

# Vermont Comprehensive Cancer Control Program

Year 5 Annual Evaluation Report (2021-2022)

September 2022



Professional  
Data Analysts

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# About this report

## What is the purpose of this report?

This report describes findings from a process and outcome evaluation of the Vermont Comprehensive Cancer Control (CCC) Program and covers program activities that occurred between July 1, 2021 and June 30, 2022. This is the fifth and final year of the current funding from the Centers for Disease Control and Prevention (CDC). The new 2025 Vermont Comprehensive Cancer Control Plan (Cancer Plan) was officially published in late December 2022 and coalition members and partners have begun early implementation of the Plan. This report summarizes the evaluation findings, limitations, and lessons learned from the fifth year of the CDC funding cycle, as well as offers recommendations for consideration moving into the new funding cycle.

## Who conducted this evaluation?

Professional Data Analysts (PDA) has been contracted to evaluate the VT CCC program process and outcomes since 2020. This fiscal year 2022 report (FY22) is the fifth evaluation report in the current five-year funding cycle and the second annual evaluation report that PDA has produced as external evaluators for VT CCC. Questions about this report should be directed to Kate LaVelle, [klavelle@pdastats.com](mailto:klavelle@pdastats.com).

## Who are the intended audiences of this report?

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.

## How is this report organized?

The sections of the report follow the areas of VT CCC work: 1) the VTAAC Partnership, 2) the Vermont Cancer Plan, and 3) the CCC Program. We present findings from two main evaluation and coalition activities conducted in FY22 – an analysis of VTAAC membership composition and representation, and the 2022 Annual Cancer Summit held by VTAAC to bring together cancer stakeholders across the state. Health equity has been an ongoing priority for VT CCC and is integrated into various aspects of the cancer work of VTAAC. Throughout the report, equity is interwoven into sections of the report, as appropriate, and indicated with the icon:



# Overview of the Vermont Comprehensive Cancer Control Program Evaluation

Since 2003, Vermont has received CDC funding for its Comprehensive Cancer Control Program (CCCP), a state cancer Partnership (Vermonters Taking Action Against Cancer or VTAAC), and to support the development and implementation of the Vermont Cancer Plan, a strategic roadmap to reduce Vermont's cancer burden. While this report covers all aspects of the CCC work in Vermont, the primary focus of this past year has been an examination of VTAAC membership composition and representation with information from the membership database, and the hosting by VTAAC of a three-session Cancer Summit featuring key topics in equity, screening, and access to care for Vermonters.

Professional Data Analysts (PDA) is the contracted external evaluator for Vermont's CCC Program. The external evaluation is closely coordinated with the efforts of the VT CCC program coordinator and program staff, as well as the co-chairs of VTAAC. The evaluation activities are planned in collaboration with VDH around the five-year CDC funding cycle evaluation questions.

Each year, the evaluation places a primary focus on at least one of the following – the Program, Plan, Partnership, or Health Equity. PDA uses the over-arching five-year evaluation plan as a framework to guide the annual evaluation. The annual focus by fiscal year has been:

- Year 1: Program
- Year 2: Plan and Partnership
- Year 3: The Program, particularly CCC-funded programs
- Year 4: Vermont Cancer Plan and VTAAC statewide cancer coalition
- Year 5: VTAAC statewide cancer coalition and health equity

In Year 5 of this funding cycle (FY22), the new Vermont Cancer Plan was officially published and VTAAC workgroups, taskforces, and projects began or continued implementing activities and interventions related to the Plan's goals. Last year, VTAAC made a coordinated request to members to update their information, and this year the evaluation analyzed those data to get a more accurate picture of coalition membership and engagement. The membership analysis offered insights into gaps in representation from some group and regions of the state, which can help inform future outreach and recruitment efforts. In addition, this year VTAAC hosted the well-attended 2022 Cancer Summit to bring together partners and build momentum for implementing the new Cancer Plan.

Together, the evaluation efforts in FY22 have provided useful and action-oriented findings regarding the VTAAC coalition, Vermont Cancer Plan, and aspects of health equity throughout VT CC's work. Key stakeholders have been engaged in the evaluation in multiple ways over the year, including in the designing of data collection procedures, meaning-making of preliminary results, and discussion of findings to use for programmatic decision-making.

 See details about stakeholder engagement in [Appendix A](#) & evaluation methods in [Appendix B](#).

## **Partnership: Vermonters Taking Action Against Cancer**

VTAAC consists of workgroups, taskforces, and projects working towards implementing the 2025 Vermont Cancer Plan. A membership analysis was completed to better understand VTAAC stakeholders, in addition to holding the VTAAC 2022 Cancer Summit.



# Vermonters Taking Action Against Cancer Overview

VTAAC, the Partnership, was formed in 2004 to bring together partners who are committed to collaborating with others to reduce the burden of cancer for all Vermonters. The coalition is guided by the mission "VTAAC provides a forum for collaboration and sharing of resources for individuals and organizations concerned about cancer" and carries out a statewide strategic plan that outlines shared priorities for cancer prevention, early detection, treatment, and quality of life for cancer survivors.

## VTAAC Engagement Opportunities

Meetings of VTAAC members continued to be held in a virtual format throughout the year. Multiple types of engagement continue to be 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



Share the plan and work toward its goals and objectives



Build partnerships and expand professional networks



Stay informed through VTAAC emails and website



Join and participate in a VTAAC workgroup or taskforce

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. Below are the current, active groups:

### Workgroups

- Prevention and Detection Workgroup
- Quality of Life Workgroup

### Taskforces

- Lung Cancer Screening Taskforce
- HPV Taskforce

### Projects

- Physical Activity and Nutrition in Cancer Survivors
- Colorectal Screening Project with Southwestern Vermont Medical Center and American Cancer Society

### Committees

- Executive Committee
- Steering Committee

## Integrating evaluation into VTAAC leadership meetings

VTAAC is lead by the Executive and Steering Committees. The Executive Committee sets the agendas for Steering Committee meetings and guides the direction of the coalition. The Steering Committee is a group of VTAAC members who represent a cross-section of stakeholders in cancer prevention and control. The Steering Committee held meetings consistently to share updates on member projects and potential collaborations, discuss upcoming coalition efforts, and to engage in partnership discussions. Notes from all coalition meetings were distributed to keep everyone informed of upcoming events and coalition efforts. The evaluation-specific content shared and discussed in each meeting is summarized in the following table:

Meeting	Evaluation Content
September 2021	<p>Updates on the status of the:</p> <ul style="list-style-type: none"><li>• Vermont CCC evaluation</li><li>• Membership Analysis</li><li>• Annual evaluation report</li></ul> <p>A stakeholder engagement activity was also conducted to ask questions including, “What do you think is the most important for VTAAC or statewide cancer work in the next year?” and “What organization or individual is not at the VTAAC ‘table’ that should be? How can we get them involved?”.</p>
November 2021	<p>Sharing of the VT CCC Health Equity Evaluation findings and recommendations, as well as a group conversation about the findings, recommendations, and possible next steps.</p>
January 2022	<p>Planning for the VTAAC 2022 Cancer Summit Series.</p>
March 2022	<p>Update on the Membership Analysis, including:</p> <ul style="list-style-type: none"><li>• Review key findings from the VTAAC membership analysis</li><li>• Spark conversations and engage in activities to make meaning of the findings</li><li>• Consider who is well-represented and who is missing within VTAAC</li><li>• Gather input on additional questions to explore to inform next steps</li></ul>

Evaluation is a consistent feature in Steering Committee meetings. Gathering input on evaluation efforts, sharing results, and discussing next steps during Steering Committee meetings ensures that stakeholders are involved throughout the evaluation process and keeps evaluation at the forefront of coalition leaders’ minds.

## Contextual factors impacting VTAAC member and partners

The COVID-19 pandemic continues to impact the VT CCC program’s work both in positive and negative ways. Learning how to collaborate virtually has allowed broader reach of partnerships and the ability for individuals with busy schedules or who live in distant areas of the state to participate in VTAAC . On the other hand, virtual meetings can make it harder to develop the types of connections that tend to form in-person. Further, the on-going pandemic has strained the capacity and time available for some partners to be more involved in VTAAC and Plan implementation.

# VTAAC Membership Analysis

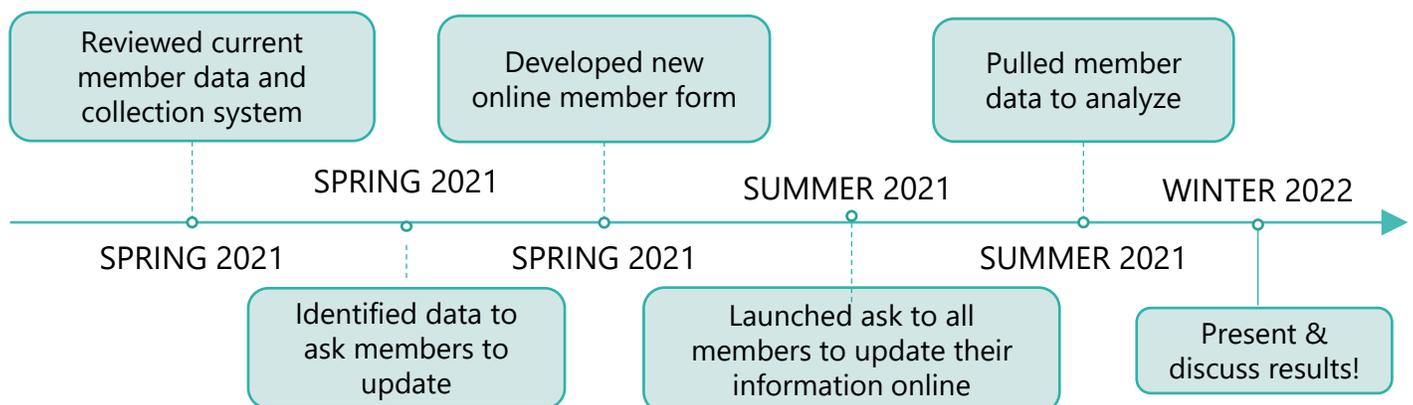
## Purpose

In January 2021, PDA began efforts, in partnership with VT CCC, to examine the current VTAAC membership. The multistep VTAAC Membership Analysis was intended to:

- Inform the Partnership evaluation questions, including **“Who are the current VTAAC stakeholders and who is missing?”** and **“How well is VTAAC engaging members and what opportunities exist for greater engagement?”**
- Make recommendations to supports VT CCC’s goals for its data collection systems and how data is used in a way that accommodates limited capacity.
- Engage the VT CCC team and the VTAAC Executive and Steering Committees to brainstorm ways to build a current data systems to serve the purpose of improving coalition engagement and effectiveness.

