

# Year 2 Annual Evaluation Report (2023-2024)

Vermont Comprehensive Cancer Control Program

September 2024

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# Summary of Vermont Comprehensive Cancer Control Key Findings

July 1, 2023 – June 30, 2024



Professional  
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The evaluation of the Vermont Comprehensive Cancer Control (CCC) included 3 major activities.



A **survey of sunscreen dispenser recipient sites** to understand the implementation and effectiveness of the Vermont Community Sunscreen Dispenser Program.



**Facilitated conversations** for development of the Vermonters Taking Action Against Cancer (VTAAC) Cancer Survivorship Resource Center, with resources for cancer patients and survivors, caregivers, and families.



Development of a **reporting tool for tracking VTAAC taskforce progress**, as well as an annual taskforce co-lead reflection tool to understand taskforce functioning.

Together, the evaluation efforts in Year 2 provided useful and action-oriented findings regarding the implementation of evidence-based interventions (EBIs) and Cancer Plan implementation progress tracking. Key partners were engaged in the evaluation in multiple ways, including the design of data collection procedures, meaning-making of preliminary results, and discussion of findings to use for programmatic decision-making.

## Key findings from Year 2 evaluation activities

● Cancer Plan | ● Partnership | ● Program | ● Health Equity

- VTAAC continues to evolve how health equity is being integrated into the work for each taskforce. ●●
- Vermont CCC and VTAAC continue to focus on expanding coalition membership and increasing representation from populations of focus and community-based organizations. ●●
- Systematic tracking of the work of VTAAC taskforces continues to be important both for understanding incremental progress towards achieving Cancer Plan objectives and ensuring taskforce members are up-to-date on group efforts. ●●
- VTAAC and Vermont CCC continue to improve and clarify the structure of the coalition so that volunteer members are able to participate more easily and new members are able to join and engage with purpose. ●
- Implementation of evidence-based interventions are a priority for VTAAC and Vermont CCC, and efforts continuing across years have intentional evaluative components that examine implementation fidelity and offer ideas for improvements or expansion of the intervention. ●

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## About this report

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This report describes the process and outcome evaluation findings, limitations, and lessons learned of the Vermont Comprehensive Cancer Control (CCC) Program evaluation and covers program activities that occurred between **July 1, 2023 and June 30, 2024**. The scope of programmatic and evaluation activities is limited due to funding, time, and capacity. This is the second year of the current funding (CDC-RFA-DP22-2202) from the Centers for Disease Control and Prevention (CDC). Professional Data Analysts (PDA) was contracted to evaluate the Vermont CCC process and outcomes for this fiscal year (FY24), or program year 2. Questions about this report can be directed to Kate LaVelle, [KLaVelle@pdastats.com](mailto:KLaVelle@pdastats.com).

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

## Intended Audiences

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

- **Vermonters Taking Action Against Cancer (VTAAC)**, which consists of partners 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 coalition improvement, whereas the outcome evaluation results inform understanding of progress toward goals.
- **Vermont Department of Health** programs, including Vermont 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 CDC, which uses the report for accountability.
- **State leadership**, including state policy-makers and VDH leadership. The intended use for these groups is for accountability.

## Overview of the Year 2 Evaluation

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Evaluation is a valued and integrated aspect of Vermont cancer prevention and control efforts. The evaluation takes a participatory, utilization-focused approach, identifying and engaging primary users of the evaluation from planning through use of results. The [CDC's Framework for Evaluation in Public Health](#) was used to guide the development of evaluation planning and implementation. The framework ensures the needs and perspectives of stakeholders are incorporated throughout the evaluation process. Together, the evaluation efforts in Year 2 provided useful and action-oriented findings regarding VTAAC, Cancer Plan, and the Program, as well as data-driven recommendations for program direction and improvement.

The evaluation, along with the performance measures for Year 2, track key indicators and offer insight into how and why indicators may have changed. The performance measures and evaluations complement each other and continuously inform program decision-making. The performance measures with actual numbers for Year 2 can be found in the CDC's awards management platform (AMP).

The evaluation questions addressed in Year 2 focused primarily on the Plan and Program given that the Vermont CCC is in its third year of implementing Cancer Plan strategies and is continuing efforts to plan and carry out EBIs in the annual program workplan. This year's evaluation continued to build upon evaluation results from the previous years and integrated annual feedback from CDC on the evaluation plan. This past year, the evaluation involved:

- A process evaluation to examine [coalition membership composition and representation](#),
- an implementation and outcome evaluation to assess the [application and effectiveness of the sun safety EBI](#) in outdoor recreation settings that provide free sunscreen and promote other sun protection behaviors,
- a formative evaluation to gather information and feedback from key partners to inform the efforts of the VTAAC Quality of Life Taskforce to increase awareness of and access to [survivorship resources for cancer survivors](#) across the state, and
- development of a [reporting tool for tracking VTAAC taskforce progress](#), as well as an annual taskforce co-lead reflection tool to understand taskforce structure and functioning.

In the table below, a ✓ indicates an evaluation question that was answered in the corresponding year. The evaluation questions were created in collaboration with the Vermont CCC team and VTAAC leadership and reflect the information perceived as the most important for accountability and program and coalition improvement.

Table 1. Evaluation questions addressed by program year (PY)

|             |                                                                                                                                                                     | PY1 | PY2 | PY3 | PY4 | PY5 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| Partnership | 1. How <b>effective</b> is VTAAC in providing a forum for collaboration & sharing resources to support statewide cancer efforts?                                    | ✓   | ✓   |     |     |     |
|             | 2. How is the VTAAC supporting members and partners in <b>carrying out the Cancer Plan</b> ?                                                                        | ✓   |     |     |     |     |
| Plan        | 3. How is VTAAC and its partners <b>implementing</b> the Cancer Plan?                                                                                               | ✓   | ✓   |     |     |     |
|             | 4. How are individuals from <b>priority populations &amp; organizations</b> serving them involved in implementation?                                                |     |     |     |     |     |
|             | 5. How much <b>progress</b> has been made toward the Cancer Plan's goals?                                                                                           | ✓   | ✓   |     |     |     |
|             | 6. To what extent are interventions yielding desired outcomes?                                                                                                      |     | ✓   |     |     |     |
|             | 7. How is the Cancer Plan being used and how can it be enhanced?                                                                                                    | ✓   |     |     |     |     |
| Program     | 8. How are interventions/EBIs from the VT CCC work plan being <b>implemented</b> ?                                                                                  |     | ✓   |     |     |     |
|             | 9. What factors are influencing <b>progress</b> toward VT CCC work plan goals?                                                                                      |     | ✓   |     |     |     |
|             | 10. How have the interventions/EBIs contributed to <b>achieving the intended outcomes</b> for statewide cancer prevention and control?                              |     | ✓   |     |     |     |
|             | 11. How does VT CCC use its <b>capacity, resources, and partnerships</b> (internally and externally) to support VTAAC and implementation of Cancer Plan strategies? | ✓   |     |     |     |     |

Note: Not all activities outlined in the Year 2 Evaluation Plan went as planned due to lack of funding, time, and capacity – although best efforts were made to answer key questions.

