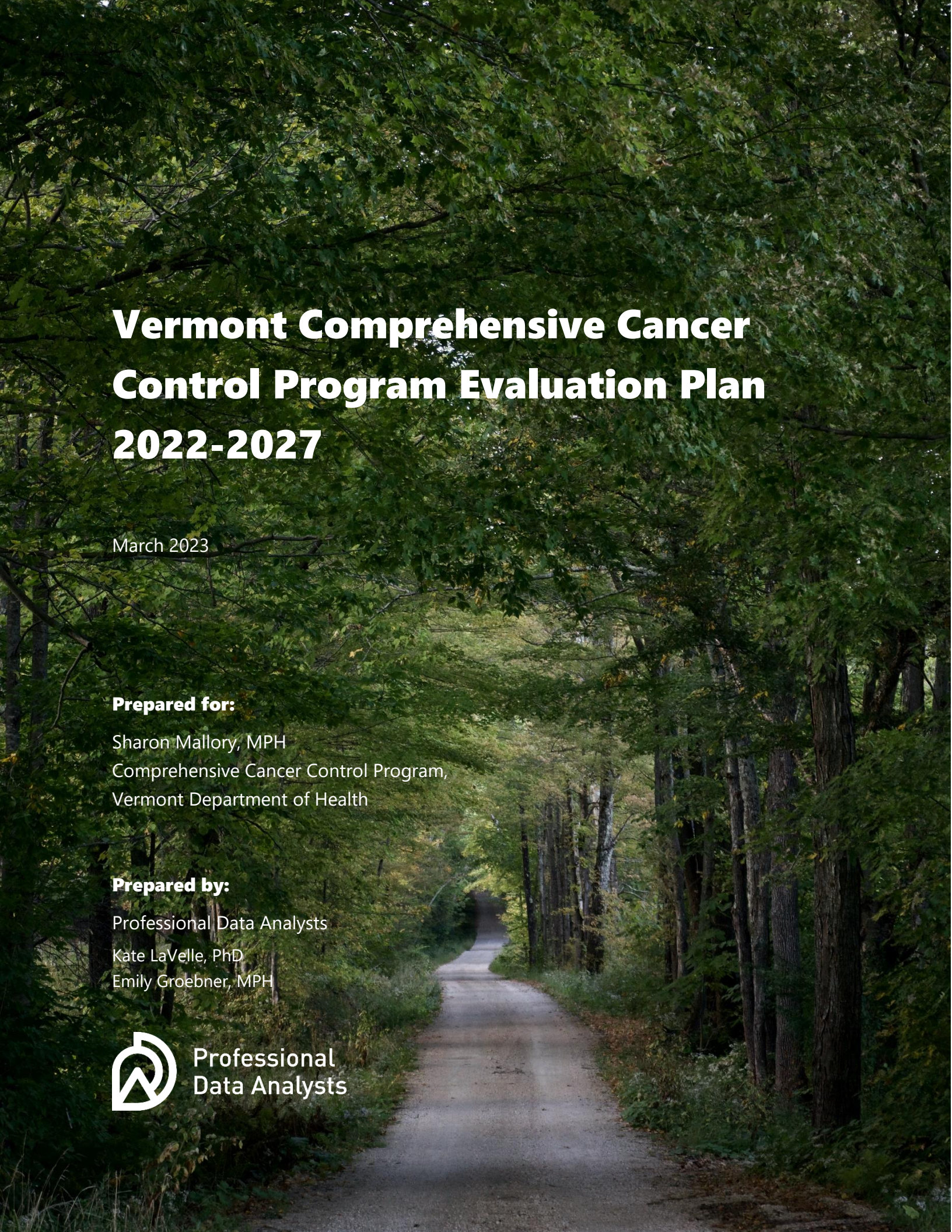

Vermont Comprehensive Cancer Control Program Evaluation Plan 2022-2027

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Prepared for:

Sharon Mallory, MPH
Comprehensive Cancer Control Program,
Vermont Department of Health

Prepared by:

Professional Data Analysts

Kate LaVelle, PhD
Emily Groebner, MPH

Professional
Data Analysts

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Background

For the past 24 years, the Centers for Disease Control and Prevention's (CDC) National Comprehensive Cancer Control Program (NCCCP) has funded programs and provided guidance and technical assistance to create partnerships, collaborations, and plans to prevent and control cancer.[1] The NCCCP provides funding to all 50 states, seven U.S. associated pacific islands/territories, and eight tribes and tribal organizations. The funding supports statewide cancer control programs and a coalition of cancer partners who develop and implement a strategic Cancer Plan for cancer prevention and control.

The Vermont Department of Health ("Department of Health") has received CDC funding for its Comprehensive Cancer Control Program ("CCC") and statewide coalition since 2003. The CCC funds the Department of Health's cancer prevention and control programs ("Cancer Program") and supports the statewide coalition, Vermonters Taking Action Against Cancer (VTAAC), to develop and drive the Vermont Cancer Plan ("Cancer Plan"). The Cancer Plan is a guide for cancer prevention and control practices, with the overall goal to reduce the burden of cancer in Vermont. The VTAAC coalition is currently implementing the Cancer Plan for 2021-2025. The Cancer Plan directly aligns with the NCCCP's six priority areas and includes populations of focus: Black Indigenous and people of color (BIPOC), lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters, Vermonters living with disabilities, and low-income Vermonters.

Cancer in Vermont

Cancer is a chronic disease and is a leading cause of death in Vermont.[2] Each year, approximately 3,900 Vermonters are diagnosed with a type of cancer. The top five cancers with the highest incidence rates for males and females combined are lung and bronchus, melanoma of the skin, colorectal, urinary bladder, and non-Hodgkin lymphoma. As many as 1,389 per 100,000 Vermonters die from cancer each year, with the top five cancer deaths being lung and bronchus, colorectal, pancreas, leukemia, and liver. Breast, cervical, and prostate are other cancers of a particularly high burden in Vermont as well.[3]

Top Cancers in Vermont[3]
Rates per 100,000, age-adjusted

Incidence		Mortality	
Lung & bronchus	58.5	Lung & bronchus	38.0
Melanoma of the skin	37.4	Colorectal	14.3
Colorectal	34.4	Pancreas	10.9
Urinary bladder	22.8	Leukemia	6.0
non-Hodgkin lymphoma	19.0	Liver	5.4

Lung cancer is a particularly prevalent and deadly cancer for Vermonters. Lung cancer has statistically higher incidence and mortality rates in Vermont compared to the U.S. overall. Lung cancer is a largely preventable form of cancer, and the CCC has made particular efforts to provide educational and treatment opportunities around lung cancer for Vermonters.

Further, **Vermont has one of the highest incidence rates of melanoma**, the most serious form of skin cancer, in the U.S.[4] The state's rate of melanoma is higher than its neighboring New England states (Connecticut, Maine, Massachusetts, New Hampshire, and Rhode Island). Sun exposure is a significant risk factor for developing melanoma, and this is especially a concern earlier in life because it increases the chances of developing skin cancer in adulthood. The CCC works with multiple partners to educate Vermonters about environmental risks and to promote healthy lifestyle behaviors.

However, **cancer does not affect all people in Vermont equally**. Cancer health disparities exist across the areas of prevention, diagnosis, treatment, and health outcomes. Certain population groups are disproportionality impacted by cancer due to a myriad of complex factors, including biology and social determinants of health. Systematic marginalization and barriers to accessing quality health care widen already existing differences in groups. In Vermont, disparities in cancer burden are evident based on **income**, **rurality**, **disability**, **racial and ethnic identity**, and **gender identity/sexual orientation**.[5] Vermonters who are white and heterosexual, do not have a disability, live in urban or suburban areas, or are middle or upper class generally have better health compared to other Vermonters.

As a state, Vermont is an early adopter of health care reform, which has advanced its ability to rollout cancer prevention and control practices statewide. For example, the state expanded Medicaid to provide increased access to government health insurance for those eligible, especially Vermont's large aging population. Another factor that supports cancer work is the strong partnership of the CCC with two large teaching hospitals in the region: University of Vermont Medical Center (UVMMC) and Dartmouth-Hitchcock Medical Center (DHMC). This close working relationship provides access to current best practices in teaching and emerging research in the cancer field.

