evaluation and tracking

The following pages layout key takeaways from the analysis of focus group transcripts. Recommendations that VTAAC leadership may consider in the further development of workgroups, taskforces, and projects within VTAAC are indicated with an orange triangle ►.

Focus Group Findings & Reflections

1 Organizational Influence

VTAAC's organizational influence as a well-known organization across the state helps groups garner support for their work and increase legitimacy with external partners. Having members from major institutions such as the University of Vermont (UVM), Dartmouth, and the American Cancer Society (ACS) is important for many groups to access resources and networks.

- ▶ Continue to find ways to leverage VTAAC's resources and reputation to attract funding, members, and projects.
- ▶ Consider ways to involve major players, while integrating historically underrepresented perspectives.

2 Structure, purpose, and priorities

Groups with a clear structure, purpose, and/or project are more active and have more momentum than groups without. Groups with a clear understanding tend to be taskforces and projects with funding. Leaders expressed a need for clear agendas to keep members engaged and keep work moving forward. Some leaders are currently in the process of re-evaluating group structure and purpose.

- ▶ Provide support for groups to define a clear purpose and structure, along with additional administrative support to set agendas. Sharing meeting agendas could also be used as a way to track and share activities.

3 VTAAC Structure

Leads don't have a clear understanding of the VTAAC structure, including the differences between a project, taskforce, and workgroup. This can create a feeling of disconnect between groups and VTAAC as a whole. There is some uncertainty about the role of the Steering Committee and how individuals are selected for the committee. While group leads were looking for definition and clarity, not all of them feel the need for more involvement from Steering Committee members in their work once it is established.

- ▶ Consider updating the organizational chart and/or the definitions in the VTAAC guiding principles and ensure that all VTAAC members are aware of these updated resources. A shared understanding may lead to a more collective experience.

4 Vermont Cancer Plan

Many group leaders, particularly those whose groups were involved in writing the plan, said that their work is directly tied to the VT Cancer Plan. However, a few leaders shared that although their work aligns with the plan, they may not feel a connection to it and intentionally draw from elements of the plan.

- ▶ Find ways to show the value of connecting group efforts to the Cancer Plan, such as an increased connection to VTAAC and ability to measure statewide impact and progress on Plan goals.

5 Connections across groups

Leads and members are interested in what other groups are working on to discover overlap and potential partnerships but are also weary of adding more meetings or tasks to their plate.

- ▶ Create informal communication channels for groups to share updates, learn what other groups are currently working on, and connect with each other. Examples of communication channels include a webpage or regular emails.

6 Member Engagement

Engaging group members, especially beyond the people usually involved, is a challenge across groups. Especially since the COVID-19 pandemic, people are stretched thin and less likely to join more Zoom calls. Group leaders are interested in hearing from their current members to learn more about how they can make the group meaningful and worthwhile, especially for people with limited time and capacity to contribute.

- ▶ There may be opportunities to assist group leaders in collecting feedback from their members to drive and inform group structure and purpose. This could be in the form of a survey for each workgroup, taskforce, and project.

7 Leaders' Support Needs

Many group leaders put in a significant amount of time outside meetings to coordinate, plan, and move projects forward. Leaders and most engaged members are generally people who can do this work as part of their paid job. Most of the co-leads mentioned the need for administrative support, possibly from the coalition coordinator, to lessen the burden on group leaders and ensure the group continues to move forward.

- ▶ Continue to increase the availability of administrative support group leaders have access to.

8 Sustainability

Sustainability, particularly regarding funding, is a concern for leaders. Funded projects tend to be more engaging, meaningful, and impactful. A few groups also mentioned the need to have established positions, so efforts continue even after an individual leaves their role.

- ▶ Find ways to leverage VTAAC's position, resources, and members to acquire outside funding opportunities.
- ▶ Consider creating positions within groups with documented duties and responsibilities, or revisit and share current descriptions, so positions can be more easily filled if it becomes vacant.

9 Missing Voices

Leaders identified missing voices and opportunities for greater member engagement. Across most groups, leaders said they would like to increase engagement from people in rural areas of the state, primary care providers/clinical staff, and community members impacted by cancer. However, no groups had a plan in place to engage these populations.

- ▶ Integrate the findings of the focus groups with the membership analysis data to further specify what types of members are missing from VTAAC and its groups. Apply group leads' ideas or engage group leaders and members for how to conduct outreach to these missing members. These recruitment and engagement efforts could also be guided by the VTAAC Steering Committee.

10 Evaluation and tracking

Some group leaders mentioned the need for evaluation in their group – both for their projects and for the group itself. Most groups did not have a way to track their activities. Of those who did, it was usually part of a funded project or an outside organization.

- ▶ Consider finding ways to integrate evaluation and tracking into projects and activities from the beginning, as possible. This could involve offering administrative support for these tasks or providing technical assistance to groups.

