

2015 VTAAC Membership Survey Evaluation Report

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Response Rate

The 2015 VTAAC membership survey had 66 respondents, 31% of the 216 contacted. Fourteen of the 66 respondents started, but did not answer all of the questions in the survey.^a The completed survey response rate for the 2015 VTAAC membership survey, 24% (52/216), was identical to that of the 2013 VTAAC membership survey, conducted by the evaluation contractor RTI International. For a full summary of survey results please see Appendix A.

VTAAC Membership

Twenty two percent of respondents (14 of 64) reported that they were either not involved with VTAAC at this time or did not consider themselves VTAAC members. **Recommendation:** limit the list of individuals being sent the survey to those who were active in the last year, per the membership database.

Demographics

Table 1: Response count to the question: What type of experience and expertise do you bring to VTAAC? Note that respondents could select multiple answers.

	Responses (N=50)
Nonprofit Organization	15
Family member of cancer survivor	15
Medical provider	13
Researcher	11
Advocate/volunteer	9
Health department staff	8
Cancer survivor	8
Hospital administration	7
Insurer	2
Mental health professional	1
Other	9

Few respondents identified as members of any of the priority populations listed in Table 2, other than cancer survivors. These populations, with the exception

of cancer survivors, are under-represented^b among survey respondents, given the percent of Vermonters that belong to one or more of these populations. Engaging members of some of these populations (youth, low education, low income, and uninsured) in VTAAC may be challenging since much of the VTAAC membership is made up of professionals representing the organizations that employ them.

However, having members from these priority populations is critical to ensure that VTAAC can adequately address disparities across the cancer continuum, from prevention through end-of-life. **Recommendation:** target recruitment towards under-represented populations, particularly low education or low income. **Success story:** recruitment of cancer survivors into VTAAC has been effective, as evidenced by the fact that cancer survivors are over-represented in VTAAC.

Table 2: Representativeness of VTAAC membership survey respondents, compared to Vermont population.

	Survey (N=50)	VT
Low-income (below \$60,625 annual salary for a family of 4)	2%	41% ^c
Low education (high school or less)	0%	39% ^d
Elderly (65 years and older)	6%	17% ^e
Teens or youth (19 years and younger)	0%	6% ^f
Uninsured	0%	7% ^g
Racial and/or ethnic minority	4%	6% ^c
Cancer survivor	18%	7% ^h

^b Differences not tested for significance.

^c Among adults (18+), percent under 250% of the federal poverty level. Data Source: BRFSS 2014.

^d Among adults (18+). Data Source: BRFSS 2014.

^e Percent of total Vermont population ages 65+. Data Source: Vermont Population Estimates 2014.

^f Percent of total Vermont population ages 16-19. Data Source: Vermont Population Estimates 2014.

^g Among Vermonters of all ages. Data Source: American Community Survey 2013, 1-year estimate.

^a All respondents were included in the results for questions they answered, regardless of survey completion.

Over 55% of respondents (N=52) reported that their organizations provide services to the following priority populations: low income, low education, elderly, youth, uninsured, racial and ethnic minorities, and cancer survivors. Organizations that provide services to these populations are well represented among the VTAAC survey respondents.

Sixty-seven percent of respondents (N=49) reside in Chittenden or Washington Counties. The following counties were under-represented^b in terms of residence, among survey respondents: Addison, Bennington, Caledonia, Essex, Franklin, Orleans, Rutland, Windham and Windsor (compared to the percent of the Vermont population residing there estimated in the 2014 Vermont Population Estimates). **Recommendation:** in order to be more representative of the VT population geographically VTAAC should conduct outreach in under-represented counties, particularly Windsor County, which, despite having 9% of the VT population (Vermont Population Estimates, 2014), was not represented at all among respondents to the VTAAC survey.

Time Commitment

Of the 50 respondents who answered both the question about the number of hours per month currently spent on VTAAC activities, and the question about the number of hours the member would like to spend per month in 2016: 10% prefer not to be involved in the future, 6% want to spend less time, 46% want to spend about the same amount of time, and 38% want to spend more time on VTAAC activities in 2016 than they did in 2015.

When asked to select what barriers prevented greater involvement in VTAAC, 31% (17 of 55) of respondents said they were as involved in VTAAC as they want to be. Fifty-eight percent (32 of 55) selected lack of time as a barrier to greater involvement in VTAAC. Two respondents mentioned in comments that their satisfaction with VTAAC would be increased if they had the time to be more involved. **Recommendation:** VTAAC leadership should consider creating opportunities for members to be more involved in activities without a significant time commitment.

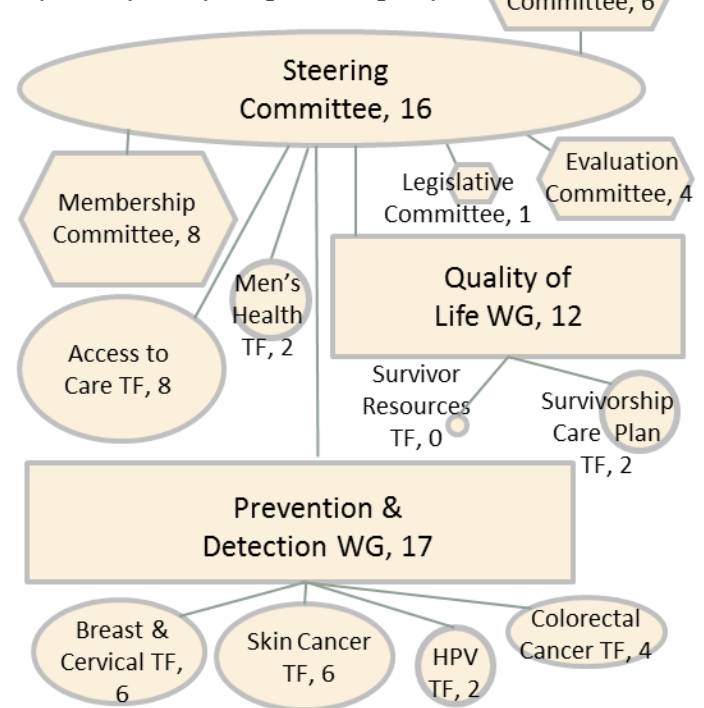
^h Among adults (18+), percent ever diagnosed with a non-skin cancer. Data Source: BRFSS 2014

VTAAC Involvement

Thirty-six percent of respondents (20 of 56) involved in VTAAC do not participate in any workgroup, task force or committee. Fifty-four percent of respondents (30 of 56) involved in VTAAC participate in one or more workgroup, task force or committee.

