

# Vermont Comprehensive Cancer Control Program Year 2 Evaluation Plan

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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.<sup>1</sup> 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 of reducing 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 continues to be a leading cause of death in Vermont. 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 1,391 Vermonters die from cancer each year with the top five cancer deaths being from lung and bronchus, colorectal, pancreas, leukemia, and non-Hodgkin lymphoma. Breast cancer and prostate cancer are other cancers of a particularly high burden in Vermont as well.<sup>2</sup>

Top Cancers in Vermont		
Rates per 100,000, age-adjusted		
	Incidence	Mortality
Lung & Bronchus	56.2	36.2
Melanoma (skin)	36.6	2.2
Colorectal	33.2	14.1
Urinary bladder	23.0	4.6
Non-Hodgkin Lymphoma	18.6	5.7

*Source: Vermont Cancer Registry, 2016 – 2020*

## 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.<sup>3</sup> The performance

measures and evaluations complement each other and continuously inform program decision-making. Year 2 performance measures are located in the awards management platform (AMP).

The evaluation will take a **participatory, utilization-focused approach**, identifying and engaging the primary users of the evaluation from planning through use of results.<sup>4</sup> 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.<sup>5</sup> The six-step framework is linked to the Joint Committee for Standards in educational Evaluation's Program Evaluation Standards.<sup>6</sup> 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.

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.*

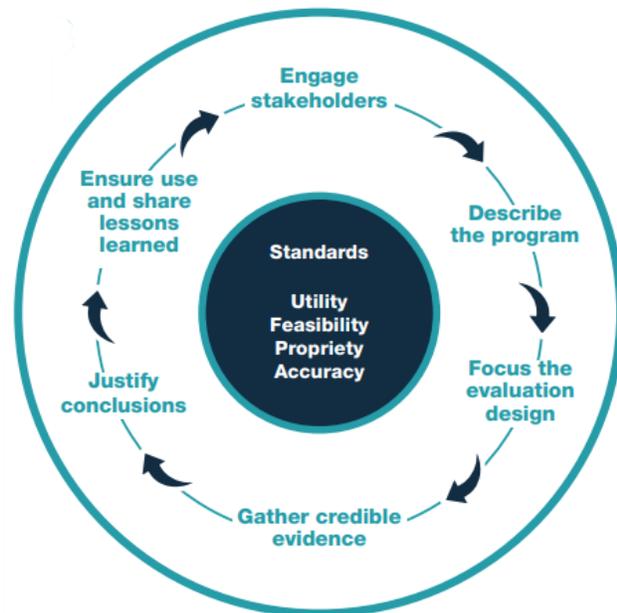


Figure 1: CDC Framework for Program Evaluation in Public Health

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 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. 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.

**Table 1. Stakeholder Engagement and Evaluation Use**

Stakeholder	How to engage stakeholders	Use of evaluation findings	Evaluation Phase
<b>Vermonters Taking Action Against Cancer (VTAAC)</b>			
Executive Committee*	<ul style="list-style-type: none"> <li>Collaborate in evaluation planning</li> <li>Review and offer feedback on reports</li> <li>Collaborate in interpretation of results</li> <li>Support communication and dissemination of results</li> </ul>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Decision-making</li> <li>Measure progress on cancer plan outcomes</li> </ul>	Planning Dissemination
Steering Committee*	<ul style="list-style-type: none"> <li>Inform evaluation plan and priorities</li> <li>Provide context, including coalition and Cancer Plan history</li> <li>Share knowledge of data and resources</li> <li>Bring up critical questions, barriers, or opportunities</li> <li>Collaborate in interpretation of results</li> <li>Review and offer feedback on reports</li> <li>Support communication and dissemination of results</li> </ul>	<ul style="list-style-type: none"> <li>Inform cancer work</li> <li>Identify potential partnerships</li> </ul>	All phases

