



Vermont Department of Health Comprehensive Cancer Control Program

2020-2021 Evaluation Report

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Vermont has received over 20 years of funding from the Centers for Disease Control and Prevention to coordinate statewide, collaborative efforts to reduce the state's cancer burden. In Vermont, numerous volunteers help support cancer prevention and control efforts and contribute to Vermont's Cancer Plan, including those directly impacted by cancer, researchers, local and state public health professionals, physicians and health care workers, nonprofit staff, epidemiologists, and other individual volunteers. Together, these individuals and organizations work in partnership towards the overall goal of reducing the cancer burden for **all** Vermonters.

Each year,
approximately
3,800 Vermonters are
diagnosed with cancer
and
Vermont loses over 1,300
people to cancer. ^{1, 2}

About this report

This report synthesizes findings from the external evaluation of Vermont's Comprehensive Cancer Control Program (VT CCC) during Year 4 of funding provided by the Centers for Disease Control and Prevention (CDC). The intended audience for this report is the leadership of the VT CCC Program leadership and the Vermonters Taking Action Against Cancer (VTAAC) statewide coalition.

Purpose

This report was designed with the following goals:

1. To summarize annual evaluation findings for the VT CCC, including the VTAAC coalition, Vermont Cancer Plan, and the VT Cancer Program.
2. To examine the implementation and effectiveness of program and coalition efforts, including progress toward the Vermont Cancer Plan goals.
3. To highlight program and coalition efforts that focus on health equity and reducing the cancer burden for Vermonters disproportionately affected by cancer.
4. To share findings and recommendations to inform programmatic and coalition improvement and decision-making.

Design and methods

The evaluation utilized multiple methods, including review of program documents and coalition member data, focus groups with VTAAC members and leadership, facilitated conversations with the VTAAC Steering Committee, administration of the CCC Equity checklist instrument, and participant feedback surveys. Quantitative and qualitative data were analyzed systematically to identify relevant themes and patterns. Additional details on the key evaluation questions and data collection methods are provided in Appendix A.

Organization of the report

This report focuses on the development of the 2025 Vermont Cancer Plan and the VTAAC statewide cancer coalition; however, each of the “three Ps” (Partnership, Plan, and Program) are addressed. The report first provides an overview of the VT CCC evaluation activities and touches upon the impact of COVID-19 on cancer efforts in Vermont. Next, the report discusses Health Equity, followed by sections covering the VTAAC coalition, new VT Cancer Plan, and Cancer Program.

Report authors

This report was compiled by Professional Data Analysts (PDA).

PDA is a B-corporation that is contracted to conduct an external evaluation of the Vermont Comprehensive Cancer Control Program (VT CCC) activities, including the Cancer Program, Vermonter's Taking Action Against Cancer (VTAAC) statewide coalition, and the VT Cancer Plan. PDA has been evaluating chronic disease programs for over a decade across the U.S.

Please [contact Kate LaVelle](#), PhD, with questions about this report. Questions about the Vermont Comprehensive Cancer Control should be directed to [Sharon Mallory](#), MPH, Coordinator, VT CCC.

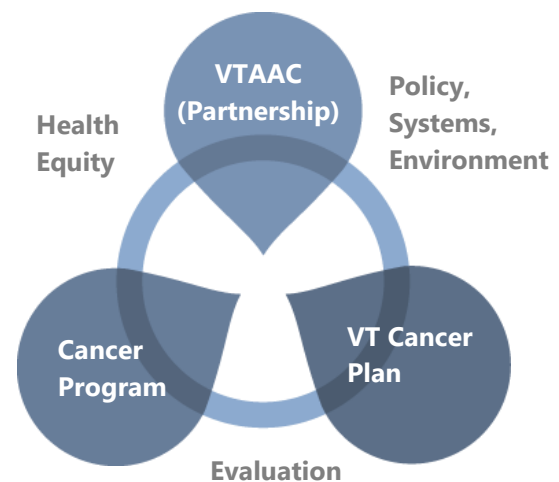
Introduction to the evaluation of Comprehensive Cancer Control in Vermont

The Vermont Comprehensive Cancer Control (CCC) Program, within the Vermont Department of Health (VDH), has been funded by the CDC through its National Cancer Control Program (NCCP) for over 20 years. This funding, provided to all 50 states, to U.S. territories, and to eight tribal organizations, supports statewide cancer control programs and a coalition of cancer partners who develop and implement a strategic Cancer Plan for cancer prevention and control. In Vermont, the volunteer-led [Vermonters Taking Action Against Cancer](#) (VTAAC) statewide coalition works collaboratively to advance the goals of the Vermont Cancer Plan to reduce the cancer burden for all the state's residents.

In September 2020, Professional Data Analysts (PDA) was contracted as the external evaluator of Vermont's CCC. From the start, PDA has worked closely with the VT CCC Program Coordinator, VTAAC Coordinator, and VTAAC Executive Co-chairs to ensure that the evaluation provides accurate, systematic, and useful information for accountability and program improvement purposes. PDA's approach is utilization-focused and aligns with the [CDC's Framework for Program Evaluation in Public Health](#).

The engagement of stakeholders is a critical component of the VT CCC evaluation. Cancer efforts are driven by a coalition of diverse individuals and organizations whose perspectives and input in the evaluation helps ensure it is representative and provides meaningful and actionable information. A description how key stakeholder groups were involved in the evaluation is presented in Appendix B.

The focus of the evaluation in Year 4 of this funding cycle (July 2020 – June 2021) was on the new Vermont Cancer Plan and the VTAAC statewide cancer coalition. The VT Cancer Program was highlighted previously in the Year 3 through in-depth reports of the CCC-funded programs IMPACT Melanoma and cancer survivorship initiatives. The overall evaluation strives to address each of the core components of Vermont's CCC, as well as the cross-cutting areas of Health Equity, and changes in Policy, Systems and the Environment (PSE), as depicted in the visual to the right.

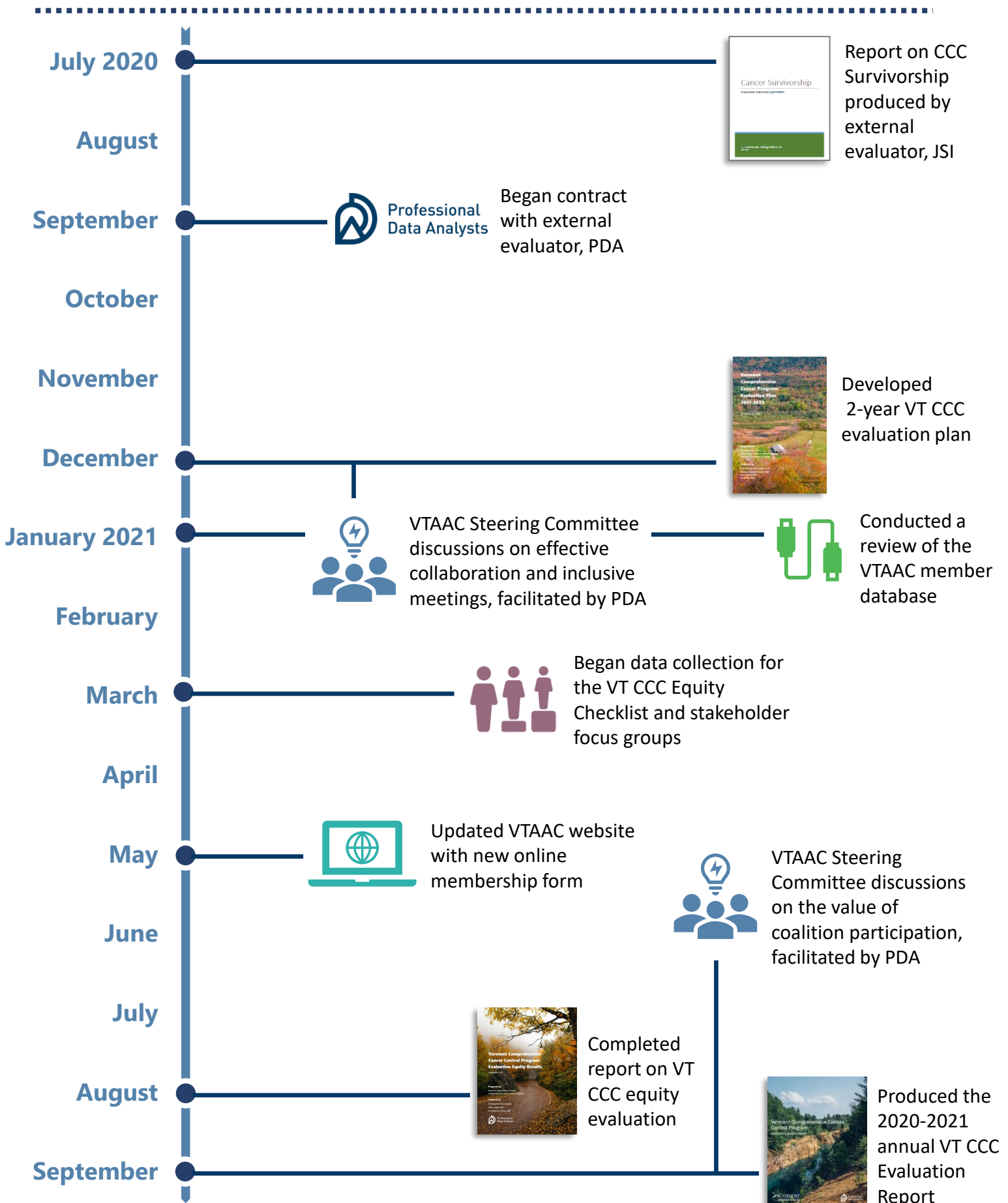


Throughout the report, instances of health equity are called out using this icon:



The VT CCC evaluation is in line with the positive feedback received from the CDC in the Year 4 Evaluation Plan Review. In particular, the evaluation describes how cancer stakeholders are engaged in statewide efforts and summarizes the findings across the VTAAC coalition, VT Cancer Plan, and Cancer Program. The report is designed to be accessible and readable by incorporating a variety of visuals and summarizing key points.