## Approach

A two-year process was used to conduct the membership analysis. The first step was to assess current cancer coalition data and systems for completion, consistency, and duplication. After this step, a decision was made 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. The next step involved prioritizing the information to collect and set up refreshed data systems. Prioritization kept in mind two intended uses of the coalition member information: 1) practical project management and communications, and 2) tracking VTAAC reach and engagement for evaluation, reporting, and strategic purposes. Once the priorities were determined and a new online form was put in place, PDA and VT CCC requested updated information from coalition members. Once members updated their information, PDA examined coalition membership data to understand the types of members and organizations involved, assess the representativeness of membership, and look at changes over time. Findings were shared with the Steering Committee to make meaning together and determine next steps. The steps within the process are outlined in the timeline below.

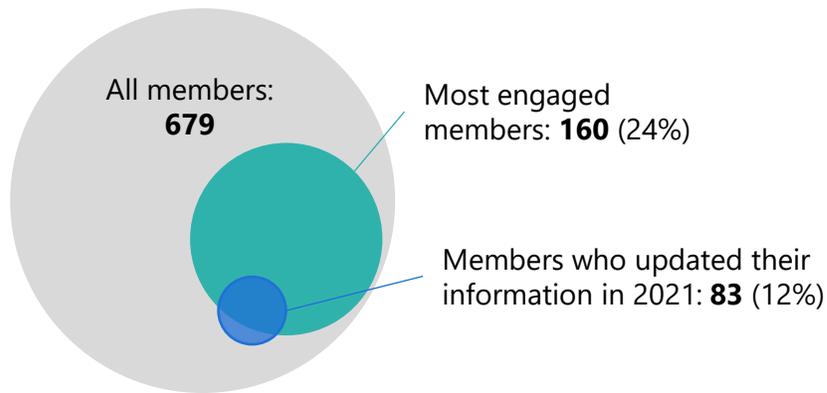


## Findings

The membership analysis produced multiple findings to inform who the current VTAAC stakeholder are and who is missing, as well as how well VTAAC is engaging members and what opportunities exist for greater engagement. These findings were shared with stakeholders, including during a Steering Committee meeting to make meaning together and determine next steps.

### How many members does VTAAC have?

VTAAC consists of a large membership (n = 679), with a subgroup of 160 members who are most engaged. VTAAC members are defined in the analysis as people subscribed to receive coalition communication. The most engaged members are defined as people who received communication from active coalition groups.



### When did current members join VTAAC?

Membership increased by 19% (n=110 new members) from 2019-2021 with development of the Cancer Plan. In addition, 20% (n =135) of members' tenure has been 7 years or longer.

Number of members by year joined



### Whose representation on VTAAC do we want to improve?

At the September 2021 Steering Committee meeting, members identified the following groups:

- Individuals and organizations representing populations facing inequities Cancer survivors
- Hospitals around the state
- Primary care providers
- Integrative health practitioners
- Social workers
- Non-profit organizations

### What brought members to VTAAC?

- 66 members indicated that they came to VTAAC because of their **professional experience**.
- 55 members came to VTAAC because of **personal experience with cancer**, either personally impacted by cancer, they have been a caregiver of someone living with cancer, or both.

### What fields do VTAAC members represent?

VTAAC has strong representation from medical institutions, nonprofits, government agencies, and academic/research institutions. An estimated 129 VTAAC members are physical or mental health clinicians.

Field	Members who updated info in 2021*	Estimated other members**	Total estimated members
Medical institution/clinic (physical or mental health)	25	173	198
Nonprofit/community-based organization	36	55	91
Government agency	25	52	77
Academic/research institution	18	44	62
Public health	21	7	28
Business/industry	10	11	21
Health insurer/payer	2	13	15
Legislature/policy	2	13	15
Retired from the fields selected	6	0	6

\*Members were able to select multiple fields: 45% selected a single field, 45% selected two fields, and 10% selected three or more fields.

\*\*Member information, such as organization, was used to extrapolate a field for 366 of the member who did not update their information.

### What organizations do VTAAC members represent?

Member organization information was available for 439 (65%) of members. The organizations with the greatest representation are presented below.

Organizations with 10+ members	Number of VTAAC members
University of Vermont Medical Center	71
Vermont Department of Health	53
University of Vermont	36
Rutland Regional Medical Center	19
American Cancer Society	18
Central Vermont Medical Center	18
Southwestern Vermont Medical Center	17
Vermont Legislature	12
Northwestern Medical Center	10

## Do VTAAC members live and work in urban or rural areas?

Out of the 47 members who indicated where they work, a large majority work in an urban city or town, while few work in a rural town.



41 members work and 46 live in an urban city or town.



6 members work and 25 live in a rural town.

- Chittenden County (n=28)
- Washington County (n=8)
- Bennington, Franklin, Rutland, or Windham Counties (n=5)

### What do VTAAC members hope to contribute?

"I want to help **make it easier for cancer patients in rural areas** get the care they need."

"Hoping to **bring the voices of the cancer patients** we support around Vermont to the group to find ways to **better support survivorship.**"

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

"I would love to **continue collaborating to implement the cancer plan!**"

### Limitations

The membership database system and the data collected from members have changed over time. The Membership Analysis results includes data that may not be updated, as well as data that are not complete and represent a small portion of VTAAC members. The analysis findings may not be representative of overall membership. The process of improving the quality of member data will be ongoing. Lastly, VTAAC membership is defined as people who subscribe to emails from VTAAC, capturing a broad range of people in terms of participation but may not speak to the degree of engagement.

### Next Steps

This membership analysis will inform the next stage: to identify gaps in stakeholder engagement, potential strategies for recruitment and retention, opportunities for engagement, and explore members' perceived value of the coalition and what they bring to VTAAC.

PDA will also support the VT CCC team in regularly revisiting and revising the online membership form to better meet ongoing and changing needs.

# VTAAC's 2022 Cancer Summit

The purpose of the VTAAC Cancer Summit was to discuss the newly released 2025 Cancer Plan and provide a venue for coalition members to learn more about the disparities that exist in cancer treatment across historically underrepresented groups and the importance of cultural competence in reducing these disparities.

The VTAAC Summit Series involved three, two-hour virtual sessions via Zoom. The series was successful in bringing together VTAAC members and partners, producing momentum and interest, and inspiring ideas for both individual and collective action.

## **Understanding and Addressing Cancer Equity in Vermont**

*Session 1, April 1<sup>st</sup> [52 participants]*

The first session included an overview of the 2025 Cancer Plan by VT CCC coordinator, Sharon Mallory, a presentation on health equity approaches by Ashley Kraybill at VDH, a panel on disability advocacy with Max Barrows and Kristen Murphy, as well as a Cultural Competency training provided by consultant, Robin Shabazz.

## **Access to Cancer Care in Vermont**

*Session 2, May 5<sup>th</sup> [50 participants]*

This session focused on the range of barriers that individuals might experience to accessing cancer care, with a particular emphasis on the role of transportation. One panel featured lived experience from patients and caregivers, and another panel focused on transportation professionals working in programs serving Vermonters.

## **Screening for Cancer during COVID-19**

*Session 3, June 3<sup>rd</sup> [43 participants]*

This session included a presentation from Dr. Levine (Commissioner of Health) on the effects of COVID-19 on cancer screening, and a panel discussion with Chip Viau and Kell Arbor (representing LGBTQ perspectives), Melissa Doane (You First patient navigator), and Abimola Leslie (presenting research on cancer screening among Nepali immigrants and refugees).

 See the bios of the speakers and panelists in [Appendix C](#).

Recordings of the three sessions are publicly available on [VTAAC's website](#).

The **2022 VTAAC Cancer Summit Planning Group** consisted of these individuals:

- **Caitlin Maloney**, Interim VTAAC Coordinator
- **Justin Pentenrieder**, VTAAC Co-Chair & Program Manager, You First, VDH
- **Kate Strotmeyer**, Communications and Community Outreach Director, UVM Cancer Center at The Robert Larner, M.D. College of Medicine at The University of Vermont
- **Sarah Lemnah**, VTAAC Co-Chair & Executive Director, Cancer Patient Support Foundation
- **Sharon Mallory**, Coordinator, Comprehensive Cancer Control Program, VDH
- **Kate LaVelle**, External Evaluator, Professional Data Analysts (PDA)

## Promoting the VTAAC Cancer Summit to bring together members and partners from across Vermont

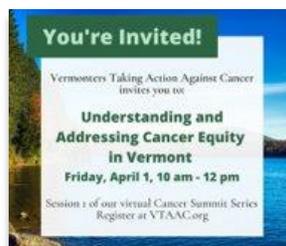
The 2022 VTAAC Cancer Summit was intentionally promoted and communicated to VTAAC members, partners, and the public in various ways to maximize the reach across the state. The Cancer Summit Planning Group developed multiple communication strategies that leveraged existing coalition member emails lists, the coalition website and social media, and sharing through professional networks. A communication tracker was created to collaboratively manage within the planning group what messages needed to be sent when.

