
2016-2020 VERMONT COMPREHENSIVE CANCER CONTROL PROGRAM EVALUATION PLAN

Effective January 2016



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I. Introduction

The Vermont Comprehensive Cancer Control (CCC) Program, housed within the Vermont Department of Health, is funded by the Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control Branch (NCCCB). State, tribal and territorial CCC programs are tasked with creating broad-based partnerships to develop strategic plans for cancer prevention and control within their jurisdictions. This includes establishing and maintaining state cancer coalitions, assessing the burden of cancer, determining state priorities, and developing and implementing state cancer plans.

The national priorities, set in 2010, by the NCCCB are to:

- Emphasize primary prevention of cancer,
- Support early detection and treatment activities,
- Address public health needs of cancer survivors,
- Implement policy, systems, and environmental changes to guide sustainable cancer control,
- Promote health equity as it relates to cancer control and
- Demonstrate outcomes through evaluation.

The VT CCC program coordinates with the statewide cancer coalition Vermonters Taking Action Against Cancer (VTAAC) to promote coordinated efforts and identify priorities for implementing the Vermont State Cancer Plan. The five year plan is in its third iteration (2016-2020) and was published concurrently with this Evaluation Plan. The Plan serves as an outline for statewide coordination of public and private cancer control actions with shared goals, objectives and priority strategies for reducing the burden of cancer in Vermont. The Plan identifies goals, objectives and strategies to reduce the burden of cancer across the continuum of care, from prevention, early detection/screening, treatment, survival through end-of-life care.

The purpose of the evaluation described herein is to measure and improve the effectiveness of the CCC program and VTAAC, inform future program and coalition development, and to demonstrate accountability to our funders.¹ This plan includes both process and outcome evaluation, and was developed using a participatory evaluation approach. The evaluation plan has four sections:

- A description of the CCC initiative in VT, including a logic model
- Information on who the evaluation stakeholders are and how they were (and continue to be) engaged in evaluation planning, implementation, as well as the dissemination and utilization of results
- An explanation of the evaluation foci
- The evaluation planning matrix

Appended to this 5-year Evaluation Plan is the 2016 Evaluation Action Plan (Appendix A), which describes in more detail the planned steps to address the 2016 VT CCC evaluation questions.

II. Program Description

Stage of Program Development

The Vermont CCC program is in the implementation and maintenance phase of program development, the phase in which programs work with partners to put plans into action. Over the course of 2015, the program and cancer coalition (VTAAC) developed a (new) five-year state cancer plan that extends through 2020. This was an opportunity for the program to reprioritize and expand on interventions that were successful under the previous plan, as well as plan new projects to pilot. This process also provided a venue to improve collaboration with other programs within the Vermont Department of Health (the Department).

¹ The NCCCB provides an evaluation toolkit (http://www.cdc.gov/cancer/ncccp/pdf/CCC_Program_Evaluation_Toolkit.pdf), the framework of which was used in the development of this plan.

Contextual Factors

The Vermont CCC program is limited by the resources provided by the CDC Cancer Prevention and Control grant, which has provided level funding for the last eight years. Level funding limits what the program can do as the costs of salaries and benefits continue to rise, thus decreasing the proportion of the grant that is available to support interventions. Vermont is a small state and therefore has a small CCC program staff, approximately 2.5 FTE. This includes Department of Health staff as well as the statewide cancer coalition (VTAAC) coordinator whose position is funded through a grant from the Department to the American Cancer Society (ACS).

Vermont has 15 hospitals within state borders, six of which are American College of Surgeons (ACoS) Commission on Cancer (CoC) accredited facilities. There are two large teaching hospitals in the region, the University of Vermont Medical Center (UVMHC) and Dartmouth-Hitchcock Medical Center (DHMC). UVMHC is located in Vermont's largest city, Burlington, and has a close working relationship with both the Department and VTAAC. Conversely, DHMC is located in New Hampshire, just across Vermont's eastern border. This creates a challenge as many Vermonters go to DHMC for medical care, especially for advanced cancer treatment, but the Department and VTAAC have struggled to form close connections with this hospital, due to its location.

Vermont has very little racial and ethnic diversity; approximately 94% of the population is non-Hispanic Caucasian. This lack of diversity leads to small sample sizes, which make it difficult to detect and report health disparities between different racial/ethnic communities. Vermont's largely Caucasian population contributes to the high rate of melanoma in Vermont, one of the highest in the country. Vermont as a whole has a greater proportion of elderly residents compared to the U.S. overall. Thus, Vermont experiences the challenges associated with an aging population more acutely than other parts of the country. Vermont is a largely rural state, which presents barriers to accessing healthcare, particularly as it relates to optimal cancer treatment and support. While many of the outcomes desired by VTAAC and the CCC program involve primary care practitioners (PCPs), recruiting and retaining PCPs for trainings and communications campaigns is an ongoing challenge.

Vermonters are generally healthier than the average American; the state has a lower rate of obesity compared with other states, and better nutrition and exercise habits. Vermont as a whole has a strong support for systems, policy and environmental strategies for making health improvements. The state has enacted policies such as banning minors' use of tanning beds (VT was the second state to enact such a law), banning public smoking in some outdoor shopping districts, and introducing legislation to further increase the cigarette tax and to put into place a tax on sugar sweetened beverages.