Main evaluation activities in 2020-2021



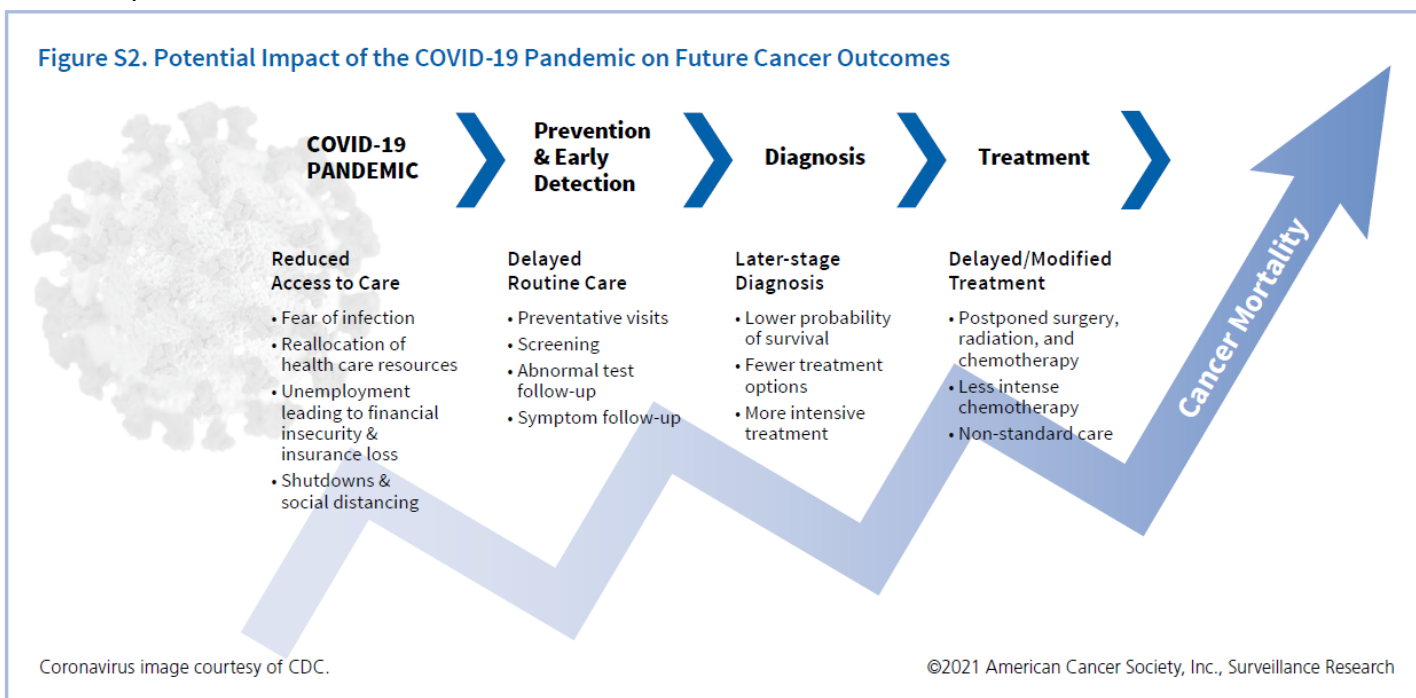
“The health effects of this pandemic stretch well beyond those diagnosed and suffering from COVID-19 and are having an acute and adverse impact on cancer patients, many of whom can’t afford treatment delays.”

- Lisa Lacasse, President of the American Cancer Society - Cancer Action Network³

COVID-19 deepened inequities and increased the need for Vermont cancer prevention and control programs and statewide partnerships

COVID-19 and its adverse impact on cancer outcomes

Studies suggest that the on-going pandemic is resulting in lower rates of cancer screening, fewer in-person visits to health care providers, and delays in preventative care, direct treatment, and survivor support services.³ The figure below, drawn from the American Cancer Society's Surveillance Research division, shows how COVID-19 can lead to less access or delay in care, later-stage diagnosis and delayed care, and ultimately, more cancer deaths.⁴ In addition, for many individuals the pandemic led to an increase in major life stressors that can impact health, such as job loss, economic instability, lack of health insurance, and food insecurity.



The on-going COVID-19 pandemic substantially impacted the work of VT CCC and its statewide partners

The VT CCC's work was influenced by COVID-19 in several notable ways over the past year, including:

- A shift to virtual coalition meetings, which took time to adjust to and did not provide the same in-person interaction that is important for collaboration. On the positive side, virtual meetings might have increased access for some VTAAC members who are not able to attend in-person meetings.
- The development of the 2015 VT Cancer Plan was slowed down, particularly in the final stages of getting it published.
- VT CCC Program staff were activated to COVID-19 duties for several months, which reduced their capacity for cancer work. There was less access to VDH colleagues who were also assigned to COVID-19.
- The VDH hiring freeze resulted in the CCC Program Analyst position remaining vacant for twelve months.
- Some partner organizations had to adapt the way they worked, such as holding online trainings and meetings.

Health Equity

Health equity opportunities were explored and elevated this year through the CCC Equity Checklist tool and conversations with program and coalition leadership, affirming the Vermont CCC's commitment to health equity.



“Focusing on marginalized groups is the only way to reach equity and improve the health outcomes for those most vulnerable.”

- VTAAC Member, 2021

Health equity: Exploring opportunities & affirming commitment

The Vermont Comprehensive Cancer Control Program (VT CCC) is guided by Vermont's [State Health Improvement Program](#) (SHIP), which articulates the following vision for health equity in the state:

Health equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socio-economic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientations and disability.



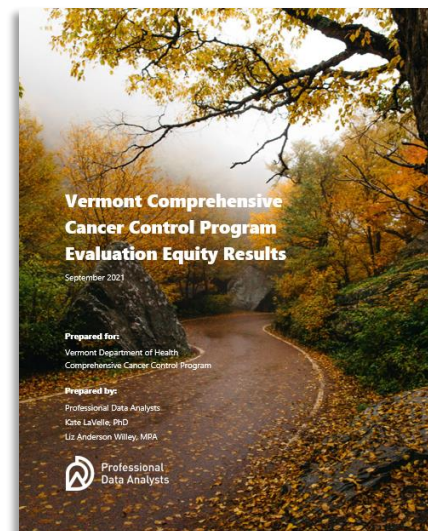
Cancer health disparities exist across the areas of prevention, diagnosis, treatment, and health outcomes. The VT CCC seeks to reduce cancer risk and burden and improve quality of life for the following priority communities that are marginalized and whose social determinants of health tend to result in poorer health outcomes:

- Black and Indigenous people and People of Color (BIPOC)
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities
- People with disabilities
- People with low incomes

In 2021, the VT CCC completed an equity evaluation study to reflect on opportunities to be more equitable.

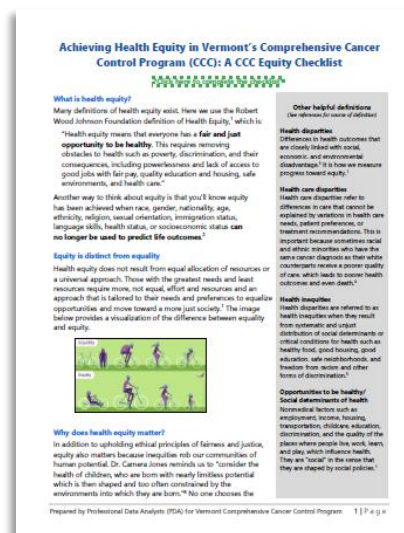
Through the VT CCC's new evaluation partnership with PDA, health equity has been a high priority and embedded in every evaluation activity. In particular, beginning in January 2021, PDA and the VT CCC leadership designed and implemented an evaluation study to:

1. Explore how VTAAC members and VT CCC Program staff conceptualize what health equity means in the context of cancer efforts in Vermont.
2. Assess how well the VT CCC is aligning with equity principles and advancing health equity goals.
3. Gather actionable ideas for improvement in equity.



The VT CCC applied an equity checklist tool & conducted focus groups to hold itself accountable to equity principles

The equity evaluation study used the *Comprehensive Cancer Control Equity Checklist*, a self-assessment tool that PDA developed in partnership with the Ohio Comprehensive Cancer Control Program as part of their evaluation work. PDA adapted the tool to be relevant for the VT CCC's context. The equity checklist contains 32 items which participants scored to reflect the presence and strength of the equity strategies carried out by the VT CCC Program, statewide cancer coalition, and Cancer Plan.* For each checklist item, individuals were asked to elaborate on their score and describe activities happening within the equity strategy.



After each individual submitted their completed checklists, PDA analyzed the quantitative and qualitative results and conducted three stakeholder focus groups in April and May 2021. The goal of the focus groups was to facilitate greater shared understanding among stakeholders, to come to a collective conclusion on how well the VT CCC is demonstrating equity practices, and to develop ideas for improvement.

The focus group discussions were tailored to focus on checklist items with relatively lower scores and lower levels of agreement among participants for group exploration. Participants were encouraged to consider a collection of equity items holistically to facilitate a deeper and more meaningful conversation.

Members of the following stakeholder groups participated in this process:

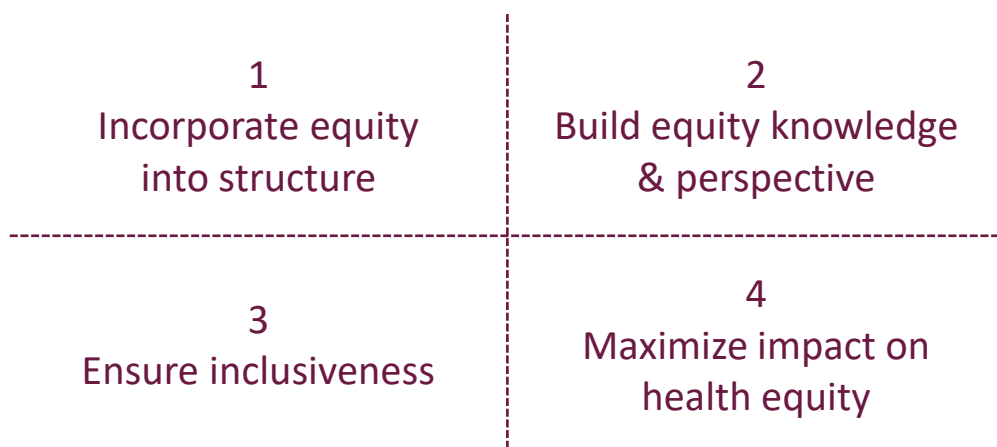
- + Cancer Leadership Team.** This group included the VTAAC Coordinator, the VT CCC Coordinator, the Program Manager of Your First, and the Cancer Registry Chief. They provide guidance and accountability for the VT CCC.
- + VTAAC Executive Committee.** This group included the two VTAAC Co-Chairs, the VTAAC Coordinator, and the VT CCC Coordinator. Their primary responsibilities are to set the agendas for VTAAC Steering Committee meetings and to guide the activities of the coalition.
- + VTAAC members.** This group consisted of six VTAAC members who were nominated for participation by VT CCC leadership for their consistent and substantial contributions to coalition efforts. At the time of the data collection, five of the six were members of the VTAAC Steering Committee. They represented voluntary organizations, universities, community-based organizations, and cancer survivors.