Stakeholder	How to engage stakeholders	Use of evaluation findings	Evaluation Phase
Workgroups & Taskforces	<ul style="list-style-type: none"> <li>Review and offer feedback on reports</li> <li>Identify needs and priorities</li> <li>Encourage members to participate in data collection</li> </ul>	<ul style="list-style-type: none"> <li>Inform cancer work</li> <li>Identify potential partnerships</li> </ul>	Implementation Dissemination
General Membership	<ul style="list-style-type: none"> <li>Review evaluation reports at annual VTAAC membership meeting</li> <li>Bring up critical questions, barriers, or opportunities</li> <li>Participate in data collection</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to statewide efforts</li> <li>Identify potential partnerships</li> </ul>	Implementation Dissemination
<b>CCC Staff*</b> <i>Program Director, Coalition Coordinator, Analyst</i>	<ul style="list-style-type: none"> <li>Collaborate in evaluation planning</li> <li>Interprets of findings</li> <li>Writers and presentation developers</li> <li>Presenters or supports who share findings with partners</li> <li>Provide cancer data</li> <li>Bring up critical questions, barriers, or opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Decision-making</li> <li>Inform progress on annual workplan and performance measures</li> </ul>	All phases
<b>Statewide Partners</b>	<ul style="list-style-type: none"> <li>Read and share evaluation reports</li> </ul>	<ul style="list-style-type: none"> <li>Identify potential partnerships</li> <li>Identify ways to get involved in statewide cancer efforts</li> </ul>	Dissemination
<b>CDC</b>	<ul style="list-style-type: none"> <li>Externally review evaluation plans and methods</li> <li>Review and offer feedback on reports</li> </ul>	<ul style="list-style-type: none"> <li>Accountability</li> </ul>	Planning Dissemination
<b>Larger Community</b>	<ul style="list-style-type: none"> <li>Read and share evaluation reports</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of cancer issues</li> <li>Identify ways to get involved in statewide cancer efforts</li> </ul>	Dissemination

\*Part of Evaluation Advisory Group, which meets regularly and focuses on key evaluation activities, such as reviewing data collection tools, deciding on sampling for surveys, suggesting participants for focus groups, or giving feedback on reports. The VT CCC and PDA staff are the core Evaluation Advisory Group, and the Executive and Steering Committees are invited as makes sense.

 **Describe the program**

CDC FRAMEWORK FOR PROGRAM EVALUATION

## Program Description

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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. 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.<sup>1</sup> The Vermont CCC 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.

**The Vermont CCC is in the stages of implementing the 2025 Vermont Cancer Plan.** 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) forming of the VTAAC Health Equity Committee, and 3) completion of two Year 1 evaluation activities, a VTAAC member survey to explore satisfaction and engagement and a focus group study with VTAAC workgroup, project, and taskforce leads to understand their experiences and needs for moving work forward. While the Vermont CCC program is in the implementation stage, it will continue focusing on identifying ways to promote the Cancer Plan implementation through its work with VTAAC's committees, workgroups, projects, and taskforces. This may include efforts to enhance member engagement and collaboration, continue to strength existing groups, and gather input from key stakeholders. There are several program and coalition efforts that are in the early stages that will be important for continuing to implement the Cancer Plan, including:

- Use of the VTAAC member survey results to support engagement, ensure satisfaction, and incorporate a variety of perspectives.
- Continue to build and refine 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.

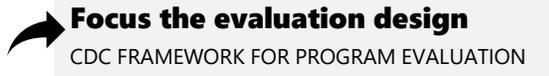
The Vermont CCC logic model offers an overall picture of the program's efforts and intended impact ([Appendix A](#)). The inputs demonstrate what is invested to support activities, resulting in outputs. The inputs, activities, and outputs lead to short, intermediate, and long-term outcomes that overall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

## 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 needed 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 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's focus and priorities unfold.
- Vermont received \$25,000 in **supplemental funding for survivorship work** to "improve the health and well-being of cancer survivors through increased or enhanced community partnerships". Planning for this supplemental funding began in June 2023.

## Evaluation Approach and Scope



### Evaluation Questions

In Year 2, the evaluation will focus primarily on the Plan and Program given that VT CCC is in its third year of implementing Cancer Plan strategies and is continuing efforts to plan and carry out EBIs in the annual workplan. The Program focus will be a deep dive into examining one of the EBIs – interventions in outdoor recreational settings to expand the reach of sunscreen stations in parks and promote sun safety activities. The Year 2 evaluation questions were developed in collaboration with the VT CCC team and VTAAC leadership based on the stage of the program and coalition and the information that key stakeholders perceived as most important for accountability and to facilitate improvement efforts.

**Table 2. Evaluation questions by fiscal year**

		FY22	FY23	FY24	FY25	FY26
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> to support VTAAC and implementation of Cancer Plan strategies?	✓				

## Year 2 Evaluation Questions

The primary evaluation questions for Year 2 are listed below, along with sub-questions. An evaluation matrix with more detailed information including the indicators, data collection sources and methods, and timelines associated with each evaluation question is located in [Appendix B](#).