## Partner Engagement

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

**Table 2. Year 2 stakeholder engagement strategies**

| Intended user                                                       | Engagement in the Year 2 Evaluation                                                                                                                                                                                                                                                                                                                         | Use of results                                                                                                                 |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| CDC                                                                 | <ul style="list-style-type: none"> <li>• Submit Year 2 evaluation report (September 2024)</li> <li>• Provide feedback on evaluation reports and plans</li> <li>• Ongoing technical assistance (TA) from program consultant and evaluation team</li> </ul>                                                                                                   | <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Identify TA needs</li> </ul>                                |
| VTAAC Membership                                                    | <ul style="list-style-type: none"> <li>• Provide input on evaluation methods, engage in meaning-making of results, and disseminate evaluation findings</li> <li>• Engage during the 2023 VTAAC Annual Cancer Summit</li> </ul>                                                                                                                              | <ul style="list-style-type: none"> <li>• Contribute to statewide efforts</li> <li>• Identify potential partnerships</li> </ul> |
| VTAAC Steering Committee*                                           | <ul style="list-style-type: none"> <li>• Provide feedback on the VTAAC progress tracking tool and co-lead reflection form</li> <li>• Bring up critical questions, barriers, and opportunities</li> </ul>                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Inform cancer work</li> <li>• Identify potential partnerships</li> </ul>              |
| VTAAC taskforce leads                                               | <ul style="list-style-type: none"> <li>• Identify needs and priorities</li> </ul>                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Inform cancer work</li> <li>• Identify potential partnership</li> </ul>               |
| VTAAC taskforces                                                    | <ul style="list-style-type: none"> <li>• Inform the development of a sunscreen dispenser survey</li> <li>• Drive the development of a survivorship resource webpage</li> <li>• Identify needs and priorities</li> </ul>                                                                                                                                     | <ul style="list-style-type: none"> <li>• Inform cancer work</li> <li>• Identify potential partnerships</li> </ul>              |
| VT CCC Staff*<br>(Program Director, Analyst, Coalition Coordinator) | <ul style="list-style-type: none"> <li>• Collaborate on evaluation planning</li> <li>• Review and offer feedback on reports</li> <li>• Provide cancer data</li> <li>• Bring up critical questions, barriers, or opportunities</li> <li>• Support communication and dissemination of results (monthly evaluation meeting and via email as needed)</li> </ul> | <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Program monitoring and improvement</li> </ul>               |
| VDH Health Equity Integration Office                                | <ul style="list-style-type: none"> <li>• Review and offer feedback on data collection tools</li> </ul>                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Accountability</li> </ul>                                                             |
| Statewide Partners                                                  | <ul style="list-style-type: none"> <li>• Read and share evaluation findings</li> </ul>                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Dissemination</li> </ul>                                                              |
| Larger Community                                                    | <ul style="list-style-type: none"> <li>• Read and share evaluation findings</li> </ul>                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Dissemination</li> </ul>                                                              |

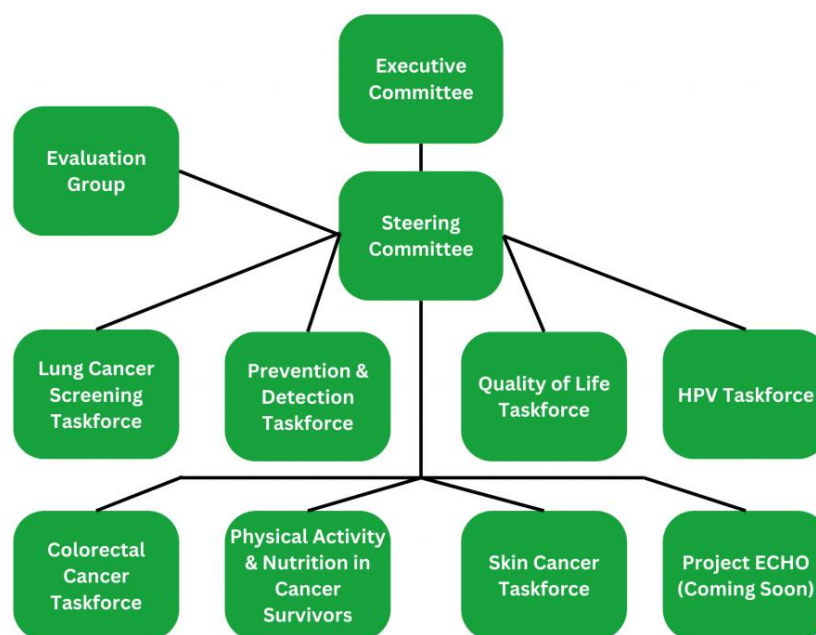
\*Included in the Evaluation Advisory Group. Additional individuals were invited as feasible.

Although best efforts were made to engage users as outlined in the Year 2 Evaluation Plan, it was not always possible. Many partners do not have the capacity to engage in every stage of the evaluation, so the Evaluation Advisory Group (which includes PDA external evaluators) served as leaders in the evaluation and others were invited to participate as relevant and feasible.

## Partnership

Vermonters Taking Action Against Cancer (VTAAC) provides a forum for collaboration, engagement and sharing of resources for individuals and organizations concerned about cancer in Vermont. VTAAC is a growing network of individuals and organizations from across the state who work together to address the burden of cancer in Vermont. The coalition consists of taskforces that focus on a particular cancer-related topic or project and meet regularly to advance their shared work. A general membership meeting is held annually. Members are sent newsletters quarterly (December, March, June) highlighting coalition efforts, updates, and resources. VTAAC's executive and steering committees provide coalition-wide leadership and help to guide the collective efforts of six taskforces and two projects. The Evaluation Advisory Group guides the evaluation of various coalition efforts.

Figure 1. VTAAC Organizational Chart



This year, the coalition changed the term for all working groups to 'taskforces' to improve members' understanding of VTAAC's functioning and structure. In addition, a new VTAAC co-chair, Rebecca Hewson-Steller, was appointed in October 2023.

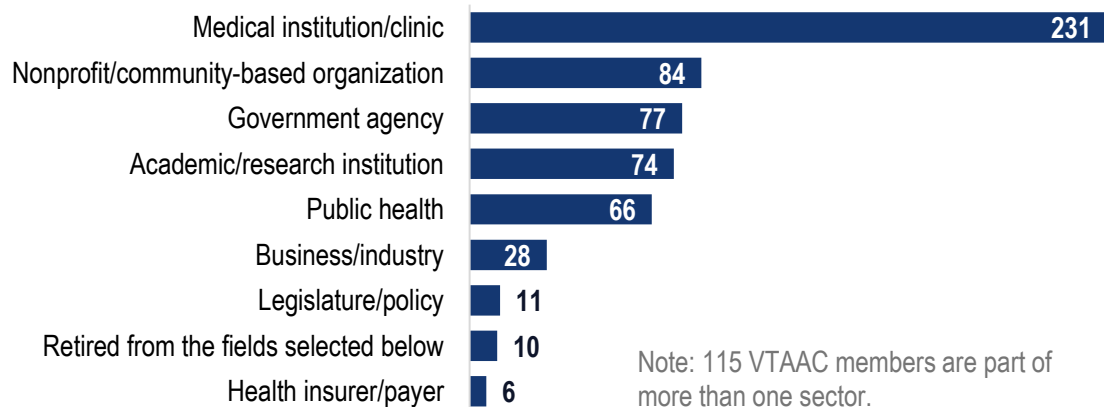
## Coalition Composition

During Year 2, the Vermont CCC Program and their external evaluators underwent efforts to clean the coalition member database to ensure an accurate understanding of representation. Due to data cleaning across years, comparisons were not made to sector representation results in previous evaluation reports.

VTAAC currently has **607 active members**. Member data shows that 51 new individuals joined VTAAC from four sectors over the last year – medical institution/clinic (18), academic/research institution (12), business/industry (7), and government agency (3). As shown in the graph below, most VTAAC members represent a medical institution or clinic.

### Most VTAAC members represent a medical institution or clinic.

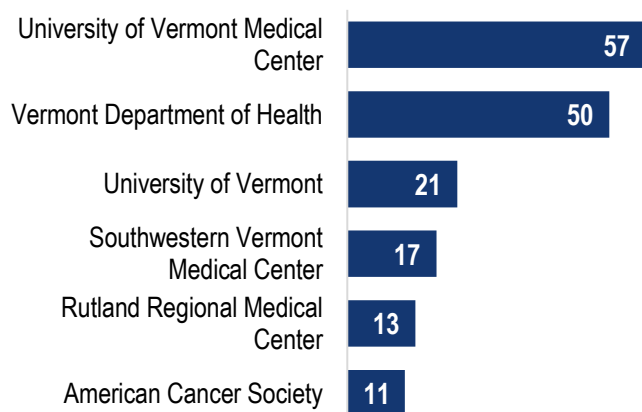
Among active VTAAC members (n = 466)



There are six organizations with greater than 10 individuals who are members of VTAAC, shown in the graph below. VTAAC is focusing recruitment to ensure there is additional representation from non-profit and community-based organizations. VTAAC members live and work across Vermont, though the most representation is from Chittenden County. Efforts are underway to conduct additional recruitment from more rural counties in Vermont, including the northeastern and southern counties.

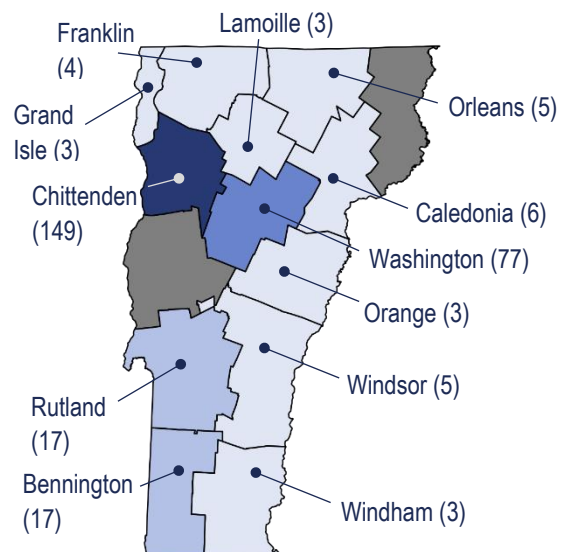
### The University of Vermont Medical Center and Vermont Department of Health are the organizations with the most representation on VTAAC.