*See Appendix C for more details on the checklist and a list of the checklist items.

PDA approached the analysis and reporting of the rich and expansive quantitative and qualitative data in a thorough and holistic fashion

This process produced quantitative scores for each checklist item and two streams of qualitative data: the narrative that participants added to accompany their quantitative scores and the transcripts of each focus group's discussion. Topics covered by the rich qualitative data collected were wide ranging. To capture every insight produced by participants, PDA approached the analysis in such a way that both summarized the results of the checklist activity and presented other content in a broader and more holistic fashion.

The VT CCC equity checklist and focus group results fell into four equity strategy themes:



The following pages present summary findings, including highlights, quotes, and recommendations, for each of the three components of the VT CCC: Program, Partnership, and Plan.



Equity successes and opportunities for the Vermont CCC Program

Incorporate equity into the VT CCC Program structure

The VT Cancer Leadership Team perceive that equity is incorporated into the VDH and VT CCC Program organizational structures and strategic planning efforts. For instance, the VT CCC Program’s cancer implementation grants support organizations and programs that provide support to individuals from priority populations who are disproportionately impacted by cancer. They agreed that this was a strength, though they expressed a desire to better center equity in these processes. In particular, they identified opportunities to improve in conceptualizing and operationalizing health equity, as well as in accountability processes to “ensure equity is addressed in all VT planning and decision-making.”

Build equity knowledge & perspective

Though the VT Cancer Leadership Team had energy around opportunities to better incorporate equity into the Program structure, one barrier to doing so that they expressed was a lack of knowledge and experience with implementing health equity principles.

Further, VT CCC Program staff have expanded their understanding of health equity through various professional development opportunities, but they think that more work is needed to establish a common language around cancer equity and inclusion.

“Operationalizing health equity is where I see the challenge. I would love clear training or guidance on: What are the things we should be measuring? What is the type of language [that] specifically needs to be included? Who are the partners we should be seeking out? How do we identify what our biggest health equity challenges are?”

“I recently had the opportunity to hire someone... I tried hard to attract a diverse candidate pool, whether it’s diversity experience or age or ethnic background... It was so tough... I worked with a recruiter on this. We [had] strategies in place. We even promoted externally outside of Vermont... [and it] didn't work.”

Ensure inclusiveness

VT Cancer Leadership Team members expressed a desire to hire staff from Vermont’s priority populations within the VT CCC Program; however, they identified organizational barriers, such as low staff turnover and the need for greater support for diversity-promoting recruitment and hiring procedures within VDH.

One opportunity to bring in more diverse perspectives is through program contracts, which the VT CCC Program already aims to do and which the VT Cancer Leadership Team felt there was greater opportunity to leverage.

Opportunities for VTAAC to better center equity & action

Incorporate equity into coalition structure

VTAAC leaders and members believe that the coalition could be better structured to center health equity in its work and to be more action-oriented. A VTAAC member pointed out that true equity work requires assessing and changing existing systems and structures. VTAAC members are craving opportunities to take collective action, to coordinate “all the entities whose individual work contributes to larger collective goals that no one organization can accomplish alone,” and desire a structure that will facilitate that. VTAAC members acknowledged barriers, including limited resources and experience with implementing equity principles. However, there is energy to think bigger and bolder within those limitations.

"Coalition building work, it takes design, it takes a major facilitation skill set... It's about actually designing dialogues and designing conversations and relating it back to the goals of the plan and network weaving... You can't have a coalition without this."

"The people who need the most help are the ones who aren't getting served, and the big thing they always say to me is they feel like they have no voice... And so these same people who are marginalized keep living on the fringes, and it's just about survival... The people we need who really can get us into different communities aren't part of the conversation."

Ensure inclusiveness

Though efforts have been made, VTAAC leaders and members agree that the coalition could better represent all of Vermont's communities, particularly those disproportionately impacted by cancer due to their identity or circumstance. Most VTAAC members participate as part of their job and are thus paid for the time they spend on coalition work.

To “get the right people sitting down,” VTAAC members suggest that the coalition should address concrete barriers to attending meetings and participating in coalition activities. Possible strategies included more inclusive meeting times and locations and providing stipends to those who are not paid to participate. Additionally, particular attention should be paid to ensuring that participation for these members produces value for them and the communities they represent.

Building equity knowledge & perspective

Equity is an explicit priority for both Executive Committee members and other VTAAC members but they agree that not everyone has a strong understanding of what it means to do equity work. Members discussed opportunities to improve their collective equity knowledge and perspective, including learning opportunities, reflective discussions, and intentionally recruiting members with experience in equity work.

Maximize impact on health equity

To be able to address health equity and positively impact priority populations, VTAAC leaders and members conclude that VTAAC needs to build and deepen partnerships and improve coalition engagement. In order to do this, as well as create value for priority communities, VTAAC must facilitate action, such as through focusing on smaller, more tangible strategies.

Leveraging the energy and coordination of the Vermont Cancer Plan to improve health equity

“I have been very impressed with VTAAC's process of writing the cancer plan. It feels very inclusive and open to any and all who want to participate. I'm saying there's some room for improvement because I am not confident to what extent representatives from each priority population end up participating and providing their input. I know they're invited to but don't know how strong the invite is and what happens if certain populations aren't represented by the voices at the table.”

Maximize impact on health equity

The potential for greater impact in terms of cancer equity is enhanced when synergies are fostered among statewide health initiatives. VTAAC members generally perceived the VT Cancer Plan as well-coordinated with other statewide health promotion initiatives, such as the Vermont State Health Improvement Plan (SHIP).

Overall, participants thought that the VT Cancer Plan incorporated health equity and the reduction of cancer disparities through its objectives and strategies well, although some members felt that measuring progress towards meeting health equity objectives would be more challenging.

VTAAC leaders and members were interested in exploring additional ways that VTAAC could support the state and local policy efforts of coalition members and partners to address cancer-related health disparities.

Incorporate equity into the Cancer Plan

Though the 2025 Vermont Cancer Plan has not yet been finalized, those knowledgeable of the process shared that the Plan would incorporate a health equity statement and that equity-focused objectives would be highlighted to bring attention to them. Additionally, the data presented will be disaggregated to examine disparities based on social determinants of health, such as geography. However, they also welcomed opportunities to “dig deeper into what other types of data can be collected to inform our health equity goals.”

Ensure inclusiveness


Overall, VTAAC members perceived the VT Cancer Plan development process to be open and inviting in design to all people and perspectives. While in some cases, input for creating the VT Cancer Plan was sought from partner organizations serving priority groups, VTAAC members recognized that certain groups were not effectively reached.


“I feel it is impossible to improve one area of health without looking at the full picture so it makes great sense to see how these [statewide health improvement] plans overlap and improving policies and systems that can make real change in the overall health of Vermonters.”


“Increasing access to health insurance is one of the most impactful things to do in regard to achieving improved health equity and reducing disparities so it is good to see that is in the Vermont plan. It is certainly a priority for our organization.”


Recommendations for VT CCC to improve its contribution to equity


Below are highlights from the recommendations that PDA developed, based on participants’ insights, for the VT CCC to consider. More detailed recommendations are incorporated into the *Conclusions and recommendations* section of the report, starting on page 35. Leaders of the VT CCC are in the process of reviewing the findings and recommendations from this equity assessment process and determining next steps.

- 
Incorporate equity into key governing documents and processes.
 Consider revising the VTAAC guiding principles and other governing documents to reflect VTAAC’s commitment to equity. Consider how decision-making processes can be more transparent and participatory.

- 
Deepen the accountability of leadership to advance health equity.
 Ensure that VTAAC and VT CCC Program leadership have a strong commitment to and knowledge of equity principles. Current leaders could seek opportunities to improve their knowledge.

- 
Ensure VTAAC members have a strong and shared understanding of equity principles.
 Expand the engagement of members in purposeful and reflective conversations about cancer equity in a way that is action-oriented. Create opportunities to learn together, such as through low-cost trainings, and share ideas to make VTAAC more equitable.

- 
Make VTAAC a space that is welcoming, centers equity, and creates value for priority populations and the organizations that serve them.
 Ensure the coalition honors and values others’ differences and invites in new voices with the intent of acting on their input. Make participation in the coalition an experience that ultimately creates value for the individual and the communities they represent or serve.

- 
Strengthen collaboration and alignment with equity efforts across the state.
 Look for opportunities for alignment with other health promotion and equity efforts happening throughout Vermont, including both larger statewide health initiatives and collaboration with smaller institutions.

Participants offered positive feedback on the equity evaluation process and were energized to grow equity efforts moving forward.

Upon completing the equity tool and focus groups, PDA sent each participant an online survey to learn about their experience and gather suggestions for improving the equity data collection process. Responses from 12 participants (75% response rate) offered the following input:

Strengths	Suggestions for improvement
<ul style="list-style-type: none"> ▪ Provided opportunity to think more deeply about how equity is being addressed and where to focus work going forward ▪ Process was clear and organized ▪ Checklist measured relevant equity topics 	<ul style="list-style-type: none"> ▪ Would like more discussion time ▪ A couple of participants felt the checklist was too time-intensive or complicated ▪ Some items required a level of knowledge that people did not have

Partnership

Reducing the cancer burden in Vermont is a strategic and collaborative effort that brings together individuals and organizations across the state committed to tackling cancer.



“We need to lower the bar for participation and raise the bar for engagement and what members get out of these meetings. We need to be specific and intentional about the benefits of VTAAC membership.”

- VTAAC Steering Committee member, January 2021

VTAAC engagement opportunities continued throughout 2020-2021

VTAAC meetings shifted to a virtual format and were consistently held.

This year, ten coalition meetings were held virtually by either the VTAAC Steering Committee or the Quality-of-Life and Prevention & Treatment Workgroups. These were open to any interested VTAAC members and included opportunities to offer input on the development of the new VT Cancer Plan. Further, meetings for the Lung Cancer Screening taskforce and many other planning meetings were held as needed throughout the year.



The VTAAC Executive and Steering Committees continued to provide leadership guidance and oversight for coalition efforts.

In January 2021, the Executive Committee welcomed a new Co-chair, Sarah Lemnah, Executive Director of the Cancer Patient Support Foundation, to serve for two years. Additionally, the VTAAC Executive Committee continued to meet every other month to set the agendas for Steering Committee meetings and to guide the activities of the coalition. The Steering Committee was active as well and held meetings consistently to share updates on member projects and potential collaboration, discuss upcoming coalition efforts, and to engage in partnership discussions facilitated by PDA. Notes from all coalition meetings were distributed to keep everyone informed of upcoming events and coalition efforts.