### 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**?

### Vermont Cancer Plan Evaluation Questions

2. 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?
3. 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?
4. To what extent are interventions yielding **desired outcomes**?

### Program Evaluation Questions

5. How are interventions/EBIs from the VT CCC work plan being **implemented**?
  - *Primary Prevention:* Pediatric or Primary Care Providers serving rural populations that receive training on HPV vaccination interventions.
  - *Primary Prevention:* State and local parks and recreation facilities providing sunscreen stations.
  - *Early Detection:* Provider assessment and feedback/client reminders to increase colorectal cancer screening.
  - *Early Detection:* Integrating lung cancer screening into Vermont Correctional facilities' systems.
  - *Early Detection:* Implementation of lung cancer screening provider or patient reminders into systems of care.
  - *Quality of Life:* Support networks that support Vermont cancer survivors.
  - *Quality of Life:* Exercise prescriptions for cancer patients/survivors.
  - a. Are interventions/EBIs being implemented as intended? Why or why not?

- b. What are the facilitators and barriers to implementation? (*focus for sun safety outdoor recreation EBI*)
6. What factors are influencing **progress** toward VT CCC work plan goals? (*focus for sun safety outdoor recreation EBI*)
7. How have the interventions/EBIs contributed to **achieving the intended outcomes** for statewide cancer prevention and control? (*focus for sun safety outdoor recreation EBI*)
  - 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?

### Gather credible evidence

CDC FRAMEWORK FOR PROGRAM EVALUATION

## Evaluation Design and Methods

The evaluation will incorporate various research designs to examine program processes, intended outcomes, and impacts. The specific design used for evaluation activities depends on the evaluation question and what credible evidence is needed to answer the question fully and accurately. Multiple, mixed methods, with quantitative and qualitative data, will be used, including web-based surveys, interviews, focus groups, document review, archival review of records and databases. As possible, multiple measures will be used to triangulate, and valid and reliable measures from the research literature will be utilized as available and appropriate.

The three main evaluation activities planned for Year 2 are:

A **process evaluation** will be used to examine **coalition membership composition and representation** over the past year and to examine trends over time. This will involve analyzing VTAAC membership data for changes in the number of members, the sectors and geography represented, and whether any previously identified stakeholder gaps have been filled (policy/legislature, business/industry, health insurance sectors). Whether member organizations directly serve or address the needs of populations disproportionately affected by cancer, and which populations, will be examined as well. Exploration of the types of members and their level of engagement in the coalition (e.g., receive emails, attend general member meetings, and participate in committees, workgroups, taskforces, or projects) will help to understand what current involvement looks like and inform continued recruitment and engagement efforts. This builds upon the Year 1 Member Survey results from last year.

An **implementation and outcome evaluation** will be conducted to assess the **application and effectiveness of the sun safety EBI in outdoor recreation** settings that provide free sunscreen stations in Vermont parks and recreational facilities and promote other sun protection behaviors. We will look at the achievement of intended outcomes for the 2023 Sunscreen Dispenser Program and the extent to which the sunscreen dispensers were received and used by the twelve participating sites, as well as factors that facilitated or hindered their efforts. In addition, the evaluation will explore any additional sun safety activities that sites implemented,

such as shade structures, communication toolkit, clothing policies, and staff education. As possible, longitudinal data from previous years of EBI implementation will be reviewed to assess changes in outcomes over time. The evaluation will incorporate multiple methods and data sources, including analysis of implementation and outcome data provided by partners sites, review of project documents, key informant interviews/focus groups with site staff and their partners, and possible surveys. Results will be used to inform program expansion and improvement and to understand how the sun safety EBI is contributing to reducing the burden of skin cancer in Vermont.

A **formative evaluation** will be used to gather information and feedback from key stakeholders to inform the efforts of the VTACC Quality of Life workgroups to increase awareness of and access to **survivorship resources for cancer survivors** across the state. This will involve collaboration with VT CCC and the Quality of Life workgroup to create a VTAAC Resource Center with cancer survivorship resources that is built with input from multiple stakeholders. Input will be collected from key stakeholder groups (e.g., survivors, subject experts, patient navigators/social workers, staff from organizations providing the resources) to ensure that diverse perspectives and needs inform the content and design of the resource center, as well as the strategies used for dissemination both widely and within specific communities. The Quality of Life workgroup members, who are subject matter experts for survivorship in Vermont, will be key partners in a review of the survivorship resources that are compiled, identification of any gaps, and development of a dissemination plan. Methods for this evaluation will include a scan of available and relevant resources (regional, state, national), review of existing documents and data, interviews with key informants, focus groups, and possible feedback surveys. This work is directly tied to the supplemental survivorship funding that VT CCC received for this year.