Figure 1 provides a visualization of the organization of the VTAAC workgroups, task forces and committees. The number of respondents who identified with each group is listed after the group name, and the size of the shape is scaled to the percent of respondents who reported participating in the group.

Figure 1: Number of workgroup/task force/committee participants, of those who participated in some group in November 2014 thru November 2015 (N=34). Bubble size scaled to number of respondents who reported participating in each group.



Meetings and Communication

Among respondents who provided satisfaction ratings, over 74% were very or mostly satisfied with VTAAC meetings in terms of: content (85%, N=34), what they accomplish (74%, N=35), opportunities for each member to be heard/participate (89%, N=35), location (78%, N=37), time held (79%, N=34), number held (94%, N=34), and availability of teleconference participation (90%, N=21).

Ninety percent of respondents (N=51) thought the frequency of communication received from VTAAC was 'just right.' The remaining ten percent thought there was not enough communication from VTAAC. No respondents thought that there was too much communication from VTAAC.

Two respondents commented on notification of meetings. One individual said they would like to know when and where meetings are being held, and another said that "*notice of meetings is too close to meeting dates.*" **Recommendation:** publicize the VTAAC calendar (i.e. in newsletter) and update it more often and further into the future.

More than 10% of respondents selected inconvenient meeting times (13%, 7 of 55) and/or locations (15%, 8 of 55) as barriers to further involvement with VTAAC. Two respondents mentioned geography as a barrier in comments. One of these respondents mentioned that teleconferencing and webinar availability would be helpful to overcome this barrier. Few (N=12) respondents provided information on the level of satisfaction with the lack of webinar availability, but among those who did only half were very or mostly satisfied. **Recommendation:** publicize the availability of teleconference (e.g. put call in number on the VTAAC calendar) and explore the possibility of smaller regional meetings, and vary meeting times.

Opportunities for Increased Involvement

Four respondents indicated in comments that they want to be more involved in VTAAC in the coming year. One of these respondents commented that their satisfaction with VTAAC could be improved by increasing their involvement. "*Opportunities are there to be utilized when I have asked to be more involved.*" **Success story:** these responses suggest VTAAC is providing avenues for greater involvement for those already involved in the coalition.

However five respondents (9%, N=55) selected "I do not know how to get more involved" as a barrier to more involvement in VTAAC. **Recommendation:** VTAAC leadership should work to make opportunities for involvement clear to less involved members. One way to do so would be to include announcements of upcoming meetings in the quarterly newsletter.

VTAAC Benefits

When asked to what extent respondents agreed with statements about the benefits VTAAC provides, 75% or more, of respondents agreed that VTAAC provided each of the following benefits:

- Coalition allows coordinated action (75%, N=55)
- Members gain opportunities for engagement (75%, N=53)
- Members feel they are able to contribute (78%, N=54)
- Coalition enhances access to information (79%, N=53)
- Coalition provides the power of collaboration (80%, N=54)

Fewer respondents agreed that VTAAC:

- Creates a state-wide cancer control community (70%, N=54)
- Creates a united front against cancer (69%, N=55)
- Makes members feel empowered in the fight against cancer (62%, N=53)
- Prevents overlap of resources (57%, N=53)

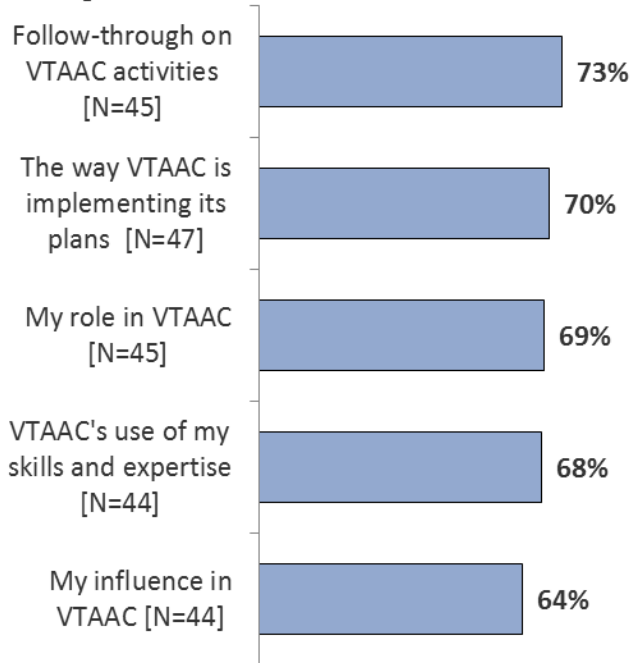
Recommendation: while there was still majority agreement that VTAAC provides these specific membership benefits, leadership should determine if this is a continued goal of VTAAC. If not, they should be removed from the future membership surveys. If they continue to be VTAAC goals it is still unclear whether these deficits are due to respondent perception or actual gaps in what VTAAC provides. Answering this question will require additional evaluation. One of these benefits to membership, preventing the overlap of resources, is scheduled to be evaluated in 2019, per the 2016-2020 Comprehensive Cancer Control Initiative Evaluation Plan.