Further, Vermont is a geographically small state with approximately 645,500 residents across 14 counties.[2] The largest population center is Burlington, with just over 45,000 residents. However, the majority of Vermonters live in rural areas where access to quality health care services may be limited or nonexistent. Living in rural areas, therefore, is a contributing factor of health disparities in Vermont. To address this, it is important to understand the characteristics of rural residents living in different rural communities, and what tailored strategies are needed to promote cancer prevention and control across the state.

Evaluation Overview

Evaluation is a valued and integrated aspect of Vermont cancer prevention and control efforts. The evaluation provides accountability and data-driven recommendations for program direction and improvement. Together, the performance measures and evaluation track key indicators and offer insight into the how and why indicators may have changed, respectively (Appendix A).[6] The performance measures and evaluations complement each other and continuously inform program decision-making.

The evaluation will take a **participatory, utilization-focused approach**, identifying and engaging the primary users of the evaluation from planning through use of results.[7] Evaluation efforts will include formative and summative evaluation processes and deliverables, as well as consider past successes and challenges and previous evaluation findings. The Vermont Department of Health contracted with Professional Data Analysts (PDA), a Minneapolis-based evaluation firm, to develop the evaluation plan and evaluate the implementation and outcomes of the Partnership, Plan, and Program. PDA will collaborate closely with the Vermont Department of Health's CCC team, who will provide guidance and feedback on the feasibility and utility of the evaluation planning, implementation, and reporting.

CDC Framework

The CDC's Framework for Evaluation in Public Health is used as a guide in the development of evaluation planning and implementation.[8] The six-step framework is linked to the Joint Committee for Standards in educational Evaluation's Program Evaluation Standards.[9] The quality of the evaluation is guided by these standards to ensure that they are feasible within the context of the program, adhere to standards of propriety and methods, and produce results that are useful, accurate, and accountable.

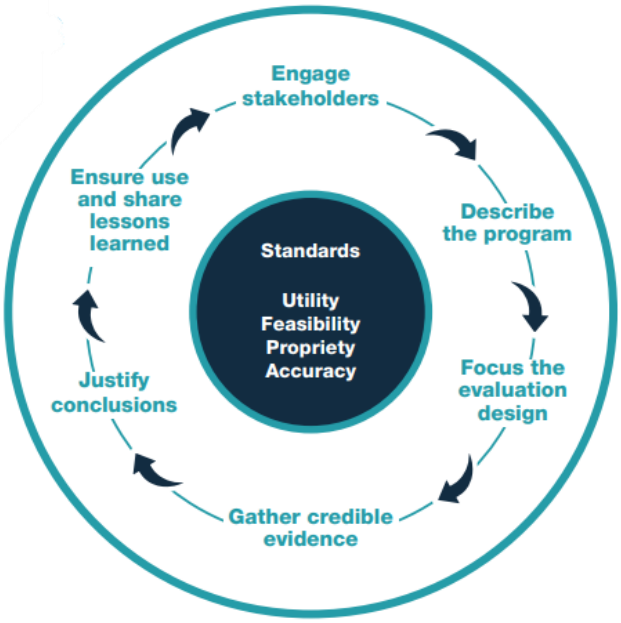


Figure 1: CDC Framework for Program Evaluation in Public Health

The framework's steps are iterative in nature and a good fit for evaluation of the three Ps because it incorporates the needs and perspectives of stakeholders throughout the evaluation process, including during the designing and implementing of the evaluation. This ensures that the evaluation is responsive and flexible to meet the often shifting and emerging needs of stakeholders.

Elements of this framework are incorporated throughout the evaluation and evaluation plan, as noted in this plan by a small gray box containing the step and its connection to the framework.

Example:

Six Steps
CDC FRAMEWORK FOR PROGRAM EVALUATION

Engage Stakeholders
CDC FRAMEWORK FOR PROGRAM EVALUATION

Evaluation Stakeholders

Stakeholders drive cancer control work across Vermont, and their voices and collaboration are important in every phase of the evaluation to make it more inclusive and meaningful. To reflect the CDC Framework for Program Evaluation in Public Health and the importance of stakeholders in evaluation work, stakeholders' needs and perspectives will be incorporated throughout the evaluation process.

A utilization-focused, collaborative approach will be used to ensure that primary stakeholders are identified and actively engaged during the evaluation.[7] This approach will ensure that the evaluation is responsive to the information needs and changing priorities of the program and its partners. Users' perspectives will be integrated into annual evaluation plans and products to heighten buy-in and ensure the evaluation is useful to the intended users. The PDA evaluation team held meetings with the Vermont CCC team to gather input for the development of this five-year evaluation plan. During these conversations, we developed key evaluation questions, gathered input on the design, and discussed which aspects of the Partnership, Plan, and Program to focus on in Year 1 and subsequent years of the five-year evaluation timeframe. This collaborative planning stage also helped build the evaluator-client relationship and set structures for effective communication and partnership moving forward.

Evaluation Team

The external evaluator, PDA will continue to collaborate closely with the Vermont CCC team, partners, and coalition leadership to design, implement, and report on the evaluation focus areas. The individuals listed below are expected to be involved in the evaluation in varying degrees of capacity. The Vermont CCC team and coalition leadership will provide guidance and feedback on the feasibility and utility of the evaluation planning, implementation, and reporting.

Vermont CCC

Sharon Mallory
CCC Director

Lauren Ressue
CCC Analyst

Department of Health Cancer Leadership Team *(as needed)*

VTAAC Coalition

Hanna Snyder
VTAAC Coordinator

Sarah Lemnah
VTAAC Co-Chair

Justin Pentenrieder
VTAAC Co-Chair

VTAAC Steering Committee *(as needed)*

PDA Evaluation Team

Kate LaVelle
Principal Investigator

Melissa Chapman Haynes
Co-Investigator

Emily Groebner
Support Evaluator

Evaluation Advisory Group

In Year 1, the CCC team and PDA will work closely to explore the development of a formalized way to seek individuals interested in evaluation to engage in all phases of the evaluation process (planning, implementation, and dissemination). During our initial conversations, we will share ideas about the purpose(s) of the group, ways that the group can be structured and collaborate most effectively, and who to consider inviting to participate. We will seek to include group participants that bring multiple, diverse perspectives so that the evaluation can incorporate various areas of professional expertise, community knowledge, and personal lived experience. PDA will support the development and facilitation of the group to focus on key evaluation-related priorities, such as reviewing data collection tools, suggesting participants for focus groups, or giving feedback on reports.

Engagement of Evaluation Stakeholders and Intended Users

A key part of the CDC's Framework for Program Evaluation is identifying and engaging stakeholders and ensuring that results will be used by stakeholders. There are multiple different types of stakeholders of the Vermont CCC evaluation, each with their unique and important perspective. Stakeholders were identified in collaboration with CCC staff through numerous conversations and organized into the stakeholder table on the next page. The table is modeled after the Comprehensive Cancer Control Branch Program Evaluation Toolkit's stakeholder assessment worksheet and includes major stakeholder categories with subcategories where appropriate.[10] To create the table, the evaluation team discussed:

- who would use the evaluation results,
- what capacity and resources are available from PDA, VT CCC, and VTAAC staff to engage stakeholders,
- the skills and interests of the stakeholder,
- the time stakeholders will likely have to engage in the evaluation,
- what type of involvement makes the most sense for their role, and
- which perspectives are needed to ensure there is an accurate representation of the program and coalition.

There are numerous partners across Vermont that have a stake in the evaluation but whose engagement and use will vary. Primary evaluation stakeholders include the CCC team, coalition steering and executive committees, and coalition workgroups and taskforces. The CCC team and the coalition steering committee will be involved in all phases of the evaluation, continuously offering feedback and disseminating in their networks, while general members will only participate in the dissemination phase.

More about key stakeholders is detailed in Table 1. Table columns include strategies for how to engage stakeholders, ideas of how the stakeholder group might use the evaluation findings, and details of what evaluation phase the stakeholder will be engaged in.

See the table on the following page for more detailed information about relevant evaluation stakeholders.