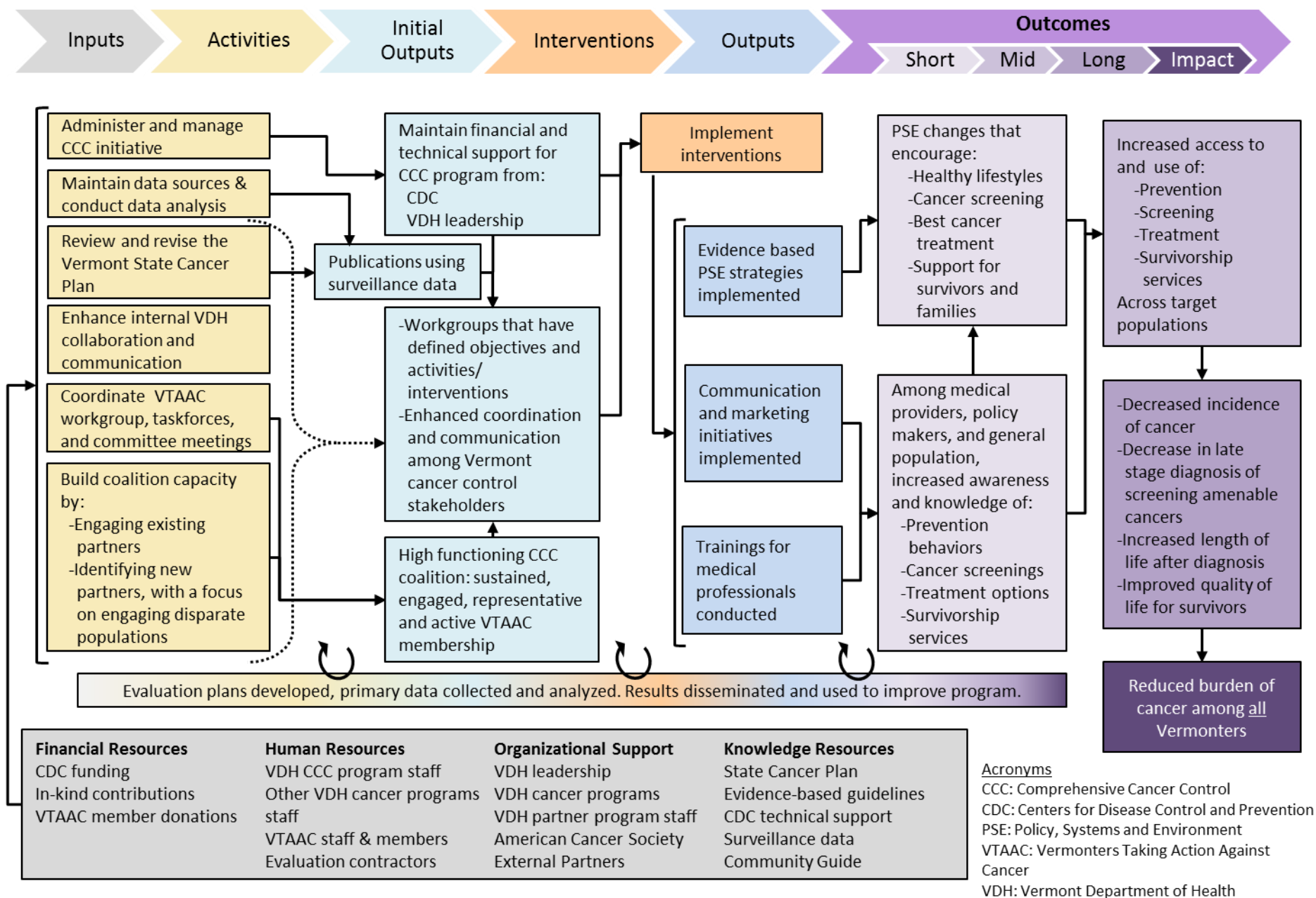
Logic Model

The 2015 VT CCC initiative logic model² shown on page four provides a graphical representation of the work and intended results of the CCC initiative. The logic model illustrates the two phases of the CCC initiative: (i) coalition coordination/resource maintenance; and (ii) implementation of evidence based interventions. The coalition coordination /resource maintenance phase includes program resources (inputs), actions undertaken (activities) and the intended products of those actions (initial outputs). The intervention implementation phase begins with those initial outputs and includes the implementation of interventions by VTAAC and the CCC program (interventions), the products of those interventions (outputs), and the short, mid, and long term outcomes of those interventions. The intended impact of the entire initiative is to reduce the burden of cancer among all Vermonters.

The VT CCC logic model was used as a framework to generate the evaluation questions included in this evaluation plan by reviewing the models' arrows (logic); each arrow connects an item to its logical (or intended) result(s). Determining whether or not each activity leads to the intended result(s) are important process evaluation questions. Outcome evaluation assesses if the intended outcomes are being achieved, but cannot be used to measure if there are flaws in the program logic, or if items from the logic model are absent. Both process and outcome evaluation measures were developed and included as part of this evaluation plan, facilitated by the review of the logic model.

²The 2015 VT CCC initiative logic model revised by the VTAAC Evaluation Committee based on a logic model developed by VT CCC program evaluation contractors in 2012 and 2013.

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



III. Evaluation Stakeholders

Engagement in Planning, Implementation, Dissemination of Results, and Utilization

The key stakeholders for the evaluation of the Comprehensive Cancer Control (CCC) initiative in Vermont are: the funder of the program - the CDC NCCCB; the survivorship program the VT CCC program funds - Kindred Connections³ (KC); the staff of the various cancer programs (Cancer Registry, CCC program, Ladies First) in the Vermont Department of Health; and VTAAC members at all levels, including the Steering Committee, workgroup and taskforce chairs, as well as the general membership. Table 1 illustrates the evaluation stakeholders, what each wants to know and how and when they will be engaged in the evaluation process.

Table 1: Evaluation Stakeholders

| Stakeholder | What stakeholder wants to know | How and when to engage stakeholder |
|----------------------------|---|---|
| CDC NCCCB | The quality, contributions, and impact of the coalition. The quality and implementation progress of the cancer plan. To what extent interventions outlined in the CCC action plan are being executed and yielding intended results. | External review of evaluation plans and reports during regular grant reporting. |
| VDH Cancer Program Staff | The effectiveness of the VCSN Kindred Connections program. The extent to which VTAAC activities align with the cancer plan. The quality of the cancer plan. How Department cancer program publications are used by partners. | Representatives of each of these stakeholder groups were engaged in the creation of the evaluation plan; more members of each group will participate in the evaluation activities (implementation), will receive the evaluation reports and utilize the findings. |
| VTAAC members | The functionality of VTAAC as a coalition. The effectiveness of workgroup activities. What Policy, Systems and Environment changes VTACC affects. The extent to which VTAAC is able to accomplish the goals in the cancer plan. | |
| VCSN (Kindred Connections) | The reach of KC. The effectiveness of KC. The quality of the relationship between VCSN and VTAAC. How the work of VCSN is captured in the cancer plan. | |

