

Vermonters Taking Action Against Cancer

*Program to Analyze, Record, & Track Networks to Enhance Relationships (PARTNER):
Findings & Application to Strategic Planning*

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Objectives

- Apply PARTNER findings to enhance VTAAC outcomes
 - Identify existing linkages across individual partners and groups
 - Highlight opportunities for strategic relationship building by promoting linkages among individual partners as well as within & across groups
 - Identify opportunities to expand and diversify network and reach of services that align with Vermont Cancer Plan goals



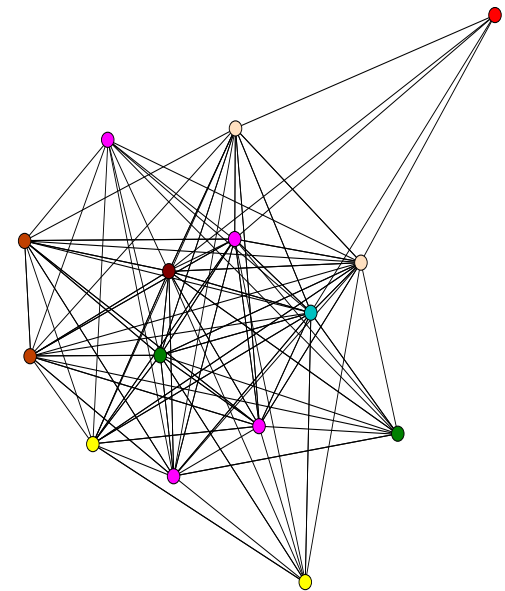
NETWORK ANALYSIS

Network

Set of relationships and the patterns they create

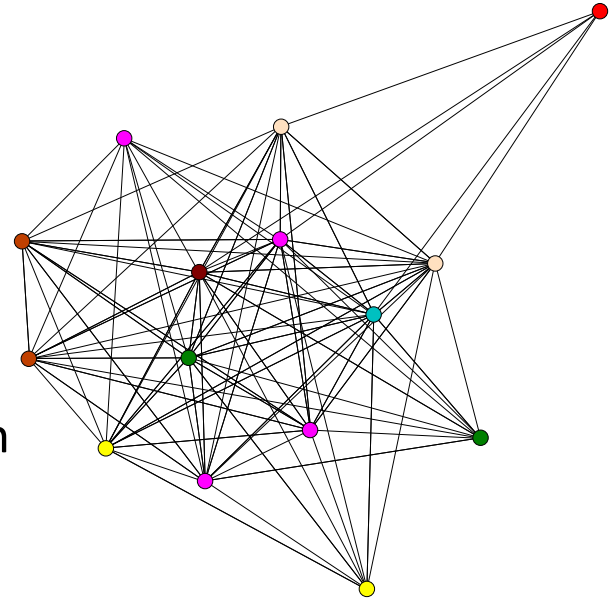


Patterns influence the quality of communication & the likelihood of collaboration and innovation.



Social Network Analysis (SNA)

- Emerging method to evaluate public health networks
- Systems approach
- Public Health applications:
 - Disease transmission
 - Information transmission
 - Diffusion of innovations
 - Role of social support & social capital
 - Influence of social networks on social health behaviors
 - Inter-organizational public health networks
 - & more!



PARTNER

Program to Analyze, Record & Track Networks to Enhance Relationships

Web-based social network analysis tool designed to measure and monitor collaboration among people/organizations.

Designed by researchers at the University of Colorado for collaboratives/coalitions to demonstrate:

- how members are connected
- how resources are leveraged & exchanged
- the levels of trust among network partners
- linkage of outcomes to the process of collaboration

Provides mechanism to demonstrate to stakeholders, partners, evaluators, and funders changes in collaborative activity over time and progress in partner organizations' participation

www.partnertool.net

How the PARTNER Survey Works

Develop a list of partners

Send the survey to a contact who:

Answers several questions specific to his/her organization

- How long with the organization
- What resources their organization contributes
- What is the most important resource their organization contributes
- How successful has the network been in achieving its goals
- Which collaborative activities contribute to that success

Identifies other organizations within the network with which their organization works

Answers several questions specific to each of these identified partners

- Value to the network (power/influence, level of involvement, resource contribution)
- Trust (reliability, mission alignment, open to discussion)
- Level of collaborative activity (cooperative, coordinated, integrated)