### Emails to VTAAC members and partners

- Emails were sent by the coalition coordinator to all VTAAC members with details about the session and links to register online.
- Reminder emails were sent by PDA to everyone who registered online for a session.
- VTAAC Executive Committee Co-Chairs sent an email to Steering Committee members with information about the Summit to pass on to their networks.
- A post-session email was sent by the coalition coordinator to all session attendees with the presentation slides, handouts, and access to the recordings.

### Social media posts

- Multiple social media posts were put on the VTAAC Facebook page a couple of weeks before each session was held (examples below).



### VTAAC website

- A *Save the Date* was posted to the VTAAC website, which included descriptions of each session and agendas.

### VTAAC electronic newsletter

- Information about the Summit was included in the 54<sup>th</sup> VTAAC Quarterly Newsletter, 2020 Spring Update with a link to register.

#### 2022 VTAAC Annual Cancer Summit

VTAAC is excited to welcome members to join the VTAAC Annual Cancer Summit! For the 2022 Summit, we are hosting a sequence of three abbreviated virtual sessions focusing on health equity and cancer care in Vermont, framed around the new [2025 Vermont Cancer Plan](#). This virtual summit series is free for all attendees and will be a great opportunity to learn about work happening throughout the state and build valuable partnerships through discussion based sessions.

We had a successful first session, and are looking forward to session 2 and 3. Find out more and register for each of the sessions below.

*Post on VTAAC website*

#### VTAAC Annual Cancer Summit

Please join Vermonters Taking Action Against Cancer (VTAAC) in discussing and developing strategies for the next 5-Year Vermont Cancer Plan on **June 5th, 2020**. The Vermont Cancer Plan is a strategic roadmap for reducing the burden of cancer in Vermont. The Vermont Cancer Plan will be centered on addressing health inequities across the cancer continuum. Vermont's Cancer Coalition, VTAAC, coordinates with partners to develop and implement the Vermont Cancer Plan through initiatives in cancer prevention, screening, treatment and survivorship.

Click on the link below to register or RSVP.

[Register Now!](#)

*VTAAC newsletter*

## Summit Session 1: Understanding and Addressing Cancer Equity in Vermont

The first session of the 2022 VTAAC Cancer Summit was centered on cancer equity in Vermont and included presentations, a panel, and a training on cultural competency.

### Overview of the 2025 Vermont Cancer Plan: Presentation

The Vermont CCC program coordinator, Sharon Mallory, reviewed the recently published 2025 Cancer Plan. The presentation highlighted the ways that health equity are embedded in the Plan, such as specific health equity objectives and equity-focused strategies within prevention, detection, treatment, and survivorship. Participants were encouraged to join VTAAC members and partners, VDH, and many other partners to help implement to the Plan.

### Health Equity Approaches – the Vermont Department of Health: Presentation

An overview of the state’s health equity approach was offered by Ashley Kraybill, the Director of Health Equity & Community Engagement at VDH. The presentation provided an explanation of health equity and inequities, and examples of how to apply a health equity lens in cancer prevention and control work. Information about the growing equity capacity within VDH through new equity positions and action teams was described, as well as the [Strategies to Repair Equity and Transform Community Health \(STRECH\)](#) framework being used within the health department.

### Stories of Lived Experience and Disability Advocacy: Panel Discussion

A key feature of the session was a panel discussion with two individuals who have deep knowledge and experience in disability advocacy in Vermont.

Panelist: **Max Barrows**, Outreach Director, [Green Mountain Self-Advocates](#)

At Green Mountain Self Advocates (GMSA), Max engages with various groups, including peers, health providers, and community members, to educate and increase awareness of the strengths, experiences, and needs of people with developmental disabilities. Max shared his personal experience as a person with developmental disabilities and brought to light the importance of recognizing how ableism can affect the health care experience for patients with disabilities.



“I particularly liked the ‘Stories of Lived Experience and Disability Advocacy Panel’ section. Having Max share real experiences of self-advocacy and implications of his own helped me better understand the problems at hand and possible solutions.”

- Session participant

Panelist: **Kirsten Murphy**, Executive Director, [Vermont Developmental Disabilities Council](#)

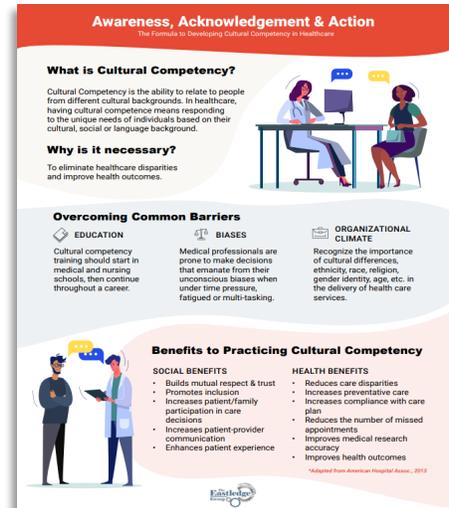
From her extensive experience in the disability advocacy and systems wide change, Kirsten spoke on the panel about the need for practitioners to focus more on universal design to make clinic settings more accessible and inclusive. She emphasized the implications of how information about care is communicated to patients with disabilities, and the importance of using person-focused language.



## Primer on Cultural Competency in Healthcare

The first session also included a training on cultural competency that was facilitated by Robin R. Shabazz, Esq., Principal and Founder of the Eastledge Group, LLC, a management consulting firm specializing in diversity, equity and inclusion. This training was incorporated based on feedback from VTAAC members that having a shared understanding of health equity would be beneficial. The hour-long training intended to deepen participants understanding of cultural competency in healthcare and learn about ways that individuals can apply these principles in their lives and work.

The training discussed how cultural challenges in health care settings can be related to language, health literacy, patient misunderstandings, inaccurate cultural assumptions, more time-consuming communication, lack of shared decision-making, and insecurity engaging fully with patients. Notably, the handout provided to participants as part of the training offered concrete steps that can be taken at the individual and institutional level to improve in cultural competence.



Cultural Competency handout

 See the handout in [Appendix D](#).

## Quotes from participants about the training

“The cultural competency training will be so helpful moving forward in my work. This was a unique focus, compared to other trainings that I have been to. I think it is so important to get an understanding of the variety of different ways that we can improve health equity.”

“I loved Robin's entire presentation, especially the lines about everyone with a brain having biases (i.e., this isn't always negative), and that people change systems.”

“I will share some my notes of the resources that were presented by the speaker with my teammates. I will also use these resources on some of my own presentations on cultural competence as a way to promote health equity.”

“I really enjoyed Robin Shabazz's comments. She offered up so many specific strategies to consider/reflect on.”



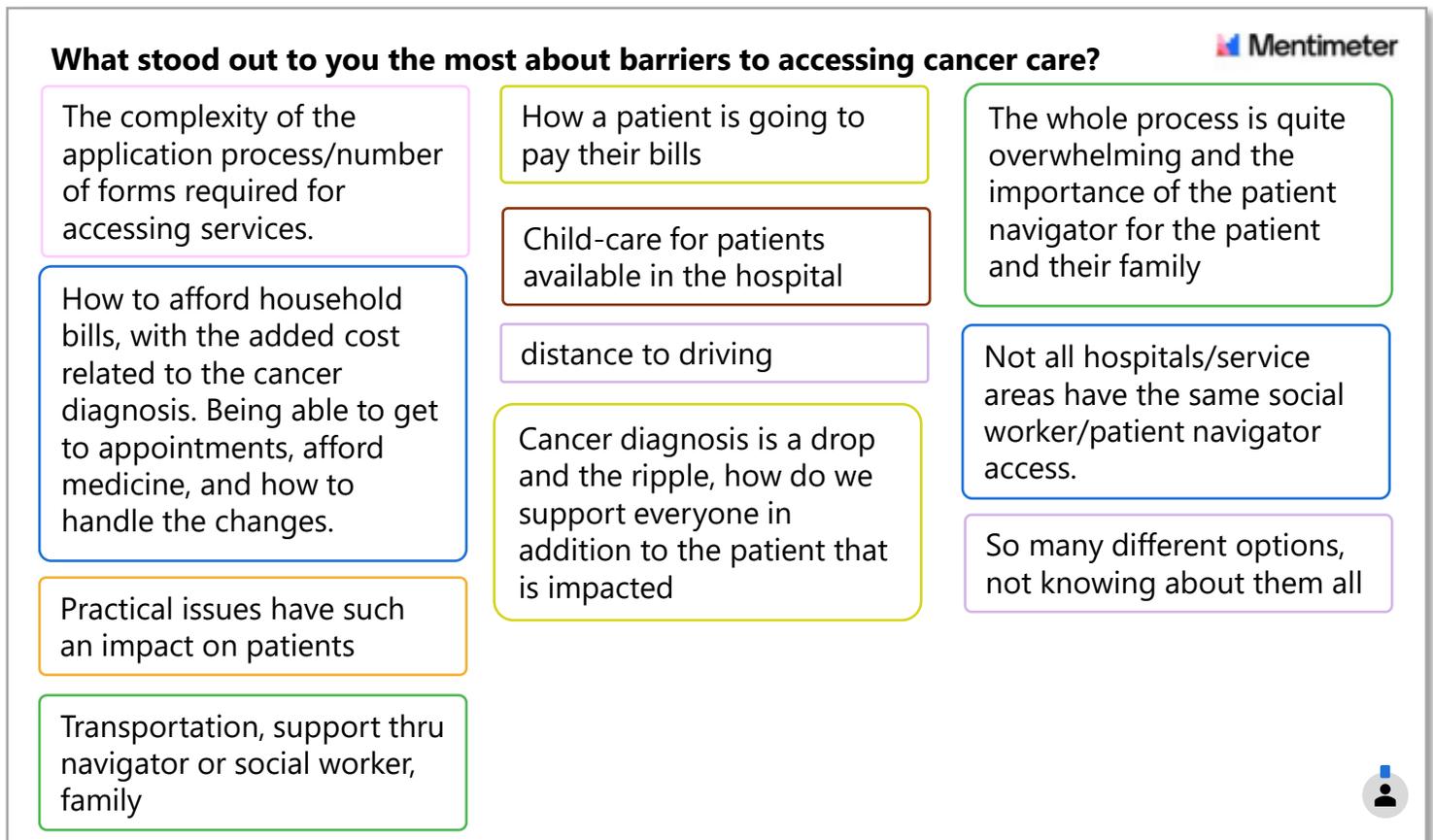
## Insights and Ideas about Barriers to Accessing Cancer Care Shared by Session 2 Participants

A key element of the second session was to provide opportunities for participants to network, share ideas, and learn from each other.