Stakeholders were engaged during the re-invigoration of the VTAAC Evaluation Committee in March 2015. At that time, an invitation to join the committee was sent to the general membership, as well as to specific partners with evaluation experience. As of January 2016 the Evaluation Committee included the following members: Leanne Shulman, analyst for the CCC program; Sarah Keblin, communications manager at the University of Vermont Cancer Center; Micah Demers, quality improvement liaison for a major private insurer; Sherry Rhynard, program director of the Vermont Cancer Survivor Network; Ali Johnson, Vermont Cancer Registry chief; David Cranmer, VTAAC coordinator; and Sharon Mallory, VT CCC program director. The Evaluation Committee worked to revise the CCC initiative logic model, determine the evaluation questions, and create the evaluation planning matrix. The work done by the Evaluation Committee was presented to, and approved by, the VTAAC Steering Committee in November 2015. Additional stakeholder involvement included external review by the CDC CCC program project manager, Dana White.

³ Kindred Connections (KC) is a program of the Vermont Cancer Survivors Network (VCSN) which is supported in part by the VT CCC program. KC provides training for members, who are all cancer survivors, to prepare them to provide support to other cancer survivors or 'participants.' KC members are matched with participants who express an interest in the program, and provide support in a variety of forms which may include assistance with household duties, transportation, emotional support and information about the effects of the disease and treatment.

The Evaluation Committee has a continued role in overseeing the implementation of this evaluation plan and in the creation of the yearly evaluation planning matrices (see the 2016 Plan at the end of this report). In acknowledgement of the fact that circumstances will change in the next five years, a mid-term revision of the full evaluation plan will take place in 2018 to align the plan with program and coalition needs as well as the resources that will be available at that time.

Further stakeholder engagement will take place as a part of the implementation of the evaluation plan, and during the dissemination of results through evaluation reports, prepared following the end of data collection and analysis for each evaluation question. Evaluation reporting documents will be prepared within four months of the end of data collection. Different audiences require different types of evaluation reporting, therefore the dissemination of evaluation results will consist of one or more types of evaluation reports depending on the audience(s). Descriptions of the different types of evaluation reports are below. Table 2 lists the target audiences and how information will be disseminated to each. Note that the VT CCC staff, CDC program project officer, and the Evaluation Committee will be provided with all evaluation reports.

Types of evaluation reports:

- **Evaluation Technical Report:** A 15-30 page document with a detailed methods section including a description of the process and how decisions were made as well as how data were collected and analyzed. This type of report also includes a plethora of tables and graphs of the results, as well as the raw data (de-identified) where possible. The recommendations are specific in terms of what the next steps are and who is responsible for carrying them out.
- **Evaluation Brief:** A 2-page document containing a brief description of methods, focus on data collection, graphical representations of major findings, includes specific recommendations for improvement and general next steps.
- **Evaluation Presentation:** Contains the same information as a brief [short description of methods, focus on data collection, graphical representations of major findings, specific recommendations for improvement, general next steps]. Will be disseminated via a ~10 minute presentation; slides will be shared with those unable to attend. The slides may also be shared with additional audiences following the presentation.
- **Evaluation Infographic:** A single page document, primarily using images, that summarizes the question of interest, lists the method(s) used to gather data, describes main findings and presents general recommendations for improvement.

Table 2: Audiences and methods of dissemination for evaluation reports

| Target audience | Dissemination contact method / venue |
|--|---|
| VTAAC Steering Committee | Presentation at Steering Committee Meeting |
| CCC partners (contacted as part of evaluation) | Email used to contact for evaluation |
| Specific VTAAC workgroup or taskforce | Presentation at a meeting of group |
| VTAAC Membership Committee | Presentation at committee meeting |
| VTAAC members | VTAAC newsletter and website, presentation at annual meeting |
| VT Cancer Survivors | Publication by survivorship groups on websites, VCSN newsletter, small media at oncologists offices, release on VDH website |
| VT public | Press releases, other media coverage, release of infographic on website |
| VT legislators | Legislative committee members to provide infographic to legislators |
| Cancer Epi Team | Presentation at Cancer Epi Team meeting |
| VDH chronic disease staff | Presentations at Chronic Disease Epi Team and HPDP meetings |
| VDH leadership | Internal VDH email, in person presentation if possible, Grand Rounds |
| KC staff and members | Presentation at regional meetings or via webinar, email |
| VCSN Board of Directors | Presentation at meeting, or email |
| Survivorship support groups (includes KC) | Email used to contact for evaluation |
| National cancer control audience | Peer reviewed manuscript, or a presentation at a national or regional conference |

Evaluator engagement with stakeholders will not end following dissemination of evaluation reports with recommendations for improvement. The evaluator(s) will work with relevant stakeholders to develop and implement performance improvement plans for those recommendations the stakeholders consider most critical and feasible.

IV. Evaluation Focus

The goals of the evaluation of the VT CCC initiative are to improve program effectiveness, inform future development, and demonstrate accountability to program partners and the funder, the CDC NCCCB. The grant from the CDC which funds the Vermont Comprehensive Cancer Control Program requires that either 0.3 full time equivalents be spent by program staff on evaluation, or that 10% of the budget be spent on evaluation. In addition, the grant requires the evaluation to focus on the three components ('P's) of the CCC program: plan, partnership and program. In a five year grant cycle there must be at least one evaluation question that addresses each of the three 'P's. Given the parameters set forth by the CDC, the three 'P's are the areas of focus for this evaluation plan. The three 'P's are defined as follows:

- Plan: the quality and implementation of the statewide CCC plan
- Partnership: the quality, contributions and impacts of the CCC coalition
- Program: the extent to which interventions outlined in the CCC action plan are executed and yield intended results

The CCC initiative will be evaluated using three types of evaluation, passive outcome evaluation, intervention specific evaluation and active evaluation.