Multiple types of engagement were available to VTAAC members and cancer partners to share information and build statewide partnerships.



Join the virtual VTAAC membership meetings



Share an update or presentation at VTAAC meetings



Give input on Cancer Plan via survey or VTAAC meetings



Build partnerships and expand professional networks



Stay informed through VTAAC emails and website



Join and participate in a VTAAC workgroup or taskforce

Creating inclusive VTAAC meetings that bring in new, diverse perspectives and offer value to all members



In January 2021, PDA facilitated a discussion among Steering Committee members to **explore ways that coalition meetings could be more inclusive and accessible**, a priority that members had previously expressed to make VTAAC's efforts more effective and more equitable. Members suggested that meetings be held during more convenient times and days for those who cannot join during the workday. Further, they recommended continuing to offer virtual meetings to include participants from across Vermont who cannot attend in-person, as well as provide stipends for participation in some VTAAC efforts. To better engage members and partners, they suggested that VTAAC make meetings more action-oriented and its collaboration approach more bi-directional, such as through participatory agenda-setting.

See Appendix E for the evaluation brief which summarizes this discussion.

In September 2021, PDA facilitated a discussion with the Steering Committee that asked members to answer the questions: **What organization or individual is not at the VTAAC "table" that should be? How can we get them involved?**



Input collected from VTAAC leadership indicate that they would like to prioritize improving coalition representation from the following groups:

- Individuals or organizations representing populations facing inequities, including BIPOC, LGBTQ, and individuals with disabilities
- Cancer survivors
- Individuals with low incomes
- Primary care providers
- Hospitals
- Integrative health practitioners
- Non-profits
- Social workers and their professional associations

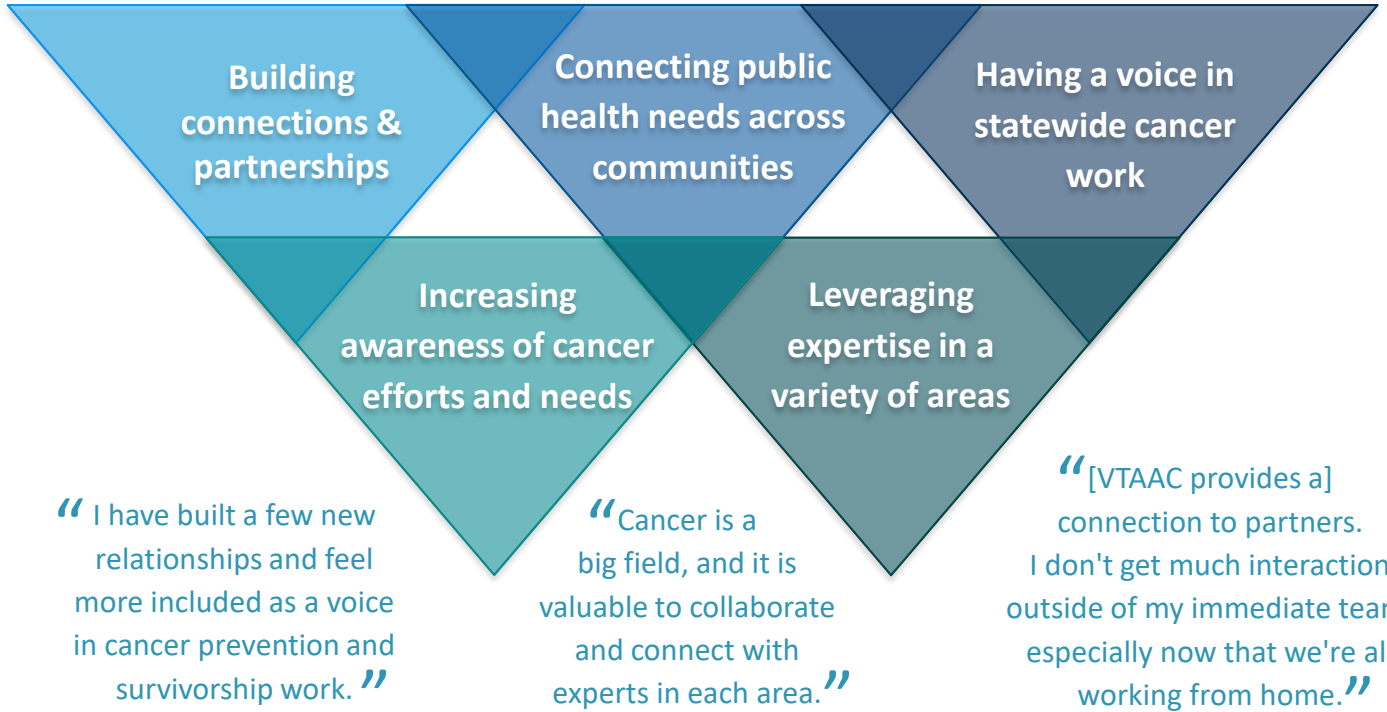


Vermont State Senator Kesha Ram presented on Environmental Justice Policy at a VTAAC Steering Committee meeting in December 2020.

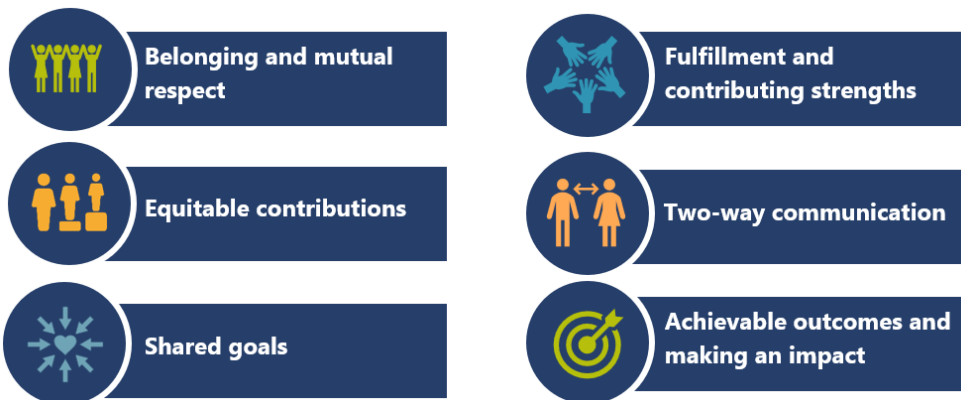
Kesha Ram, the first woman of color in Vermont to hold the position of State Senator, spoke with VTAAC Steering Committee members about the importance of understanding key concepts tied to health equity, including environmental justice policy, rural economic justice, a community resilience framework, and digitally underserved communities. In addition, she shared information about community conversations being held by [The R.E.J.O.I.C.E. Project](#) with priority groups throughout Vermont to better understand how COVID-19 has affected environmental and health outcomes. The project focused on gathering input from: Bhutanese Nepali adults, Somali Bantu adults, individuals who are deaf or hard of hearing, migrant farmworkers, mobile home communities, individuals with disabilities, rural communities, and seniors.

Articulating the value of VTAAC participation for coalition members

In May 2021, PDA facilitated a discussion to explore the Steering Committee members' perspectives on **the value of coalition participation to its members**. The guiding question asked was: "What do you or your organization get from being part of the VTAAC coalition?" Themes from the conversation included:



At the December 2020 Steering Committee, PDA asked members the question: **"When you are highly engaged in a collaboration, what does it look and feel like?"** Steering Committee members clearly expressed what is needed for a highly engaged collaborative, emphasizing mutual respect and good communication between members and equitable contributions from individuals toward shared, achievable goals.



"[VTAAC members] all bring different expertise to the collaboration with a common goal. The goal needs to be well defined and achievable."

"We see progress on a tangible project. Everyone in the group feels like their needs are being filled."

See Appendix D for the evaluation brief summarizing the findings from this activity.

Understanding who VTAAC members are

In January 2021, PDA began its efforts, in partnership with VT CCC, to examine current VTAAC membership in order to answer the following Partnership evaluation questions: “Who are the current VTAAC stakeholders and who is missing?” and “How well is VTAAC engaging members and what opportunities exist for greater engagement?” Prior to analyzing the coalition member data, PDA took the following steps:

Step 1: Assessed current cancer coalition data and systems

PDA began by assessing the cancer coalition member data for completion, consistency, and duplication. Additionally, PDA engaged with the VT CCC team to more deeply understand the member data, including what each field represented, how the data were collected, and how the data are currently used.

The degree to which data were populated varied widely. Importantly, some member characteristics that were key to understanding coalition representation were incomplete or were not useful. For instance, city or county was only known for about one-quarter of members and the sector categories were outdated and not detailed enough.

Rather than analyzing the coalition member data in their current form, the CCC team chose to revisit the information collected from members, explore opportunities for streamlined data collection processes, and ask members to update their information through the refreshed systems.

Step 2: Prioritized information to collect and set up refreshed data systems

PDA and the VT CCC team worked together to determine what information should be collected from coalition members based on two main intended uses: 1) practical project management and communications, and 2) tracking VTAAC reach and engagement for evaluation, reporting, and strategic purposes. The resulting set of questions is presented to the right and in Appendix F. PDA updated the Constant Contact, MailMunch, and WordPress systems to support the improved process and membership questions.

Step 3: Requested updated information from coalition members

Lastly, PDA and the VT CCC team launched a campaign to encourage VTAAC members to go to the coalition website and fill out the new member form, which would update current members’ information in the data systems. The message was shared through VTAAC newsletters and targeted requests from Steering Committee members and Workgroup Chairs.

Updated online VTAAC membership form

MEMBERSHIP FORM

Are you interested in reducing the impact of cancer in Vermont?

Fill out the form below to become a member of VTAAC or to keep your information updated with us!

Personal information *

Email
First name
Last name
State where you live
City/town where you live

What brings you to VTAAC? Please select all that apply.

- I have been personally impacted by cancer.
- I am or was a caregiver or a loved one of someone personally impacted by cancer.
- I work(ed) or volunteer(ed) in one or more of the fields below.

Please select all the fields in which you work(ed) or volunteer(ed).

- Retired from the fields selected below
- Government agency
- Nonprofit/community-based organization
- Academic/research institution
- Medical institution/clinic (physical or mental health)
- Business/industry
- Health insurer/payer
- Legislature/policy
- Public health

Another field (please describe)
If you would like to share, what you are hoping to contribute to VTAAC from your personal or professional life?