As an example of this, during the meeting, participants moved into virtual small groups to discuss what stood out to them related to challenges in accessing cancer care and potential solutions to addressing these barriers. After the discussions in small groups, the group notetakers posted the group's insights using the Mentimeter web-based platform.

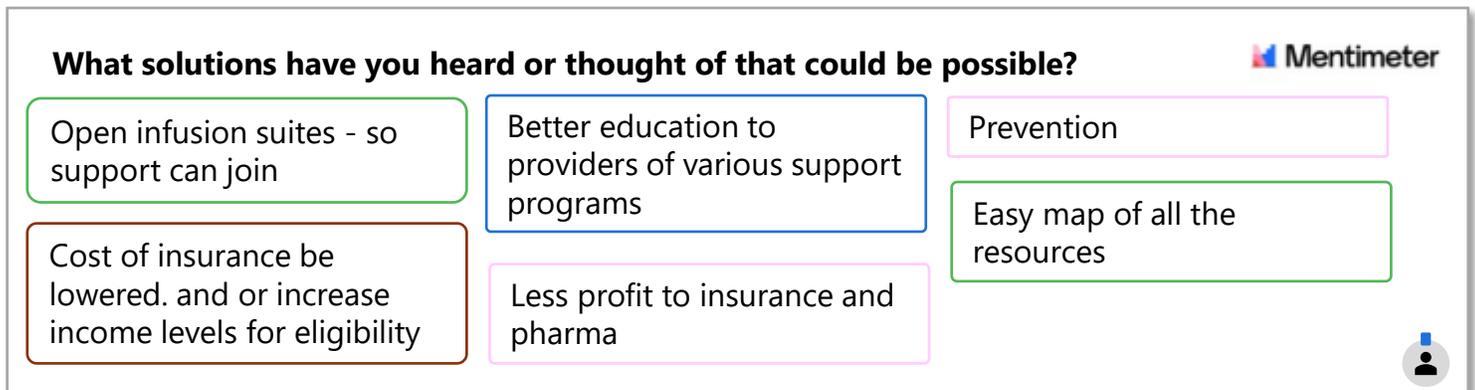
Responses collected included:

**What stood out to you the most about barriers to accessing cancer care?** 



- The complexity of the application process/number of forms required for accessing services.
- How a patient is going to pay their bills
- The whole process is quite overwhelming and the importance of the patient navigator for the patient and their family
- How to afford household bills, with the added cost related to the cancer diagnosis. Being able to get to appointments, afford medicine, and how to handle the changes.
- Child-care for patients available in the hospital
- Not all hospitals/service areas have the same social worker/patient navigator access.
- Practical issues have such an impact on patients
- distance to driving
- So many different options, not knowing about them all
- Transportation, support thru navigator or social worker, family
- Cancer diagnosis is a drop and the ripple, how do we support everyone in addition to the patient that is impacted

**What solutions have you heard or thought of that could be possible?** 



- Open infusion suites - so support can join
- Better education to providers of various support programs
- Prevention
- Cost of insurance be lowered. and or increase income levels for eligibility
- Less profit to insurance and pharma
- Easy map of all the resources

### Summit Session 3: Screening for Cancer During COVID-19

For the third and final session, speakers and panelists considered the impact of COVID-19 on cancer screening, discussed the implications of decreases in screenings for Vermonters' health, and explored the barriers and opportunities to improve cancer screening in the state.

#### Presentation by Dr. Mark Levine, Vermont Commissioner of Health

*"Impact of the COVID-19 Pandemic on the Vermont Cancer Plan, Screening for Cancer and Health Equity"*

Dr. Levine reviewed national and state data on cancer disparities and discussed the consequences of the pandemic, such as missed screenings, fewer early-stage diagnoses, and delays in treatment. He shared insights on how lessons learned from the crisis can lead to opportunities in the future.

"Dr. Levine's message about the changes in our health care systems related to the pandemic as it relates to cancer and overall health."

"[I] enjoyed hearing from Dr. Levine as an overview to the status of Vermont health before breaking to the panel presenters."

#### Panel Discussion

*"Making Up for lost time - Breaking down barriers to increase cancer screening in underserved populations post-pandemic"*

This panel brought together four individuals with different perspectives who are making important contributions to better understand, address, and educate about the barriers to cancer screening in Vermont. Feedback on the panel was positive:

"The stories heard on the panel were very powerful."

"The panel had individuals who had very concrete suggestions for making screening more accessible for Vermonters."

"Having a panel of participants to share stories really broadened the barriers to care in VT and kept the conversation interesting and engaging."

"I hope to connect our DEI efforts to the resources of the Pride Center and work towards concrete changes improving patient centered care."

"I look forward to reading the research and learning more about the challenges faced by the Nepali community. I plan to disseminate the Got 'em Screen 'em materials."

The four panelists, along with descriptions of their expertise and background are included on the next page.



**Chip Viau**, Community member and advocate.

Chip shared a powerful personal story as a breast cancer survivor and transgender person. Chip reminded health care providers that people may not be presenting with the gender identity they feel during the cancer treatment process, and that it is important to take time to talk with patients so that they can feel heard and express their vulnerabilities as they want to in a safe space.



**Kell Arbor**, Director of Health & Wellness, [The Pride Center of Vermont](#).

Several services and supports for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Vermonters were shared by Kell, including the Pride Centers' breast and cervical cancer screening program, *Got 'em? Screen 'em!* and *Got it? Pap it!* They also shared the Vermont Diversity Health Project (VDNP), which aims to "help patients identify safe, affirming, supportive, and effective health care provider."



**Melissa Doane**, Patient Navigator, [You First Program](#), Vermont Department of Health.

Melissa gave multiple examples of challenges that people have navigating the cancer screening process, including long wait times for appointments, confusing insurance forms, and reading health information and communicating with health care providers with English as a second language.



**Abimbola Leslie**, MPH, MDP, Faculty Scientist, Radiology, The University of Vermont (UVM)

Findings from a UVM research study, *"Investigating Differential Patterns of Access to Mammography Screening for Non-White and Underserved Populations in Vermont - A Pilot Study"* that included interviews with Nepalese individuals were shared. Some of the topics covered in the presentation were awareness and utilization of mammography, language and transportation barriers, the role of the primary care provider in providing screening information and decision-making.

## Insights and Ideas about Cancer Screening Barriers Shared by Session 3 Participants

Similar to the second session, this session was designed to have time for participants to discuss in small groups what stood out to them and to generate ideas for addressing cancer screening barriers. The group notetakers shared key takeaways from the conversations with the large group, using the Mentimeter web-based platform. Responses collected included:

### What stood out to you the most about barrier to cancer screening?

Mentimeter

- Simple changes like asking patients about their needs, having a welcoming waiting room and bringing a support person
- Loss of providers; partially driven by retiring providers
- Fear of diagnosis
- Timeline for getting screening appointment
- The stories were especially powerful. Thank you Chip and Kell
- There are many systems interacting, and the failure of these systems are placed on individuals
- Getting an understanding of the background of those getting care.
- Challenges as trans Vermonters seeking healthcare. lack of inclusion
- Need for gender-neutral or more inclusive language
- Making equity inclusion and diversity part of a strategic plan
- Transportation, example given by Nepali research



### What can VTAAC and our partners do to move us in a direction to address these barriers to cancer screening?

Mentimeter

- Representation. Need to have diverse voices in meetings
- Evaluation. are you reaching the right people?
- Screening without needing a referral first
- statewide messaging to providers around these barriers, available trainings, changes they can make
- Creating easier access to screening without waiting for provider visit first, if screening is that important, why are we not making it easier to access as a service?
- Reaching out to clinicians to be advocates for increasing screening; clinicians talking to clinicians
- Being a voice and advocate for increasing access to care by incentivizing providers to stay in the state.
- federal advocacy for take home cervical cancer/HPV screening in US
- Disseminate existing material - Got Em', Screen Em'



## **VTAAC's 2022 Cancer Summit: Ideas for action**

The Cancer Summit elevated topics that participating VTAAC members and partners felt needed attention, generated ideas for action and next steps, and revealed opportunities for deeper partnership. The ideas for action that were produced by the Summit discussions and feedback were documented in an internal report for the VT CCC program team and VTAAC leadership. A summary of potential action steps organized by session is presented below.

### **General ideas to build coalition momentum**

- Explore additional engagement opportunities to bring together all VTAAC members.
- Use the VTAAC website as a robust tool for sharing resources to support Cancer Plan work.
- Build the capacity and facilitation skills of workgroup leaders, as well as clearer definitions and expectations for workgroup leads.

### **Session 1: Understanding and addressing health equity in Vermont**

- Ensure the medical field is matching the needs of patients.
- Educate staff, health care workers, partners, and the public on these topics.
- Ensure that resources in a health care setting are accessible to people of all reading levels.
- Ensure that communications and community outreach and engagement is inclusive for all people, regardless of disability, identity, or culture.
- Focus on better communication with others, focusing on tailoring services to the individual's needs and asking questions in a way that does not "other" them.
- Host the next iteration of a health equity skills and knowledge training.

### **Session 2: Access to cancer care in Vermont**

- Simplify the application process for accessing support services.
- Make services provided by patient navigators, community health workers, etc. billable.
- Open infusion sites so that supports for the person with cancer can join.
- Increase accessibility of childcare for people with cancer.
- Enhance education for providers to better understand existing support programs.
- Implement policies that make health insurance more affordable.
- Increase advocacy and collaboration between organizations.
- Create a taskforce that focuses on transportation.
- Support efforts to make the application process for transportation easier through VTAAC.
- Improve coordination between the fragmented program who work on transportation through VTAAC's connections.