Passive outcome evaluation refers to those objectives listed in the 2020 Vermont State Cancer Plan. Those objectives correspond to mid-to-long term outcomes in the CCC logic model and progress on these objectives is monitored through routine health surveillance. The CCC analyst executes this surveillance work and produces a yearly status report with the most current data on the objectives in the state cancer plan. The CCC analyst will also produce a five-year outcome evaluation report which will include information about what strategies from the cancer plan were

implemented during the five year lifespan of the 2020 Cancer Plan as well as the final data on the objectives in the plan and how it compares to the targets set out in the 2020 Cancer Plan. Therefore evaluation questions specific to passive outcome evaluation are not included in this Evaluation Plan.

Intervention specific evaluation refers to evaluation of a given intervention undertaken by the CCC program /VTAAC. Intervention specific evaluation is also outside the scope of this plan as interventions are not determined on a five year time scale. Each intervention undertaken by VTAAC and/or the CCC program, where the CCC program staff have a role beyond convening stakeholders, will have an action plan and evaluation plan, built using the template in Appendix B.

Active evaluation is the focus of this evaluation plan, and there are specific questions and activities, described below, that fall within the each of the three 'P's. All evaluation questions are represented in the Evaluation Planning Matrix, and listed by focus area (3 P's) in Appendix C.

Plan

Activities focused on addressing the 2020 Vermont State Cancer Plan (SCP) will be conducted in 2018. A survey will be used to assess how the SCP is utilized by stakeholders. The survey will be based on the survey implemented by RTI in 2014 to assess the use of the 2015 SCP. A more specific question about use of the SCP is "to what extent is the SCP used by VTAAC workgroups when planning and implementing activities?" A document review will be undertaken to answer this question. VTAAC workgroup charts (spreadsheets listing current activities created by the VTAAC coordinator following workgroup meetings) and taskforce action plans (created using the template in Appendix B) will be reviewed to determine alignment between the SCP and the activities planned by VTAAC. A similar document review, with the addition of documentation given in progress reports to the CDC via the Chronic Disease Management Information System (CDC-MIS), will be used to determine alignment between the activities planned by VTAAC and/or the CCC program and the implementation of those plans. Part of this review will include documentation of common barriers to plan implementation.

Partnership

The 2016 evaluation work will include a social network analysis of VTAAC, which will be carried out using the PARTNER tool.⁴ The purpose of the social network analysis is to determine the quality of the VTAAC coalition with respect to the number and strength of partner relationships and connectivity. In order for this analysis to be successful a variety of partners will need to buy in to the benefit of social network analysis and commit to completing the PARTNER tool survey.

Three questions make up the membership evaluation portion of the evaluation plan. In order to track changes in membership the activities that make up the membership evaluation will be completed every other year, 2017 and 2019. The membership evaluation questions are:

How representative is the VTAAC membership (with respect to: the VT population facing cancer and sectors involved in cancer control)? How turbulent (length of individual and organizational involvement, new membership, changes in engagement) is the coalition membership?

How engaged and satisfied are VTAAC members with respect to: meetings and coordination, workgroup structure and activities?

To what extent are VTAAC members aware of/involved with major VTAAC activities?

An analysis of the VTAAC membership database will be used to answer the first question. The VTAAC membership database captures all the information requested on the Membership Registration form. This Access 2010 database is updated quarterly by the VTAAC coordinator. The other membership evaluation questions will be answered using data from the membership survey which has been developed over time, initially by the CCC program and then

⁴ More information at <http://www.partnertool.net/>

refined by RTI in 2013. The survey was further refined in 2015 by the CCC Analyst with input from the VTAAC Membership Committee. The survey was most recently conducted in November 2015. The 2015 version of the survey included a new section that specifically addressed the third question regarding awareness of VTAAC activities. In 2015 the major VTAAC activity had been the development of the 2020 VSCP. Therefore this new section of the survey asked VTAAC members how they were involved (if at all) in the cancer plan development process. In future years this section of the survey will focus on other major VTAAC activities of which members should be aware.

Evaluation of the VTAAC workgroups is planned for 2018. This evaluation will consist of a document review of the workgroup charts and taskforce action plans to measure the quality of the workgroups with respect to work plans and member involvement. This will be an opportunity to identify whether or not recommendations from the evaluation of survivorship programs, conducted in 2016 and 2017, have been implemented, particularly by the Quality of Life Workgroup.

A focus of the 2019 evaluation will be how stakeholders are working together to implement interventions and avoid duplicating efforts. Semi-structured interviews (or focus groups) will be conducted with stakeholders involved in activities to determine the extent and quality of, as well as barriers to, working relationships.

The plan for evaluation in 2020 includes activities designed to determine which publications created by Department cancer programs are most useful to VTAAC partners and to the public, and what can be done to improve those publications. A review of email data requests, the Health Surveillance data request database, and site analytics will determine the types of data that are most frequently requested, publications most frequently referenced when addressing partners' queries and publications most frequently accessed. A survey (or a series of focus groups) will be then conducted to determine VTAAC data needs and preferred formats and styles, and the current publications stakeholders currently use when planning or presenting their work.

Program

Kindred Connections (KC) is the only program the VT CCC initiative provides monetary support for that provides support directly to cancer survivors. Two evaluation questions are focused on KC, both of which will be answered in 2016. The first is: "What is the composition (number and demographics) of KC membership?" This question will be addressed by reviewing KC program documents and the KC membership database as well as key informant interviews with KC leadership. One goal for this evaluation activity is to develop performance measures to monitor how KC is functioning. The second evaluation question is: "In what ways, and to what extent, does participation in KC improve survivor quality of life, for participants and members?" The activities designed to answer the second question include conducting either focus groups or open ended surveys with both KC members and participants.