Appendix C. Year 1 At-A-Glance Status Report



2025 Vermont Cancer Plan Year 1 At-A-Glance Status Report

Progress as of March 2023 – Condensed Report

Objectives (Data source)	TREND	MET TARGET
Health Equity	Improved, worsened, no change	☐ no new data
1.1 Increase % of adults ages 18–64 with health insurance (BRFSS 2019-2021).		
1.2 Decrease % of adults who report that there was a time in the last year they did not go to the doctor because of cost (BRFSS 2019-2021).		
1.3 Decrease % of Vermont households with food insecurity (CPS, Food Security Supplement, 2017-2021).		
Cancer Prevention		
2.1 Decrease % of adults who currently use any tobacco product (cigarettes, e-cigarettes & chew) (BRFSS 2017-2021).		
2.2 Decrease % of youth in grades 9–12 who currently use any tobacco product (YRBS 2019).		☐
2.3 Decrease % of youths under the age of 13 who have ever tried a flavored tobacco product (YRBS 2019).		☐
2.4 Increase % of current adult smokers who have made a quit attempt in the last year (BRFSS 2019-2021).		
2.5 Decrease incidence rate of tobacco-associated cancers (Per 100,000 persons) (VCR 2014-2019).		
3.1 Increase % of adults who meet current physical activity guidelines (BRFSS 2019).		☐
3.2 Increase % of youth grades 9-12 who meet physical activity guidelines (YRBS 2019).		☐
3.3 Increase % of adults consuming at least 5 or more fruits and vegetables per day (BRFSS 2019-2021).		
3.4 Increase % of youth in grades 9–12 eating at least five or more fruits and vegetables each day (YRBS 2019).		☐
3.5 Decrease incidence rate of obesity-associated cancers (Per 100,000 persons) (VCR 2014-2019).		
4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR 2021-2022).		
4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR 2014-2019).		
5.1 Increase % of households that install a radon mitigation system when they receive a high radon test result (VT Radon Program 2020-2021).		
5.2 Decrease % of youth in grades 9–12 who report having at least one sunburn in the past 12 months (YRBS 2019).		☐
5.2 Decrease incidence rate of invasive melanoma (Per 100,000 persons) (VCR 2014-2019).		

Objectives (Data source)

Cancer Early Detection

	TREND Improved, worsened, no change	MET TARGET ☐ no new data
6.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for colorectal cancer screening (BRFSS 2018-2020).		✓
6.2 Decrease rate of colorectal cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2019).		✗
7.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for cervical cancer screening (BRFSS 2018-2020).		✗
7.2 Decrease rate of cervical cancer diagnosed at an invasive stage in women ages 20 and older (Per 100,000 persons) (VCR 2014-2019).		✗
8.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for breast cancer screening (BRFSS 2018-2020).		✗
8.2 Decrease rate of breast cancer diagnosed at an advanced stage in adults ages 40 and older (Per 100,000 persons) (VCR 2014-2018).		✗
9.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for lung cancer screening (BRFSS 2019).	•	☐
9.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2019).		✓
10.1 Decrease the prostate cancer death rate (Per 100,000 persons). (Vermont Vital Statistics 2014-2019).		✗
10.2 Increase % of men ages 55-69 who have discussed the advantages and disadvantages of prostate cancer screening with their health care providers (BRFSS 2018-2020).		✗

Cancer Directed Therapy and Supportive Care

11.1 Increase % of cancer survivors who are living five years or longer after diagnosis (VCR 2009-2018).		✗
11.2 Decrease the overall cancer death rate (Per 100,000 persons) (VCR 2009-2018).		✓
12.1 Maintain or increase the number of Vermont hospitals with a palliative care Program (Center to Advance Palliative Care 2019 Report).	•	☐
12.2 Maintain the Vermont state grade in the American Cancer Society Cancer Action Network Pain Policy State Report Card.	•	✓
12.3 Developmental: Increase the number of quality metrics appropriate for integrative medicine.		

Survivorship & Advanced Care Planning

13.1 Increase % of adult cancer survivors who report always or usually receiving social and emotional support (BRFSS 2018-2020).		✓
13.2 Increase % of adult cancer survivors who report that their general health is good to excellent (BRFSS 2018-2020).		✗
13.3 Decrease % of adult cancer survivors who currently use any tobacco product (cigarettes, e-cigarettes, and chew) (BRFSS 2017-2021).		✓
13.4 Increase % of adult cancer survivors who meet current physical activity guidelines (BRFSS 2019).	•	☐
13.5 Increase % of adult cancer survivors eating five or more fruits & vegetables per day (BRFSS 2019-2021).		✗
14.1 Increase the number of people enrolled each year in the Vermont Advanced Directives Registry (Vermont Ethics Network 2020-2021).		✗
14.2 Increase % of Vermonters who received hospice care within 30 days before their death from cancer in Vermont (Vermont Vital Statistics 2019-2021).		✓