Among active VTAAC members (n = 489)



### Most VTAAC members work or live in Chittenden, the most populous county in Vermont.

Among active VTAAC members (n = 310)



## VTAAC Annual Cancer Summit

The coalition hosted the 2023 VTAAC Annual Cancer Summit in November. The meeting was hybrid and focused on *Accelerating Momentum*, with guest speakers and a panel discussion about challenges, successes, and opportunities to advance research, prevention, detection, treatment, survivorship, and quality of life for Vermonters impacted by cancer. Summit recordings, speaker slide decks, coalition project highlights and more are posted to [VTAAC's website](#).

Approximately 90 partners from across the state gathered in-person (85%) and online (15%) to attend the VTAAC Summit. A meeting evaluation was administered to understand participants' experiences, including the Summit format and content. Most respondents (83%) thought the Summit was very relevant to their work or volunteer efforts and all respondents were likely or very likely to apply learning from the Summit to their job or volunteer efforts.



See detailed meeting evaluation results in Appendix A.



## Integrating Health Equity

Multiple efforts continued, expanded, and began throughout Year 2 to ensure that the principles of health equity were integrated to VTAAC's structure, functioning, and cancer plan implementation. Below are examples of incorporating health equity across four categories.

### Incorporate equity into VTAAC structure

Institutionalizing equity and establishing standard and equitable governing practices by:

- Continued exploration of compensating community members for their participation in VTAAC, which could bring in greater input from individuals with lived experience to inform more effective community-centered work.
- Changing needs of the coalition led to the transition from having a dedicated committee on health equity to integrating health equity across all taskforces and projects.

### Build equity knowledge and perspective

Supporting members and partners to expand their knowledge of equity concepts and inclusive practices, as well as work towards a shared language of equity, through:

- Hosting the panel, “Equity Focused Cancer Prevention and Control in Vermont”, at the VTAAC Annual Summit which provided an opportunity to hear from four presenters each representing a different population facing health inequities in Vermont.
- Continuing to draw upon the knowledge and expertise of the VDH Health Equity Team, such as during the creation of the Cancer Screening Guidelines.
- Showing disparities in each Vermont CCC data presentation, including at VDH and VTAAC meetings, in the Cancer Data Pages published publicly, and in the VTAAC Quarterly Newsletter, to understand outcomes among various subpopulations using disaggregated data when possible.

### Ensure inclusiveness

Ensuring populations of focus are invited and supported to participate in VTAAC and that the coalition incorporates diverse perspectives by:

- Continuing efforts to examine VTAAC member representation in terms of professional sectors, geographic locations, types of organizations, and diversity of perspectives to identify gaps.
- Conducting intentional outreach to individuals from populations of focus or organizations serving them to invite them to join VTAAC and its taskforces and projects.

### Maximize health equity

Findings ways to create greater impact by recognizing synergies and coordinating efforts through:

- Project work and the implementation of evidence-based interventions, such as education on colorectal and lung cancer screening, adoption of sun safety practices, or the use of provider reminders in electronic medical record (EMR) systems.
- VTAAC member organizations and other statewide partners collaborating and coordinating their cancer prevention and control efforts so that they can achieve more together than any organization can alone.

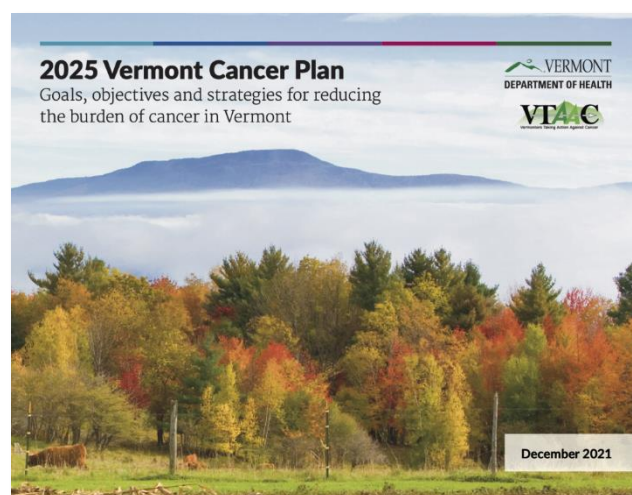
**Next steps:** Principles of health equity will continue to be integrated into the work of each VTAAC taskforce and committee, including a focus on recruitment and inclusivity over the next year.

## Cancer Plan

The 2025 Vermont Cancer Plan presents 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 make a larger, collective impact. The Cancer Plan is intended as a guide for all Vermonters and speaks to a wide range of partners, 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 who are at higher risk and more likely to be affected by cancer due to social, environmental, and economic disadvantages.

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

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

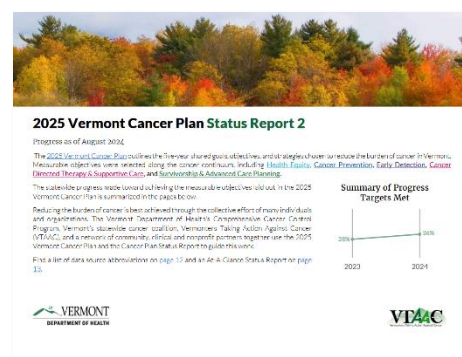


Vermont Cancer Plan Cover Page

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

## Measuring the Progress on the 2025 Vermont Cancer Plan

The 2025 Vermont Cancer Plan Status Report 1 was used in Year 2 to understand statewide progress toward achieving the measurable objectives laid out in the Plan. The report is organized by the objectives across the cancer continuum, including Health Equity, Cancer Prevention, Early Detection, Cancer Directed Therapy & Supportive Care, and Survivorship & Advanced Care Planning. As available, each objective includes a baseline, comparison to the set target, trend, and whether the target has been met. An “at-a-glance” report is also available to promote use and measure progress. The Status Report 2 was developed at the end of Year 2 and will be used throughout Year 3.



Status Report 2



See the At-A-Glance Report in Appendix B.

### Summary of progress from the Status Report 2

The 2025 Vermont Cancer Plan includes objectives with baselines and targets that track statewide indicators. The Cancer Plan is implemented by a broad array of partners across Vermont. Not all efforts contributing to these long-term statewide indicators are tracked or implemented by VTAAC, so there is no way to be certain which efforts make the impact. However, these indicators are important measures to understand statewide progress.

As of August 2024, **36% of cancer plan targets were met**. A total of 22 objective's trends are improved, 12 are worsened, and 1 had no change (out of 40 objectives). Four targets only have baseline data, so trends will be determined in the following years. This is an improvement from Year 1, where 10 objectives only had baseline data. Notably, more targets improved in Year 2 (22) compared to Year 1 (15), as illustrated in the graph to the right.

Objective trends across years

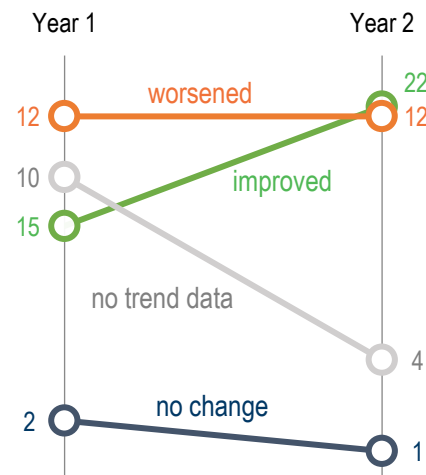


Table 3. 2025 Vermont Cancer Plan targets met by goal area

| Goal Area         | % of targets met |          | Summary of progress                                                                      |
|-------------------|------------------|----------|------------------------------------------------------------------------------------------|
|                   | Report 1         | Report 2 |                                                                                          |
| Health Equity     | 67%              | 67%      | The percentage of healthy equity targets met was the same in Year 2 as Year 1.           |
| Cancer Prevention | 7%               | 33%      | The percentage of cancer prevention targets met was higher in Year 2 compared to Year 1. |

| Goal Area                                   | % of targets met |          | Summary of progress                                                                                                                                                 |
|---------------------------------------------|------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | Report 1         | Report 2 |                                                                                                                                                                     |
| Cancer Early Detection                      | 20%              | 30%      | The percentage of cancer early detection targets met was <b>higher</b> in Year 2 compared to Year 1.                                                                |
| Cancer Directed Therapy and Supportive Care | 50%              | 50%      | The percentage of cancer directed therapy and supportive care targets met was the <b>same</b> in Year 2 as Year 1.                                                  |
| Survivorship and Advanced Care Planning     | 43%              | 29%      | The percentage of survivorship and advanced care planning targets met was <b>lower</b> in Year 2 compared to Year 1, showing that more work is needed in this area. |

**Next steps:** The Vermont CCC and VTAAC leadership are starting conversations about the next Cancer Plan. Considerations of either (1) extending the current plan for another five years to be a 10-year plan and making any needed updates or (2) conducting a complete revision and creating a new 10-year plan are underway. Extending the life of this plan will allow for continued time and resources to be put towards implementing this plan. The options will be presented to the VTAAC Steering Committee and discussed.