Coalition Satisfaction

Seventy-five percent, or more, of respondents were very or mostly satisfied with the following aspects of VTAAC:

- Activities of the workgroups and taskforces (78%, N=46)
- The way the people and organizations in VTAAC work together (79%, N=47)
- Opportunities for coalition members to take leadership roles (80%, N=45)
- Effectiveness of VTAAC leadership (83%, N=48)
- The priorities of VTAAC (87%, N=47)

Figure 2: Percent of respondents very or mostly satisfied with aspects of the VTAAC coalition, for aspects with less than 75% high satisfaction. Note that five other aspects, listed on page 3, had higher satisfaction.



Fewer than 75% of respondents were very or mostly satisfied with the aspects of VTAAC listed in Figure 2. It is notable that respondents had higher satisfaction with the organizational aspects of VTAAC than with their individual positions in VTAAC. **Recommendation:** in order to increase satisfaction with members' individual positions, VTAAC leadership should encourage members to specify how they want to contribute to the organization. This information should be given to the coordinator, who is best situated to match members to activities.

One respondent indicated that they thought the coalition coordinator should delegate more responsibility to the co-chairs and be less involved in decision making. **Recommendation:** remind members of the VTAAC Guiding Principles, available on the membership page of VTAAC.org. As stated in that document, in addition to administrative tasks the coordinator is also expected participate in VTAAC meetings and serve on several committees and workgroups. The co-chairs/executive committee members are responsible for reviewing the job performance of the VTAAC coordinator.

Cancer Plan Development

As can be seen in Table 3, only three respondents were unaware of the cancer plan development process, and the majority of respondents (55%, 28 of 51) participated in the process by completing a survey, attending a workgroup meeting, participating in the Cancer Plan Development Committee, or participating in the discussions at the VTAAC annual meeting. **Success story:** Although only about 25% of those on the VTAAC mailing list answered this question, the results are nevertheless indicative that efforts to be inclusive of VTAAC members in the process have been successful.

Table 3: Response count to the question: How have you been involved in the development of the 2020 Vermont Cancer Plan (if at all)? Note that respondents could select multiple answers.

	Responses [N=51]
I read about the 2020 Vermont Cancer Plan development in VTAAC newsletter(s)	24
I completed one or more surveys providing input on 2020 Vermont Cancer Plan objectives and/or strategies	23
I attended one or more VTAAC workgroup meetings to discuss 2020 Vermont Cancer Plan objectives and/or strategies	18
I participated in the discussions of the 2020 Vermont Cancer Plan objectives that took place at the June 2015 VTAAC Annual Meeting	15
I am a member of the 2020 Cancer Plan Development Committee	13
I heard updates about the 2020 Vermont Cancer Plan development process at VTAAC Steering Committee meeting(s)	12
I heard about the 2020 Vermont Cancer Plan development during a non-VTAAC professional meeting	11
I did not know that VTAAC and the Department of Health were developing a 2020 Vermont Cancer Plan	3
Other	6

Appendix A: Full Survey Results Summary

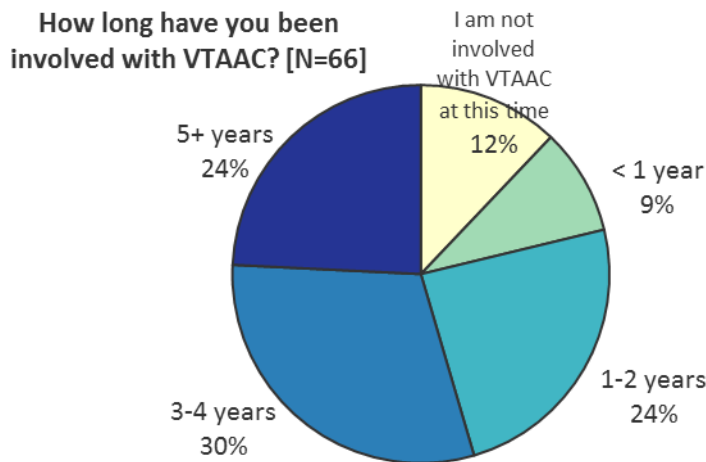
The 2015 VTAAC membership survey was created in SurveyMonkey® and was based on the survey the Vermont Comprehensive Cancer Control program evaluation contractor, RTI International, conducted in 2013.

A link to the survey was initially sent out by the VTAAC coordinator, David Cranmer, using the program Constant Contact on Monday November 9th 2015. A second email was sent out by David Cranmer on Tuesday November 24th, this email gave an end date of 12/4/15. Another reminder was sent by Sharon Mallory, to the same email list but not using Constant Contact, on Friday 12/4/15. We received notification from some recipients that the initial emails (sent via Constant Contact) from David Cranmer were not received. A final notification was sent out by Sharon Mallory on Friday 12/11/15. The survey was closed at the end of the day on 12/16/15.

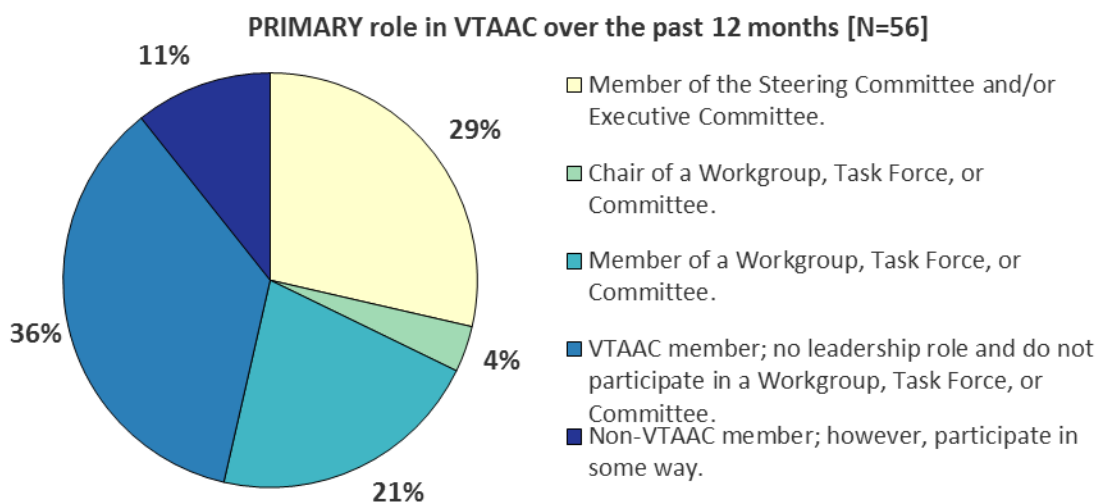
The 2015 VTAAC membership survey had 66 respondents, 31% of the 216 contacted. Fourteen of the 66 respondents did not complete the survey (One drop out each at Questions 3, 4, 5 and 6, six drop outs at Question 7 and four drop outs at Question 11), giving a 79% completion rate among those who began the survey.