Table 1. Stakeholder Engagement and Evaluation Use

Stakeholder	How to engage stakeholders	Use of evaluation findings	Evaluation Phase *
Vermonters Taking Action Against Cancer (VTAAC)			
Executive Committee	• Collaborate in evaluation planning • Review and offer feedback on reports • Collaborate in interpretation of results • Support communication and dissemination of results	• Accountability • Decision-making • Measure progress on cancer plan outcomes	Planning Dissemination
Steering Committee	• Inform evaluation plan and priorities • Provide context, including coalition and Cancer Plan history • Share knowledge of data and resources • Bring up critical questions, barriers, or opportunities • Collaborate in interpretation of results • Review and offer feedback on reports • Support communication and dissemination of results	• Inform cancer work • Identify potential partnerships	All phases
Workgroups & Taskforces	• Review and offer feedback on reports • Identify needs and priorities • Encourage members to participate in data collection	• Inform cancer work • Identify potential partnerships	Implementation Dissemination
General Membership	• Review evaluation reports at annual VTAAC membership meeting • Bring up critical questions, barriers, or opportunities • Participate in data collection	• Contribute to stateside efforts • Identify potential partnerships	Implementation Dissemination
Cancer Leadership Team	• Collaborate in evaluation planning • Review and offer feedback on reports • Provide cancer data • Bring up critical questions, barriers, or opportunities • Support communication and dissemination of results	• Accountability • Decision-making	All phases
Statewide Partners	• Read and share evaluation reports	• Identify potential partnerships	Dissemination

Stakeholder	How to engage stakeholders	Use of evaluation findings	Evaluation Phase *
		• Identify ways to get involved in statewide cancer efforts	
CDC	• External reviewers of evaluation plans and methods • Review and offer feedback on reports	• Accountability	Planning Dissemination
Larger Community	• Read and share evaluation reports	• Increase awareness of cancer issues • Identify ways to get involved in statewide cancer efforts	Dissemination

**Planning Phase = Deciding the what, how, and when of the evaluation, Implementation Phase = Carrying out the evaluation plan, Dissemination Phase = Sharing evaluation findings*

Describe the program
CDC FRAMEWORK FOR PROGRAM EVALUATION

Program Description

Vermont CCCP: The Three Ps

The overall goal of the CCC is to reduce the burden of cancer for all Vermonters by enhancing efforts to prevent, detect, and treat cancer, as well as improve the lives of cancer survivors and their families. The CCC works toward this goal by following the NCCCP model of cancer control and prevention, carrying out strategies across three priority intervention areas: primary prevention, early detection and treatment, and cancer survivorship (figure 2). To strengthen the work in each area, three cross-cutting priorities are emphasized: promoting health equity; implementing policy, systems, and environmental (PSE) approaches; and demonstrating outcomes through evaluation.[1]

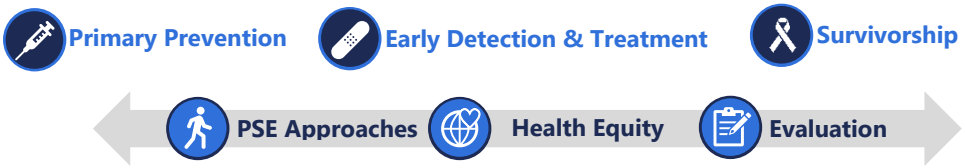


Figure 2. The National Comprehensive Cancer Control Program Priorities

The Vermont CCC ("Cancer Program") is made up of several CCC-funded programs working on cancer control and prevention, as well as other activities carried out by program and analytical staff. The Cancer Program provides support to the Partnership, VTAAC, which is made up of individuals working to reduce the cancer burden in Vermont. The Partnership is tasked with developing and carrying out the Plan: a comprehensive, strategic document which lays out goals, objectives, and strategies for the state. The Plan's strategies align with the NCCCP's priority intervention areas and cross-cutting priorities. The CCC relies on a great deal of volunteer and in-kind support from individuals and organizations to carry out strategies along the cancer continuum in Vermont.

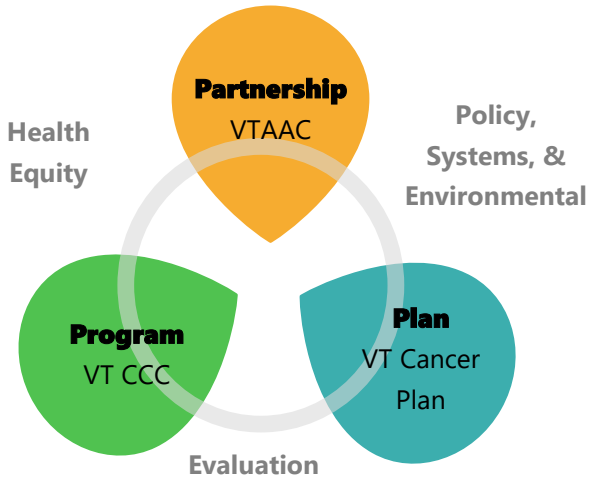


Figure 3. Visual of the Comprehensive Cancer Control Partnership, Plan, and Program

Program

The VT CCC is housed in the Health Promotion & Disease Prevention (HPDP) division of the Vermont Department of Health, a division with considerable collaboration and integration of services across the cancer spectrum. The Cancer Program funds distinct cancer prevention and control programs (see list below) and relies on strong collaboration with other Department of Health chronic disease programs to implement statewide cancer efforts. Several programs share analytical support from epidemiology staff, which strengthens the communication and utilization of data across programs. In addition to leveraging resources, chronic disease programs have overlap in leadership and management support.

The Vermont Cancer Leadership Team, which includes the VTAAC Coordinator (Hanna Snyder) and leaders and data analysts from the CCC (Sharon Mallory, Lauren Ressue), You First (Justin Pentenrieder, Matthew Maiberger), and the Cancer Registry (Jennifer Kachajian, Michael Flaherty), meets every other month and provides guidance and oversight for the CCC. Key cancer partners are brought into meetings as needed based on the topic being addressed. The day-to-day program operations are supported by Sharon Mallory, the CCC Coordinator, and Lauren Ressue, an Analyst (epidemiologist). Together, the leadership team and program staff help advance the goals of the CCC and promotes successful collaboration.

Further, the Cancer Program plays an essential role in supporting and sustaining the statewide cancer Partnership, VTAAC (see next section for details on VTAAC). Program leaders and staff collaborate closely with the VTAAC Coalition coordinators and working groups to coordinate and implement cancer control efforts, which are guided by the Vermont Cancer Plan.

CCC-funded Programs and Initiatives

The Vermont CCC provides grant funding to various programs and initiatives, which are:

- **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.
- **Vermonters Taking Action Against Cancer (VTAAC)** – The CCC provides funding to the University of Vermont Cancer center to fiscally support the activities of the statewide cancer coalition VTAAC. Funding mainly supports a coalition Coordinator to facilitate

coalition meetings, develop and maintain strategic partnerships, and carry out programmatic efforts.

- **The Pride Center of Vermont –** The Pride Center of Vermont is dedicated to "advancing community and the health and safety of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Vermonters". The CCC provides funding to the Pride Center to support training for VTAAC members and partners, including Vermont federally qualified health center (FQHC) staff around LGBTQ+ awareness, service etiquette, and community strategies. The Pride Center is an important partner in efforts to recruit individuals from priority populations and organizations that serve them to participate in VTAAC and its working groups, such as the VTAAC Health Equity Committee that is currently being formed.
- **Vermont Developmental Disabilities Council (VTDDC) –** The VTDDC is a "statewide board that identifies and addresses critical issues affecting people with developmental disabilities and their families". The CCC supports the VTDDC and collaborates with them to provide training and technical support. The current training will focus on training VT providers and staff working on either CRC screening referrals or treatment or lung cancer screening around disability awareness, service etiquette, and accessible communication strategies. VTDCC will be instrumental in VTAAC's efforts to recruitment individuals and organizations who can bring a diversity of perspectives related to disability advocacy.