A Status Report will be developed and reviewed for each year of Vermont's Cancer Plan implementation.

## Efforts of VTAAC taskforces

VTAAC's active taskforces are continuing to implement strategies from the 2025 Vermont Cancer Plan. Below are brief summaries of VTAAC's current efforts. Taskforces that had dedicated external evaluation resources and capacity are highlighted with a magnifying glass , indicating that more information about the evaluation of these activities is included in this report.

### Prevention & Detection Taskforce

48 members (6 new members)

The Prevention & Detection Taskforce published a **new Cancer Screening Guidelines flyer** to help providers and the wider community understand recommended cancer screenings for average risk adults based on age. In addition, a **two-part meeting series on prostate cancer** was hosted to share data, Cancer Plan strategies, screening recommendations, provider education efforts, and a change on a University of Vermont electronic medical record systems to add a pop up to encourage shared-decision making for prostate cancer if patients meet a certain criteria.



## Lung Cancer Screening Taskforce

41 members (10 new members)

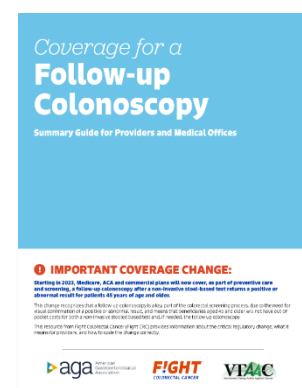
The Lung Cancer Screening Taskforce worked with the American Cancer Society (ACS) on a **media and education campaign around Lung Cancer Awareness Month** in November using a \$15,500 grant awarded to ACS Vermont to work with VTAAC. National Lung Cancer Screening Day was Saturday, November 11<sup>th</sup> and with support from VTAAC and ACS, sites across the state hosted screening clinics.

In addition, the partners from the Lung Cancer Screening Taskforce are collaborating with the Vermont Department of Corrections to support efforts to **bring lung cancer screening to Vermonters who are incarcerated**.

## Colorectal Cancer Taskforce

16 members (6 new members)

The Colorectal Cancer (CRC) Taskforce focused on disseminating three education toolkits around cost-sharing for follow-up colonoscopies, as well as collaborating with other partners who would like to have the toolkits co-branded with their own logo. In addition, the taskforce **coordinated a communications campaign** during CRC Awareness Month in March and updated and promoted the [CRC Communications Resources page](#) on the VTAAC website.



## Physical Activity & Nutrition in Cancer Survivors

9 members (3 new members)

The VTAAC Survivor Physical Activity (PA) Rx (prescription) project was initiated in 2021 in two cancer centers, University of Vermont (UVM) and Central Vermont Medical Center (CVMC), in Year 5 of the previous CDC funding cycle (DP17-1701). In Year 2, the group was working on plans for **better Rx tracking and expanded use** at CVMC. Staff vacancies at both cancer centers caused a significant delay in implementation of planned training opportunities for cancer center providers and other staff. The group plans to refocus this work in Year 3 to align with the Cancer Survivorship ECHO (Extension for Community Healthcare Outcomes) Series beginning in February 2025.

## HPV Taskforce

51 members (6 new members)

The HPV Taskforce focused on the **dissemination of call-to-action letters** – one for health care providers and one for dental health care providers. The HPV Taskforce is also collaborating with SVMC on their HPV quality improvement (QI) project to increase initiation and completion for all patients aged 9-13 years by 5 percentage points in participating clinics.

## Quality of Life Taskforce

66 members (10 new members)

VTAAC applied for and was awarded \$25,000 in supplemental CDC funding for Year 2. The funds were used to revise the VTAAC resources pages to include a **Cancer Survivorship Resource Center**, developed with input from the taskforce (more details below).



### Cancer Survivorship Resource Center Development Process

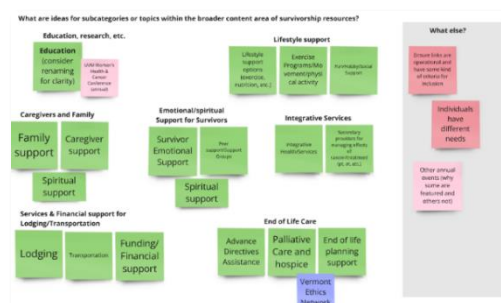
The VTAAC Quality of Life Taskforce developed a [Cancer Survivorship Resource Center](#) to host on the VTAAC website. The development was supported by the VT CCC external evaluators and the VTAAC coalition coordinator. The development followed a structured process for ensuring the resource center hosted relevant resources, information about the resources, and was feasible to keep updated moving forward. Throughout spring and summer of 2023, the taskforce engaged in facilitated conversations to help direct their collective efforts around the survivorship supplemental funding to create tangible and specific steps to move the work forward. The group decided to develop a resource center to update the existing list of resources on the VTAAC website. Below is a summary of the resource center development process. Efforts to add to the resource center, keep it updated, and distribute it are ongoing.

- 1. Decide the audience of the resource center.**

Cancer survivors are the primary audience, with those that work directly with survivors as the secondary audience.

- 2. Develop categories to help users search for the most relevant resources.**

Taskforce members built out categories during a facilitated conversation to understand subcategories and consider how they could be organized in a useful way.



Miro from facilitated conversation

- 3. Decide the level of detail for each organization's description.** The group discussed what details are most important to include for each organization. The taskforce decided to include a short description of the survivorship resources each organization provides and how to access them.
- 4. Develop a process for updating the resource center.** A submission form was developed for new organizations to be added to webpage and to update the resources annually.
- 5. Mock-up the webpage.** The resource center was developed to show all resources with a description, hyperlink, logo, and categories. Users can search for resources by category or alphabetically. The taskforce gave input on the mock-up before finalizing.

**Next steps:** The VTAAC Cancer Survivorship Resource Center will be updated regularly. Organizations will be asked to resubmit an Organization Submission Form annually to keep program and contact information up-to-date. The VTAAC Executive Committee will have final say to approve resources in the center.

## Skin Cancer Taskforce 🔍

26 members (4 new members)

The Skin Cancer Taskforce supported the Vermont **Community Sunscreen Dispenser Program** in 13 park and recreation facilities in the summer of 2023, supplying locations with free automated sunscreen and other sun safety implementation resources. Throughout the fall, the taskforce worked with the Vermont CCC external evaluators to conduct an evaluation of program. The program was rolled out for winter sites and again for summer 2024. Further, the taskforce discussed **sunscreen policy** in Vermont schools, with the VT State School Nurse Consultant, to find opportunities to implement and enhance legislation allowing students to carry non-aerosolized sunscreen on school property.

## Community Sunscreen Dispenser Program Evaluation

This year, VTAAC's Skin Cancer Taskforce collaborated with the Dartmouth Cancer Center, University of Vermont (UVM) Cancer Center, and IMPACT Melanoma to provide free sunscreen dispenser stations to community park and recreation sites. Last year, 12 parks and recreation sites across the state were chosen to receive a free sunscreen dispenser, and this year the program expanded with the addition of 16 new dispenser sites. To support this work, VTAAC and CCC program leadership put out the first VTAAC [press release](#), dedicated resources towards an [evaluation](#) of the implementation and effectiveness of the program, [mapped](#) the distribution of sunscreen dispenser sites across the state, and promoted the Sun Safety page via social media.



Social media post



Sunscreen dispenser program evaluation brief



See the summary brief in Appendix C.