Results from each of the twenty-two questions in the survey are summarized below.

Question 1: How long have you been involved in VTAAC?



Question 2: You are considered a VTAAC member if you are involved in any way. Please indicate your PRIMARY role in VTAAC over the past 12 months (from November 2014 to the present). [Select one]



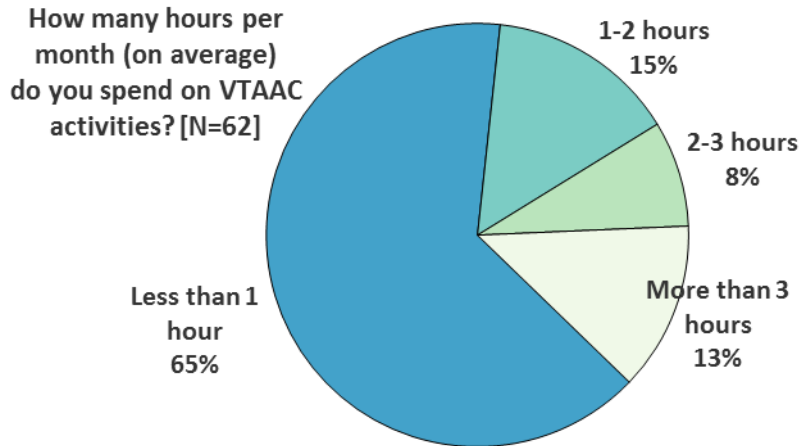
Question 3: Over the past year (November 2014 to the present), which of the following activities have you participated in? [Select all that apply]

	Response Count [N=64]
Read quarterly updates and other VTAAC communications to stay informed of VTAAC initiatives	30
Attended Workgroup, Task Force, or Committee meeting(s)	29
Attended VTAAC Annual Meeting	29
Attended Steering Committee meetings	22
Contacted VTAAC Coalition Coordinator (David Cranmer) to share information that benefits VTAAC	17
Contributed to the development of a work plan for a Workgroup	16
Worked on an activity described in a Workgroup's workplan	15
Worked on a strategy listed in the Vermont Cancer Plan	14
Contacted the VTAAC Coalition Coordinator (David Cranmer) to get information about VTAAC	11
Educated key policy or decision makers about goals described in the Vermont Cancer Plan	9
Monitored and tracked implementation of the Vermont Cancer Plan	6
Recruited new VTAAC members	6
Helped VTAAC obtain in-kind resources (e.g., meeting space, meeting supplies)	3
None of the above	11
Other: Attended meeting at annual UVM Breast conference David attends our cancer committee meetings	2

Question 4: Please indicate which of the following workgroups, committees, and/or task forces you participated in over the past 12 months (November 2014 to the present). [Select all that apply]

	Response Count [N=62]
Prevention and Detection Workgroup	17
Steering Committee	16
Quality of Life Workgroup	12
Access to Care Task Force	8
Membership Committee	8
Breast and Cervical Task Force	6
Skin Cancer Task Force	6
Executive Committee	6
Colorectal Cancer Task Force	4
Evaluation Committee	4
HPV Task Force	2
Survivorship Care Plan Task Force	2
Men's Health Task Force	2
Legislative Committee	1
Survivor Resources Task Force	0
I have not participated in any workgroup, committee, or task force over the past 12 months	28
Other VTAAC group: Plan Development Committee	1

Question 5: How many hours per month (on average) do you spend on VTAAC activities?