### **Session 3: Screening for cancer during COVID-19**

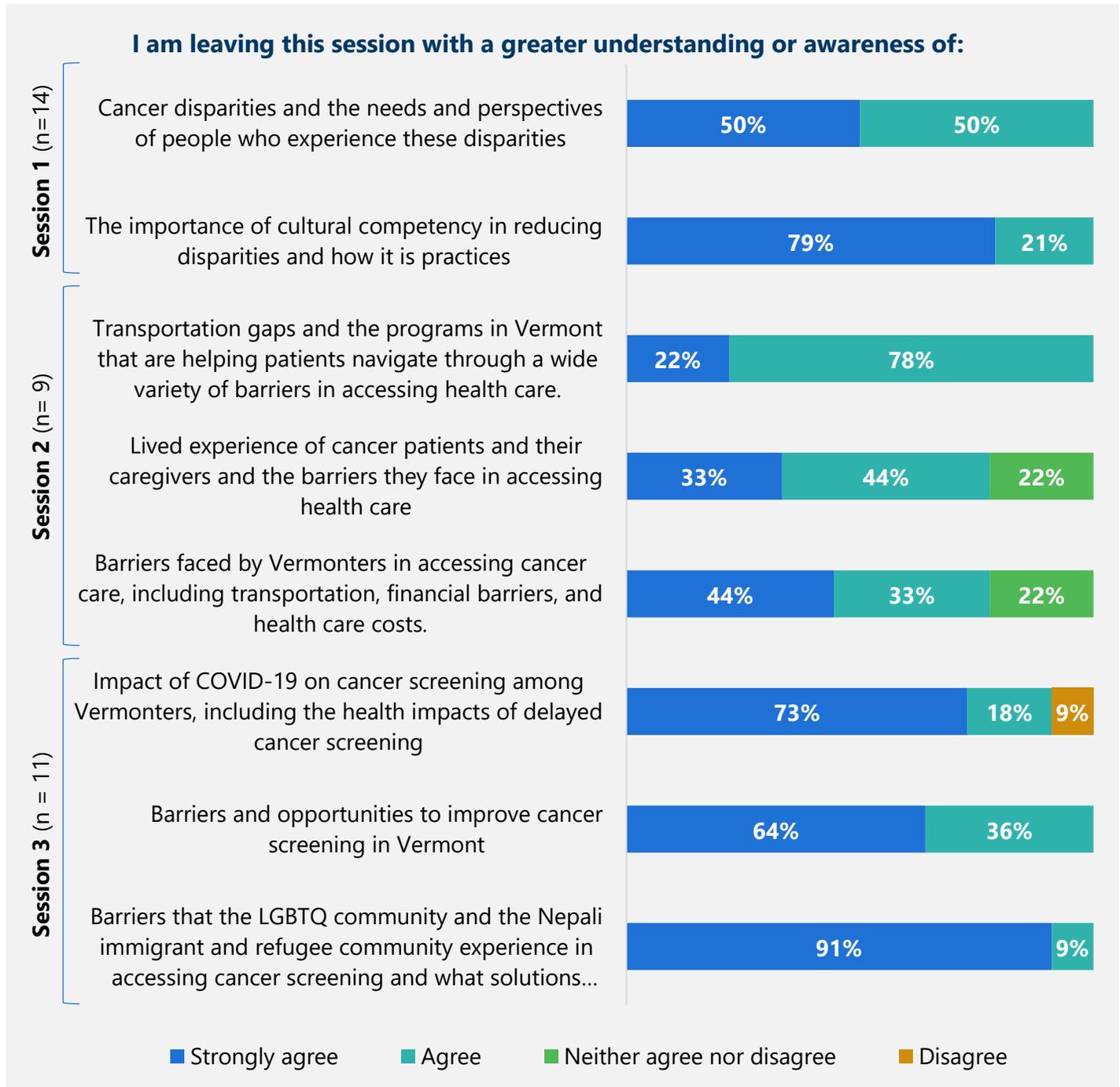
- Make changes to the health care space like using gender neutral and gender inclusive language.
- Prioritize people-centered care.
- Integrate diversity, equity, and inclusion into strategic plans.
- Make screening available without a referral.
- Advocate for increased access to care.
- Reach out to clinicians and encourage them to be advocates for increasing screening.

## VTAAC 2022 Cancer Summit Evaluation Results

After each of the three sessions, participants were emailed a copy of the slideshow presentation, important links shared in the chat, as well as a feedback survey to further understand the participant’s experience during the session.

### Participant feedback on meeting content

Across the three sessions, respondents found the content to be either very relevant (80%) or moderately relevant (18%) to their current work or volunteer efforts.\* Participants also left the meetings with a greater understanding of the topics covered in the Session. The table below shows the results by session.

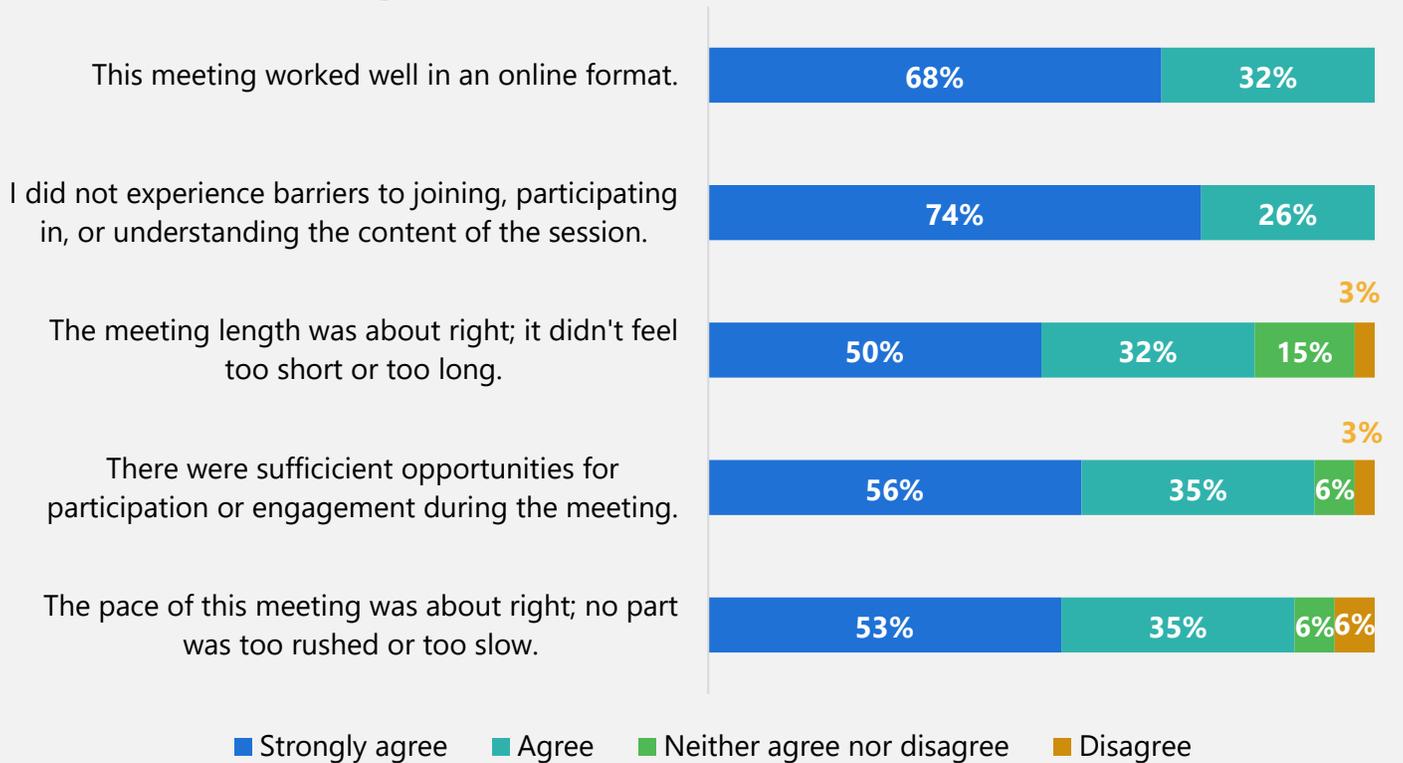


\*One participant did not answer this question.

## Participant feedback on the meeting format

Overall, participants had positive feedback on the meeting format. Every survey respondent either agreed or strongly agreed with the statement that the meeting worked well in an online format and that they did not experience any barriers to joining the session. Areas for improvement could be in additional participation opportunities for attendees and meeting length and pace. Feedback provided by participants is planning to be used to inform future VTAAC cancer summits.

### Meeting format feedback across all three sessions (n = 34)



## Limitations

Each of the surveys sent after the sessions received response rates of 27% (14), 28% (9) and 25.5% (11), respectively. Given the low response rates, the analysis of responses may not be an accurate representation of those who attended the summit. Aggregate representations of the participant feedback may not be representative of each session given variation between sessions.

## Next Steps

Results from the evaluation of the VTAAC 2022 Cancer Summit will be used to inform future cancer summits and general membership meetings. Considerations for future summits may include altering the meetings' lengths, increasing opportunities for engagement during the meetings, and balancing the amount of information covered during the meeting. Equity continues to be a focus of VTAAC and its meetings.

## **Vermont Cancer Plan**

The 2025 Vermont Cancer Plan was officially released in December 2022. The VDH CCC team, VTAAC, and partners are in the early stages of implementing the plan's strategies and measuring progress.