### Key evaluation findings:

1. The sunscreen dispensers were well received and the locations convenient. Many individuals acknowledged the importance of sunscreen but either forgot to bring their own or indicated that purchasing sunscreen was not financially feasible.
2. About a third of sites used the program's social media toolkit to promote the dispenser on Facebook, Instagram, and program newsletters.
3. Making use of established groups that already meet regularly, such as camps and swimming lessons, helped promote the use of sunscreen dispensers.
4. Modeling the application of the sunscreen by site staff, such as lifeguards, encouraged the use of the dispensers and sun safety behavior by community members.
5. Sites implemented a variety of additional sun safety activities, including education through posters, social media, and outdoor swim instruction.
6. Barriers to implementing activities included receiving the sunscreen dispenser late in the summer season, a rainy season and flooding, and competing organizational priorities.
7. Many sites look forward to expanding their sun safety efforts moving forward, including integrating sun safety messaging into social media posts, staff trainings, registration forms, and flyers.

**Next steps:** Evaluation capacity will be dedicated to continued evaluation of the Community Sunscreen Dispenser Program in the next program year. As this program expands, lessons learned from previous years will be applied to increase the reach to Vermonters and the effectiveness of the sunscreen dispensers and other sun safety practices.

## VTAAAC Taskforce Reporting

VTAAAC progress tracking, reporting, and reflection are key activities to understand what is going well and what barriers taskforces and projects are experiencing in their work. The following two data collection and reporting activities described below were developed to track high-level goals of taskforces; key measures of progress, strengths, and barriers; and key decisions, efforts, and next steps. A secondary purpose of these data collection activities is to inform planning, resource allocation, and evaluation reporting.

1. Creation of a **taskforce goal and progress tracker** that was added to the meeting minutes for each taskforce and project in the spring 2024. The new tracker contains:
  - High-level goals of the taskforce updated annually.
  - List of broad, planned efforts over a specified period.

- List of Cancer Plan goals, strategies, and targets the activities align with.
- Brief summaries of progress to date for each taskforce meeting.
- Development of a **taskforce co-lead reflection form** that is intended to be filled out by taskforce and project co-leads annually. The web-based reflection form aims to guide the strategic planning of VTAAC taskforces and projects by prompting co-leads to reflect on their group's strengths, the progress made, and ways to enhance current efforts.

These two new data collection and reporting tools will continue to be used over the next year to track the progress of Cancer Plan implementation and identify opportunities and areas of needed support across all taskforces and projects.



See the tracker and reflection form in Appendix D.

## Summary of Co-lead reflections from Year 2

Below is a brief overview of responses to the first administration of the VTAAC taskforce co-lead reflection. Of the co-leads who submitted a reflection form (7), most have led their taskforce or project for 1-2 years (57%), showing that many co-leads have some historical knowledge.

### Key findings from Co-lead Reflections

- Many co-leads believe that the **strengths** of their taskforces are in the expertise, skills, passions, and networks of their members.
- Co-leads identified several **opportunities** for their taskforces or projects to deepen or expand their efforts over the next year, including broadening member representation, working on specific projects, and expanding reach.
- Additional types of **support** needed by co-leads included help in recruitment of new members, goal-setting, and establishing more connections across the state.
- Each taskforce seems to have varying capacities for attending to **health equity**, although many are working towards building their capacity.

**All co-leads agreed that members are engaged and in agreement about priority work.**

*n* = 7

|                                                   | Strongly agree | Agree |
|---------------------------------------------------|----------------|-------|
| Members are engaged in the work of the taskforce. | 4              | 3     |
| Members are in agreement about priority work.     | 3              | 4     |

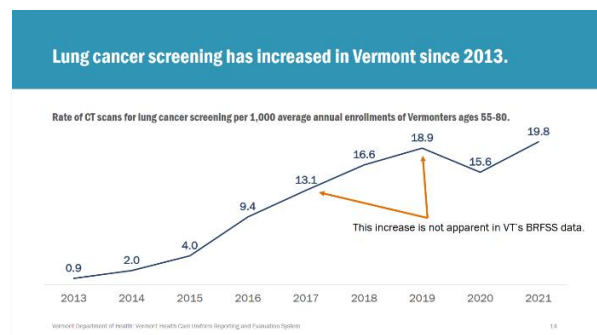
**Next steps:** Responses to the co-lead reflection form will continue to inform efforts of the coalition and how the Vermont CCC Program could support the functioning and effectiveness of VTAAC taskforces and projects.

## Program

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

### ***Sharing Vermont's efforts with professional networks***

The Vermont CCC analyst shared the Program's efforts exploring the use of all-payer claims database to monitor lung cancer screening trends in Vermont at the annual conference of Council of State and Territorial Epidemiologists (CSTE). The presentation shared the pros and cons of using different surveillance sources – the Behavior Risk Factor Surveillance Survey (BRFSS) and the All Payer Claims Data Set, Vermont Health Care Uniform Reporting and Evaluation system (VHCURES). The presentation focused on how claims data can supplement data from BRFSS, especially to track trends.



Slide from the CSTE presentation

### ***Professional development & learning***

The coalition coordinator and VTAAC co-chair attended the Cancer Prevention and Control Research Network's Scaling What Works Symposium in May 2024 in Orlando, FL. The Scaling What Works Project aims to increase the adoption of EBIs to decrease the burden of cancer and improve health equity. Vermont's representatives attended sessions that helped in building out rural survivorship and patient navigation efforts. This was also an opportunity to network with others working on similar efforts.



Attendees at the symposium

### ***CDC Site Visit***

Vermont CCC hosted a CDC site visit in May 2024 to (1) discuss the Program's Year 2 workplan, (2) observe activities and track progress in achieving desired outcomes, (3) meet with current

partners to observe their workplan roles, (4) monitor milestones and performance measures to ensure the mutual success of CDC and recipient in achieving the Notice of Funding Opportunity (NOFO) outcomes, and (5) provide on-site TA as needed. The site visit was a combination of joint meetings with the Vermont Cancer Registry, meetings with VTAAC partners, and one-on-one meeting with the CCC program team and Alyssa LaMonica, CDC Project Officer.

A section of the site visit was dedicated to discussing evaluation activities, including:

- Efforts to evaluate the coalition, VTAAC, and incorporate principles of health equity
- Give an overview of the evaluation approach
- Discuss evaluation findings, use, and upcoming plans

**Next steps:** The CDC Project Officer and VT CCC Program discussed strengths and potential areas to focus the evaluation on moving forward. Next year a focus will be to leverage the connections and relationships of the current coalition members as subject matter experts (SME) for recruiting new members and partners from other sectors. In addition, recruitment will focus on how joining the coalition provides access to further connections of statewide SMEs and resources across various topic areas. The Program's data-driven approach, through systematically analyzing performance metrics and outcomes through surveillance and evaluation will continue to identify areas to enhance and lead to more efficient and impactful program strategies.

## Year 2 Workplan Progress

Below are brief summaries of progress on the Year 2 Workplan objectives.

### 1. HPV Vaccination

*Objective: Increase the number of Pediatric or Primary Care Providers who serve rural populations that receive training on HPV vaccination interventions (EBI) from 5 to 15 by 6/29/2024.*

- Disseminated call-to-action letters to start HPV vaccination at age 9 to healthcare providers and dental health providers.
- Collaboration with Southwestern Vermont Medical Center (SVMC) on an HPV QI project. Initial communication, vaccination rate calculation, and education was facilitated with the six family medicine practices associated with SVMC. Year 3 activities will continue to focus on EBIs to improve HPV immunization rates across all SVMC practices.

### 2. Sun Safety

*Objective: Increase the number of state and local parks and recreational facilities in Vermont that provide sunscreen stations from 20 to 32 by 6/29/2024.*

- The VTAAC Skin Cancer Taskforce collaborated to increase the number of sunscreen stations in Vermont parks/recreational facilities to 25 locations by June 29, 2024. This included 13 new community locations and 12 existing locations in Vermont State Parks. The program also initiated a 2024 sunscreen opportunity to expand the reach, which added more locations in summer 2024 and will be noted in the Year 3 evaluation report.

### **3. Colorectal Cancer Screening**

*Objective: Increase the number of VT healthcare systems/practices implementing provide assessment and feedback/client reminders (EBIs) to increase colorectal cancer screening rates from 4 to 6 by 6/29/2024.*

- Collaboration with SVMC on a CRC screening QI project wrapped up in winter 2023/2024. This project, initiated in 2019, included provider training, public education, and changes to the SVMC electronic medical record (EMR) for CRC screening reminders. All six family medicine practices associated with SVMC continue to implement EBIs to remind providers and patients of eligibility for CRC screening through their electronic medical record.