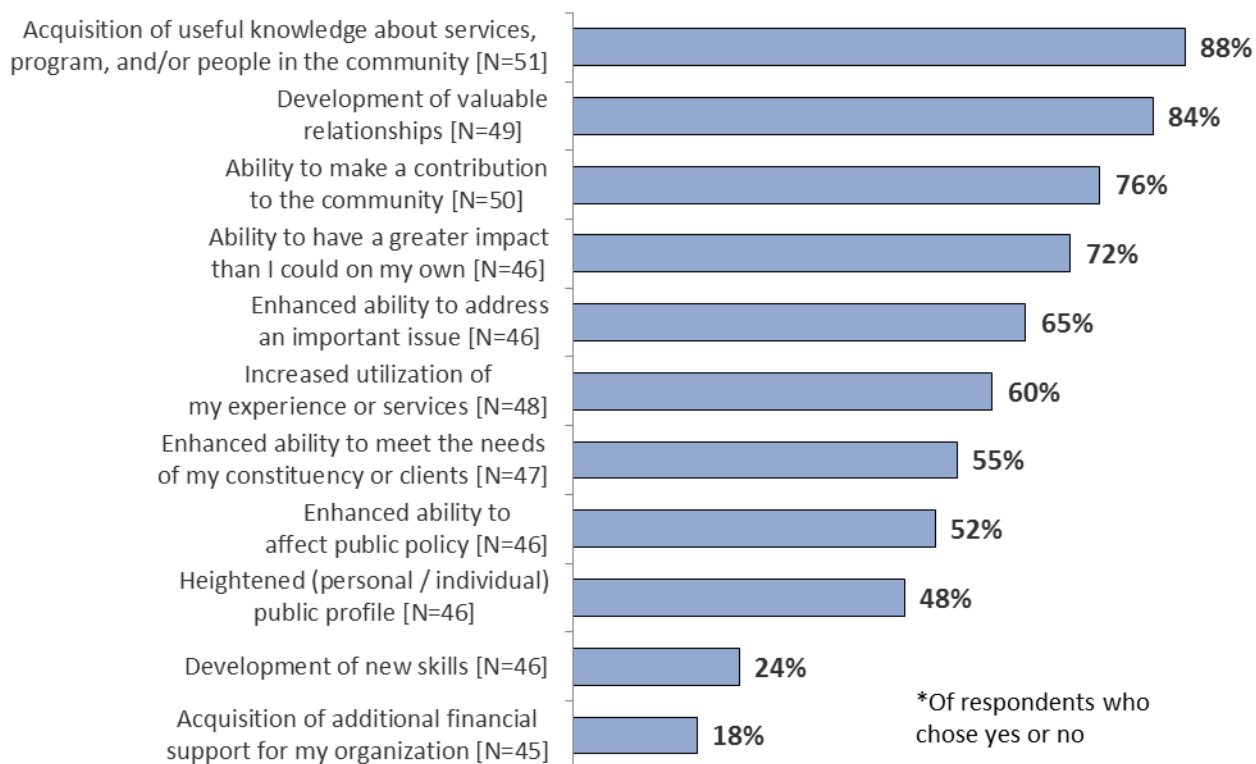


Question 6: Do you wish to add any other detail regarding your involvement with VTAAC?

- I plan to become more involved in 2016!
- I work in the Physical Activity and Nutrition program at VDH so my work contributes to VTAACs prevention (and maybe survivor) goals. I read their reports and newsletters but am not an active participant.
- Indirect involvement through VCSN....I am the treasurer.
- Hoping to get more engaged in the upcoming year
- I am interested in being in a workgroup
- Difficult to participate due to remote setting
- We have tried to get ourselves or our providers more involved. I'm hopeful we can do this in the coming year.

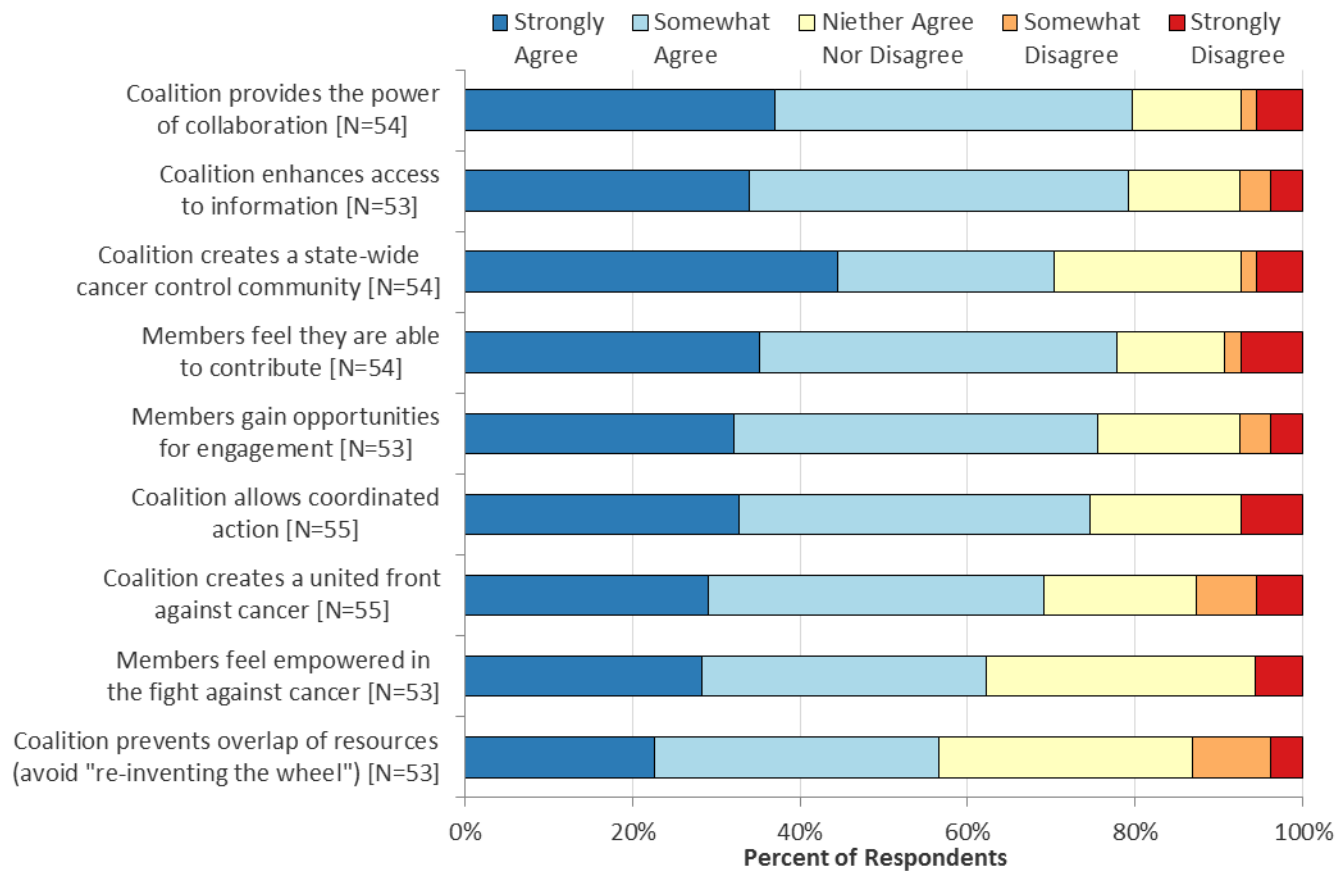
Question 7: For each of the following benefits please indicate whether you have or have not received the benefit as a result of participating in VTAAC. [Please select a response for each row]

Percent of respondents who report receiving each benefit as a result of participating in VTAAC*



Question 8: Please indicate to what extent you agree or disagree that you receive each of the benefits listed below as a result of participating in VTAAC. [Please select a response for each row]