## 2025 Vermont Cancer Plan

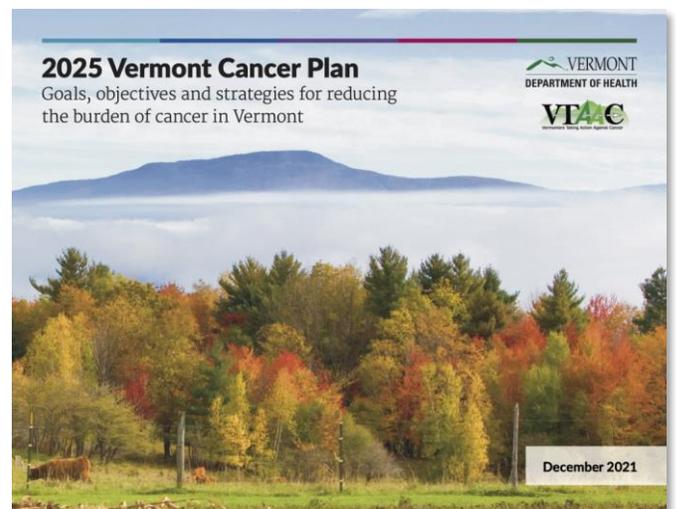
The [2025 Vermont Cancer Plan](#) presents the shared goals, objectives, and priority strategies to reduce the burden of cancer in Vermont. The Plan serves as a roadmap and a call to action for individuals and organizations who are dedicated to joining efforts to reduce the impact of cancer in Vermont. 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. Some individuals are more likely to be affected by cancer due to social, environmental, and economic disadvantages. Key health equity population of focus in the Plan include:

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



The Cancer Plan's goals, objectives and strategies cover the cancer continuum and the cross-cutting 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
- **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

## Dissemination of the 2025 Cancer Plan

The Vermont Cancer Plan was officially released in December 2022 and disseminated among key stakeholders. The final plan was disseminated in a variety of ways, including:

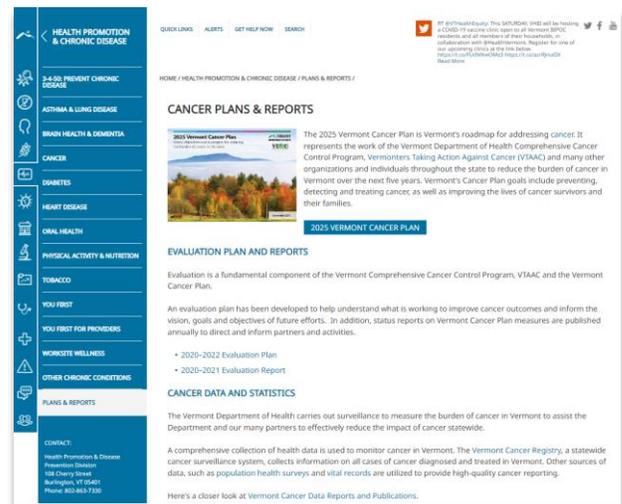
- VTAAC quarterly newsletter
- VTAAC membership email
- VDH Chronic Disease staff email and internal communication
- VTAAC Workgroup meetings
- VTAAC Annual Meeting/Cancer Summit Series
- Using social media messaging through VTAAC and UVM Cancer Center
- Presentations at the Northwestern New England Clinical Translation Network quarterly meeting and UVM Cancer Center by the Vermont Commissioner of Health, Dr. Levine
- VDH and VTAAC websites

The Plan, along with dissemination strategies were discussed in a Steering Committee meeting to ensure the dissemination was reaching a broad audience and included key stakeholders. VTAAC leadership envisioned a coordinated effort with both Steering committee members and VTAAC partners working with their organizations for a coordinated release for promotion in organization newsletters and communications.

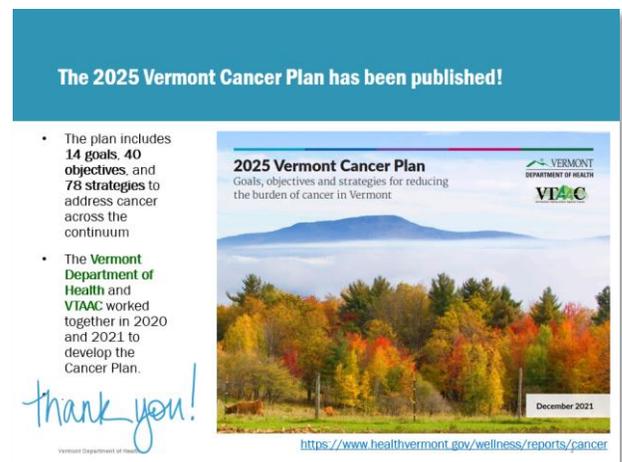
The Vermont Cancer Plan is available for free from VDH and VTAAC on the VTAAC website. Hard copies are also available upon request.

## Integrating data into the Plan

Data analyzed by VDH is also integrated into the Vermont Cancer Plan wherever possible to add increased meaning to the goals, objectives, and strategies outlined in the Plan. Serving as a roadmap to addressing the burden of cancer in Vermont for the next five years, data included in the Plan will continue to be updated and used as a guide to decision-making and the implementation of the Plan.



Cancer Plan on VDH website



Presentation to the Steering Committee

## Incorporating Health Equity into the Plan

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

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

In addition to the specific equity-focus objectives, there are numerous other strategies that address health equity throughout the plan and across the goal areas. Strategies addressing health equity are called out using these brackets **[HEALTH EQUITY]**. One of these brackets is used in the radon section of cancer prevention:

### Radon

- HEALTH EQUITY** [
- Focus radon outreach efforts on current or former tobacco users and regions or populations at higher risk for radon exposure.
  - Support efforts to reduce financial barriers to installing radon mitigation systems in buildings that have elevated radon levels.
  - Build public awareness about the link between radon and lung cancer and the importance of testing homes for radon.
  - Work with homebuilders and contractors to increase the number of homes built using new radon-resistant construction techniques.

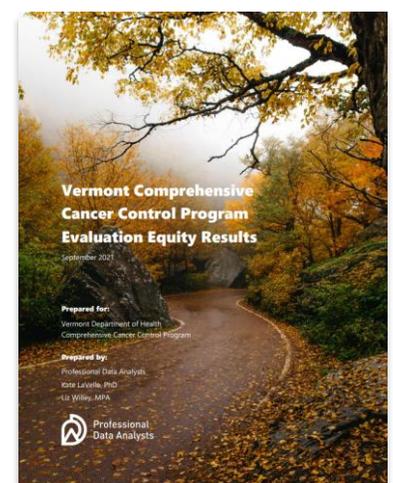
“Increasing access to health insurance is one of the most impactful things to do in regard to achieving improved health equity and reducing disparities so it is good to see that is in the Vermont plan. It is certainly a priority for our organization.. - *Coalition member*

## Continuing to Use the Cancer Plan Equity Evaluation Results

In the previous fiscal year (FY21), PDA worked in partnership with the Vermont CCC Program to design and implement an evaluation study to look at how health equity is perceived, what it means in the context of cancer efforts in Vermont, and how equity is being advanced or where it can be improved. A report was created to explore the ways in which equitable practices are incorporated into the Partnership, Plan, and Program. The results from the equity evaluation were initially shared with the VTAAC Steering Committee last year to give a sense of equity strengths and gaps. These findings were revisited this year (FY22) to spark conversations about where steps toward promoting equity have been made and to identify feasible opportunities for greater action around equity.

As early implementation of the 2025 Vermont Cancer Plan continue into the next year, we suggest revisiting these equity recommendations specifically related to the Plan:

- Consider encouraging each workgroup to select a health-equity-related Cancer Plan strategy to prioritize for implementation in the next year or so.
- Continue to plan the development of a Health Equity Committee and identify ways they could support workgroups in the selection, planning, and measuring of progress toward the Plan’s health equity objectives and strategies.



Internal Equity Report

## Cancer Plan Implementation

After the 2025 Vermont Cancer Plan's official release, VTAAC members and partners took initial steps to begin implementation of the Plan's goals, objectives, and strategies. Key topics tied to the Plan's objectives are elevated in Steering Committee meetings, as well as through the VTAAC 2022 Cancer Summit. Members across the coalition are partnering to move forward the strategies outlined in the plan. Below is a non-exhaustive, highlight list of implementation activities:

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**Health Equity Strategy:** Increase opportunities for health care providers to participate in cultural competency and health literacy training. (page 4) 

Addressed through the VTAAC 2022 Cancer Summit Sessions, particularly the Cultural Competency training provided by Robin Shabazz. This training was intentionally aimed at providing an opportunity for VTAAC members to partake in an equity specific training.

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**Cancer Prevention Goal 4:** Prevent Human Papillomavirus (HPV) infections in young Vermonters. (page 8)

The VTAAC HPV Taskforce is in the early forming stages including naming a group leader and gathering a list of key partners to invite to the taskforce. Possible focuses, collaborations, and campaigns are being discussed to address the goals and strategies within the Cancer Plan.

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**Cancer Early Detection Goal 9:** Increase early detection of lung cancer in Vermonters. (page 13)

The VTAAC Lung Cancer Screening Taskforce launched a public education program, health free virtual community meetings, and hosted a provider training covering shared decisions-making, reducing stigma, and current screening guidelines. Next steps for the taskforce are being determined, with a goal to continue the taskforce in a new and/or revised capacity.

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**Cancer Directed Therapy & Supportive Care:** Improve access to integrative medicine and palliative care for Vermonters diagnosed with cancer. (page 18)

The VT CCC provided funding and worked closely with the UVM Cancer Center in 2019-2022 to support improved patient navigation systems for cancer patients in accessing supportive care. This work involved the evaluation of system successes/challenges and the design and implementation of a shared medical visit pilot navigation program in spring 2022. These visits have been structured to be reimbursable by payers, allowing for leadership support and future program expansion.

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**Survivorship & Advanced Care Planning Goal 13:** Promote optimal health for Vermonters with cancer throughout their lives. (page 19)

Vermont's Exercise Prescriptions for Cancer Survivors project is a partnership between the Vermont Department of Health (VDH), American Cancer Society (ACS), and the two cancer hospitals Central Vermont Medical Center (CVMC). It aims to implement the evidence-based intervention of providing cancer patients with prescriptions for exercise from providers.