Organization information (if applicable)

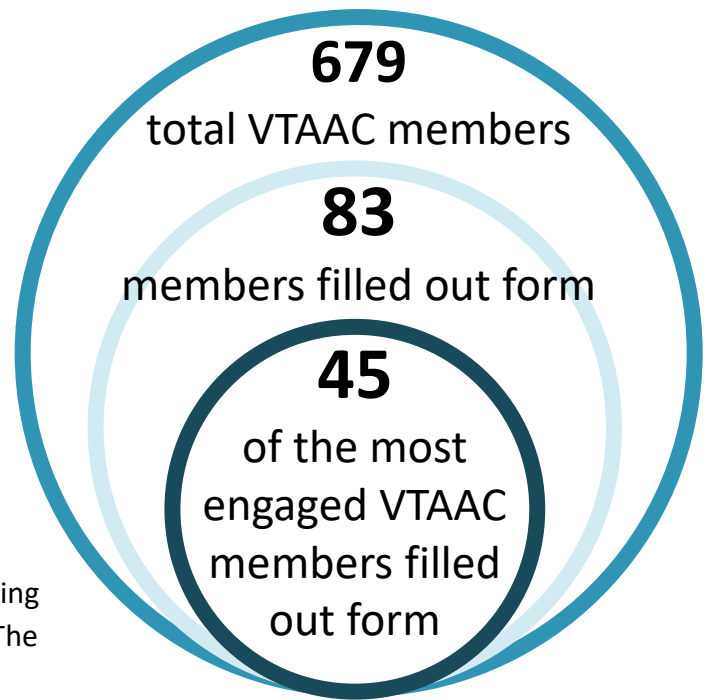
Company or organization
Job title
<input type="checkbox"/> Please select if you are a physical or mental health care clinician.
State where you work
City/town where you work
SUBMIT

VTAAC member analysis preliminary results

Status of member data update

As of the end of August 2021, the VT CCC team and PDA had succeeded in securing updated and complete information for **83** VTAAC members, making up **12%** of all 679 members. Though this is a relatively modest improvement, these 83 members represent a more significant portion of VTAAC’s most engaged members. Of the 160 members who participate on an active committee, workgroup, or task force, **45** filled out the new member form, making up **28%** of the most engaged members.

The VT CCC team and PDA see the process of improving the quality of member data as a long-term process. The campaign to encourage members to fill out the new member form will continue into the next year.



VTAAC members with personal experience with cancer

PDA and the VT CCC team are still in the process of reconciling the original and updated member data and analyzing the more complete dataset. However, the number of members who reported personal experience with cancer can be reported:

10% of members have been personally impacted by cancer.*



37% of members identified themselves as a caregiver or loved one of someone personally impacted by cancer.**

VTAAC members shared how they can contribute to the coalition.

The updated online membership form asked VTAAC members to share: “What are you hoping to contribute to VTAAC from your personal or professional life?” Several members answered as follows:

“I am a cancer exercise specialist and would like to help other patient and survivors gain/regain strength and mobility.”

“I would love to continue collaborating to implement the cancer plan!”

“To stay in the loop for updated information to assist cancer affected citizens in my State and community.”

*This is likely an underestimate, as this characteristic was not previously collected systematically prior to this year and was tracked on an ad hoc basis.

**This percentage represents the members who updated their information and is likely not representative of all VTAAC members at this time.

Cancer Plan

VTAAC members and partners came together to develop the 2025 Vermont Cancer Plan, charting a path for cancer prevention and control that prioritizes health equity and addresses goals across the cancer continuum.



The 2025 Vermont Cancer Plan

The five-year 2025 Vermont Cancer Plan was developed by the Vermont Department of Health and VTAAC members through an over one-year collaborative decision-making process. It presents the shared goals, objectives and priority strategies aimed at preventing, detecting, and treating cancer, as well as improving the lives of cancer survivors and their families. It strives to reduce the cancer burden for all Vermonters, especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities.



2025 Vermont Cancer Plan "At A Glance" document

- 100+** volunteers contributed to Vermont's 2025 Cancer Plan, including individuals directly impacted by cancer, researchers, local and state public health professionals, physicians and health care workers, nonprofit staff, epidemiologists, and other individual volunteers.
- 40** Cancer Plan objectives were developed across the cancer continuum, including focus areas of health equity, cancer prevention, early detection, cancer-directed therapy and supportive care, survivorship and advanced care planning.
- 78** Cancer Plan strategies were selected to drive the cancer implementation efforts of VTAASC workgroups, taskforces, and other partners.

VT Cancer Plan's Five Areas of Focus

Health equity	BIPOC and LGBTQ Vermonters, individuals living with disabilities, and low-income Vermonters
Cancer prevention	tobacco, physical activity and nutrition, Human Papillomavirus or HPV, and environmental hazards of ultraviolet radiation and radon
Early cancer detection	cervical, breast, colorectal, lung, and prostate cancers
Cancer-directed therapy & supportive care	cancer-directed therapy, integrative medicine, and palliative care
Survivorship & advanced care planning	optimal physical and emotional health, hospice care, and advanced care planning

Development of Vermont's 2025 Cancer Plan

The 2025 Vermont Cancer Plan was a collaborative process that was guided by the Vermont Department of Health's CCC Program staff, VTAAC Executive Co-chairs, and VTAAC Steering Committee members. The plan also incorporated input from numerous VTAAC volunteer members and partners throughout the state. Over the course of several months, these dedicated individuals and organizations developed a roadmap to work towards cancer goals across the cancer continuum and to strive to make a collective impact as a coalition, beyond what can be done alone.



Gathered input from VTAAC members to inform the VT Cancer Plan

VTAAC member and partner involvement in the VT Cancer Plan revision process was important to ensuring that the Plan represented the needs and priorities of all Vermonters. In April/May 2020, surveys were sent to VTACC members to gather input on the importance of including certain goal areas and objectives for the VT Cancer Plan. Subsequently, a series of meetings were open to all members to engage in discussions about the survey results and Plan's priorities.



Finalized Cancer Plan objectives and strategies & created "at a glance" document for widespread dissemination

In October 2021, an abbreviated version of the *2025 Vermont Cancer Plan* is set to be released by the Vermont Department of Health and VTAAC. This "At A Glance" document will present the VT Cancer Plan's shared goals, objectives, and priority strategies. The full 2025 Vermont Cancer Plan will be available in December 2021 and shared with coalition members and partners throughout the state.



Looking ahead to engage VTAAC members and partners to help implement VT Cancer Plan

The VT CCC Program and VTAAC leadership have begun discussions about how to effectively disseminate the VT Cancer Plan, particularly reaching out to rural communities. In addition, they are considering ways to share the VT Cancer Plan with organizations that may not have used it in the past, and to find synergies that can help connect the Plan to the existing cancer prevention and control work that these organizations are currently doing.

Cancer Plan: Charting a path ahead

Launching the 2025 Vermont Cancer Plan Implementation

The new VT Cancer Plan is set for a “soft release” in October/November 2021 through the VDH website, an email to all VTAAC members, communication during workgroup meetings, and promotion to statewide cancer partners. The VT Cancer Plan will be more widely released through regional meetings across the state, depending on the COVID-related restrictions at the time.

Focusing on promoting health equity in the new VT Cancer Plan



The VT 2025 Cancer Plan includes 33 strategies (of the 78 total strategies) that address cancer inequities across the areas of primary prevention, early detection, treatment, and survivorship. The VT Cancer Plan elevates Health Equity as one of the five focus areas and includes three equity-focused objectives:

- Increase the percent of adults aged 18-64 with health insurance.
- Decrease the percent of adults who reported that there was a time in the last year they did not go to the doctor because of cost.
- Reduce the percent of Vermont households with food insecurity.

“Increasing access to health insurance is one of the most impactful things to do in regard to achieving improved health equity and reducing disparities, so it is good to see that is in the Vermont [Cancer] Plan. It is certainly a priority for our organization.”

- VTAAC member who participated in CCC Equity evaluation study

In addition, the VT Cancer Plan seeks to reduce the cancer burden for Vermont’s priority populations, including: Black and Indigenous people and People of Color (BIPOC); Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; individuals with disabilities; and individuals with low incomes.

Identifying areas to prioritize as the VT Cancer Plan moves toward implementation.

At the Steering Committee meeting on September 2, 2021, members discussed the following question: “What do you think is most important for VTAAC or statewide cancer work to focus on in the next year?” Results revealed the following areas to consider focusing the coalition’s efforts on in 2021-2022:

- ✓ Health equity
- ✓ Outreach to **all** of Vermont through VTAAC
- ✓ Establish Cancer Plan priorities and where to focus limited resources
- ✓ Project-based collaboration on aspects of the Cancer Plan that require coordination among partners for collective impact
- ✓ Focus on screening and the “post-COVID screening catch up”
- ✓ Increase outreach and messaging around cancer screening
- ✓ Address the delays in care due to COVID-19

Early detection efforts expanded, whereas other cancer collaboration faced challenges brought on by COVID-19

The Southwestern Vermont Medical Center Colorectal Cancer Screening Initiative

In 2021, the Southwestern Vermont Medical Center (SVMC) was chosen by the American Cancer Society as one of twenty National Colorectal Cancer Roundtable (NCCRT) sites to receive a three-year grant, from CDC funding, to increase colorectal cancer screening rates. The project involved multiple cancer partners coming together, including: SVMC, the Vermont Department of Health, VTAAC, Dartmouth-Hitchcock Medical Center, and the American Cancer Society.

The project is an example of how the VT CCC Program supports **policy, systems, and environmental (PSE) changes** in cancer work across the state. Funding from this grant will allow SVMC to build partnerships with health systems and other organizations to make widespread, systems-level impact on colorectal cancer screening rates.

Over the past year, the project has focused on building partnerships and identifying available data sources. Next, the project team will focus on the central aim of the grant – to develop and test evidence-based cancer prevention and screening interventions that can be replicated in other hospital settings by the end of the three-year grant period.

Looking ahead, the VT Cancer Leadership Team and a group of VTAAC members are working collectively to figure out how to best integrate the new colorectal screening program into the VTAAC coalition and the early detection strategies within the VT Cancer Plan.

VTAAC Workgroups continued meeting despite the challenges of collaborating during the pandemic.

The on-going COVID-19 pandemic created substantial barriers to collaboration for the VTAAC workgroups and taskforces over the past year. Members had less time to devote to coalition activities because of increased demands within their organizations, some of which were directly or indirectly involved in the public health response to COVID-19. Despite these challenges, the VTAAC Workgroups continued to meet regularly to support the development of the VT Cancer Plan's objectives and strategies, as well as to maintain their connections and communication with partner organizations who were engaged in cancer prevention and control. Over the next year, the VT CCC will consider additional ways that they can support workgroups as the new VT Cancer Plan is rolled out.