Extent of agreement/disagreement that listed benefits are received as a result of VTAAC participation

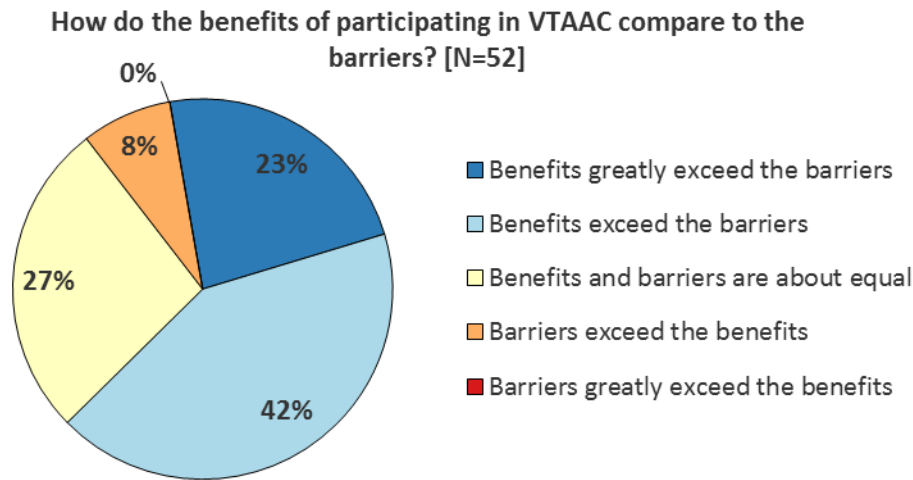


One respondent had a comment relating to benefits VTAAC does or does not provide: "The Coalition Coordinator needs to delegate more duties to co-chairs and focus more on administration. This role is not to make decisions and vote on priorities, it is, in my opinion, to support their implementation."

Question 9: What barriers prevent you from being more involved in VTAAC? [Select all that apply]

Barrier	Responses [N=55]
I do not have the time	32
Meeting locations are not convenient for me	8
Meeting times are not convenient for me	7
I do not know how to get more involved	5
I am not really interested in VTAAC's other activities	1
None of the above, I am as involved in VTAAC as I want to be	17
Other:	5
I didn't have time in the past, but have given up other activities which should create more time in 2016 to be more involved. I'm on the VCSN board and that is my connection VTAAC. My work with VCSN and Kindred Connections does not allow for additional involvement with VTAAC I just need to plan better to make meetings! I would like to know when and where the meetings are being held No Barriers	

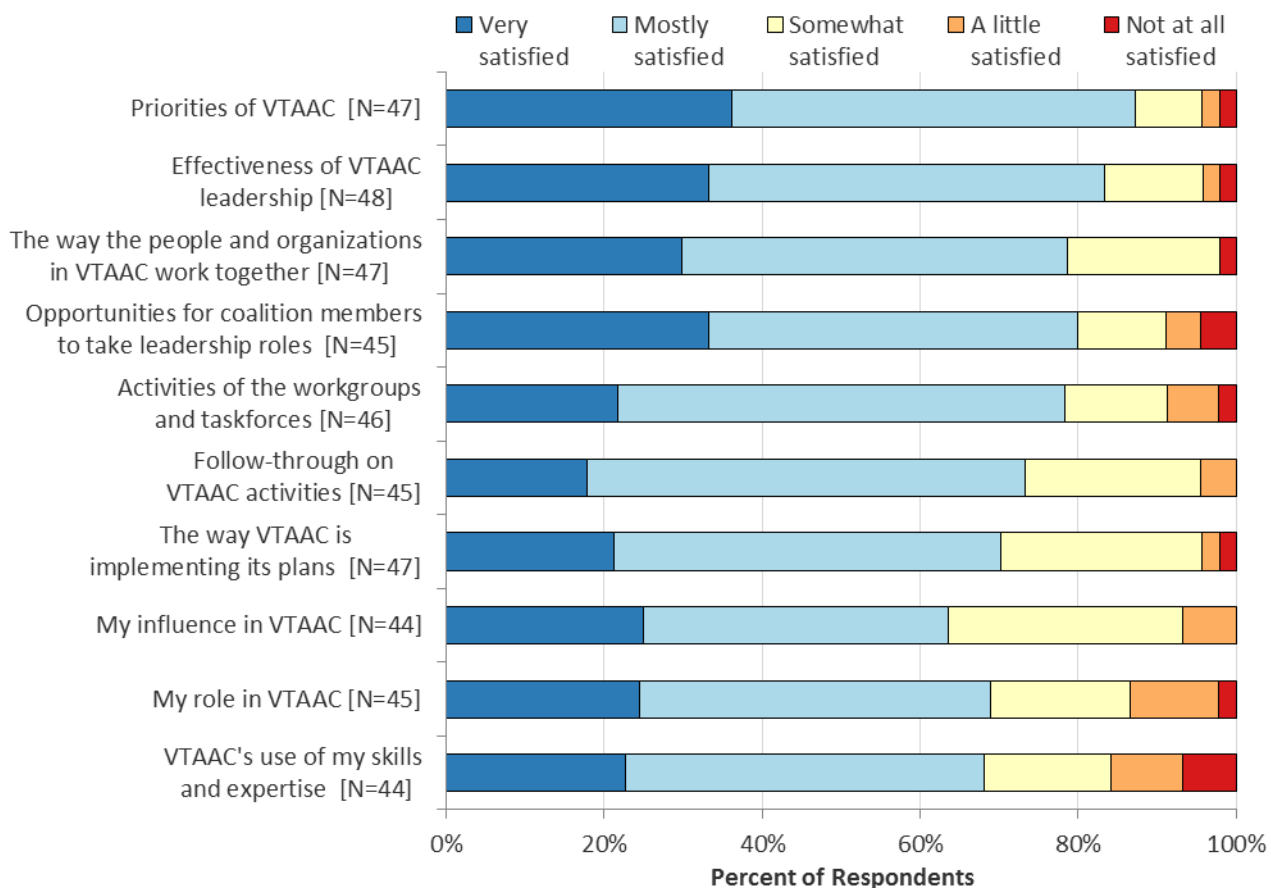
Question 10: How do the benefits of participating in VTAAC compare to the barriers?