In addition to these three primary evaluation activities, the evaluation will look at the implementation and outcomes of EBIs outlined in the Year 2 workplan. This may involve developing a progress tracking tool for VTAAC taskforces, projects, and workgroups, and will complement the annual Cancer Plan status report.



## Data Analysis

The evaluation will involve the analysis of qualitative and quantitative data related to the statewide cancer coalition (VTAAC), Cancer Plan, and Program.

*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 Year 2 Evaluation Question**

	Evaluation Question	Data Analysis
Partnership	1. How <b>effective</b> is VTAAC in providing a forum for collaboration & sharing resources to support statewide cancer efforts?	<ul style="list-style-type: none"> <li>Totals and % of members in each sector, target group, geographic location, and participating in committees, workgroups, taskforces, projects</li> <li>Identification of desired stakeholders or “gaps”</li> <li>Longitudinal comparison of membership data to examine changes and trends</li> </ul>
Plan	2. How is VTAAC and its partners <b>implementing</b> the cancer plan?	<ul style="list-style-type: none"> <li>Number and types of EBIs, PSE change interventions and activities implemented</li> <li>Quality and fidelity of implementation</li> </ul>
	3. How much <b>progress</b> has been made toward the Cancer Plan’s goals?	<ul style="list-style-type: none"> <li>Documentation of progress milestones reached</li> <li>Reach to target populations</li> <li>Increase or decrease in intended outcomes over time</li> <li>Change from baselines to targets, difference between actual and target</li> </ul>
	4. To what extent are interventions yielding <b>desired outcomes</b> ?	<ul style="list-style-type: none"> <li>Increase or decrease in intended outcomes over time</li> <li>Change from baselines to targets</li> </ul>
Program	5. How are interventions/EBIs in the annual action plan being <b>implemented</b> ?	<ul style="list-style-type: none"> <li>Number and types of interventions implemented</li> <li>% of target groups reached</li> <li>Quality and fidelity of implementation</li> </ul>
	6. What factors are influencing <b>progress</b> toward action plan goals?	<ul style="list-style-type: none"> <li>Qualitative analysis to reveal themes and patterns related to facilitators of progress using information from interview/focus group transcripts and relevant program data</li> </ul>
	7. How have interventions/EBIs contributed to <b>achieving the intended outcomes</b> for statewide cancer prevention and control?	<ul style="list-style-type: none"> <li>Achievement of short-, intermediate- and long-term outcomes</li> </ul>


**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. In addition to the required 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.