The evaluation plan for 2017 includes intensive systems evaluation designed to explore the resources available to support cancer survivors and assess any gaps that may require new initiatives. The multi-part question this evaluation will answer: Part A - What are the characteristics of cancer survivors who utilize survivorship support services? What kinds of services are available; which are used? Part B - What are the characteristics of cancer survivors who do not utilize survivorship support services? Why do they not use existing support services? What kind of support services would they use? The evaluation activities that will answer part A include document review of existing support services and semi-structured interviews with the coordinators of support services/programs. Using the information gained during the document review and interviews, the CCC analyst (or other evaluator) will develop a concrete definition of 'survivor support services' and create a database of the programs meeting this definition that operate in Vermont. This data will then be utilized to assess, through comparison to population surveillance data, what populations are not using those support services. Part B of the evaluation question will be answered through focus groups with cancer survivors not using 'cancer support services.' It is important to note that Part B will be a challenge for the program and depending on the results of Part A may not be feasible based on resource limitations.

As part of the 2013-2015 evaluation RTI International was charged with answering the broad evaluation question "What policy and systems changes around cancer control have occurred?" RTI addressed this question by reviewing legislative documents produced by the American Cancer Society – Cancer Action Network and the American Lung Association and searching the VT state legislature website for legislation passed in the 2011/2012 and 2013/2014

legislative sessions, and legislation proposed or passed in the 2015/2016 session. The resulting report answered the question “What state level policies around cancer control have occurred between 2011 and 2015?” While this information is valuable this evaluation plan seeks to answer another, narrower, version of the original question. This more specific question, “What policy, systems and environment (PSE) changes have the CCC initiative been involved in between 2016-2020?” will be answered in 2020. This evaluation will involve a document review of VTAAC newsletter, workgroup charts, CCC program documents in CDC-MIS, and the ACS-CAN and ALA legislative summaries in order to determine the number and type of PSE changes the CCC initiative has been involved in over the five-year course of the 2020 VSCP.

The final evaluation question in this evaluation plan is: “How were evaluation recommendations used by VTAAC and CCC program staff to improve the program?” This question will be evaluated in 2020 based on a document review, primarily of VTAAC Evaluation Committee documents. The focus will be on the evaluation reports and the yearly Evaluation Completed Matrixes, which will be expanded versions of the yearly Evaluation Planning Matrixes with the addition of information on what was actually completed and the findings of the evaluation. There will be additional document review of workgroup charts and CDC-MIS documents to ensure a comprehensive review of reported evaluation success stories, and changes made based on the evaluation recommendations.

V. The Evaluation Planning Matrix (EPM)

Elements of the matrix:

- Focus: which of the three ‘P’s the evaluation question addresses
- Question: the specific evaluation question
- Data collection method: specifies the way data will be collected (e.g. survey, interview, focus group)
- Data source /suppliers of information: specifies the data source or the group of people who will be providing the data, via the data collection method
- Data collection timing: provides information regarding which year a question will be addressed, and whether or not there are plans to repeat the data collection
- Indicator(s): quantitative measures that will be collected in order to answer the evaluation question
- Context (primarily qualitative): qualitative data that will be collected in order to answer the evaluation question
- Report type: the manner in which the evaluation results will be shared with stakeholders
- Target audience: the audience(s) which will receive evaluation reports for each stakeholder group. The following audiences are assumed for all evaluation reports and are not repeated in the EPM: the CDC project officer, VT CCC program staff, and the evaluation committee.

Acronyms:

- CDC Management Information System (MIS)
- Comprehensive Cancer Control (CCC)
- Kindred Connections (KC)
- Policy, Systems and Environment (PSE)
- Quality of Life (QoL)
- Vermont Cancer Survivor Network (VCSN)
- Vermont Department of Health (VDH)
- Vermont State Cancer Plan (SCP)
- Vermonters Taking Action Against Cancer (VTAAC)

2016 Evaluation Planning Matrix

| Focus | Question | Data Collection Method | Data Source/ Suppliers of Information | Data Collection Timing | Indicator(s) | Context (Primarily Qualitative) |
|-------------|---|--|--|--|--|--|
| Program | What is the composition (number and demographics) of KC membership? | Document Review, Database analysis, Key informant interviews | VCSN spreadsheet, KC coordinator and board members | One time - 2016 [goal: have VCSN monitor on their own moving forwards] | Number of survivors in KC who are trained and actively supporting peers - "members". Demographics of members. Number and demographics of population(s) served by KC. | Types of support members provide participants. Training provided to members. |
| Program | In what ways, and to what extent, does participation in KC improve survivor quality of life, for participants and members? | Survey/ focus groups/ interviews | KC Staff, Members | One time - 2016 | Percent of members who report high satisfaction/personal reward from KC volunteer work. Frequency of each type of support (e.g. phone calls, doctor appointment attendance, transport). Number of participants each member supports. Process indicator: number of members consulted. | Benefits (and harms) members receive from KC volunteer work. Types of support members provide participants. How members are supported. |
| | | Interviews (+ possibly a Survey informed by interviews) | KC Participants | One time - 2016 | Percent of participants who report high satisfaction with KC support. Process indicator: number and demographics of survivors and care givers included in focus group(s). | QoL of participants. Alternate sources of support KC participants utilize. Aspects of QoL most influenced by KC. Qualities of KC that are most beneficial. |
| Partnership | What is the quality of the VTAAC coalition with respect to the number and strength of partner relationships and connectivity? | Survey (Partner Tool) for Social Network Analysis | Cancer Control Stakeholders | One time - 2016 | Density, centralization, and trust measures for VTAAC, determined by the partner tool algorithm. Number of represented organizations. Process indicator: number of individual respondents. | Gaps, vulnerabilities, and inefficiencies within VTAAC with respect to coordination of activities and alignment of goals. Network maps. |

2016 Evaluation Planning Matrix

| Focus | Question | Report type | Target Audience |
|-------------|---|---|--|
| Program | What is the composition (number and demographics) of KC membership? | -Infographic for cancer survivors in general -Presentation for KC members, staff, VCSN board -Potential national/regional publication | -KC members, staff, participants -VCSN board -VTAAC members -VT Cancer Survivors -National and/or regional CCC community |
| Program | In what ways, and to what extent, does participation in KC improve survivor quality of life, for participants and members? | | |
| Partnership | What is the quality of the VTAAC coalition with respect to the number and strength of partner relationships and connectivity? | Presentation | -Membership committee -Steering committee -VTAAC membership -VDH chronic disease staff |