Note: No respondents selected “barriers greatly exceed the benefits.”

Question 11: Please indicate how satisfied you are with each of the following aspects of the VTAAC coalition. [Please select a response for each row]

Satisfaction with the listed aspects of the VTAAC coalition



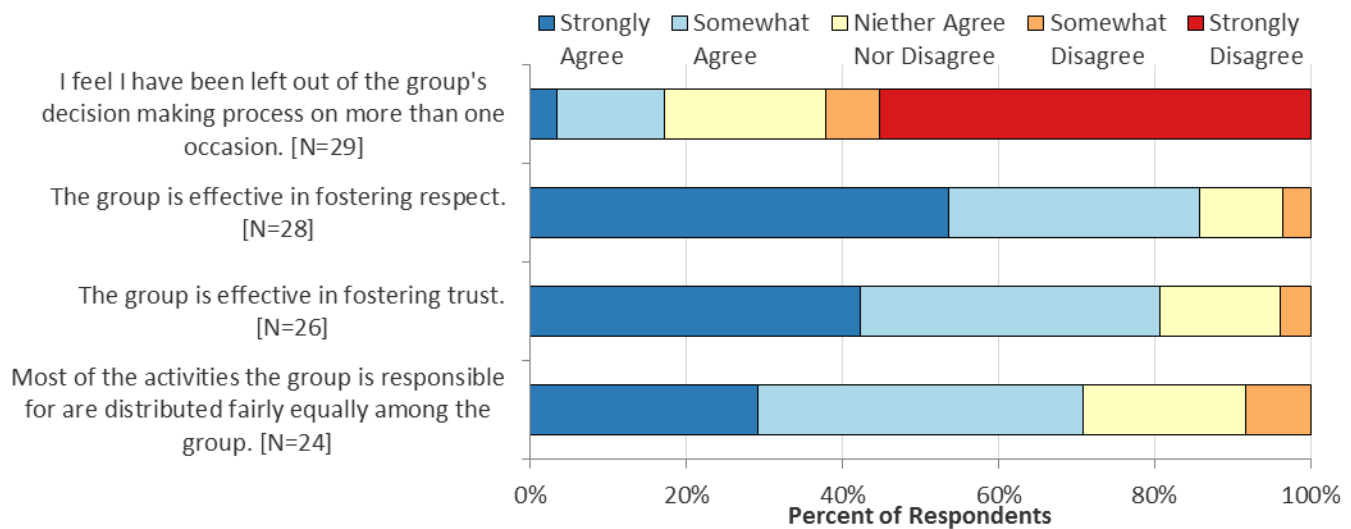
Question 11 continued:

Respondents were given the opportunity to comment on how their satisfaction with the listed aspects of VTAAC could be improved. The following comments were received:

- My own involvement increased. Opportunities are there to be utilized when I have asked to be more involved.
- I am not involved enough to say.
- Again, I think we need more member leadership and oversight of activities
- By knowing when the workgroups are meeting, especially the QOL one.
- By my becoming more involved
- If I had more time to participate more fully
- The creation (or awareness) of workplans for the workgroups or taskforces. Sharing what follow through there was on those plans.

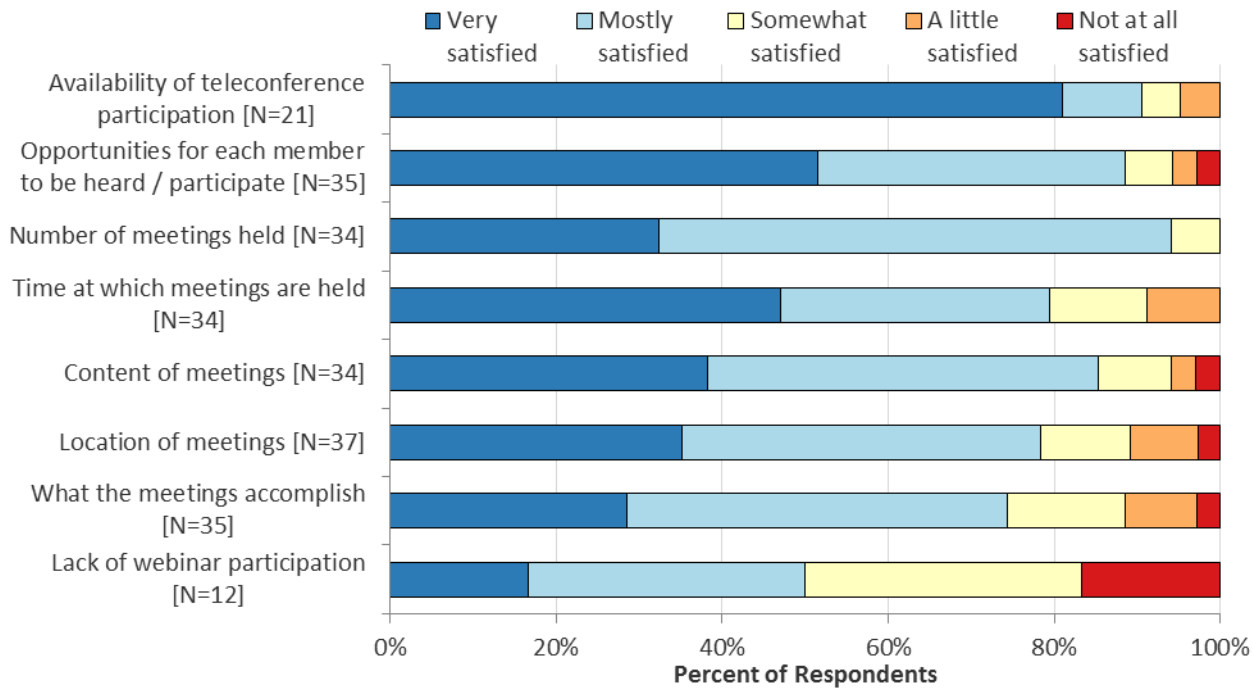
Question 12: If you have participated in a workgroup, taskforce or committee please indicate how much you agree or disagree with the following statements. [Please select a response for each row]

Extent of agreement/disagreement with statements about how workgroups/committees/taskforces function



Question 13: Please indicate how satisfied you are with each of the following aspects of VTAAC meetings. [Select a response for each row]

Satisfaction with aspects of VTAAC meetings



The following responses were received to the question: “What could increase your satisfaction with VTAAC meetings?”