### **4. Lung Cancer Screening (LCS)**

*Objective: Increase the number of Vermont Correctional facilities integrating lung cancer screening into their systems from 0 to 6 by 6/29/2024.*

*Objective: Increase the number of healthcare systems implementing lung cancer screening provider or patient reminders into their systems of care from 1 to 2 by 6/29/2024.*

- Collaboration with the Vermont Department of Corrections (DOC) and the VTAAC Lung Cancer Screening Taskforce supported the addition of a lung cancer screening module in the DOC electronic medical record in Year 2. DOC staff were trained on the referral process and initial referrals began in March 2024 at all six Vermont Correctional facilities. At the end of Year 3, work was begun by DOC to better implement tracking steps in the EMR to be able to monitor the number of referrals and screens taking place.

### **5. Survivorship**

*Objective: Increase the number of Vermont Support networks actively supporting Vermont cancer survivors from (to be determined) by 6/29/2024.*

- VTAAC utilized the supplemental CDC funding for Year 2 to begin steps to increase supportive care for cancer survivors. An initial analysis indicated that awareness of existing resources was limited, therefore steps were taken to revise the VTAAC resources pages to include a Cancer Survivorship Resource Center, developed with input from the

VTAAAC Quality of Life taskforce. Efforts to add to the resource center, keep it updated, and distribute it are ongoing.

## **6. Physical Activity & Nutrition**

*Objective: Increase the number of health systems implementing exercise prescriptions for cancer patients/survivors from 2 to 3 by 6/29/2024.*

- There continue to be two health systems (UVM and CVMC) implementing exercise prescriptions for cancer patients/survivors. In Year 2, due to challenges with implementation at the existing locations, the group decided to work on plans for better Rx tracking and expanded use at CVMC versus expanding to another site. Staff vacancies at both cancer centers caused a significant delay in implementation of planned training opportunities for cancer center providers and other staff. The group plans to refocus this work in Year 3.

## Conclusion and Recommendations

This last section of the report reflects on how evaluation recommendations from the previous year were carried forward over this year and offers additional recommendations for consideration looking ahead. These reflections and considerations are organized by the Partnership, Plan, and Program. Progress made on the recommendations from the prior year (Year 2) is shown with a ✓ and recommendations going into the next year (Year 3) are indicated with a ►.

### Program Year 2 (FY23) Recommendations & Progress

*FY23 Partnership Recommendation:* Intentionally recruit new VTAAC members from currently missing or underrepresented groups to fill gaps. This might include those who represent populations of focus and those working in business/industry and legislature/policy.

- ✓ Examined available coalition membership data and surveillance data to identify current representation from specific populations and barriers.
- ✓ Conducted individual outreach to bring in new and important perspectives to coalition efforts. For example, the Skin Cancer Taskforce recruited those working on school sunscreen policy to present at taskforce meetings. Further, the VTAAC Annual Cancer Summit hosted a panel to elevate the experiences of groups facing health inequities.
- *Assess the membership, engagement, and inclusiveness of VTAAC taskforces and committees and **identify recruitment action steps**. Consider a variety of recruitment tools and messaging to ensure communication with a diverse group of partners, as well as ways to be more systematic and purposeful when recruiting members and measure the impact of recruitment efforts.*

*FY23 Partnership Recommendation:* Continue to clarify VTAAC's structure and processes. This might include updating the guiding principles, considering the language used to describe the coalition's parts, and incorporating conversations about the coalition's structure and processes into working group and coalition-wide meetings.

- ✓ The VTAAC organizational chart was updated to reflect the current structure of the coalition and shared on VTAAC's website and in newsletters. Coalition information and updates were also shared at the VTAAC Annual Cancer Summit.
- ✓ The VTAAC bylaws were updated to reflect the current functioning of the coalition, including switching all group names to taskforces to avoid confusion. Additionally, the coalition coordinator developed a condensed version of the bylaws to use for onboarding new coalition members, which will be rolled out next year.

- ✓ A progress tracking tool was developed to ensure all taskforce members have a shared understanding of the taskforce's goals, alignment with the Cancer Plan, and progress of the group's efforts to date.
- ▶ Explore **how members understand the coalition's structure and functioning**, evaluating whether efforts over the past two years have improved clarity.

*FY23 Partnership Recommendation:* Explore health equity focused action steps to set as priorities for the year and incorporate feedback and input from VTAAC members, particularly those working with and who are a part of populations of focus.

- ✓ VDH released community compensation guidelines and VTAAC started exploring how these guidelines can inform the coalition's work to partner with populations of focus.
- ▶ Continue to work towards a shared understanding of how **community members with lived experience** might participate in VTAAC, following community compensation guidelines.

*FY23 Plan Recommendation:* Continue to monitor the progress of cancer plan implementation – both through quantitative data updates and through more incremental steps made by projects, workgroups, and taskforces. This may be accomplished through continuing the annual status reports and pairing it with a VTAAC taskforce progress tool.

- ✓ Development and implementation of the VTAAC taskforce co-lead reflection tool.
- ✓ The annual Cancer Plan Status Report 2 was shared publicly and with VTAAC members to track progress towards overall plan goals and objectives.
- ▶ Consider adding questions to the next **VTAAC member survey** to understand what elements of the 2025 Vermont Cancer Plan are of focus for statewide partners currently.

*FY23 Plan Recommendation:* Continue to disseminate the plan broadly among VTAAC members and partners and demonstrate its direct connection to efforts that are already underway.

- ✓ The 2025 Vermont Cancer Plan is incorporated into many aspects of VTAAC's efforts and communication, such as during taskforce meetings and the VTAAC Annual Cancer Summit, within the taskforce progress reporting tool, and in regular coalition newsletters.
- ▶ Consider asking members **how they are using the cancer plan and barriers to its use**, comparing results to the Year 1 member survey results as feasible.

*FY23 Program Recommendation:* Given current funding limitations, look for more ways to integrate the program's annual workplan into the coalition's efforts and consider how partnerships could be strengthened and expanded.

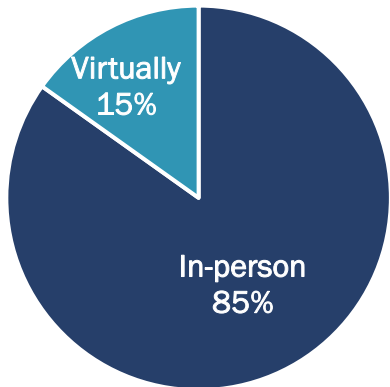
- ✓ VTAAC and the Vermont CCC drew upon the strengths and capacity of partners to implement and evaluate the Community Sunscreen Dispenser Program, as well as develop the coalition's survivorship resource center.
- ✓ The program started planning for the implementation of Project ECHO focusing on survivorship and a patient navigation quality improvement project with health systems.
- ▶ *Consider new ways to **identify funding sources or partners with funding** for specific projects that VTAAC can help support.*

*FY23 Program Recommendation:* Continue to build internal capacity for evaluation and measurement of progress.

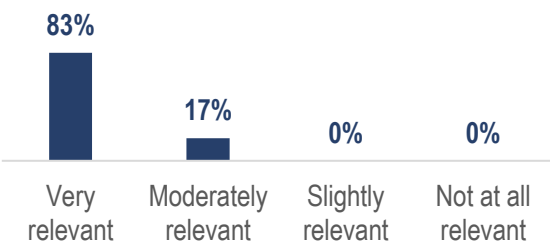
- ✓ The Vermont CCC team was integral in the development and implementation of the VTAAC taskforce progress tracker and the co-lead reflection tool.
- ▶ *Maintain and build the program's **internal evaluation capacity** and ability to conduct, use and continuously learn from evaluation processes and findings.*

# Appendix A. VTAAC Summit 2023 Evaluation Results

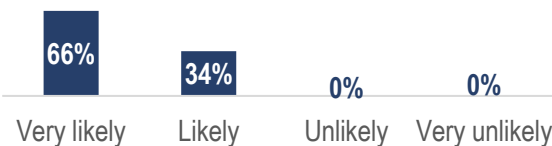
Most respondents attended the Summit in person.



Most respondents thought the Summit was very relevant to their work or volunteer efforts.