Program

The Vermont CCC supported several cancer prevention and control programs and initiatives addressing key statewide priorities, including cancer survivorship support, reducing skin cancer rates, and increasing access to cancer screening.



Overview of VT Cancer Program

The Vermont Department of Health's Cancer Program is housed in the Health Promotion & Disease Prevention (HPDP) division, which relies on strong collaboration among chronic disease programs to promote health and well being for Vermonters. The VT Cancer Program receives analytical support from epidemiology staff who lead the analysis of surveillance and other cancer-related data.

Vermont Cancer Leadership Team

The Cancer Leadership Team provides a forum for the Vermont Department of Health cancer programs and VTAAC to collaborate around cancer prevention and control. Members include the VT CCC Coordinator and Analyst (Sharon Mallory, Lauren Ressue), the VTAAC Coordinator (Heidi Considine), the You First Program Manager and Analyst (Justin Pentenrieder, Matt Maiberger), the Cancer Registry Chief and Analyst (Alison Johnson, Jennifer Kachajian) and the Colorectal Cancer Program Manager (Kristina Kiarsis).

CCC-funded Programs and Initiatives

During the current CDC funding cycle, the VT Cancer Program funded the following cancer prevention and control programs:

➤ Bi-State Primary Care

[Bi-State Primary Care](#) supports 11 Federally Qualified Health Centers (FQHCs) to increase breast, cervical, colorectal, and lung cancer screening, as well as HPV vaccination. This work includes the development and implementation of a FQHC cancer data dashboard, FQHC medical policies, outreach letters, staff training, and support of cancer screening Quality Improvement (QI) initiatives. The program supports the education of Primary Care Providers (PCPs) and the public around survivorship related issues.

➤ IMPACT Melanoma

[IMPACT Melanoma](#) coordinates with the VDH, VTAAC, and Vermont State Parks to increase the use of sun preventive strategies among Vermonters. Strategies include: placement of sunscreen dispensers in parks, ski areas, and public locations, supporting worksite and school education, the use of social and earned media for promoting sun safety messages, and supporting other improved practices.

➤ The University of Vermont Cancer Center

The VT CCC coordinates with the [University of Vermont Cancer Center](#) to support assessment of and improvements in the provision of care to cancer survivors as they transition out of active treatment. This included several evaluation activities in Year 3, such as survivor surveys, focus groups, and nurse navigator interviews. Findings have helped to identify and implement pilot projects to improve the transition of care, including shared medical visits and promotion of virtual survivorship opportunities.

In addition to these CCC-funded programs, the VT Cancer Program offers integral administrative and leadership support to the VTAAC statewide cancer coalition in its development and implementation of the Vermont Cancer Plan.

Highlights from VT CCC-funded programs

In 2020-2021, the Vermont CCC provided grant funding to three cancer programs and initiatives: Bi-State Primary Care, IMPACT Melanoma, and the University of Vermont survivorship initiatives.

University of Vermont's Shared Medical Visits Pilot Program for Cancer Survivors

This year, the University of Vermont Cancer Center used funding from VT CCC to support the development of a pilot program to improve the cancer survivorship process and experience as individuals transition from treatment.

The work centers on applying the shared medical visits model, in which multiple patients are seen as a group for their follow up care, in the cancer context.

The project began with conducting a cancer survivor needs assessment, which was presented to the VTAAC Quality of Life Workgroup by Kristie Grover, one of the project leads from UVM Cancer Center. The assessment involved a series of focus groups and a survey with survivors and nurses to better understand survivorship needs. Results suggested that some survivors are impacted by multiple needs and stressors, including physical side effects, anxiety and depression, and financial concerns. Survivors shared that they would benefit from a resource hub to ask questions and get connected to others, more navigation resources, and survivorship plans.

In addition, this pilot project is an example of PSE change at the systems-level by integrating survivorship care visits into the existing UVM care delivery process, as well as developing systems to bill visits so that they are reimbursed and can be incorporated widely throughout the state's hospital system. The survivorship pilot program will continue to be evaluated over the following year and outcomes will be shared in future VT CCC evaluation reports.



Bi-State Primary Care

Bi-State Primary Care has continued to support FQHCs in Vermont to raise awareness of and access to cancer screening. Some of the services they provided this year include:

- Held a virtual HPV vaccination provider education training in partnership with ACS and Dartmouth-Hitchcock Medical Center in November 2021
- Promoted the *You are the Key to HPV Cancer Prevention* video
- Continued to provide FQHCs with toolkits and resources



IMPACT Melanoma

Vermont has one of the highest rates of skin cancer in the Northeast and nationwide. IMPACT Melanoma's sunscreen program is an example of an environment-focused PSE change strategy being implemented in Vermont to reduce the rate of skin cancer for all Vermonters. The program encourages healthy skin protection behavior and makes sunscreen dispensers easily accessible in state parks. Additional efforts have included providing dozens of "camp toolkits" to children and youth to educate about skin protection, and hosting seminars and workgroups to facilitate collaboration with Vermont State Parks & Recreation Departments and local municipalities.



The VT Cancer Program supports statewide cancer efforts and assesses opportunities for greater equity

The VT Cancer Leadership Team continued to support VTAAC and provide guidance on the development of the VT Cancer Plan.

The VT Cancer Leadership team plays an essential role in supporting and sustaining the statewide cancer Partnership – VTAAC – and the statewide Cancer Plan. This year, the group was instrumental in helping to plan and focus the content for the section of the 2025 VT Cancer Plan which presents data on cancer burden in Vermont. Further, over the past year, they worked on integrating Vermont's new colorectal cancer program into the structure of the Cancer Leadership Team and the Cancer Plan.

The VT Cancer Leadership Team examined their role and responsibility for improving equity within the Cancer Program through participation in the CCC Equity evaluation study.



Each member of the VT Cancer Leadership Team engaged in a systematic self-assessment to reflect on the ways in which equitable practices are present or not in the VT CCC Program. The assessment process revealed areas of strength and opportunities for growth in four categories:

- Incorporate equity into Cancer Program structure
- Build equity knowledge and perspective
- Equitable data practices
- Ensure inclusiveness

A detailed description of the Cancer Program results and recommendations are presented on page 15 and 18 of this report.

Surveillance data help to monitor the burden of cancer in Vermont.

Surveillance data play a critical role in understanding the rates of cancer incidence, mortality, and other outcomes within the Vermont population. The Vermont Cancer Registry's statewide cancer surveillance system, vital records, and population health surveys allow for comparison of Vermont cancer rates to the Northeast region and the nation. The VDH Cancer Data Pages present data analysis by region and subpopulation to identify specific cancer needs within the state. However, the Cancer Data Pages have not been updated in almost two years because the VT Program analyst position (epidemiologist) was vacant for 12 months due to COVID-19 and a hiring freeze. Despite COVID-19 related delays, in August 2021, the VDH published the most recent Vermont cancer data (age adjusted cancer incidence and mortality, 2014-2018), which is publicly available on their website.

The screenshot displays two tables from the VDH Cancer Data Pages. The top table is titled 'Cancer Incidence Rates, 2014-2018 per 100,000 population by site and gender'. The bottom table is titled 'Cancer Mortality Rates, 2014-2018 per 100,000 population by site and gender'. Both tables provide data for various cancer sites, including Lung and Bronchus, Breast, Prostate, and Colorectal, broken down by gender and region (North, South, West, East).

VDH publication of age adjusted cancer incidence and mortality, 2014-2018

Conclusions & Recommendations

Though COVID-19 posed challenges, VT CCC adapted and held strong, creating a new Cancer Plan and making space to reflect on opportunities to improve. PDA offers recommendations to continue to build on this progress.



Conclusions & recommendations

Though COVID-19 created barriers for cancer prevention and control efforts and demanded significant portions of staff and partners' time, VT CCC managed to develop its next Cancer Plan in a participatory manner, build energy and gather ideas to better adhere to equity principles, support the innovative work of its partners, and begin conversations with partners about how to best take action together.

Based on what VT CCC and PDA have learned together this past year, PDA offers the following recommendations for VT CCC to continue to build on its progress in the following years.






1. Continue to explore and implement ways for the VT CCC to better center health equity in its work.



VTAAC members and leaders and the VT Cancer Leadership Team made space to reflect and gather ideas for how their work could be more equitable and better meet the needs of marginalized Vermonters. Consider building on this energy by making a plan to prioritize and work toward health equity goals over the next year. These goals should be meaningful, foundational, as well as feasible. VT CCC can consider implementing the equity recommendations presented below and on page 18, perhaps combining top-down strategies, such as changes to leadership practices, with bottom-up strategies, such as creating a participatory process for making coalition spaces more inclusive. One idea to facilitate progress could be to create a Health Equity committee that is tasked with planning, carrying out and reviewing progress toward equity strategies.

As VTAAC members have discussed in multiple spaces, an important component of VTAAC becoming more equitable and better reaching marginalized communities is to invite in new and diverse voices

and to honor their perspectives. Consider setting intentional and explicit goals for who VTAAC would like to bring to the table, informed by the membership analysis (discussed on page 24). Explore new engagement approaches and strategies, such as attending community meetings that are already happening and offering stipends.

- 
Incorporate equity into key governing documents and processes.
 Consider revising the VTAAC guiding principles and other governing documents to reflect VTAAC's commitment to equity. Consider how decision-making processes can be more transparent and participatory.
- 
Deepen the accountability of leadership to advance health equity.
 Ensure that VTAAC and VT CCC Program leadership have a strong commitment to and knowledge of equity principles. Current leaders could seek opportunities to improve their knowledge.
- 
Ensure VTAAC members have a strong and shared understanding of equity principles.
 Expand the engagement of members in purposeful and reflective conversations about cancer equity in a way that is action-oriented. Create opportunities to learn together, such as through low-cost trainings, and share ideas to make VTAAC more equitable.
- 
Make VTAAC a space that is welcoming, centers equity, and creates value for priority populations and the organizations that serve them.
 Ensure the coalition honors and values others' differences and invites in new voices with the intent of acting on their input. Make participation in the coalition an experience that ultimately creates value for the individual and the communities they represent or serve.
- 
Strengthen collaboration and alignment with equity efforts across the state.
 Look for opportunities for alignment with other health promotion and equity efforts happening throughout Vermont, including both larger statewide health initiatives and collaboration with smaller institutions.