Partnership

VTAAC, "the Partnership," was formed in 2004 to bring together partners who are committed to collaborating with others to reduce the impact of cancer for all Vermonters. To achieve this goal, VTAAC, currently made up of over 600 members, develops and carries out a statewide strategic plan, the Vermont Cancer Plan, that outlines shared priorities for cancer prevention, early detection, treatment, and quality of life for cancer survivors. VTAAC is an entirely volunteer-led coalition, except for staffing support provided by the CCC Director and VTAAC Coordinator. Coalition membership is open to all individuals, organizations, and affiliates who are willing to contribute their time and effort toward advancing cancer initiatives. VTAAC is guided by the following mission:

> Vermonters Taking Action Against Cancer (VTAAC) provides a forum for collaboration and sharing of resources for individuals and organizations concerned about cancer.

The coalition includes a wide range of cancer partners from different organizations and sectors who offer diverse perspectives, knowledge and experience, and resources to leverage toward Vermont's cancer work. Coalition members can participate in multiple ways and to varying degrees, ranging from leadership positions to moderate or low involvement. This allows

individuals to actively participate as much as they like and the flexibility to become as involved as they are able. Engagement opportunities include attending the annual general membership meetings, participating in planning retreats, contributing to workgroups that develop Cancer Plan objectives and strategies, and sharing coalition information within their organization and network. VTAAC follows a set of guiding principles that drive practices, such as decision-making and priority setting, effective and strategic communication, and membership engagement.

VTAAC Partnership Structure[11]

The work of VTAAC is guided and carried out by the following teams:

- **Executive Committee**: The current and past Co-Chairs meet as needed with the VTAAC Coordinator and the Vermont Department of Health CCC Coordinator to set the agendas for steering committee meetings, guide workgroups, committees, and the coalition.
- **Steering Committee**: The Steering Committee is a small group of about 25 VTAAC members who represent a cross-section of stakeholders in cancer prevention, treatment and advocacy; comprised of state government, non-profit organizations, academic research, healthcare providers, business and insurance providers, community groups and cancer survivors.
- **Committees:** VTAAC Committees are a subgroup of the Steering Committee that carries out specific short- or long-term functions, such as infrastructure, advocacy, evaluation, promotion, membership, and resources.
- **Workgroups**: Workgroups consist of a group of members formed by the Steering Committee and charged with developing strategies to implement at least one objective from the state Cancer Plan. A workgroup would not exist on its own without VTAAC. Workgroups may organize Taskforces to achieve specific goals and objectives. Currently, the two active VTAAC workgroups are the Prevention and Detection Workgroup and the Quality of Life Workgroup.
- **Taskforces**: Taskforces are a group of members working on short term, specific goals from the Cancer Plan. Taskforces are flexible and the topics they work on depend on the interests of members and the recourses available. A taskforce can be a subgroup of a workgroup or of the Steering Committee. The current active taskforces are the Lung Cancer Screening taskforce and the HPV Taskforce.
- **Projects:** Colorectal Cancer (CRC) Project with Southwestern Vermont Medical Center and Physical Activity and Nutrition (PAN) in Cancer Survivors Project

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

VTAAC members are essential to the development and implementation of the Cancer Plan. During the development of the 2025 Cancer Plan, members and partners contributed by drafting goals, objectives and strategies within workgroups, and providing input on priority

areas and attending to health equity. Now that the new Cancer Plan is finalized, many members are working to implement Cancer Plan strategies through coordinated, collaborative efforts. Over the next five years, VTAAC will use the 2025 Cancer Plan to accomplish more collectively than could be done alone.

Alignment with state and federal efforts 2030

Vermont's cancer control and prevention efforts align with numerous state and federal efforts, including the CRC Control Program, National Breast and Cervical Cancer Early Detection Program, National Program of Cancer Registries, Vermont award recipients of these programs, and Healthy People 2030. Healthy People 2030 is a set of national public health objectives intended to guide improvements in health and wellbeing over the next decade. It includes 355 health objectives that are organized by topic, such as health conditions and behaviors or social determinants of health.

Logic Model

The Vermont CCC logic model offers an overall picture of the program's efforts and intended impact (Appendix B). The inputs demonstrate what is invested to support activities, resulting in outputs. The inputs, activities, and outputs lead to short, intermediate, and long-term outcomes that overall reduce the cancer burden in Vermont. Evidence-based interventions, PSE strategies and changes, evaluation, and health equity are integrated throughout the logic model.

The Vermont CCC program logic model was created in 2015 by the CCC program team with considerable input from key stakeholders and intended to reflect the Program, Partnership, and Plan in its current form. In general, the existing logic model is closely aligned with how the VT CCC Program operates currently and include the main strategies and outcomes that are expected of NCCCP awardees for this funding cycle. However, there have been changes, both in the CDC funding requirements and shifts in the coalition and program over time, that prompt a need to revisit the logic model to identify any inconsistencies or address gaps.

Therefore, in Year 1-2 the PDA evaluation team will work closely with the CCC team and other key stakeholders, including VT CCC team, VTAAC Steering Committee, and members, to review the logic model and discuss where any updates are needed. As the program and coalition continues to evolve over the next five years, the logic model will be periodically updated with key partners to reflect changes in program context, resources or activities, and as new empirical evidence becomes available.

Program Stage of Development

The Vermont CCC is in the stages of planning and implementing the 2025 Vermont Cancer Plan, including the assessment of supports and infrastructure needed for successful implementation.

Some of the major completed activities that led to this stage were the: 1) development and dissemination of the new Cancer Plan as a statewide strategic roadmap of cancer efforts, 2) hosting the 2022 VTAAC Cancer Summit that helped build momentum and coalition engagement and centered around critical cancer topics in Vermont, and 3) completion of two key evaluation activities, a VTAAC analysis to explore member composition and representation and a CCC equity evaluation to better understand whether and how equity practices exist within Vermont CCC efforts. While the Vermont CCC program is situated in the implementation stage, it will continue focus on identifying ways to promote Cancer Plan implementation through its work with VTAAC's committees, workgroups, and taskforces, and explore what is working well and what can be improved moving forward. This may include building upon efforts to enhance member engagement and collaboration, examine the VTAAC structure, strengthen existing groups or form new groups (e.g., Health Equity Committee), and gather input from key stakeholders.

There are several program and coalition efforts that are in the early stages or have not started fully yet but will be important next steps as implementation of the Cancer Plan unfolds and coalition capacity and engagement continue to increase. One of these areas is the continued use of the evaluation findings from the last two years, particularly the equity findings which will be used by the VTAAC Health Equity Committee after it forms. Another area is the use of the VTAAC membership results to help coalition groups identify stakeholder groups that might be missing in their work and take steps to bring in those missing voices. A final area of focus in the near future will be to develop systems to track, evaluate, and report on the Cancer Plan implementation activities that are being carried out by coalition members and partners throughout Vermont. The Vermont CCC will continue to reflect on what has been accomplished, learn from those experiences, and build upon what works well within Vermont's unique context.

Program Context

The Vermont CCC and its efforts are continuously influenced by numerous historical, political, program, organization, and community factors. The following factors have affected comprehensive cancer control efforts most significantly.

- **Changes in CDC funding and staffing requirements** meant that Vermont CCC program need to change how projects are funded. Therefore, during the first couple of fiscal years of the current funding cycle VT CCC staff will be exploring how to support organizations that were previously financially supported by VT CCC through new mechanisms and forms of partnership.
- The COVID-19 pandemic continues to impact the program's work both in positive and negative ways. Learning how to collaborate virtually has allowed **broader reach of partnerships** and ability for individuals with busy schedules or who live in distant areas

of the state to participate. On the other hand, virtual meetings can make it harder to develop the connections in a way that in-person meetings can. Also, the pandemic has strained the capacity and time available from some partners to engage in VTAAC and CCC efforts.

- Additional support for the coalition from a new **VTAAC Coordinator** who brings experience in community building, partnership collaboration and event planning after several months without a coordinator.
- The Vermont CCC program is part of the Health Promotion and Disease Prevention division, which is being supported by a **new health equity team to support programs'** efforts. The CCC program will utilize this resource as the team focus and priorities unfold.

Focus the evaluation design
CDC FRAMEWORK FOR PROGRAM EVALUATION

Evaluation Approach and Scope

As previously mentioned, the evaluation employs a utilization-focused, responsive, and collaborative, approach and follows the CDC's six-step Framework for Program Evaluation in Public Health. An essential part of this approach involves the identification and continuous engagement of key stakeholders and intended users through the evaluation process. Stakeholder feedback will be integrated into various evaluation activities, such as the design and refinement of the evaluation plan, updating of the program logic model, collection of data, and sharing findings to promote evaluation use.