## **Cancer Program**

The Vermont CCC team collaborates with the statewide cancer coalition, VTAAC, to implement objectives and evidence-based interventions identified in the Vermont Cancer Plan. They build collaborations with other agency programs whose work relates to cancer.

## 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 funds distinct cancer prevention and control programs and 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.

### CCC-funded Program and Initiatives

- **Bi-State Primary Care** - Bi-State Primary Care supports 11 Federally Qualified Health Centers (FQHCs). The work with them includes efforts to increase breast, cervical, colorectal, and lung cancer screening, as well as HPV vaccination. This occurs through multiple avenues, including development and implementation of a FQHC cancer data dashboard, FQHC medical policies, outreach letters, staff training, and supporting cancer screening Quality Improvement (QI) initiatives in FQHCs. They also work to support the education of Primary Care Providers (PCPs) and the public around survivorship care related issues.  
*More information can be found in the VT CCC workplan...*
- **IMPACT Melanoma** - IMPACT Melanoma coordinates with the Vermont Department of Health, VTAAC, and Vermont State Parks to increase the use of sun preventive strategies among Vermonters. Strategies includes placement of sunscreen dispensers in parks, ski areas, and public locations; supporting worksite and school education; supporting improved practices; and use of social and earned media for promoting sun safety messages.  
*More information can be found in the VT CCC workplan...*
- **UVM Cancer Survivorship** - The VT CCC coordinates with University of Vermont Cancer Center to support assessment and improvements in the provision of care to cancer survivors as they are transitioning out of active treatment. This has included a large evaluation component in Year 3 of the CCC cycle with survivor surveys, focus groups, and nurse navigator interviews. Findings are currently being used to identify and implement pilot projects to improve the transition of care, including shared medical visits and promotion of virtual survivorship opportunities.

### Coalition Coordinator Hired!

Hanna Snyder was hired as the new VTAAC coordinator after several months without a coordinator. Hanna brings experience in community engagement, program management, and fundraising, and will provide invaluable support to the coalition efforts.

 See the VT CCC program logic model in [Appendix E](#).

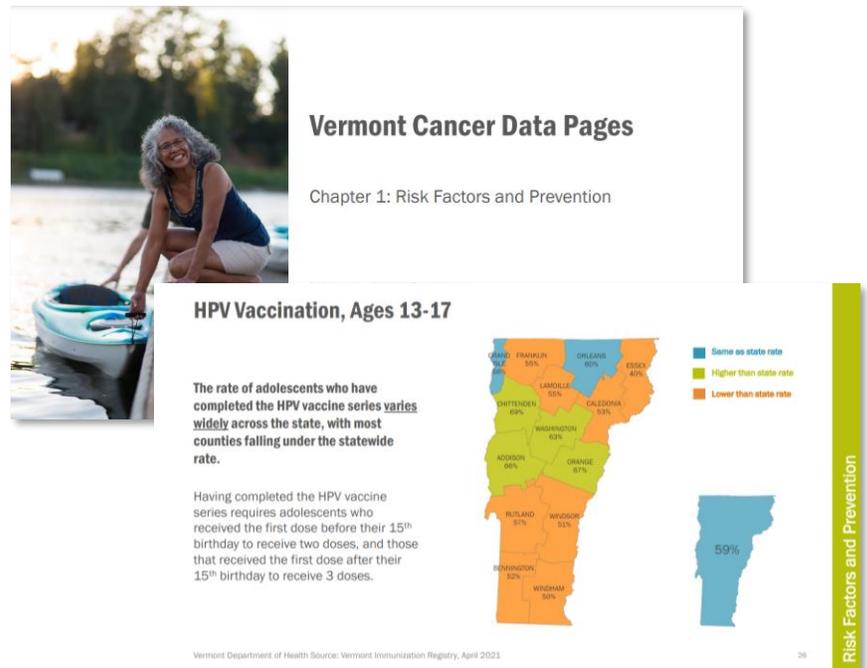
## Data-driven decision-making

Cancer Surveillance plays a critical role in understanding the rates of cancer incidence, mortality, and other outcomes within the Vermont population. The Vermont Department of Health regularly releases updated data on the burden of cancer in Vermont. The VDH Cancer Data pages present data analysis by region and subpopulation to identify specific cancer needs within the state. After the VT Program Analyst position (epidemiologist) was vacant for more than 12 months, and analyst was hired, several updated Cancer Data Pages were released. Key data sources include the Vermont Behavioral Risk Factor Surveillance System (BRFSS), the Vermont Cancer Registry (VCR), and nation-wide data.

The images on the right show an example of the VDH Cancer Data pages. The first chapter of the data pages focuses on risk factors and preventative measures. Chapters focusing on cancer screening and survivorship are also publicly available and used by the VT CCC Program and its partners.

Key data points are often integrated into meetings, such as the Steering Committee meetings, to tell the story of why certain activities are implemented or to guide decision-making discussions.

More cancer surveillance briefs and reports can be found on [VDH's Cancer Surveillance and Reporting webpage](#).



Vermont Cancer Data Pages Example

## Conclusions and Recommendations



The evaluation of the Vermont Comprehensive Cancer Control (CCC) Program reports on program activities that were carried out between July 1, 2021 and June 30, 2022. This report summarizes VT CCC activities and findings for the fifth and final year of the CDC funding cycle.

The conclusions from the past fiscal year, along with recommendations for consideration, are as follows:

### VTAAC Partnership

The 2022 VTAAC Summit Series was successful in bringing together VTAAC members and partners, producing momentum and interest in statewide cancer work, and inspiring ideas for both individual and collective action that the coalition could take moving forward. The three sessions drew attention to cancer topics that are critical for the health of Vermonters (cancer disparities and equity, access to cancer care, and barriers to cancer screening) and created a space for key stakeholders to share their different perspectives on the topics. Notably, the panels **elevated the voices of lived experience from Vermonters** who encounter challenges and inequities in their cancer care experience. Looking ahead, consider continuing an event like the Summit to **bring together individuals from different organizations and with varied perspectives** on important cancer topics to share their knowledge and ideas for tackling problems collectively.

Over the past year, the VT CCC program staff and the VTAAC Steering Committee sustained conversations about health equity and reflected on the findings and recommendations offered from the in-depth equity evaluation conducted in FY21. 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.

This year's analysis of VTAAC membership composition and representation provided insights into where there might be less stakeholder representation from certain groups or geographies across the state. 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.

As the new Cancer Plan is in the early stages of implementation, 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.

# Conclusions and Recommendations

## Vermont Cancer Plan

The 2025 Vermont Cancer Plan has been completed and is being widely disseminated to VTAAC members and cancer partners across the state. As the strategies of the Cancer Plan are implemented, it may be beneficial to **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. Further, it may be 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.

## Program

The Vermont CCC Program can continue to **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.

## Appendix A: Stakeholder Engagement in 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 (FY21), 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 during Year 4 and 5 (FY 21 and FY22) are presented in the table below.

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

## Appendix B: Evaluation Methods

PDA utilizes a thoughtful mix of qualitative and quantitative methods to conduct formative and summative evaluation for a variety of clients. We take a utilization-focused approach to evaluation, which means that early in the evaluation process we explicitly identify the evaluation audiences, and then work in collaboration with those groups to plan and conduct the evaluation.

In December 2020, PDA developed a two-year comprehensive evaluation plan for Vermont’s CCC Program in partnership with the CCC Program Coordinator. This document tracks Evaluation Questions from that plan, and cross-walks the information reported annually to those questions. PDA and VDH also used this document to review whether revisions were needed to the five-year evaluation plan. It was determined that no revisions were necessary, as the plan still reflects the priorities of Vermont’s CCC work. The evaluation questions addressed in each year of the evaluation lead by PDA are displayed in the following table.

<b>Guiding evaluation questions</b>	<b>FY21</b>	<b>FY22</b>
<b>The Program</b>		
How does the Cancer Program contribute to reducing the cancer burden in Vermont?	X	
How does the Vermont Cancer Program promote health equity?	X	
<b>The Partnership</b>		
How effective is VTAAC in providing a forum for collaboration and sharing resources?	X	
How effective is VTAAC in providing a forum for collaboration and sharing resources?		X
In what ways is the VTAAC coalition attending to and promoting cancer health equity in Vermont?		X
Who are the current VTAAC stakeholders, and who is missing? Health equity: How much does VTAAC membership include individuals from marginalized communities and organizations serving priority populations?		X
How well is VTAAC engaging members and what opportunities exist for greater engagement?		X
What is the perceived value of VTAAC to members and to the state? Health equity: What is the value of coalition participation for individuals from marginalized communities and organization serving priority groups? What value and assets do they bring to the coalition?		X
What are the strengths of VTAAC and what are opportunities for improvement?		X
<b>The Plan</b>		
How are VTAAC members and statewide partners carrying out the Cancer Plan? Health Equity: How are individuals from marginalized communities and organizations serving priority groups are involved in implementing the Cancer Plan?	X	
What progress is being made toward health equity goals in the Cancer Plan?		X

# Appendix C: VTAAC Cancer Summit Speaker and Panelists

## Understanding and Addressing Cancer Equity in Vermont

### Session 1, April 1<sup>st</sup>

#### ***Sarah Lemnah, VTAAC Co-Chair and Cancer Patient Support Foundation***

Sarah Lemnah Co-chairs VTAAC with Justin Pentenrieder. She is the Executive Director of the Cancer Patient Support Foundation, which operates the only statewide Emergency Fund for cancer patients in Vermont. In addition, she is a member of the University of Vermont Cancer Center Advisory Board.

#### ***Justin Pentenrieder, VTAAC Co-Chair and VDH – You First Program***

Justin Pentenrieder manages Vermont's breast and cervical cancer screening as well as cardiovascular risk disease prevention program, You First. Justin has been an active VTAAC member for over 10 years and is currently serving, along with Sarah Lemnah, as the co-chair of VTAAC.