2017 Evaluation Planning Matrix

| Focus | Question | Data Collection Method | Data Source/ Suppliers of Information | Data Collection Timing | Indicator(s) | Context (Primarily Qualitative) |
|--------------|---|---|---|-------------------------------|---|---|
| Program | A. What are the characteristics of cancer survivors who do utilize survivorship support services? What kinds of services are available, which are used? | Document review, semi-structured interviews with program coordinators | Providers of survivorship support services | One time - 2017 | Number of survivorship services whose client demographics and numbers are obtained by VDH. Reach (N and demographics) of survivor support services. | List of survivorship support services. Demographics of those utilizing survivorship services - compare to VT cancer survivor demographics, to determine the demographics of those not utilizing survivorship services. |
| | B. What are the characteristics of cancer survivors who do not utilize survivorship support services? Why do they not use existing support services? What kind of support services would they use? | Focus Groups | Cancer survivors who do not utilize survivorship support services | One time - 2017 | Process indicator: number of survivors included in focus group(s). Demographics of survivors in focus group(s). | Methods and resources utilized by survivors (other than specific cancer survivor support services). QoL of those survivors not utilizing survivorship support services. Reasons for survivors not utilizing support services. |
| Partner-ship | How representative is the VTAAC membership (with respect to: the VT population facing cancer and sectors involved in cancer control)? How turbulent (length of individual and organizational involvement, new membership, changes in engagement) is the coalition membership? | Query Database | Membership database | Every other year (2017, 2019) | Number of active coalition members. Average length of time involved in VTAAC. Representativeness of members (individually and organizationally) compared to VT population facing cancer. | NA |
| Partner-ship | How engaged and satisfied are VTAAC members with respect to: meetings and coordination, workgroup structure and activities? | Membership Survey | VTAAC members | Every other year (2017, 2019) | Survey response rate. Percent of members who report high overall satisfaction with VTAAC. Member satisfaction regarding: communication, workgroups, VTAAC structure, meetings and coordination capabilities. Level of member (and sector) engagement with workgroups. | Specific barriers or benefits of VTAAC participation. |
| Partner-ship | To what extent are VTAAC members aware of/involved with major VTAAC activities? | Membership Survey | VTAAC members | Every other year (2017, 2019) | Survey response rate. Percent of activities associated with individual's/organization's goals (in terms of SCP) that respondents are aware of or involved in. | Major VTAAC activities that respondents are not aware of. Activities that are best known. |

2017 Evaluation Planning Matrix

| Focus | Question | Report type | Target Audience |
|--------------|---|---|---|
| Program | A. What are the characteristics of cancer survivors who do utilize survivorship support services? What kinds of services are available, which are used? B. What are the characteristics of cancer survivors who do not utilize survivorship support services? Why do they not use existing support services? What kind of support services would they use? | -Infographic for cancer survivors and VTAAC members in general -Technical report for cancer survivorship groups (including KC), VTAAC steering committee - Potential national/ regional publication | -Cancer survivorship groups (including KC) -QoL workgroup -VTAAC steering committee -VTAAC members -Cancer survivors -National and/or regional CCC community |
| Partner-ship | How representative is the VTAAC membership (with respect to: the VT population facing cancer and sectors involved in cancer control)? How turbulent (length of individual and organizational involvement, new membership, changes in engagement) is the coalition membership? | - 'Pre' presentation – for VTAAAC steering committee - Presentation - ideally at VTAAC annual meeting | -Steering committee -Membership committee -VTAAC members |
| Partner-ship | How engaged and satisfied are VTAAC members with respect to: meetings and coordination, workgroup structure and activities? | | |
| Partner-ship | To what extent are VTAAC members aware of/involved with major VTAAC activities? | | |

2018 Evaluation Planning Matrix

| Focus | Question | Data Collection Method | Data Source/ Suppliers of Information | Data Collection Timing | Indicator(s) | Context (Primarily Qualitative) |
|--------------|---|------------------------|---|------------------------|---|---|
| Plan | What percent of planned interventions (at the program, workgroup, and taskforce level) are implemented? What are the common barriers to implementation? | Document Review | Workgroup charts, Taskforce action plans, MIS | One time - 2018 | Percent of planned activities that are implemented. | Project characteristics (including organizations and workgroups involved) that are associated with activities not implemented as planned. |
| Plan | How do stakeholders use the SCP? To what extent is the SCP used by VTAAC workgroups when planning and implementing activities? | Document Review | Workgroup charts, Taskforce action plans | One time - 2018 | Percent of VTAAC activities that are strategies listed in the SCP. Percent of activity objectives that are objectives in the SCP. Percent of strategies in the plan don't have associated activities. | Activities that are not SCP strategies. Strategies in the plan don't have associated activities. |
| | | Survey | CCC Stakeholders | One time - 2018 | Percent of SCP goals/objectives that are addressed by partners. % of respondents aware of plan. | How partners report using the SCP. |
| Partner-ship | What is the quality of VTAAC workgroups with respect to workplans and member involvement? | Document review | Workgroup charts, Taskforce action plans | One time - 2018 | Number of workgroup charts that are updated annually. Number of taskforces that have action plans. Percent of sectors participating in workgroups. Percent of new members involved in workgroups. | Feasibility of planned activities. Specificity of plans. Overall quality of plans. |

2018 Evaluation Planning Matrix

| Focus | Question | Report type | Target Audience |
|--------------|---|--|--|
| Plan | What percent of planned interventions (at the program, workgroup, and taskforce level) are implemented? What are the common barriers to implementation? | <ul style="list-style-type: none"> -Brief – for stakeholders surveyed, and WG/TFs not given specific recommendations -Presentation – for steering committee, and WG/TFs given specific recommendations -Companion piece for with just findings and recommendations -Potential national/ regional publication | <ul style="list-style-type: none"> -Steering Committee -Workgroups/ taskforces -Cancer Control Stakeholders (those surveyed) -VTAAC members -National and/or regional CCC community |
| Plan | How do stakeholders use the SCP? To what extent is the SCP used by VTAAC workgroups when planning and implementing activities? | | |
| Partner-ship | What is the quality of VTAAC workgroups with respect to workplans and member involvement? | | |