The evaluation is designed to be broad and address each of the three Ps – Partnership, Plan, and Program – over the course of the five years. However, it is likely that more than one of the three Ps will be evaluated in a given year, depending on what the most pressing information needs are and what resources and capacity is available for the evaluation. The PDA evaluation team will work closely with Vermont CCC staff and VTAAC leadership to identify the evaluation focus for each fiscal year. The annual evaluation plan will describe that year's focus, including how it builds upon the previous year's evaluation findings and how it aligns with the program's current stage of development.

In Year 1, the evaluation will focus on the assessment of VTAAC's quality and effectiveness as a statewide coalition that strives to bring together various cancer partners to work collaboratively toward common goals. This will involve gathering input from coalition members about their:

- satisfaction
- ways they are currently involved and how they can deepen their engagement
- where they see opportunities to bring in new voices or strengthen partnerships
- what value their participation in VTAAC bring to them

Multiple methods, such as surveys, focus groups, and interviews, will be used to learn about the experiences and opinions of coalition members and other key stakeholders. In addition, as the new 2025 Vermont Cancer Plan launches into its first full year of implementation, the evaluation will examine how VTAAC's structure and processes can be refined to better support committees and groups that are driving the cancer efforts tied to Cancer Plan priorities. We will explore several topics through focus groups with workgroup and taskforce leads and members, such as the groups' purpose, priorities, capacity, collaboration, representation from key partners, and ability to track activities and evaluate progress. Further, we will support CCC as it works to develop data tracking systems to capture activities being implemented and reporting formats to

show progress made towards Cancer Plan objectives and goals, such as a cancer plan dashboard. These efforts will center on how to create efficient and streamlined data and reporting processes that are easy to use and update, while providing credible and meaningful information for intended users.

Evaluation Questions

The following evaluation questions were created in collaboration with the Vermont CCC team and VTAAC leadership and reflect the information that these key stakeholders perceive as most important for accountability and to facilitate program and coalition improvement efforts. For this five-year evaluation plan, the evaluation questions presented within the Partnership, Plan, and Program areas are meant to be comprehensive and include several process and outcome questions that will be examined over the funding cycle. The primary evaluation questions for the Partnership, Plan, and Program are presented below, along with corresponding sub-questions.

Partnership (VTAAC) Evaluation Questions

1. How **effective** is VTAAC in providing a forum for collaboration & sharing resources to support statewide cancer efforts?
    a. What is the **composition** of the VTAAC membership?
    b. Are there any gaps in **representation**, and how is VTAAC filling those **gaps?**
    c. How is VTAAC **engaging members** from key stakeholder groups, including individuals and organizations representing priority populations?
    d. How **satisfied** are members with VTAAC?
    e. What is the **value** of VTAAC for members?
2. How is the VTAAC supporting members and partners in **carrying out the Cancer Plan?**
    a. How well is the current VTAAC **structure and processes** supporting working groups? How could they be improved?
    b. What **resources** and **partnerships** are being utilized to build and sustain VTAAC?

Vermont Cancer Plan Evaluation Questions

3. How is VTAAC and its partners **implementing** the Cancer Plan?
    a. Which Cancer Plan strategies are being implemented?
    b. Are strategies being implemented as intended?
    c. What are the facilitators and barriers to implementation?
4. How are individuals from priority populations & organizations serving them involved in implementation?
5. How much **progress** has been made toward the Cancer Plan's goals?
    a. What progress has been made in the areas of primary prevention, early detection, and quality of life, and health equity?
    b. What factors are influencing progress?

6. To what extent are interventions yielding desired outcomes?
7. How is the Cancer Plan being used and how can it be enhanced?

Program Evaluation Questions

8. How are interventions/EBIs from the VT CCC work plan being **implemented?**
   a. Are interventions/EBIs being implemented as intended? Why or why not?
   b. What are the facilitators and barriers to implementation?
9. What factors are influencing **progress** toward VT CCC work plan goals?
10. How have the interventions/EBIs contributed to **achieving the intended outcomes** for statewide cancer prevention and control?
    a. To what extent are the intended outcomes being achieved across primary prevention, early detection, survivorship, and related to health equity?
    b. What factors are influencing the achievement of outcomes?
11. How does VT CCC use its **capacity, resources, and partnerships** (internally and externally) to support VTAAC and implementation of Cancer Plan strategies?
    a. What are key lessons learned and where are there further opportunities?

Evaluation Design and Methods

Over the five-year period, the evaluation will look at each of the three Ps – Partnerships, Plan, and Program. The focus on each of the three Ps will vary depending on the information needs emerge over time. The evaluation will incorporate various research designs to examine program processes, intended outcomes, and impacts. The specific design used will depend on the type of evaluation question and what credible evidence is needed to answer the question fully and accurately. For example, to measure progress toward Plan goals or changes in cancer-related health outcomes, we will use a group-level repeated measures design. Further, to examine coalition membership, capacity, and effectiveness, we will use a survey design. The evaluation design will include a descriptive component to systematically describe the program activities and implementation, stakeholder satisfaction and experiences, and perceived impact of the program and coalition activities. Multiple, mixed methods will be used, including web-based surveys, interviews, focus groups, document review, archival review of records and databases. Whenever possible, multiple measures will be used to triangulate and valid and reliable measures from the research literature will be used when available and appropriate.

Evaluation Matrix

	Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
Partnership	1. How **effective** is VTAAC in providing a forum for collaboration & sharing resources to support statewide cancer efforts? b. What is the **composition** of the VTAAC membership? c. Are there any gaps in **representation**, and how is VTAAC filling those **gaps?** d. How is VTAAC **engaging members** from key stakeholder groups, including individuals and organizations representing priority populations? e. How **satisfied** are members with VTAAC? f. What is the **value** of taking part in VTAAC for members?	• Number and type of members and partners represented on VTAAC (by sector, geography, professional role, cancer topic) • Representation from populations of focus • Members' and work groups' contributions to VTAAC	• VTAAC member database • Coalition records and recruitment documents • VTAAC general membership meeting attendance, agendas, materials, notes • Membership analysis results from 2022 • Survey data (member self-report) • Interview/focus group data (member self-report)	Coalition coordinator • Abstract coalition data Evaluator • Review coalition data/records • Conduct interviews/focus groups with key informants (e.g., VTAAC members, partners, leaders) • Survey members (web-based)	• Annual data abstraction • Annual member survey
	2. How is the VTAAC supporting members and partners in **carrying out the Cancer Plan?** a. How well is the current VTAAC **structure and processes** supporting working groups? How could they be improved? b. What **resources** and **partnerships** are being utilized to build and sustain VTAAC?	• Type/number of contributions and resources used • Type/number of gaps in needed resources identified • Type/number of partnerships contributing to VTAAC's work (inter-agency and external) • Additional partnerships identified as needed/desired • VTAAC website and postings	• Program/coalition records • Records from VTAAC Executive and Steering Committee, workgroups, and taskforces • Survey data (member and partner self-report)	Coalition coordinator • Abstract coalition and program records Evaluator • Conduct interviews/ focus groups with key informants (e.g., CCC, Exec./Steering Cmte., working groups, partners)	• Annual coalition and program data abstraction • Interviews/ focus groups in Year 1 • Annual member survey

	Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
		• Members' perceived level of support provided by VTAAC	• Interview/focus group data (member and partner self-report)	• Administer focus groups and/or survey of workgroups and taskforces	
Plan	3. How is VTAAC and its partners **implementing** the Cancer Plan? a. Which Cancer Plan strategies are being implemented? c. Are strategies being implemented as intended? d. What are the facilitators and barriers to implementation? 4. How are individuals from priority populations & organizations serving them involved in implementation?	• Number and type of interventions and activities implemented • Number and type of member organizations involved in implementing strategies • Populations reached by intervention or activity • Extent to which interventions/activities are implemented as intended • Facilitators and barriers	• Cancer Plan related program records • Interview/focus group data • Coalition records • CCC Equity Checklist	Coalition coordinator • Abstract coalition records and database Evaluator • Conduct interviews/focus groups with key informants	• Annual abstraction of program records and data
	5. How much **progress** has been made toward the Cancer Plan's goals? a. What progress has been made in the areas of primary prevention, early detection, and quality of life, and health equity? b. What factors are influencing progress?	• Increase/decreased/maintained levels of intended outcomes • Documentation of progress towards milestones for Plan strategies implemented • Identification of factors or conditions that contribute to progress on Plan goals	• Program records and data • Coalition records • Interview/focus group data (member and partner self-report) • Surveillance data	Coalition coordinator • Abstract coalition records and database Evaluator • Conduct interviews/focus group with key informants CCC Analyst • Registry and surveillance data	• Annual reporting on progress (e.g., dashboard)
	6. To what extent are interventions yielding **desired outcomes?**	• Increased use of sun safety behaviors among Vermont youth and adults • Increased HPV vaccination among rural VTers and VTers statewide • Increased lung cancer screening among VTers	• Surveillance system and survey data	Coalition coordinator • Abstract coalition data from tracking systems CCC Analyst • Surveillance and survey data Evaluator • Review coalition data	• Annual analysis of surveillance and survey data • Annual review of Cancer Plan dashboard

	Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
		• Improved social and emotional health/supports among VT cancer survivors • Improved physical health of VT cancer survivors		• Review Cancer Plan dashboard results	
	7. How is the Cancer Plan being **used** and how can it be enhanced?	• Number and types of ways the Plan is being used • Perceived usefulness of the Plan	• Interview/focus group results (member and partner self-report) • Survey data (member and partner self-report)	Evaluator • Conduct interview/focus groups with key informants • Administer member survey	• Annual member survey
Program	8. How are interventions/EBIs in the annual action plan being **implemented?** a. Are interventions/EBIs being implemented as intended? Why or why not? b. What are the facilitators and barriers to implementation?	• Number and type of interventions/EBIs implemented • Number and type of member organizations implementing EBIs • Populations reached by intervention or activity • Extent to which interventions/EBIs are implemented using a health equity lens • Facilitators and barriers	• Program records • Performance measures • Interview/focus group results	Coalition coordinator • Abstract coalition records and database Evaluator • Conduct interview/focus groups with key informants	• Annually
	9. What factors are influencing **progress** toward work plan goals? 10. How have the interventions/EBI contributed to **achieving the intended outcomes** for statewide cancer prevention and control? a. To what extent are the intended outcomes being achieved	Based on EBIs in Year 1 work plan • % of rural VT youth 13-17 who have completed HPV vaccine series • % of VT youth in grades 9-12 who report having at least one sunburn in the past 12 months • % of low-income VTers who meet the USPSTF recommendations for CRC screening • % of VTers with disabilities who meet the USPSTF	• Registry data • Surveillance data • VT CCC action plan • Performance measures • Key informants (participants receiving interventions) • Interview/focus group results	Coalition coordinator, partners organizations who are implementors • Abstract outcome data Evaluator • Conduct interviews/focus groups with key informants CCC & Registry Analyst • Registry and surveillance data	• Annually after first year of implementation

Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
across primary prevention, early detection, survivorship, and related to health equity? b. What factors are influencing the achievement of outcomes?	recommendations for lung cancer screening • % of rural VT adult cancer survivors who report always or usually receiving social and emotional support • % of adult cancer survivors who report that their general health is good to excellent			
11. How does the VT CCC use its **capacity, resources, and partnerships** (internally and externally (to support VTAAC and implementation of Cancer Plan strategies? g. What are key lessons learned and where are there further opportunities?	• Type/number of partnerships • Facilitators and barriers	• Coalition records • Members and partners (self-report) • Interview/focus group results	Evaluator • Conduct interviews/focus groups with key informants • Review of program documents	• Annually

Gather credible evidence
CDC FRAMEWORK FOR PROGRAM EVALUATION

Data collection methods

The evaluation will use a mixed methods approach that incorporates both quantitative and qualitative data to evaluate the VTAAC, the Vermont Cancer Plan, and the Cancer Program. Whenever possible, multiple measures will be used to triangulate and valid and reliable measures from the research literature will be used when available and appropriate. The methods were choose based on their ability to provide credible evidence for each specific evaluation question.

Qualitative methods will include narrative information collected through key informant interviews, focus groups, surveys, and archival records review. These qualitative methods will provide descriptive information about the coalition and program, as well as feedback and input from key stakeholders. Quantitative methods will consist of reviewing cancer-related surveillance data and state population surveys (collected by the Vermont DOH), as well as internal program data and stakeholder surveys.

Indicators and Data Sources

A set of indicators and data sources will be used to answer the evaluation questions related to the Partnership, Plan, and Program. Key data sources will consist of cancer data surveillance systems and population health surveys, program and coalition data and documents, measures of coalition capacity and effectiveness, assessment of health equity across the three Ps, and interview and focus group protocols. Some data are routinely collected by Vermont's Cancer Incidence Surveillance System, Health (e.g., cancer registry and surveillance data) and will involve evaluators coordinating with program analysts and epidemiologists. Program and coalition staff will provide access to program documents and information from databases, such as the coalition member database. Other data will be collected by the PDA evaluation team through member surveys, various assessment tools, and key informant interviews and focus groups.

Cancer-related data

The primary cancer-related data sources that will be used in the evaluation are briefly described below. These indicators help track progress toward statewide cancer outcomes, such as healthy behaviors, utilization of screenings, reduction in cancer incidence, decrease in deaths from cancer, and improved quality of life for survivors. Other state data sources such as statewide policy scans and surveys may be used as available and appropriate. In addition to state-specific data sources, cancer-related information will be drawn from national databases and surveys, such as the NCI SEER Registry (cancer prevalence reference data), U.S. Cancer Registry, national

administration of the BRFSS and YRBS. These data sources can provide national comparisons, benchmarks, and trends.

- **Vermont Cancer Registry** – The VT Cancer Registry continuously collects and monitors information from hospitals and physicians about nearly all cancers that are diagnosed in the state. Examples of data collected include cancer incidence and mortality.
- **Vermont Vital Statistics** – The VT Vital Statistics is maintained by the Department of Health and provides statistics on individuals' cause of death and whether it was related to cancer. Statistics and trends are available annually by county.
- **Behavioral Risk Factor Surveillance System (BRFSS)** – The VT BRFSS is a phone survey coordinated by the Department of Health that tracks adult health-related risk behaviors, chronic disease health conditions, and use of preventative services across the state. Examples of data relevant to cancer include rates of tobacco use, physical activity, nutrition behaviors, sun safety behaviors and cancer screening.
- **Youth Risk Behavior Survey (YRBS)** – The Vermont YRBS monitors priority health risk behaviors that contribute to the leading causes of death, disease, injury, and social protective behaviors, tobacco use, physical activity, and nutrition. It is a written survey fielded every other year in public and private schools.
- **Vermont Immunization Registry (IMR)** – The Vermont IMR is a secure health information system that contains immunization records for persons living in Vermont. The Vermont CCC utilizes IMR data to tract HPV immunization among Vermonters.
- **Population estimates & Census data** – This data set includes several types of population-level data that may be used to compare Vermont and sub-geography outcomes with trends of other states and the U.S. overall.

Program and coalition data

Several program and coalition documents will be reviewed throughout the evaluation to provide historical and contextual information, understand program and coalition operations and organizational structure, and examine coalition member engagement, and assess Plan development and implementation.

- **Meeting agendas and minutes** – various documents from program and coalition meetings and will be used to provide context and a record of conversation topics and decision-making.
- **VTAAC Guiding Principles**[11] – VTAAC follows a set of guiding principles that drive practices, such as decision-making and priority setting, effective and strategic communication, and membership engagement.