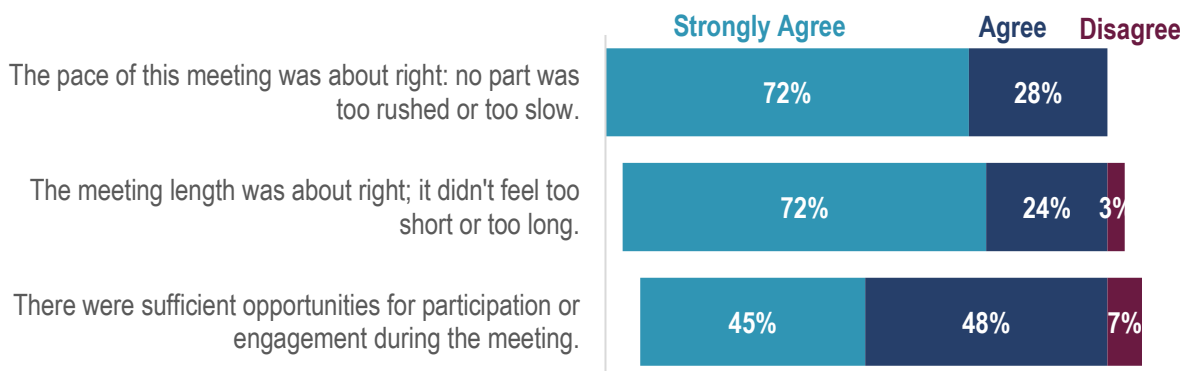
All respondents were likely or very likely to apply learning from the Summit to their job or volunteer efforts.



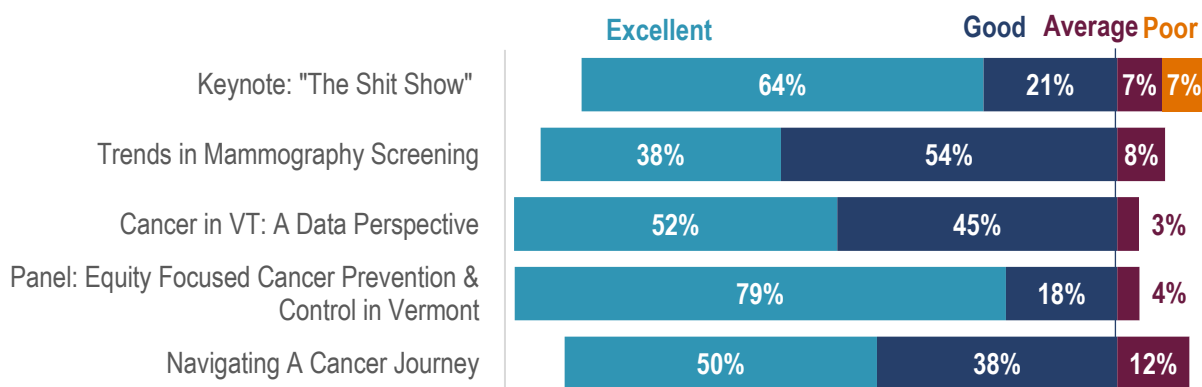
Almost all respondents who attended in person thought the Summit logistics were excellent or good.



Almost all respondents thought the meeting was well-planned.



## The panel and data discussions had the most positive responses.



## What is one thing from the Summit that really stood out to you as being particularly helpful for meaningful?

- Love [speaker] and his sharing of his journey. A lot of fun.
- The personal journey of the two speakers who were battling cancer.
- Networking.
- Survivors' experiences.
- How important it is to be inclusive and broad in scope.
- The panel discussion was great, very nice to hear different perspectives on cancer activities.
- This was an EXCELLENT in-person day, very engaged and thoughtful.
- The need for better collaboration among organizations in Vermont.
- Mammography Registry information
- the opportunity to network and connect with others in the field.
- The equity panel as well as learning mammography rates are down.
- All presentations were relevant to current work and initiatives. Panel discussion was very interesting and helpful for expansion of initiatives.
- I really enjoyed [the] keynote presentation. As a cancer researcher, it is so refreshing to hear an inspirational story from someone affected by cancer.
- Networking since it brings together people from multiple institutions. It would be helpful to have even more time set aside for networking purposes.
- The testimonials from the two people battling cancer.
- I really enjoyed the panel discussion and learning about tangible examples that are happening in and around VT.
- Importance of collaboration.
- Hearing the perspectives of survivors. I liked the "book end" approach of starting the day and ending the day with their talks.
- The data pieces and the healthcare equity work. The networking was very beneficial.
- Panel participants were very diverse; many ideas and viewpoints expressed! Great!
- The equity panel examples - especially the community health case study.
- Loved the statewide data from [the CCC analyst].
- The 2STLBGQ communication was helpful.
- The overall data and equity panel.
- The reminder that addressing food/nutrition insecurity is vitally important during cancer care.
- Stories and Data always resonate.
- I enjoyed the data presentations, panel and awards.
- The diversity of the presenters was awesome, I particularly liked hearing about current data trends specific to Vermont.

## Appendix B. Vermont Cancer Plan At-A-Glance Status Report - 2

The following At-A-Glance Report was created in Year 2 and published at the start of Year 3.



### 2025 Vermont Cancer Plan Year 2 At-A-Glance Status Report

Progress as of August 2024 – Condensed Report

Objectives (Data source)

#### Health Equity

1.1 Increase % of adults ages 18–64 with health insurance (BRFSS 2019–2022).

TREND

MET TARGET

improved, worsened, no change

☐ no new data

1.2 Decrease % of adults who report that there was a time in the last year they did

not go to the doctor because of cost (BRFSS 2019–2022).

1.3 Decrease % of Vermont households with food insecurity (CPS, Food Security Supplement, 2017–2022).

#### Cancer Prevention

2.1 Decrease % of adults who currently use any tobacco product (cigarettes, e-cigarettes & chew) (BRFSS 2017–2022).

2.2 Decrease % of youth in grades 9–12 who currently use any tobacco product (YRBS 2021).

2.3 Decrease % of youths under the age of 13 who have ever tried a flavored tobacco product (YRBS 2021).

2.4 Increase % of current adult smokers who have made a quit attempt in the last year (BRFSS 2019–2022).

2.5 Decrease incidence rate of tobacco-associated cancers (Per 100,000 persons) (VCR 2014–2019).

3.1 Increase % of adults who meet current physical activity guidelines (BRFSS 2019).

3.2 Increase % of youth grades 9–12 who meet physical activity guidelines (YRBS 2019–2021).

3.3 Increase % of adults consuming at least 5 or more fruits and vegetables per day (BRFSS 2019–2021).

3.4 Increase % of youth in grades 9–12 eating at least five or more fruits and vegetables each day (YRBS 2019–2021).

3.5 Decrease incidence rate of obesity-associated cancers (Per 100,000 persons) (VCR 2014–2020).

4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR 2021–2022).

4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR 2014–2020).

5.1 Increase % of households that install a radon mitigation system when they receive a high radon test result (VT Radon Program 2020–2022).

5.2 Decrease % of youth in grades 9–12 who report having at least one sunburn in the past 12 months (YRBS 2019–2021).

5.2 Decrease incidence rate of invasive melanoma (Per 100,000 persons) (VCR 2014–2019).

## Objectives (Data source)

### Cancer Early Detection

|                                                                                                                                                                        | TREND<br>improved, worsened, no change | MET TARGET<br><input type="checkbox"/> no new data |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|
| 6.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for colorectal cancer screening (BRFSS 2018-2022).#             |                                        | ✓                                                  |
| 6.2 Decrease rate of colorectal cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).                               |                                        | ✓                                                  |
| 7.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for cervical cancer screening (BRFSS 2018-2020).                |                                        | ✗                                                  |
| 7.2 Decrease rate of cervical cancer diagnosed at an invasive stage in women ages 20 and older (Per 100,000 persons) (VCR 2014-2020).                                  |                                        | ✗                                                  |
| 8.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for breast cancer screening (BRFSS 2018-2022).                  |                                        | ✗                                                  |
| 8.2 Decrease rate of breast cancer diagnosed at an advanced stage in adults ages 40 and older (Per 100,000 persons) (VCR 2014-2020).                                   |                                        | ✗                                                  |
| 9.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for lung cancer screening (BRFSS 2019-2022).                    |                                        | ✗                                                  |
| 9.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).                                     |                                        | ✗                                                  |
| 10.1 Decrease the prostate cancer death rate (Per 100,000 persons). (Vermont Vital Statistics 2014-2020).                                                              |                                        | ✓                                                  |
| 10.2 Increase % of men ages 55-69 who have discussed the advantages and disadvantages of prostate cancer screening with their health care providers (BRFSS 2018-2022). |                                        | ✗                                                  |

### Cancer Directed Therapy and Supportive Care

|                                                                                                                               |   |                          |
|-------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|
| 11.1 Increase % of cancer survivors who are living five years or longer after diagnosis (VCR 2009-2018).                      |   | ✗                        |
| 11.2 Decrease the overall cancer death rate (Per 100,000 persons) (VCR 2014-2020).                                            |   | ✓                        |
| 12.1 Increase the number of Vermont hospitals with a palliative care program (Center to Advance Palliative Care 2019 Report). | • | <input type="checkbox"/> |
| 12.2 Maintain the Vermont state grade in the American Cancer Society Cancer Action Network Pain Policy State Report Card.     | • | ✓                        |
| 12.3 Developmental: Increase the number of quality metrics appropriate for integrative medicine.                              |   |                          |