#### ***Sharon Mallory, VDH – VT Comprehensive Cancer Control Program***

Sharon Mallory has been the Coordinator for Vermont's Comprehensive Cancer Control Program since 2011. In this role she provides overall program management and leadership to provide oversight of the development and implementation of the Vermont Cancer Plan and collaboration with the statewide cancer coalition, Vermonters Taking Action Against Cancer (VTAAC). Sharon holds a Master of Public Health and has worked in public health for over 20 years.

#### ***Ashley Kraybill, VDH - Director of Health Equity and Community Engagement***

Ashley Kraybill started recently as the Director of Health Equity and Community Engagement at the Vermont Department of Health. Ashley grew up in the Philadelphia area and has lived, learned, and worked in various places. Most recently she worked in Madison Wisconsin where she led systems change work with a focus on health and racial equity. She has worked within community organizations, academic settings, and State and Local Public Health Agencies. She is excited to build relationships and collaborate with partners to address the systems that perpetuate longstanding health and racial inequities in Vermont.

#### ***Max Burrows, Green Mountain Self-Advocates***

Max Burrows is Outreach Director for Green Mountain Self-Advocates, a position he has held since 2007. We are a disability rights organization. Our purpose is to advocate for equal opportunities in all aspects of life for people with intellectual and developmental disabilities. In 2019, in the spirit of true inclusion, we worked with the VT Department of Health to make the American Cancer Society Freshstart Program workshops and the *Diabetes Self-Management Program* more accessible to people with disabilities.

#### ***Kirsten Murphy, Vermont Developmental Disabilities Council***

Kirsten Murphy is the Executive Director of the Vermont Developmental Disabilities Council, a position that she has held since 2015. Prior to relocating to Vermont, Kirsten ran the New Hampshire Council on Autism Spectrum Disorders. She comes to the disability world as a parent, having raised two children on the autism spectrum.

#### ***Robin Shabazz, Founder and Principal of The Eastledge Group***

Robin Shabazz, Founder and Principal of The Eastledge Group, has three decades of human resource management and with over 25 years of DEI (diversity, equity and inclusion) experience. Robin works with clients from all industry sectors, including government, small and large for-profits, and healthcare systems. Her work focuses on helping individuals and organizations develop the skills necessary to be effective working in diverse settings to enable them to realize their goals of equity and inclusion. Robin is especially passionate about working with healthcare professionals to help them uncover the barriers to health equity. Robin has a B.S. in Business Administration and is a licensed attorney. She is also a certified Cultural Intelligence professional and racial justice facilitator. Robin and her family live in Cincinnati, Ohio.

# VTAAC Cancer Summit Speaker and Panelists

## Access to Cancer Care in Vermont

*Session 5, May 5<sup>th</sup>*

### ***Jordan Posner - Green Mountain Transit***

Jordan Posner has worked in Public Transit in 2013, mainly focusing on mobility options for seniors and individuals with disabilities. He served as the Paratransit and Broker Services manager at Green Mountain Transit, until April, and began as the Executive Director at C.I.D.E.R in South Hero in May of this year. His main areas of expertise are in paratransit, the Americans with Disabilities Act, and Non-Emergency Medical Transportation. He holds a Master's in Public Administration from the University of Vermont and resides in Colchester.

### ***Tim Bradshaw, Vtrans – Public Transit Program Coordinator***

Tim started as a CDL driver with Chittenden County Transportation Authority (CCTA) in December 2000. He was eventually promoted to Director of Operations for CCTA and has been in the public transportation industry for over 21 years. He joined the Vermont Agency of Transportation Public Transit Section in October 2015.

Tim has extensive knowledge in bus operations including route planning, driver training, fleet management and union management relations. He has managed in both the urban and rural side of public transportation. He is very customer service driven with a strong focus on providing safe, friendly, reliable, accessible, and sustainable transportation for all Vermonters.

Tim has an accounting degree from Champlain College and lives in Burlington with his wife Susan. They have been married for 33 years and have two children. Tim is an avid Boston sports fan and grew up in historic Lexington Mass. He loves playing golf, skiing, hiking, and spending time with family and friends.

### ***Elaine Haytko, Vermont Public Transportation Association (VPTA) – Executive Director***

No bio provided.

# VTAAC Cancer Summit Speaker and Panelists

## Screening for Cancer during COVID-19

*Session 3, June 3<sup>rd</sup>*

### ***Dr. Mark A. Levine, VDH – Commissioner of Health***

Dr. Mark Levine was appointed commissioner of health by Governor Phil Scott and began service on March 6, 2017. Prior to his appointment he was a Professor of Medicine at the University of Vermont, and most recently the Associate Dean for Graduate Medical Education and Designated Institutional Official at the College of Medicine and the UVM Medical Center. He also served as the Vice Chair for Education in the Department of Medicine. Dr. Levine maintains his faculty appointment and continues to actively teach.

At the nexus of Dr. Levine’s clinical, education, public health and advocacy efforts is his heightened interest in improving health at the population level through health policy directed at fostering a culture of health. As Health Commissioner, Dr. Levine takes great pride in leading the Department of Health’s efforts to fulfill its mission – *To protect and promote the best health for all Vermonters* and is honored to represent its vision of *Healthy Vermonters living in healthy communities*.

### ***Abimbola Leslie, MD,MPH,MDP***

Abimbola is a medical doctor with two master’s degree in Public Health and International development and presently works with her team conducting research both in Vermont and abroad and she brings has over 13 years’ experience working in various capacities in Africa.

### ***Chip Viau – community member***

No bio provided.

### ***Kell Arbor, Pride Center of Vermont – Health and Wellness Director***

No bio provided.

### ***Melissa Doane, You First and VDH – Nurse Navigator***

No bio provided.

# Appendix D: VTAAC Cancer Summit's Cultural Competency Training Handout

## Awareness, Acknowledgement & Action

The Formula to Developing Cultural Competency in Healthcare

### What is Cultural Competency?

Cultural Competency is the ability to relate to people from different cultural backgrounds. In healthcare, having cultural competence means responding to the unique needs of individuals based on their cultural, social or language background.

### Why is it necessary?

To eliminate healthcare disparities and improve health outcomes.



### Overcoming Common Barriers



#### EDUCATION

Cultural competency training should start in medical and nursing schools, then continue throughout a career.



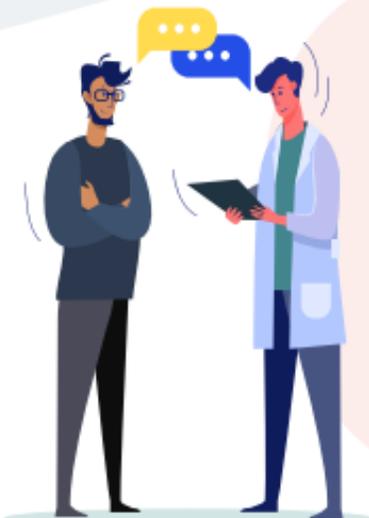
#### BIASES

Medical professionals are prone to make decisions that emanate from their unconscious biases when under time pressure, fatigued or multi-tasking.



#### ORGANIZATIONAL CLIMATE

Recognize the importance of cultural differences, ethnicity, race, religion, gender identity, age, etc. in the delivery of health care services.



### Benefits to Practicing Cultural Competency

#### SOCIAL BENEFITS

- Builds mutual respect & trust
- Promotes inclusion
- Increases patient/family participation in care decisions
- Increases patient-provider communication
- Enhances patient experience

#### HEALTH BENEFITS

- Reduces care disparities
- Increases preventative care
- Increases compliance with care plan
- Reduces the number of missed appointments
- Improves medical research accuracy
- Improves health outcomes

*\*Adapted from American Hospital Assoc., 2013*



# VTAAC Cancer Summit's Cultural Competency Training

## 5 steps to improve Cultural Competence

Change occurs in individuals first, then in organizations

### INDIVIDUAL LEVEL

1. Increase your community cultural knowledge
  - Reduces unconscious reliance on stereotypes
2. Directly engage with and explore patient values, beliefs, and needs
  - Shows respect
  - Builds a trust-based relationship
3. Partner with staff who are fluent in the language/culture
  - Rely on translation technology when available (*pictures, gestures, etc.*)
4. Educate patients:
  - Medical practices/procedures
  - Check for understanding
  - Negotiate mutually agreed plan
5. Actively self-reflect on your own biases
  - Practice empathy and patience while you listen to learn

### INSTITUTION LEVEL

1. Conduct yearly mandatory DEI and unconscious bias training
2. Intentionally diversify staff at all levels
  - Establish mentorship and sponsorship opportunities
3. Practice cultural curiosity as a standard
  - Ask openly about traditions and customs
4. Visible leadership commitment to a culture of inclusion
5. Review policies and practices
  - Eliminate unintentional bias in decision-making
  - Institute policies that are sensitive to cultural diversity



## Break the Bias: Individualize Each Patient

It's critical to get the patients' point of view – how they feel about their personal life situation and their decision-making control over their care.

### QUESTIONS TO ASK

- ✓ How do you pronounce your name?
- ✓ What country are you from?
- ✓ What do you miss most about your home country?
- ✓ What is your favorite thing about living in the U.S.?
- ✓ What are your biggest concerns?
- ✓ What is important for us to know?
- ✓ What are your health goals?
- ✓ Who is a source of support in your life?
- ✓ How did you and your partner meet?
- ✓ What are the things you enjoy doing?
- ✓ Can you tell me more?



# Appendix E: Vermont CCC Program Logic Model

Full details of the program logic model are available here:

[https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020\\_VTCCCProgram\\_EvaluationPlan.pdf](https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020_VTCCCProgram_EvaluationPlan.pdf)

## Vermont Comprehensive Cancer Control Initiative Logic Model (finalized 3/27/15)