- **VTAAC Membership database** – VTAAC uses a system to continually track coalition members and record relevant information, such as name, organization or work sector, contact information, etc.
- **Program and coalition documents and materials** – various program and coalition documents, such as program logic models, descriptions of activities and events, bylaws, guiding principles, etc., will be helpful.
- **Interviews with key informants or focus groups** – Notes from discussions with program staff, coalition leaders and members, and other key partners.
- **CCCP Equity Checklist**[12] – This checklist was developed by the Ohio Comprehensive Cancer Control Program in collaboration with PDA. The tool can be used to generate ideas for how to integrate equity and operationalize concepts in the Program, Plan, and Partnership. It can also be used as an evaluation tool for assessing the extent to which a CCC program is implementing activities to advance health equity and identifying areas for improvement.
- **NCCCP Cancer Plan Assessment Tool**[13] – This tool is intended to evaluate the comprehensiveness of a cancer plan. It includes eight core components: description of the process used to develop the plan, goals and objectives, strategies, stakeholder involvement, presentation of data on disease burden, reduction of cancer disparities, evaluation, and additional descriptive items.
- **Coalition measures** – Various measures and tools to measure coalition structure and effectiveness may be considered throughout the evaluation, as appropriate. Examples include: Nine Habits of Successful Comprehensive Cancer Control Coalitions[14], Coalition Capacity Checklist[15], Collaboration Spectrum Tool[16], and Levels of Engagement.

Justify Conclusions
CDC FRAMEWORK FOR PROGRAM EVALUATION

Data Analysis

The evaluation will involve the analysis of qualitative and quantitative data related to the statewide cancer coalition (VTAAC), Cancer Plan, and Program. Qualitative data will primarily come from transcripts of interviews and focus groups, open-ended survey responses, and program documents. Narrative data will be categorized into themes using an inductive or deductive approach, depending on the type of analysis needed. Descriptive analysis may include looking for common themes or identifying gaps and strengths, areas of contradiction, connections and comparisons between topics, and changes over time. Qualitative analysis software (e.g., NVivo) will be used as needed.

Quantitative data will come from multiple sources and be analyzed using descriptive and inferential statistics (e.g., via SAS statistical software). Cancer-related data and outcomes will be examined from the BRFSS, YRBS, and Vermont IMR. We will look at these data sources, along with Vermont's Department of Health cancer data publications, to assess progress towards Cancer Plan goals and achievement of EBI outcomes over time. Additionally, data from the VTAAC membership database will be analyzed to look at the number and type of members and membership changes over time. We will examine numeric responses collected from surveys and tools to explore coalition capacity and effectiveness, as well as member engagement. All quantitative data will be appropriately cleaned, checked for accuracy, and organized in a way that facilitates the planned analysis.

See the table below for more detailed information on the planned analysis for each of the evaluation questions across the Partnership, Plan, and Program.

Table 2. Data Analysis by Evaluation Question

	Evaluation Question	Data Analysis
Partnership	1. How **effective** is VTAAC in providing a forum for collaboration & sharing resources to support statewide cancer efforts?	• Totals and % of members in each sector, target group, geographic location • Identification of desired stakeholders or "gaps" • Longitudinal comparison of membership data to examine changes and trends
	2. How is VTAAC supporting members and partners in **carrying out the Cancer Plan?**	• Member contribution analysis (types of contribution, value-added) • Assessment of cancer priorities (identification of current needs, stakeholder feedback on priorities) • Qualitative analysis of emerging themes from interviews and focus groups
Plan	3. How is VTAAC and its partners **implementing** the cancer plan?	• Number and types of interventions and activities implemented • Quality and fidelity of implementation
	4. How are individuals from **priority populations & organizations** serving them involved in implementation?	• Number and type of member organizations involved in implementing strategies
	5. How much **progress** has been made toward the Cancer Plan's goals?	• Documentation of milestones reached • Reach to target populations • Increase or decrease in intended outcomes over time • Change from baselines to targets
	6. To what extent are interventions yielding **desired outcomes?**	• Increase or decrease in intended outcomes over time • Change from baselines to targets
	7. How is the Cancer Plan being **used** and how can it be enhanced?	• Potential uses of Plan, barriers to use, suggestions to facilitate use
Program	8. How are interventions/EBIs in the annual action plan being **implemented?**	• Number and types of interventions implemented • % of target groups reached • Quality and fidelity of implementation
	9. What factors are influencing **progress** toward action plan goals?	• Qualitative analysis to reveal themes and patterns related to facilitators of progress using information from interview/focus group transcripts and relevant program data
	10. How have interventions/EBIs contributed to **achieving the intended outcomes** for statewide cancer prevention and control?	• Achievement of short-, intermediate- and long-term outcomes
	11. How does Vermont CCC use its **capacity, resources, and partnerships** (internally and externally) to support VTAAC and implementation of Cancer Plan strategies?	• Number and types of partnerships • Qualitative analysis to reveal themes and patterns using information from interview/focus group transcripts and relevant program data

Ensure use and share lessons learned
CDC FRAMEWORK FOR PROGRAM EVALUATION

Dissemination and Use of Findings

PDA takes a utilization-focused approach to evaluation, keeping the intended use of the evaluation at the forefront from evaluation planning through implementation and reporting. It is important that PDA and VTAAC continue to work together to prioritize the intended uses so that limited evaluation resources are distributed accordingly.

Annual Reporting

At the end of each program year, an evaluation report will be developed both as a grant requirement and as a way to describe key findings from evaluation activities during the program year to inform future program direction. These reports will include method summaries, along with key findings, recommendations, and lessons learned co-developed with CCC staff after reviewing and reflecting on evaluation findings. As appropriate, the annual report may be made available to the coalition executive committee in addition to the CCC team.

Dissemination Strategies

In addition to annual evaluation reports, specific deliverables will be developed for key stakeholders. During the evaluation planning phase, the evaluation team will discuss and form steps for how to share findings so that they are useful and informative. Dissemination and communication of evaluation findings include formal, written reports and presentations as well as other types of more informal engagement and dissemination. Dissemination strategies over the 5-year period may include:

- Sharing evaluation findings during the monthly Vermont CCC evaluation meetings
- Presenting and discussing findings at VTAAC meetings (Executive board, steering committee, workgroups, and general membership)
- Sharing an evaluation brief to broadly share with VTAAC leaders and members
- Posting reports or briefs to program or coalition websites for increased access

See the table below for more detailed information on strategies for the dissemination of evaluation findings.

Table 3. Dissemination Strategy Matrix

Audience	Format/Channel	Timeline	Responsible Person
CDC Division of Cancer Prevention and Control (DCPC)	• Submit evaluation report via AMP/Grant Solutions • Share key findings with CDC Program Consultant in monthly meetings	• Annually in September • CDC – VTCCC monthly meetings (as needed)	• Program Director
VTAAC	• Present key findings & recommendations • Email briefs and presentations • Post to VTAAC resource page	• Annual general membership meeting • Steering committee meetings	• PDA • Evaluation advisors
Statewide Partners	• Email or post on VDH CCC website key findings and recommendations	• As appropriate within two months of finalizing report	• Program Director and Health Department staff
Larger Community	• Post relevant findings on the VDH CCC or VTAAC website	• As appropriate within two months of finalizing report	• Program Director and Health Department staff

Promoting the use of findings

A key aspect of the evaluation approach is to ensure the use of evaluation reports. To do this, required reports will be delivered for accountability, while finding opportunities to creatively pull together results of the evaluation for broader dissemination wherever possible. Because stakeholder engagement in evaluation activities tends to generate buy-in for the evaluation and increase use of findings, something to consider when planning for dissemination and use is how to engage coalition members and stakeholders in the evaluation process whether in evaluation design, data collection, or interpretation of findings. To support this, the *Checklist for Ensuring Effective Evaluation and the Checklist for Ensuring Utilization of Evaluation Results* found in the CDC's Program Evaluation Toolkit will be used (Appendix D). To further promote the use of evaluation findings, numerous factors will be considered for each target audience when developing a dissemination strategy including timing, message, and format. As feasible, evaluation documents will be customized to target audiences with input from members of the target audiences.