2019 Evaluation Planning Matrix

| Focus | Question | Data Collection Method | Data Source/ Suppliers of Information | Data Collection Timing | Indicator(s) | Context (Primarily Qualitative) |
|--------------|---|--------------------------|--|-------------------------------|---|---|
| Partner-ship | How are stakeholders working together to implement interventions (and avoiding duplication of efforts)? | Interviews/ Focus Groups | CCC Stakeholders / Partners involved in activities | One time - 2019 | Process indicator: number of partners included in focus group(s)/interviews. Number of sectors | Extent to which partners report working together. Barriers to strong working relationships. Factors that encourage strong partnerships. |
| Partner-ship | How representative is the VTAAC membership (with respect to: the VT population facing cancer and sectors involved in cancer control)? How turbulent (length of individual and organizational involvement, new membership, changes in engagement) is the coalition membership? | Query Database | Membership database | Every other year (2017, 2019) | Number of active coalition members. Average length of time involved in VTAAC. Representativeness of members (individually and organizationally) compared to VT population facing cancer. | NA |
| Partner-ship | How engaged and satisfied are VTAAC members with respect to: meetings and coordination, workgroup structure and activities? | Membership Survey | VTAAC members | Every other year (2017, 2019) | Survey response rate. Percent of members who report high overall satisfaction with VTAAC. Member satisfaction regarding: communication, workgroups, VTAAC structure, meetings and coordination capabilities. Level of member (and sector) engagement with workgroups. | Specific barriers or benefits of VTAAC participation. |
| Partner-ship | To what extent are VTAAC members aware of/involved with major VTAAC activities? | Membership Survey | VTAAC members | Every other year (2017, 2019) | Survey response rate. Percent of activities associated with individual's/organization's goals (in terms of SCP) that respondents are aware of or involved in. | Major VTAAC activities that respondents are not aware of. Activities that are best known. |

2019 Evaluation Planning Matrix

| Focus | Question | Report type | Target Audience |
|--------------|---|--|--|
| Partner-ship | How are stakeholders working together to implement interventions (and avoiding duplication of efforts)? | Presentation (at SC retreat or annual meeting) | -Steering committee -CCC Stakeholders (esp. those interviewed) -VTAAC membership |
| Partner-ship | How representative is the VTAAC membership (with respect to: the VT population facing cancer and sectors involved in cancer control)? How turbulent (length of individual and organizational involvement, new membership, changes in engagement) is the coalition membership? | - 'Pre' presentation – for VTAAAC steering committee - Presentation - ideally at VTAAC annual meeting | -Steering committee -Membership committee -VTAAC members |
| Partner-ship | How engaged and satisfied are VTAAC members with respect to: meetings and coordination, workgroup structure and activities? | | |
| Partner-ship | To what extent are VTAAC members aware of/involved with major VTAAC activities? | | |

2020 Evaluation Planning Matrix

| Focus | Question | Data Collection Method | Data Source/ Suppliers of Information | Data Collection Timing | Indicator(s) | Context (Primarily Qualitative) |
|-------------|---|------------------------|---|------------------------|---|---|
| Program | What PSE changes has the CCC initiative been involved in (last 5 years)? | Document Review | VTAAC newsletters, workgroup plans/charts, CDC MIS, ACS-CAN and ALA legislative summaries | One time - 2020 | Number of PSE changes the CCC initiative initiated. Number of PSE changes that have occurred with the support (funding, coordination, staff time, other) of the CCC initiative. | List and description of PSE changes CCC initiative involved in and the role of the CCC initiative in these changes. |
| Partnership | Which VDH cancer publications are most often used by VTAAC partners and the public, and how could these publications be improved? | Document review | VDH staff email archives, VDH Data request database, VDH website analytics | One time - 2020 | Frequency of web-access, and email referral to specific publications. | Type of data that are most frequently requested. |
| | | Survey / Focus Groups | CCC Partners | One time - 2020 | Process indicator: number of partners (and sectors) queried (survey respondents or focus group participants) | Data sources stakeholders use when planning or presenting. VTAAC data needs and preferred formats and styles. |
| Program | How were evaluation recommendations used by VTAAC and CCC program staff to improve the program? | Document review | VTAAC and CCC program meeting notes, CDC MIS | One time - 2020 | Percent of evaluation recommendations acted upon. Percent of evaluation success stories shared/publicized. | Types of recommendations that were acted upon. Forms of, and audiences for, success stories. |

2020 Evaluation Planning Matrix

| Focus | Question | Report type | Target Audience |
|--------------|---|--|---|
| Program | What PSE changes has the CCC initiative been involved in (last 5 years)? | -Presentation at annual meeting - Infographic (with just policy info) for legislators | -Steering committee -VT legislators -VTAAC members |
| Partner-ship | Which VDH cancer publications are most often used by VTAAC partners and the public, and how could these publications be improved? | -Presentation for SC, email slides to partners -Technical report for internal VDH | -Cancer Epi Team -Steering Committee -CCC partners -VDH chronic disease staff -VDH leadership |
| Program | How were evaluation recommendations used by VTAAC and CCC program staff to improve the program? | Brief- will be included with the outcome evaluation report for the 2020 Cancer Plan | -Steering Committee -VTAAC members -VDH leadership |

Appendix A

2016 Evaluation Action Plan

Additional matrix elements:

- Timing of data collection: dates in which data collection will be completed.
- Timing of data analysis and report creation: dates in which data analysis will be completed and the evaluation report(s) will be drafted.
- Timing of report finalization and dissemination: dates in which the report will be disseminated to target audience(s).
- Individual(s) responsible for data collection: person(s) who will collect the raw data.
- Individual(s) responsible for data analysis and report creation: person(s) who will analyze the raw data and draft the report.
- Individual(s) responsible for dissemination: person(s) who will disseminate the final version to target audience(s).