Recommendations for VT CCC to improve its contribution to equity, page 18

Conclusions & recommendations, continued

2. Build partner engagement and make space to consider how VTAAC could be better structured for action.

A highly engaged coalition is more likely to be able to take collective action. Based on input from VTAAC leaders and members through the equity evaluation study, it appears that the relationship is bi-directional: a more action-oriented coalition will cultivate more engaged members. Consider creating opportunities for VTAAC members to rethink the goals and format of the coalition. Invite in fresh and bold ideas and try out new ways of collaboration. Increasing transparency and inviting in member feedback are other mechanisms to boost member and partner engagement.

Further, consider ways to refresh VTAAC meetings and convenings. These are one of the most important forums for collaboration and engagement to take place and, therefore, should be carefully constructed to meet the intended purpose. Focusing meetings on creating concrete opportunities where partners can collaborate or identifying a need in the community and plan how VTAAC could best address it could result in greater action. Partners carrying out the VT Cancer Plan could bring ideas to the Steering Committee to gather input and facilitate collaboration. Ensure that ideas are followed up with action by identifying people to carry out the strategies and holding them accountable.

Lastly, VTAAC could consider how to best situate itself within a public health and cancer landscape that has changed and continues to change due to COVID-19. Take time to reflect together on the challenges and opportunities for the coalition moving forward. For instance, members have spoken several times about the importance of the virtual format: telehealth options for cancer patients and virtual meetings to better reach partners living in rural areas.

3. Take advantage of launching the new Vermont Cancer Plan to build momentum and take collective action.

Launching a new VT Cancer Plan, the culmination of considerable work and partner engagement, is a natural point that VTAAC can take advantage of to build momentum and engagement to carry forward into implementation. VTAAC can also use the kick-off of the VT Cancer Plan to refocus the coalition on action and equity.

VTAAC could consider the use of an “action planning tool”: a template that the coalition offers to its workgroups and task forces to prioritize and its work around the VT Cancer Plan. Further, a progress tracking tool, such as a Cancer Plan dashboard with baseline, target, and current data points, could be created and updated annually or bi-annually to help monitor progress on Plan objectives.

Lastly, VTAAC could consider focusing on a more narrow, targeted scope, putting its effort toward a workgroup with energy and momentum, a workgroup that needs help getting started, an evidence-based PSE strategy with promise of making a significant impact, or bringing in a marginalized community without a voice in cancer work. Focusing more narrowly could result in greater action and impact than trying to spread limited resources across the cancer continuum.



Appendices

Appendix A – VT CCC Evaluation Questions and Methods

Appendix B – Stakeholder Engagement in the VT CCC Evaluation

Appendix C – The CCC Equity Checklist

Appendix D – VTAAC Engagement Evaluation Brief, December 2020

Appendix E – VTAAC Engagement Evaluation Brief, January 2021

Appendix F – Updated Online VTAAC Membership Form

Appendix A: VT CCC Evaluation Questions and Methods

The table below presents the evaluation questions that were explored this fiscal year, as well as the data collection methods used. See the Vermont Comprehensive Cancer Control Program Evaluation Plan 2020-2022 for full details on evaluation questions and data collection methods planned over two years.

	Key evaluation questions addressed in Year 4 (2020-2021)	Data collection methods
VTACC Partnership	<p>How effective is VTAAC in providing a forum for collaboration and sharing resources?</p> <ul style="list-style-type: none"> Who are the current VTAAC stakeholders, and who is missing? How well is VTAAC engaging members and what opportunities exist for greater engagement? What is the perceived value of the coalition to members and the state? What are the strengths of the coalition and what opportunities for improvement? <p>In what ways is the VTAAC coalition attending to and promoting cancer health equity in Vermont?</p>	<ul style="list-style-type: none"> Review of VTAAC member data collected through Constant Contact VTAAC document review (e.g., VTAAC Guiding Principles, previous member survey results) Facilitated discussions with VTAAC Steering and Executive Committee members at quarterly meetings CCC Equity Checklist: completed checklists and facilitated focus groups
Vermont Cancer Plan	<p>How are VTAAC members and statewide partners carrying out the Cancer Plan?</p> <ul style="list-style-type: none"> How are VTAAC stakeholders coordinating and partnering to implement Cancer Plan strategies? In what ways is implementation working well and where are there opportunities for improvement? 	<ul style="list-style-type: none"> Facilitated discussions with VTAAC Steering and Executive Committee members at quarterly meetings Document review (e.g., drafts of VT Cancer Plan; meeting minutes of committees, workgroups, and task forces) CCC Equity Checklist: completed checklists and facilitated focus groups
VT Cancer Program	<p>How does the Cancer Program contribute to reducing the cancer burden in Vermont?</p> <p>How does the Vermont Cancer Program promote health equity?</p>	<ul style="list-style-type: none"> Document review of CCC-funded programs (e.g., program materials, meeting minutes, existing reports) Data compiled or collected by the Department of Health (e.g., Cancer Registry, Vital Records, BRFSS, YRBS) Monthly meetings with VT CCC team CCC Equity Checklist: completed checklists and facilitated focus groups

Appendix B: Stakeholder Engagement in the VT CCC Evaluation

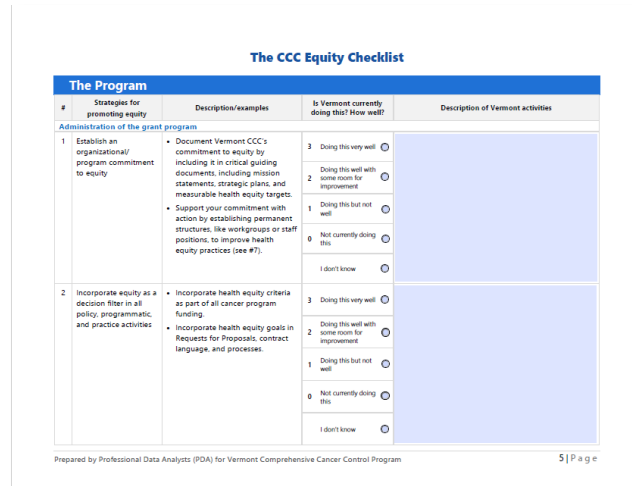
An essential part of the VT CCC evaluation is to continuously identify and engage key stakeholders so that they have a voice and can give input in the evaluation process. At the beginning of Year 4, PDA worked in partnership with VT CCC and VTAAC leadership to determine how to incorporate key stakeholders. Some of the ways that these groups participated in the evaluation, or will participate in in the next year, are presented in the table below.

Cancer Leadership Team & VTAAC Executive Committee	<ul style="list-style-type: none"> • Provided input on the two-year 2020-2022 VTCCC evaluation plan • Reviewed evaluation reports and briefs and offered feedback • Supported the communication and dissemination of evaluation findings • Provided access to Vermont surveillance data • Provided context, including coalition and Cancer Plan history • Accountability • Participated in the CCC Equity evaluation study • Shared critical questions, barriers, or opportunities • Program improvement efforts
VTAAC Steering Committee	<ul style="list-style-type: none"> • Participate in facilitated discussions on VTAAC partnership engagement • Help identify critical questions, barriers, or opportunities • Review and offer feedback on evaluation reports and briefs • Accountability • Share updates on cancer efforts happening across the state to inform progress on Cancer Plan goals • Offer ideas for ways to improve coalition effectiveness • Participate in interviews or focus groups
VTAAC Workgroups & Taskforces	<ul style="list-style-type: none"> • Shared meeting notes and materials to inform coalition activities and VT Cancer Plan implementation • Provide information on their contribution to Cancer Plan goals
VTAAC general membership	<p>Over the next year, coalition members will have the opportunity to:</p> <ul style="list-style-type: none"> • Complete the VTAAC Member Survey • Potentially participate in partner interviews or focus groups to provide input and share their perspectives • Offer ideas for ways to improve coalition effectiveness
Statewide partners	<p>Over the next year, partners will have the opportunity to:</p> <ul style="list-style-type: none"> • Learn about evaluation findings • Potentially participate in partner interviews or focus groups to share their perspectives

Appendix C: The CCC Equity Checklist

For each checklist item, participants were asked to score the CCC on the following scale:

3	Doing this very well
2	Doing this well with some room for improvement
1	Doing this but not well
0	Not currently doing this
x	I don't know



Participants were then asked to elaborate on their assessment and describe CCC activities that contributed to the strategy.

Program checklist items

	Item #	Strategies for promoting equity
Administration of the grant program	1	Establish an organizational/program commitment to equity
	2	Incorporate equity as a decision filter in all policy, programmatic, and practice activities
	3	Ensure all program staff understand equity and inclusion principles and have a shared language for talking about equity
	4	Hire or contract with staff from priority populations
	5	Encourage program staff participation in ongoing professional development on institutionalizing equity
	6	Incorporate explicit equity strategies and goals into work plans and goal setting
	7	Institute an accountability mechanism for ensuring equity is addressed in all CCC planning and decision-making
	8	Expand invitations to internal VDH/HPDP convenings, such as the Cancer Leadership Team meetings, to include staff working on equity issues across programs
	9	Incorporate health literate practices in all cancer control activities

Appendix C, continued

Program checklist items, continued

	Item #	Strategies for promoting equity
Collecting & using surveillance data	10	Disaggregate surveillance data by social determinants of health (e.g., income, race, ethnicity, LGBTQ, rural residence, gender, and other characteristics of groups experiencing a disproportionate burden of cancer-related outcomes)
	11	Engage stakeholders from priority populations in deciding what surveillance data to collect and how to collect data
Support, collaborate with VTAAC	12	Inclusive agenda setting for VTAAC meetings: include voices of organizations led by/working with priority populations
	13	Ensure VTAAC coalition members have an understanding of equity and inclusion principles, including a shared language for talking about equity
	14	VTAAC governance documents include an equity statement and a process for attending to equity in decision-making and membership on executive committees
Maintain, implement, review cancer plan	15	Ensure process for creating the cancer plan includes input of organizations led by/serving priority populations
	16	Coordinate with other statewide health improvement plans (e.g., SHIP)
	17	Address public policy as it relates to cancer-related health disparities
Evaluation	18	Collect multiple types of evidence (e.g., quantitative and qualitative) in program evaluations
	19	“Center at the margins” by making the perspectives of socially marginalized groups, rather than those of people belonging to dominant race or culture, the central axis around which discourse on a topic revolves
	20	Practice inclusive data collection practices (e.g., allow people to self-report their race or gender using multiple options)

Appendix C, continued

Cancer Plan checklist items

Item #	Strategies for promoting equity
21	Include a health equity statement in the cancer plan
22	Include at least one realistic health equity objective in each priority area
23	Include at least one strategy for each cancer plan objective that will improve health equity
24	Call out cancer plan objectives that address health equity (e.g., by color coding or using icons)
25	Include an objective specific to collecting data that can be disaggregated to identify disparities
26	Use language that acknowledges traditional uses of tobacco in American Indian communities
27	Include objectives that specifically aim to reduce disparities
28	Identify strategies by using data sources that help identify specific social determinants of health that are associated with geographic areas with a high burden of cancer
29	Ensure priority populations are represented in “evidence” of the Evidence Based Interventions (EBIs) included in the cancer plan

Partnership checklist items

Item #	Strategies for promoting equity
30	Partner with other organizations in Vermont addressing health equity to implement activities of VTAAC priority subcommittees
31	VTAAC membership/ recruitment plans include plans for recruiting and engaging organizations led by/ serving priority populations
32	Ensure VTAAC meetings are inclusive to members of or organizations led by/serving Vermont’s priority populations

Appendix D: VTAAC Engagement Evaluation Brief, December 2020



VTAAC Steering Committee: Evaluation Engagement Activity Brief

December 2020

Background & purpose

Vermonters Taking Action Against Cancer (VTAAC) is a coalition of individuals and groups working in partnership to reduce the cancer burden for all Vermonters. The VTAAC Steering Committee helps guide the work of the coalition, the Vermont Cancer Plan, and cancer-related activities throughout the state.