Appendix A: CDC DP22-2202 Performance Measures

The performance measures that are required for this CDC funding cycle are presented below and organized by the five over-arching strategies (as outlined in the CDC-NOFO-DP22-2002 Logic Model). Over the next year, the VT CCC team and PDA evaluation team will collaborate to incorporate these performance measures into the program and the evaluation. **Detailed information related to each performance measure (e.g., data source and baseline calculations) is provided by the VT CCC team to CDC through the Award Management Platform (AMP).**

Strategy 1: Enhance National Program of Cancer Registries (NPCR) data quality, completeness, use, and dissemination

- # of EBIs that utilize USCS burden data

Strategy 2: Use surveillance systems and population-based surveys to assess cancer burden and programmatic efforts

- # of EBIs that utilize surveillance systems and population-based surveys to plan, implement, and evaluate
- # of data sources cited in annual evaluation plans.
- # of data sources cited in annual evaluation reports
- # of data sources cited in cancer control plans

Strategy 3: Establish and sustain a coalition of partners for cancer prevention and control

- # and type of partners who collaborate with NCCCP recipients on short-, intermediate-, and long-term strategies that address burden of cancer
- # of EBIs contributed to by the partner
- # of EBIs that align with cancer control plan goals [specify cancer plan goal]

Strategy 4: Deliver evidence-based interventions (EBIs) to prevent cancer, enhance screening, and meet the needs of cancer survivors

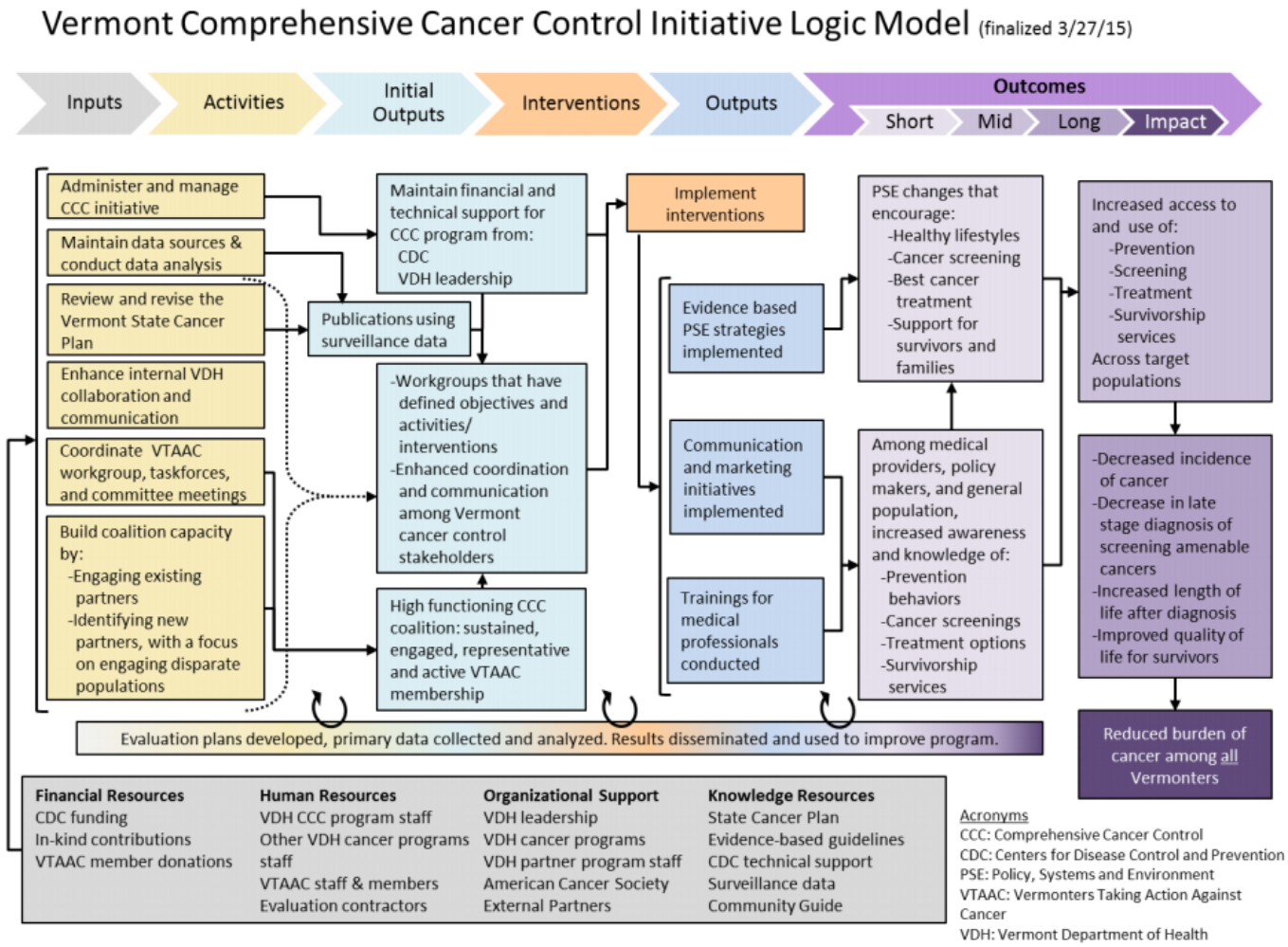
- # /type of attendees to trainings
- # / type of trainings on EBIs to staff and partners
- #/type of EBIs implemented by source [specify source: Community Guide, EBCCP, Cochrane, etc.]
- # of intervention recipients (specify target population) who experience positive change in in KAS as evidenced by pre-test/post-test
- #EBIs implemented within a budget year that addresses primary prevention
- #EBIs implemented within a budget year that addresses screening
- #EBI implemented within a budget year that addresses survivorship

- % EBIs implemented within a budget year that advances health equity
- Population reached by intervention

Strategy 5: Conduct program monitoring and evaluation

- # of evaluation reports and other dissemination document that uses high quality program data [specify data source]
- # of evaluation activities, demonstration projects, etc. sponsored by CDC that the program has participated in
- # /type of partners recruited and participating [in any CDC special studies]
- #/type of workplans and budgets submitted [for the special study]

Appendix B: Program Logic Model



Full details of the model are available here: https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020_VTCCCProgram_EvaluationPlan.pdf

Appendix C: Evaluation Timeline

The timeline covers the first 2 years of CCC evaluation activities.

		2022			2023												2024								
Project Activities		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
1	Monthly CCC-PDA meetings	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2	VTAAC Executive Committee meetings	*																							
3	Evaluation Planning																								
4	Annual Reporting																								
5	VTAAC General Membership Meetings																								
6	VTAAC Focus Group Report																								
7	VTAAC Member Survey																								
8	Ah hoc evaluation activities (TBD)																								
9	Form evaluation advisory committee																								

= *planning* = *implementation* = *reporting* = *dissemination* = *details to be determined*

Appendix D: Checklists for Ensuring Effective Evaluation Reports and Use of Evaluation Results

I. Checklist for Ensuring Effective Evaluation Reports[7]

- ☐ Provide interim and final reports to intended users in time for use.
- ☐ Tailor the report content, format, and style for the audience(s) by involving audience members.
- ☐ Include an executive summary.
- ☐ Summarize the description of the stakeholders and how they were engaged.
- ☐ Describe essential features of the program; can be in appendices.
- ☐ Explain the focus of the evaluation and its limitations.
- ☐ Include an adequate summary of the evaluation plan and procedures.
- ☐ Provide all necessary technical information; can be in appendices.
- ☐ Specify and explain the standards and criteria for evaluative judgments and how they are supported by the evidence.
- ☐ List both strengths and weaknesses of the evaluation.
- ☐ Discuss recommendations for action with their advantages, disadvantages, and resource implications.
- ☐ Ensure protections for program clients and other stakeholders.
- ☐ Anticipate how people or organizations might be affected by the findings and revise and reword as needed.
- ☐ Present minority opinions or rejoinders where necessary.
- ☐ Verify that the report is accurate and unbiased.
- ☐ Organize the report logically and include appropriate details.
- ☐ Remove technical jargon.
- ☐ Use examples, illustrations, graphics, and stories.

Checklist for Ensuring Use of Evaluation Results

- ☐ Share and discuss results at a stakeholder meeting.
- ☐ Discuss prioritization and operationalization of recommendations for program improvement with stakeholders.
- ☐ Discuss ways stakeholders can apply evaluation findings to improve their organizational practices or NCCCP-related interventions.
- ☐ Include evaluation results and points of discussion in stakeholder meeting notes.
- ☐ Review evaluation findings and recommendations in regularly scheduled staff meetings.
- ☐ Identify action steps staff members can take to implement recommendations.
- ☐ Identify a program staff member to coordinate, document, and monitor efforts to implement improvement recommendations.

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