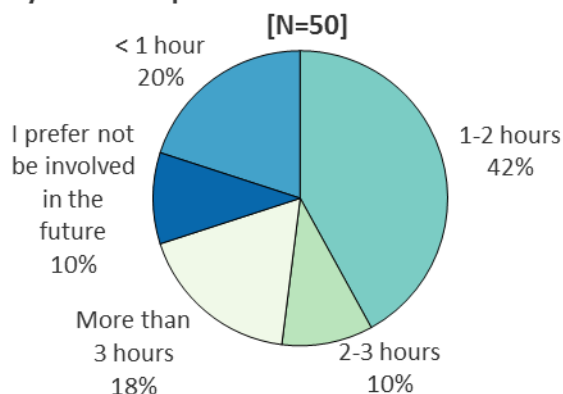
- Teleconference and webinars would help. I am in Brattleboro.
- By being more involved by actively joining committees. I have always felt VTAAC was available when I was ready.
- I just haven't been able to make time to attend the meetings.

Question 14: Do you think the frequency of communication you receive from VTAAC is: Too much, not enough or just right?

Ninety percent of respondents [N=51] thought the frequency of communication received from VTAAC was ‘just right.’ Ten percent thought there was not enough communication from VTAAC. One of these respondents commented: “Notice of meetings is too close to meeting dates, we should have standing calendar notices that recur.” No respondents thought that there was too much communication from VTAAC.

Question 15: Over the next year (beginning January 2016), how much time would you like to spend on VTAAC activities per month (on average)?

How many hours per month (on average) would you like to spend on VTAAC activities in 2016?



Question 16: What type of experience and expertise do you bring to VTAAC? [Select all that apply]

	Responses [N=50]
Nonprofit Organization	15
Family member of cancer survivor	15
Medical provider	13
Researcher	11
Advocate/volunteer	9
Health department staff	8
Cancer survivor	8
Hospital administration	7
Insurer	2
Mental health professional	1
Other:	9
<ul style="list-style-type: none"> • My interest/specialty is breast disease • Nursing, research coordination • Treasurer for VCSN • VP Board of Directors VCSN • Complementary Integrative Care Provider • Medical office staff • Health care worker • Pharma representative • Mammographer, breast health educator 	

Questions 17 and 18: In what county do you live? [Select one] and In what county do you work? [Select one]

	Resident County [N=49]	Work County [N=50]
Addison	1	0
Bennington	1	1
Caledonia	0	0
Chittenden	25	30
Essex	0	0
Franklin	1	1
Grand Isle	2	1
Lamoille	2	0
Orange	4	1
Orleans	1	0
Rutland	3	3
Washington	8	12
Windham	1	1
Windsor	0	0

Questions 19 and 20: Do you identify with or consider yourself to be a member of any of the following populations? [Select all that apply] and Does the organization you are affiliated with (e.g., work for, volunteer for, own) assist or provide services to any of these priority populations? [Select all that apply]

	Respondent [N=50]	Respondent Organizations [N=52]
Low-income (below \$60,625 annual salary for a family of 4)	1	44
Low education (high school or less)	0	39
Elderly (65 years and older)	3	37
Teens or youth (19 years and younger)	0	29
Uninsured	0	39
Racial and/or ethnic minority	2	36
Cancer survivor	9	47
None of the above	39	3

Question 21: How have you been involved in the development of the 2020 Vermont Cancer Plan (if at all)? [Select all that apply]

	Responses [N=51]
I read about the 2020 Vermont Cancer Plan development in VTAAC newsletter(s)	24
I completed one or more surveys providing input on 2020 Vermont Cancer Plan objectives and/or strategies	23
I attended one or more VTAAC workgroup meetings to discuss 2020 Vermont Cancer Plan objectives and/or strategies	18
I participated in the discussions of the 2020 Vermont Cancer Plan objectives that took place at the June 2015 VTAAC Annual Meeting	15
I am a member of the 2020 Cancer Plan Development Committee	13
I heard updates about the 2020 Vermont Cancer Plan development process at VTAAC Steering Committee meeting(s)	12
I heard about the 2020 Vermont Cancer Plan development during a non-VTAAC professional meeting	11
I did not know that VTAAC and the Department of Health were developing a 2020 Vermont Cancer Plan	3
Other: <ul style="list-style-type: none"> • David Cranmer keeps our board informed • I was consulted regarding my opinions of cancer plan metrics. • I heard about the 2020 plan at the 2015 VTAAC annual meeting. • None • Submitted changes upon request by Leanne • Meetings with CCC staff on an as-needed basis. 	6

Question 22: Please use this space to share any thoughts on how VTAAC could be improved or any information you would like the VTAAC leadership to know.

- If I can contribute in the area of breast cancer; screening, high risk, genetics and treatment, these are my areas of interest and knowledge.
- Doing a good job providing information. Need to find ways to recruit more.
- I hope VTAAC/Dept of Health/ACS/partners can spend plenty of time planning for future stable source of funding for VTAAC. This is crucial in the fight against cancer. Thank you.
- VTAAC is a great opportunity to meet and discuss cancer prevention and support across the state. There is a true sense of commitment and desire for collaboration across members and organizations. It would be great to get more geographically diverse membership in the work groups.