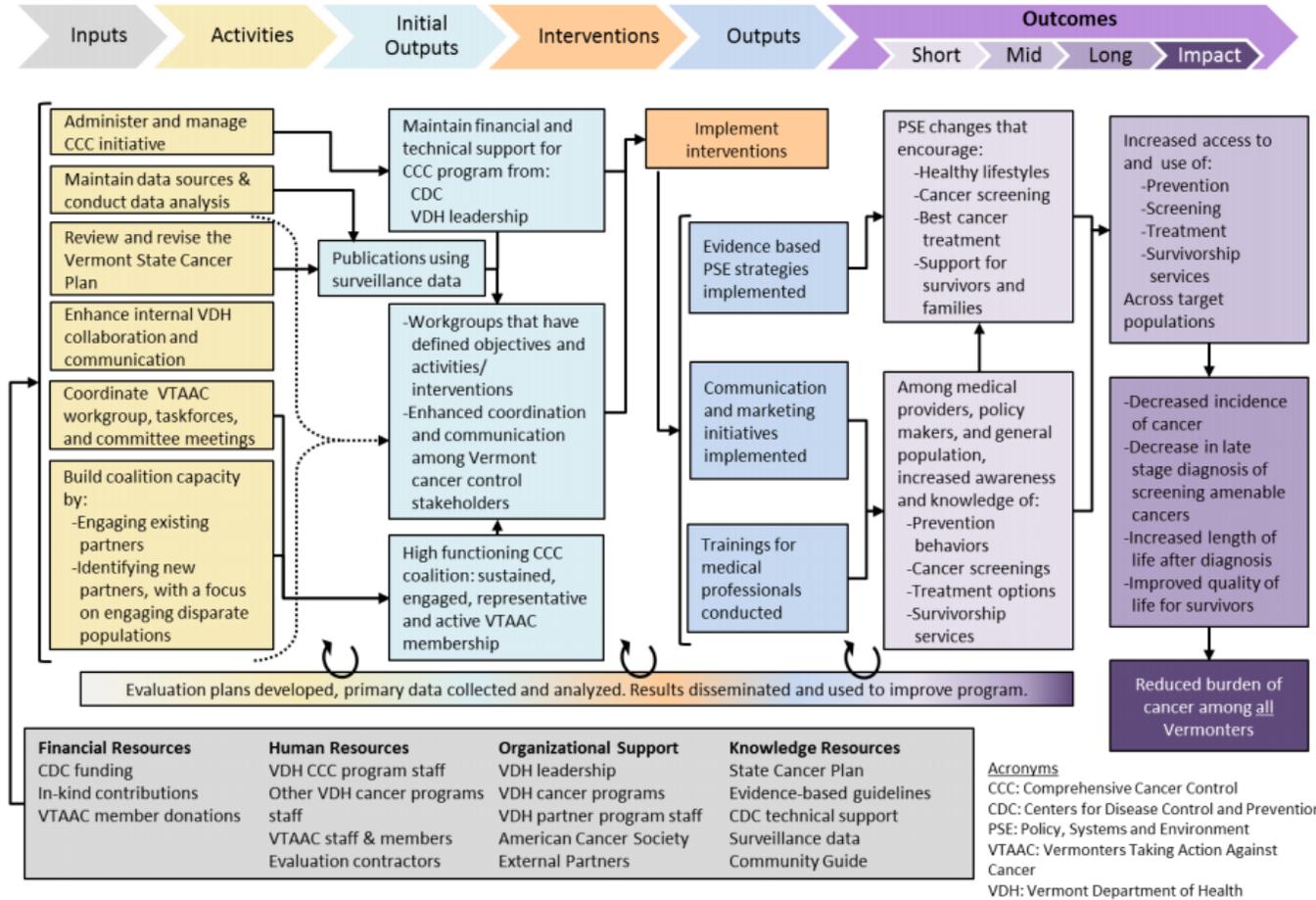
**Table 3. Dissemination Strategy Matrix**

Audience	Format/Channel	Timeline	Responsible Person
CDC	<ul style="list-style-type: none"> <li>Submit evaluation report</li> </ul>	<ul style="list-style-type: none"> <li>September</li> </ul>	<ul style="list-style-type: none"> <li>Program Director</li> </ul>
VTAAC	<ul style="list-style-type: none"> <li>Present key findings &amp; recommendations</li> <li>Email briefs and presentations</li> <li>Post to VTAAC resource page</li> </ul>	<ul style="list-style-type: none"> <li>General membership meeting(s)</li> <li>Steering committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>External evaluator</li> <li>Evaluation advisors</li> </ul>
Statewide Partners	<ul style="list-style-type: none"> <li>Email or post on VDH CCC website key findings and recommendations</li> </ul>	<ul style="list-style-type: none"> <li>As appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Program Director and Health Department staff</li> </ul>
Larger Community	<ul style="list-style-type: none"> <li>Post relevant findings on the VDH CCC or VTAAC website</li> </ul>	<ul style="list-style-type: none"> <li>As appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Program Director and health department staff</li> </ul>

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 Reports](#) and the [Checklist for Ensuring Utilization of Evaluation Results](#) found in the CDC's Program Evaluation Toolkit will be used (page 27 and 69). 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. VT CCC Logic Model

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



Full details of the model are available here: [https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020\\_VTCCCProgram\\_EvaluationPlan.pdf](https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020_VTCCCProgram_EvaluationPlan.pdf)