“To be effective we need strong relationships between folks.”

- VTAAC Steering Committee member

Professional Data Analysts (PDA) is the external evaluator for the Vermont Comprehensive Cancer Control (CCC) Program. At the December 16, 2020 Steering Committee meeting, PDA presented the CCC evaluation plan for the next two years and facilitated a discussion. The purpose of the activity was for Committee members to reflect on what being highly engaged means to them and generate ideas of ways that they could be meaningfully involved in the evaluation of coalition processes and outcomes. This brief was created for the Vermont Department of Health’s CCC Program and is intended to inform the evaluation and the development of ways to support member engagement.

When you are highly engaged in a collaboration, what does it look and feel like?

Committee members’ responses to this question were gathered using Mentimeter, an online platform that allows participants to share text responses that others can see.

High engagement looks and feels like...



Belonging and mutual respect



Fulfillment and contributing strengths



Equitable contributions



Two-way communication



Shared goals



Achievable outcomes and making an impact

Appendix D, continued

VTAAC Steering Committee: Evaluation Activity Brief

Selected quotes from Committee members

"Everyone contributes and is respected."

"It feels like belonging, everyone's gifts are able to be contributed & integrated in the work."

"Members of the collaboration both give and receive fulfillment in the partnership."

"Everyone in the group feels like their needs are being filled."

"It looks like there are equitable contributions from all who are impacted by the work - those who are contributing to the work & those who receive the work."

"All bring different expertise to the collaboration with a common goal. The goal needs to be well defined and achievable."

"We see progress on a tangible project. Everyone in the group feels like their needs are being filled."

How could you engage and contribute to the evaluation?

The Committee was first presented with a series of ideas and suggestions for how they could support and participate in evaluating the CCC. PDA then facilitated a verbal discussion for the members to share ideas for both how they can support the evaluation and how the evaluation can help advance their coalition and Cancer Plan work.

Ways to be involved in an evaluation, presented by PDA

- Inform evaluation plan and priorities
- Provide context, including coalition and Cancer Plan history
- Share knowledge of data & resources
- Encourage members to participate in data collection
- Collaborate in the process and interpretation of results
- Bring up critical questions, concerns, barriers, or opportunities
- Review and offer feedback on reports
- Support communication and dissemination of evaluation results

Appendix D, continued

VTAAC Steering Committee: Evaluation Activity Brief

Committee members' ideas for evaluation to advance Cancer Plan work

- ✓ Advocate for all stakeholders to [participate in the evaluation](#), provide their input, and voice what they would like to see continue and change.
- ✓ Consider ways to make participation in the coalition and Cancer Plan work [more inclusive and accessible to individuals](#) who are impacted by this work, such as cancer survivors and those who face barriers to participation.
- ✓ Create opportunities for [bi-directional engagement](#) that incorporates the perspectives and feedback from service providers and other stakeholders.
- ✓ View the evaluation plan as a [living plan](#) that is adaptable regardless of the circumstances confronted in the future.
- ✓ Address tension between the need to: 1) [clarify who the Plan is for](#) and who the multiple stakeholders are that drive cancer control work across the state, and 2) develop [tangible action items](#) for the Cancer Plan so that every Vermonter, regardless of who they are, can take action in their community to make a difference.
- ✓ Given the long-term nature of the work needed to fully meet the needs of Vermonters around cancer, put in place [intermediate measures](#) and steps to track progress toward the broader, longer-term Cancer Plan goals.
- ✓ Ensure that [goals are achievable](#) and that the Cancer Plan can be effectively evaluated.
- ✓ Use [evaluation results](#) to strengthen how the coalition committee and workgroups operate, such as implementation planning and collaborative efforts.

Key takeaways

- Steering Committee members clearly expressed what is needed for a highly engaged collaborative, emphasizing the need for **mutual respect** and **good communication** between members and **equitable contributions** from individuals toward **shared, achievable goals**.
- Members are engaged in the evaluation of the coalition and the Cancer Plan and see it as relevant to their work. During idea generation, they prioritized ensuring the **voices of all stakeholders**, particularly those impacted by the work, are incorporated into the evaluation, the Cancer Plan, and its implementation. Additionally, they saw the need to clearly lay out **tangible action items** that lead to **achievable intermediate and long-term goals**.
- The input that the Committee offered will inform PDA's evaluation of the coalition and the Cancer Plan, including future coalition discussions about health equity.

For more information, please contact PDA Evaluator, Kate LaVelle, at klavelle@pdastats.com

Appendix E: VTAAC Engagement Evaluation Brief, January 2021



Professional
Data Analysts

VTAAC Steering Committee: Partnership Engagement Activity Brief

January 2021

Background

At the January 21, 2021 VTAAC Steering Committee meeting, the PDA external evaluation team facilitated a discussion about advancing equity in coalition work. At the December meeting, members had expressed a need for coalition meetings to be more inclusive and accessible to new and diverse voices. Members mentioned the need to bring in stakeholders representing every part of the state, particularly rural regions, as well as people directly impacted by cancer and health care or service providers.

This brief provides a high-level summary of the group's discussion. The information can be used to consider implementing ideas for more inclusive meetings and to address potential barriers.

Vermonters Taking Action Against Cancer (VTAAC) is a coalition of individuals and groups working in partnership to reduce the cancer burden for all Vermonters. The VTAAC Steering Committee helps guide the work of the coalition, the Vermont Cancer Plan, and cancer-related activities throughout the state.

Guiding Question:

What can the coalition do to ensure that VTAAC membership meetings are inclusive of individuals from or organizations serving priority populations?

Key Takeaways

❖ Representation, outreach, & engagement

- Broader member representation within VTAAC, with outreach to individuals and organizations not currently involved in coalition (e.g., New Americans, those not involved in large institutions)
- Recognize there is not a single definition of rurality and engage with every region throughout Vermont
- Provide compensation for VTAAC meeting participation, such as stipends through grant funding
- Create meetings that are valuable to the individuals and groups that the coalition wants to involve more

Appendix E, continued

VTAAC Steering Committee: Evaluation Activity Brief

- Move beyond check in meetings to action orientated tasks focused on target populations
- ❖ **Expand collaboration with other organizations**
 - Build more bi-directional collaboration with other organizations
 - Have local organizations or projects around the state host coalition meetings in their area
 - Identify those who are not represented and build relationships to understand barriers to their participation and the value the coalition could bring to them
 - Think about working with and investing in initiatives of other groups to leverage their creative resources
- ❖ **Structure meetings to be more inclusive and accessible**
 - Host meetings at convenient times and days, while considering the tradeoffs of meeting during the weekday, evening, or weekend
 - Use a virtual meeting format that can provide the opportunity for those who are far from central areas to be involved in the coalition
 - Increase accessibility by recording the meetings or figure out other ways to help people to catch up on meetings they missed
 - Consider a shared decision-making model for meetings and models for collaborative agenda setting

“We need to lower the bar for participation and raise the bar for engagement and what members get out of these meetings. We need to be specific and intentional about the benefits of VTAAC membership.”

- VTAAC Steering Committee member

For more information, please contact PDA Evaluator, Kate LaVelle, at klavelle@pdastats.com

Appendix F: Updated Online VTAAC Membership Form

New and current VTAAC members are directed to the VTAAC website to fill out the membership form and provide the following information:

Personal information

- Email
- First name
- Last name
- State where you live
- City/town where you live

What brings you to VTAAC? Please select all that apply. [checkboxes]

- I have been personally impacted by cancer.
- I am or was a caregiver or a loved one of someone personally impacted by cancer.
- I work(ed) or volunteer(ed) in one or more of the fields below.

Please select all the fields in which you work(ed) or volunteer(ed). [checkboxes]

- Retired from the fields selected below
- Government agency
- Nonprofit/community-based organization
- Academic/research institution
- Medical institution/clinic (physical or mental health)
- Business/industry
- Health insurer/payer
- Legislature/policy
- Public health

Another field (please describe)
[open]

If you would like to share, what are you hoping to contribute to VTAAC from your personal or professional life?

[open]

Organizational information (if applicable)

- Company or organization
- Job title
- Please select if you are a physical or mental health care clinician. [check-box]
- State where you work
- City/town where you work

The screenshot shows the VTAAC website with a navigation menu: ABOUT VTAAC, PREVENTION & DETECTION, QUALITY OF LIFE, EVENTS, RESOURCES, CONTACT US. The main content area features the VTAAC logo (Vermonters Taking Action Against Cancer) and a green call-to-action box: "Already a member? Please update your contact information below!". Below this is the "MEMBERSHIP FORM" section, which includes a question: "Are you interested in reducing the impact of cancer in Vermont?" and a prompt: "Fill out the form below to become a member of VTAAC or to keep your information updated with us!". The form fields are: "Personal information *", "Email", "First name", "Last name", and "State where you live". A green button at the bottom says "Email us at info@vtaac.org".

Endnotes

1. Vermont Department of Health. *Cancer registry, 2014-2018*.
<https://www.healthvermont.gov/stats/registries/cancer-registry>.
2. Vermont Department of Health. *Vital records & population data, 2014-2018*.
<https://www.healthvermont.gov/stats/vital-records>.
3. American Cancer Society – Cancer Action Network. (2020). *Survey: COVID-19 affecting patients' access to cancer care*. <https://www.fightcancer.org/releases/survey-covid-19-affecting-patients%E2%80%99-access-cancer-care>
4. American Cancer Society. (2021). *Cancer facts & figures*.
<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>