### Survivorship & Advanced Care Planning

|                                                                                                                                                        |   |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|
| 13.1 Increase % of adult cancer survivors who report always or usually receiving social and emotional support (BRFSS 2018-2022).                       |   | ✗                        |
| 13.2 Increase % of adult cancer survivors who report that their general health is good to excellent (BRFSS 2018-2020).                                 |   | ✗                        |
| 13.3 Decrease % of adult cancer survivors who currently use any tobacco product (cigarettes, e-cigarettes, and chew) (BRFSS 2017-2021).                |   | ✗                        |
| 13.4 Increase % of adult cancer survivors who meet current physical activity guidelines (BRFSS 2019).                                                  | • | <input type="checkbox"/> |
| 13.5 Increase % of adult cancer survivors eating five or more fruits & vegetables per day (BRFSS 2019-2021).                                           |   | ✗                        |
| 14.1 Increase the number of people enrolled each year in the Vermont Advanced Directives Registry (Vermont Ethics Network 2020-2023).                  |   | ✓                        |
| 14.2 Increase % of Vermonters who received hospice care within 30 days before their death from cancer in Vermont (Vermont Vital Statistics 2019-2021). |   | ✓                        |

\*The USPSTF recommendations changed in 2021, which at least partially accounts for the % decrease from 2020 to 2022.

# Appendix C. VT Community Sunscreen Dispenser Program Site Survey Results 2023

## VT Community Sunscreen Dispenser Program

Site Survey Results | Summer 2023



The Vermont Community Sunscreen Dispenser Program, coordinated by the statewide cancer coalition [Vermonters Taking Action Against Cancer](#) (VTAAC), Dartmouth Cancer Center, and IMPACT Melanoma, supplied 12 community park and recreation locations with a free pole-mounted automated sunscreen dispenser and two sunscreen inserts (2-3 month supply). To understand the implementation and effectiveness of the program, a survey was sent to all 12 sunscreen dispenser recipients. The survey received a total of **8 responses** (67% response rate).

Key findings from the survey:

- 1 The sunscreen dispensers were **well received** and **convenient**. Many individuals acknowledged the **importance of sunscreen** but either forgot to bring their own or purchasing sunscreen was not financially feasible.
- 2 About a third of sites used the program's **social media toolkit** to promote the dispenser on Facebook, Instagram, and program newsletters.
- 3 Making use of **established groups** that already meet regularly, such as camps and swimming lessons, helped promote the use of the sunscreen dispensers.
- 4 **Modeling the application of the sunscreen by site staff**, such as lifeguards, encouraged the use of the dispensers and sun safety behavior by community members.
- 5 Sites implemented a variety of **additional sun safety activities**, including education through posters, social media, and outdoor swim instruction.
- 6 **Barriers** to implementing activities included receiving the sunscreen dispenser late in the summer season, a rainy season and flooding, and competing organizational priorities.
- 7 Many sites look forward to **expanding their sun safety efforts** moving forward, including integrating sun safety messaging into social media posts, staff trainings, registration forms, and flyers.



The process was easy and **the impact that we can make with these dispensers can hopefully help prevent skin cancer**. This was a great process that will have a positive outcome.

– Sunscreen dispenser recipient



Image: Sunscreen dispenser at Lake Paran

For questions regarding this program, please email Sharon Mallory at [Sharon.Mallory@Vermont.gov](mailto:Sharon.Mallory@Vermont.gov).

Our patrons were **excited** to see that we had sunscreen available.

A **vital** thing to have on hand!

Many people commented that it was very **convenient**.

[The] community **loved** the dispenser.

## Appendix D. Progress Tracker & Co-lead Reflection

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### VTAAC Taskforce Co-lead Reflection Form

This reflection form is intended to be completed annually for each taskforce and assist in guiding strategic planning of VTAAC taskforces by prompting co-leads to reflect on strengths, progress made, and ways to enhance current efforts. It will also inform coalition planning and evaluation reporting.

If you are the lead for more than one taskforce, please fill out a separate form for each taskforce. Questions can be sent to [hanna.snyder@uvm.med.edu](mailto:hanna.snyder@uvm.med.edu).

### **Background Questions**

1. Name(s)
2. Date
3. What taskforce are you co-lead of?
  - Colorectal Cancer Taskforce
  - Colorectal Screening Project with SVMC/ACS
  - HPV Taskforce
  - Lung Cancer Screening Taskforce
  - Physical Activity & Nutrition in Cancer Survivors
  - Prevention & Detection Taskforce
  - Quality of Life Taskforce
  - Skin Cancer Taskforce
4. How long have you been a co-chair of the taskforce?
  - Less than 6 months
  - 6-12 months
  - 1-2 years
  - More than 2 years

### **Taskforce Questions**

As you reflect on the following questions, consider the taskforce's membership, purpose, engagement, and/or resources.

5. **Strengths:** What are the taskforce's greatest strengths? What is the taskforce doing really well?

6. **Opportunities:** Where are there opportunities for the taskforce to deepen or expand efforts over the next year?
7. **Supports:** What support or resources (if any) would help the taskforce to accomplish its goals and/or priorities?
8. **Equity Focus:** How are you attending to health equity as a taskforce?
9. Please select the extent to which you agree or disagree with the following statements about the taskforce (Strongly disagree, Disagree, Agree, Strongly agree).
  - Members are **engaged** in the work of the taskforce.
  - Members in agreement about **priority work**.
10. Is there anything else that you would like to share about the taskforces?

Thank you for completing the co-lead reflection form! Remember to submit another response if you are a co-lead of more than one taskforce.

## Example Progress Tracker

### VTAAC Skin Cancer Taskforce

**Goal:** The Skin Cancer Taskforce seeks to support and promote evidence-based collaborative strategies to improve skin cancer prevention and early detection among Vermonters to decrease the burden of melanoma and other skin cancers in Vermont.

*Co-chairs: Lisa Purvis, Dartmouth Cancer Center and Sharon Mallory, CCCP, VDH*

#### Overview of Skin Cancer Taskforce Activities October 2023 – June 2024

|                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Planned efforts</b>                    | Implement a sunscreen dispenser program (summer and winter), consider efforts to distribute sun safety materials and sunscreen in schools, etc.                                                                                                                                                                                                                                                                                                                  |
|  | <b>Vermont Cancer Plan 2025 Alignment</b> | <p><b>Goal 5.</b> Reduce exposure to environmental hazards for Vermonters, including 1) radon and other environmental hazards and 2) ultraviolet (UV) radiation from the sun and sun lamps.</p> <p><b>5.3</b> Decrease incidence rate of invasive melanoma.</p> <p>Educate the public regarding the dangers of exposure to UV radiation.</p> <p>Increase the availability of sunscreen and sun safety resources in Vermont park and recreational facilities.</p> |
|  | <b>Progress to date</b>                   | <p>2. <b>October 19<sup>th</sup>, 2023:</b> The taskforce funded sunscreen dispensers in Vermont parks &amp; rec facilities and the next step is to evaluate the program. The group decided on the focus of the evaluation and what information would be most useful for expanding the program to ski resort/winter recreation sites. The taskforce is discussing the impact of sunscreen being treated as a medication in schools. (SM)</p>                     |

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3. **December 11<sup>th</sup>, 2023:** The summer sunscreen dispenser site survey results showed that implementation went well and that dispensers were well received by staff and patrons. Next steps will involve considering a winter site rollout. (SM)
  4. **February 12<sup>th</sup>, 2024:** Dartmouth Sun Safety Educational Materials are available to share widely. Identifying and getting commitment from winter sunscreen dispenser sites was difficult. Next steps will include emailing potential sites for the summer dispenser program. (SM)
  5. **April 8<sup>th</sup>, 2024:** Overview of 2024 Sunscreen Program plan and discussion on the communication planning during the month of May (awareness month). VTAAC may be able to share out a press release on their own. Brief discussion on school sunscreen legislation status. (HS)
  6. **June 5, 2024:** Updates on 2024 sunscreen program – selected sites, communication/press release updates and media pick-ups, other partner activities. VT School Legislation initial discussion around opportunities to help implement and enhance this legislation. (HS)
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**Related  
Resources**

- [VTAAC Skin Cancer Taskforce webpage](#)
  - [2025 Vermont Cancer Plan](#)
  - [VT Community Sunscreen Dispenser Program webpage](#)
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