## Appendix B. Year 2 Evaluation Matrix

	Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
Partnership	<p>1. How <b>effective</b> is VTAAC in providing a forum for collaboration &amp; sharing resources to support statewide cancer efforts?</p> <p>a. What is the <b>composition</b> of the VTAAC membership?</p> <p>b. Are there any gaps in <b>representation</b>, and how is VTAAC filling those <b>gaps</b>?</p>	<ul style="list-style-type: none"> <li>Number and type of members and partners represented on VTAAC (by sector, geography, professional role, cancer topic)</li> <li>Representation from populations of focus</li> <li>Maintenance of membership</li> <li>Increase in participation of desired stakeholders (filling identified member gaps and increased diversity)</li> <li>Number/type of members in leadership roles and on VTACC committees, workgroups, taskforces, projects</li> </ul>	<ul style="list-style-type: none"> <li>Coalition membership database, records, and recruitment documents</li> <li>Coalition general membership meeting attendance, agendas, materials, notes</li> <li>Workgroup attendance records</li> <li>Members (self-report)</li> <li>Previous identified stakeholder gaps</li> <li>Interview/focus group data</li> </ul>	<p>CCC team</p> <ul style="list-style-type: none"> <li>Extracted coalition data</li> </ul> <p>Evaluator</p> <ul style="list-style-type: none"> <li>Review of coalition data and records</li> <li>Conduct interviews/focus groups with key informants (coalition members, partners)</li> <li>Member survey (web-based)</li> </ul>	<ul style="list-style-type: none"> <li>Annual member database pull</li> <li>Interviews/ focus groups (date TBD)</li> </ul>
Plan	<p>2. How is VTAAC and its partners <b>implementing</b> the Cancer Plan?</p> <p>a. Which Cancer Plan strategies are being implemented?</p> <p>b. Are strategies being implemented as intended?</p>	<ul style="list-style-type: none"> <li>Number/type of Cancer Plan objectives and strategies being worked on by VTAAC workgroup, taskforces, projects</li> <li>Populations reached by strategies</li> <li>Extent to which strategies are implemented as intended</li> <li>Type of support provided to workgroups from VTAAC committees</li> </ul>	<ul style="list-style-type: none"> <li>Cancer Plan documents</li> <li>Coalition tracking system and database</li> <li>VTAAC workgroup, taskforces, project progress reports</li> <li>Interview/focus group data</li> <li>VTAAC committee records</li> </ul>	<p>CCC team</p> <ul style="list-style-type: none"> <li>Extracted coalition data</li> <li>Administer member survey</li> <li>Collect progress data from workgroups</li> </ul> <p>Evaluator</p> <ul style="list-style-type: none"> <li>Review coalition data and documents</li> <li>Conduct interviews/ focus groups</li> </ul>	<ul style="list-style-type: none"> <li>Annual extraction of coalition data</li> <li>Annual collection of workgroup progress</li> <li>Interviews/ focus groups (date TBD)</li> </ul>
	<p>3. How much <b>progress</b> has been made toward the Cancer Plan's goals?</p> <p>a. What progress has been made in the areas of primary prevention, early detection,</p>	<ul style="list-style-type: none"> <li>Number/type of Cancer Plan strategies implemented that address primary prevention, detection, quality of life, and advance health equity</li> </ul>	<ul style="list-style-type: none"> <li>Cancer Plan documents</li> <li>Coalition tracking system and database</li> <li>VTAAC groups' progress reports</li> </ul>	<p>Coalition coordinator</p> <ul style="list-style-type: none"> <li>Extract coalition records and data</li> </ul> <p>Evaluator</p> <ul style="list-style-type: none"> <li>Conduct interviews/focus group with key informants</li> </ul> <p>CCC Analyst</p>	<ul style="list-style-type: none"> <li>Annual reporting on progress (e.g., dashboard)</li> <li>Annual collection of</li> </ul>

	Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
	and quality of life, and health equity?	<ul style="list-style-type: none"> <li>Number/type of members/organizations implementing strategies</li> <li>Number/type of milestones toward Cancer Plan goals achieved</li> </ul>	<ul style="list-style-type: none"> <li>Interview/focus group data</li> <li>Registry and surveillance data</li> <li>VHD Cancer Pages and reports</li> </ul>	<ul style="list-style-type: none"> <li>Extract Registry and surveillance data</li> </ul>	<ul style="list-style-type: none"> <li>VTAAC group progress</li> <li>Interview/ focus groups (date TBD)</li> </ul>
	4. To what extent are interventions yielding <b>desired outcomes</b> ?	<ul style="list-style-type: none"> <li>Increased HPV vaccination among rural Vermonters</li> <li>Increased use of sun safety behaviors among Vermont youth and adolescents</li> <li>Increased colorectal screening among low-income Vermonters</li> <li>Increased lung cancer screening among incarcerated Vermonters and those who are current or formerly heavy smokers</li> <li>Improved social and emotional health/supports among Vermont cancer survivors</li> <li>Improved physical health of Vermont cancer survivors</li> </ul>	<ul style="list-style-type: none"> <li>Surveillance system and population survey data</li> <li>VHD Cancer Pages and reports</li> <li>Coalition tracking system and database</li> <li>VTAAC group progress reports</li> </ul>	<ul style="list-style-type: none"> <li>Coalition coordinator</li> <li>Abstract coalition data from tracking systems</li> <li>CCC Analyst</li> <li>Surveillance and survey data</li> <li>Evaluator</li> <li>Review coalition data</li> <li>Review Cancer Plan dashboard results</li> </ul>	<ul style="list-style-type: none"> <li>Annual analysis of surveillance and survey data</li> <li>Annual review of Cancer Plan dashboard</li> </ul>
Program	<p>5. How are interventions/EBIs in the annual action plan being <b>implemented</b>?</p> <p>a. Are interventions/EBIs being implemented as intended? Why or why not?</p> <p>b. What are the facilitators and barriers to implementation?</p> <p>6. What factors are influencing <b>progress</b> toward work plan goals?</p>	<ul style="list-style-type: none"> <li>Number and type of interventions/EBIs implemented</li> <li>Number and type of member organizations implementing EBIs</li> <li>Populations reached by intervention or activity</li> <li>Extent to which interventions/EBIs are implemented using a health equity lens</li> <li>Facilitators and barriers</li> </ul>	<ul style="list-style-type: none"> <li>Program records</li> <li>Performance measures</li> <li>VHD Cancer Pages and reports</li> <li>Partner organization data tracking systems</li> <li>Interview/focus group data</li> </ul>	<ul style="list-style-type: none"> <li>Coalition coordinator</li> <li>Extract coalition records and data</li> <li>Evaluator</li> <li>Compile and review process data from the partners implementing EBIs</li> <li>Conduct interview/focus groups with key informants</li> </ul>	<ul style="list-style-type: none"> <li>Annual extraction of program data</li> <li>Extraction of partner organization data (multiple timepoints as needed)</li> <li>Interviews/ focus groups (date TBD)</li> </ul>

Evaluation Question(s)	Indicator(s)	Data Collection Source	Data Collection Method	Timeline
<p>7. How have the interventions/EBI contributed to <b>achieving the intended outcomes</b> for statewide cancer prevention and control?</p> <p>a. To what extent are the intended outcomes being achieved across primary prevention, early detection, survivorship, and related to health equity?</p> <p>b. What factors are influencing the achievement of outcomes?</p>	<p>Based on EBIs in Year 2 work plan:</p> <ul style="list-style-type: none"> <li>• % of rural VT youth 13-17 who have completed HPV vaccine series</li> <li>• # of state and local parks and recreational facilities that provide sunscreen stations</li> <li>• % of low-income VTers who meet the USPSTF recommendations for CRC screening</li> <li>• % of VTers who meet USPSTF recommendations for lung cancer screening</li> <li>• % of rural VT adult cancer survivors who report always or usually receiving social and emotional support</li> <li>• % of adult cancer survivors who report that their general health is good to excellent</li> </ul>	<ul style="list-style-type: none"> <li>• Registry data</li> <li>• Surveillance data</li> <li>• Performance measures</li> <li>• VHD Cancer Pages and reports</li> <li>• Program records and data</li> <li>• Partner organization data tracking system</li> <li>• Key informants (participants receiving interventions)</li> <li>• Interview/focus group results</li> </ul>	<p>Coalition coordinator (and partners organizations who are implementors)</p> <ul style="list-style-type: none"> <li>• Extract program outcome data</li> </ul> <p>Evaluator</p> <ul style="list-style-type: none"> <li>• Compile and review outcome data from the partners implementing EBIs</li> <li>• Conduct interviews/focus groups with key informants</li> </ul> <p>CCC &amp; Registry Analyst</p> <ul style="list-style-type: none"> <li>• Registry and surveillance data</li> </ul>	<ul style="list-style-type: none"> <li>• Annual extraction of outcome data results</li> <li>• Annual performance measure data results</li> <li>• Use of results to inform EBI action steps</li> </ul>

## References

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