Acronyms:

Comprehensive Cancer Control (CCC)

Kindred Connections (KC)

Quality of Life (QoL)

Vermont Cancer Survivor Network (VCSN)

Vermont Department of Health (VDH)

Vermonters Taking Action Against Cancer (VTAAC)

2016 Evaluation Action Plan

| Focus | Question | Data Collection Method | Data Source/ Suppliers of Information | Timing of: | | | Individual(s) responsible for: | | |
|--------------|---|--|--|-----------------|--------------------|---------------|--------------------------------------|--------------------------------------|---------------|
| | | | | Data Collection | Analysis + Writing | Dissemination | Data Collection | Analysis + Writing | Dissemination |
| Program | What is the composition (number and demographics) of KC membership? | Document Review, Database analysis, Key informant interviews | VCSN spreadsheet, KC coordinator and board members | Jan. - April | April - May | Jan 2017 | CCC analyst | CCC analyst | CCC analyst |
| Program | In what ways, and to what extent, does participation in KC improve survivor quality of life, for participants and members? | Survey/ focus groups/ interviews | KC Staff, Members | June – Sept. | Sept. – Oct. | | Evaluation Contractor /VDH evaluator | Evaluation Contractor /VDH evaluator | |
| | | Interviews (+ possibly a Survey informed by interviews) | KC Participants | Sept. – Nov. | December | | Evaluation Contractor /VDH evaluator | Evaluation Contractor /VDH evaluator | |
| Partner-ship | What is the quality of the VTAAC coalition with respect to the number and strength of partner relationships and connectivity? | Survey (Partner Tool) for Social Network Analysis | Cancer Control Stakeholders | Sept. | October | November | CCC analyst | CCC analyst | CCC analyst |

2016 Evaluation Action Plan

| Focus | Question | Indicator(s) | Context (Primarily Qualitative) | Report type | Target Audience |
|--------------|---|--|--|--|--|
| Program | What is the composition (number and demographics) of KC membership? | Number of survivors in KC who are trained and actively supporting peers - "members". Demographics of members. Number and demographics of population(s) served by KC. | Types of support members provide participants. Training provided to members. | -Infographic for cancer survivors in general -Presentation for KC members, staff, VCSN board -Potential national/ regional publication | -KC members, staff, participants -VCSN board -VTAAC members -VT Cancer Survivors -National and/or regional CCC community |
| Program | In what ways, and to what extent, does participation in KC improve survivor quality of life, for participants and members? | Percent of members who report high satisfaction/personal reward from KC volunteer work. Frequency of each type of support (e.g. phone calls, doctor appointment attendance, transport). Number of participants each member supports. Process indicator: number of members consulted. | Benefits (and harms) members receive from KC volunteer work. Types of support members provide participants. How members are supported. | | |
| | | Percent of participants who report high satisfaction with KC support. Process indicator: number and demographics of survivors and care givers included in focus group(s). | QoL of participants. Alternate sources of support KC participants utilize. Aspects of QoL most influenced by KC. Qualities of KC that are most beneficial. | | |
| Partner-ship | What is the quality of the VTAAC coalition with respect to the number and strength of partner relationships and connectivity? | Density, centralization, and trust measures for VTAAC, determined by the partner tool algorithm. Number of represented organizations. Process indicator: number of individual respondents. | Gaps, vulnerabilities, and inefficiencies within VTAAC with respect to coordination of activities and alignment of goals. Network maps. | Presentation | -Membership committee -Steering committee -VTAAC membership -VDH chronic disease staff |

Appendix B: Taskforce Project Action Plan

VTAAC Taskforce:

Date:

Members:

Goal:

Objective(s):

| Strategy: | | | |
|------------------|-----------------------|-----------|-------------------|
| Step/Task | Responsible Person(s) | Timeframe | Comments/Progress |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

*Attach Logic Model

| Evaluation Planning Matrix | | | | | |
|--|------------------------|-------------|------------------------|--------------|----------------------------|
| Question | Data Collection Method | Data Source | Data Collection Timing | Indicator(s) | Responsible for collection |
| Was the activity implemented as planned? (Were output benchmarks met?) If not - why not? If so - what factors contributed to success? | | | | | |
| What was the reach of the intervention? | | | | | |
| Did the activity result in the intended short term outcomes? | | | | | |
| Did the activity result in the intended intermediate outcomes? | | | | | |
| Did the activity result in the intended long term outcomes? | | | | | |

Appendix C: Evaluation Question by Area of Focus (Plan, Partnership, or Program)

Plan

- What percent of planned interventions (at the program, workgroup, and taskforce level) are implemented? What are the common barriers to implementation?
- How do stakeholders use the SCP? To what extent is the SCP used by VTAAC workgroups when planning and implementing activities?

Partnership

- What is the quality of the VTAAC coalition with respect to the number and strength of partner relationships and connectivity?
- What is the quality of VTAAC workgroups with respect to workplans and member involvement?
- How are stakeholders working together to implement interventions (and avoiding duplication of efforts)?
- How representative is the VTAAC membership (with respect to: the VT population facing cancer and sectors involved in cancer control)? How turbulent (length of individual and organizational involvement, new membership, changes in engagement) is the coalition membership?
- How engaged and satisfied are VTAAC members with respect to: meetings and coordination, workgroup structure and activities?
- To what extent are VTAAC members aware of/involved with major VTAAC activities?
- Which VDH cancer publications are most often used by VTAAC partners and the public, and how could these publications be improved?

Program

- What is the composition (number and demographics) of KC membership?
- In what ways, and to what extent, does participation in KC improve survivor quality of life, for participants and members?
- A. What are the characteristics of cancer survivors who do utilize survivorship support services? What kinds of services are available, which are used? B. What are the characteristics of cancer survivors who do not utilize survivorship support services? Why do they not use existing support services? What kind of support services would they use?
- What PSE changes has the CCC initiative been involved in (last 5 years)?
- How were evaluation recommendations used by VTAAC and CCC program staff to improve the program?