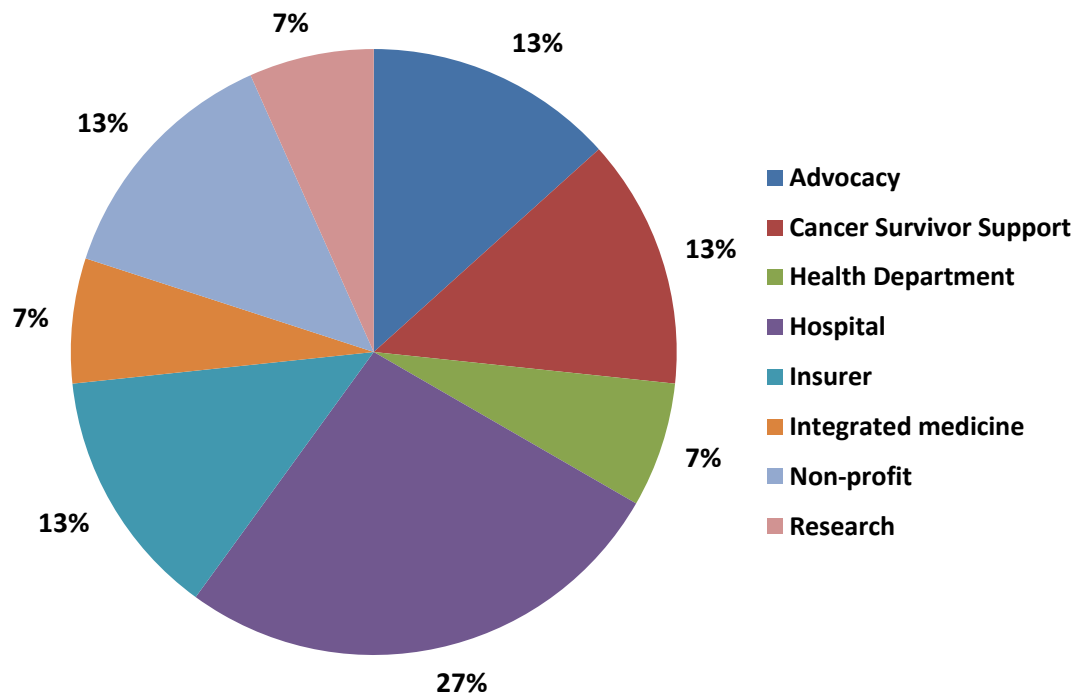


VTAAC PARTNER FINDINGS

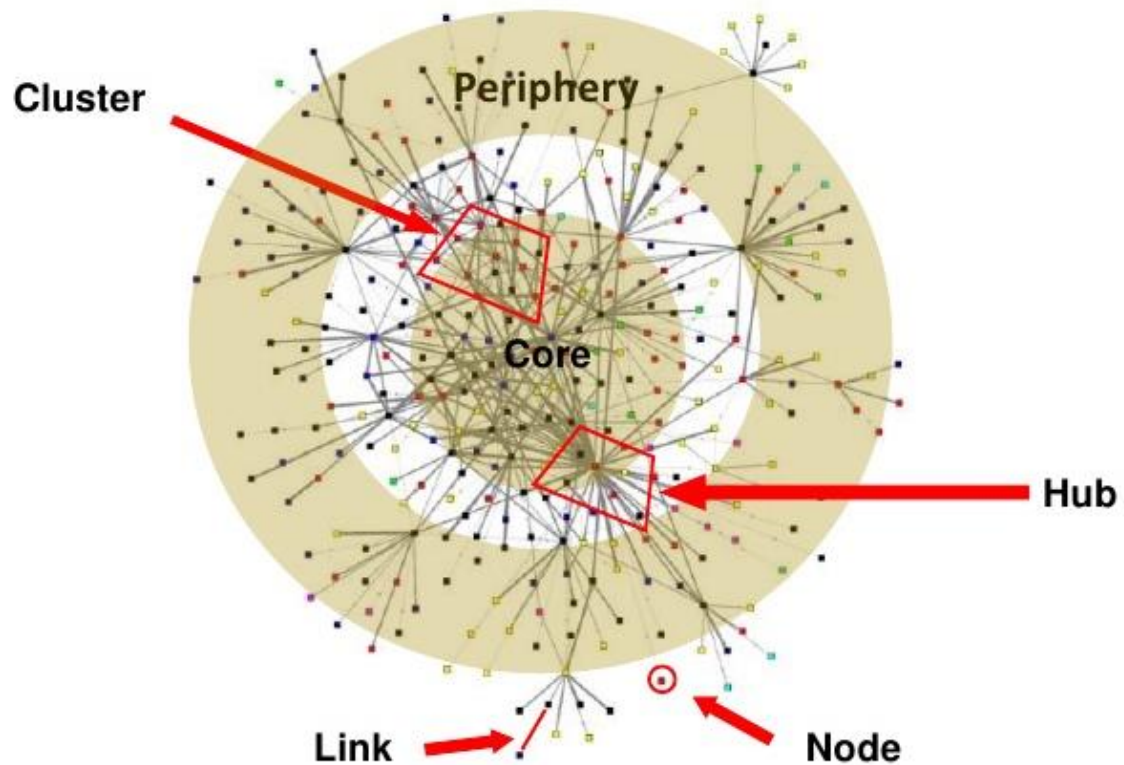
VTAAC PARTNER Survey Demographics

- Fall 2016
- Response Rate: 87% (n = 15 initiated, 13 completed)

Group Type	N
Advocacy	2
Cancer Survivor Support	2
Health Department	1
Hospital	4
Insurer	2
Integrated medicine	1
Non-profit	2
Research	1
Total	15



A Few Definitions...

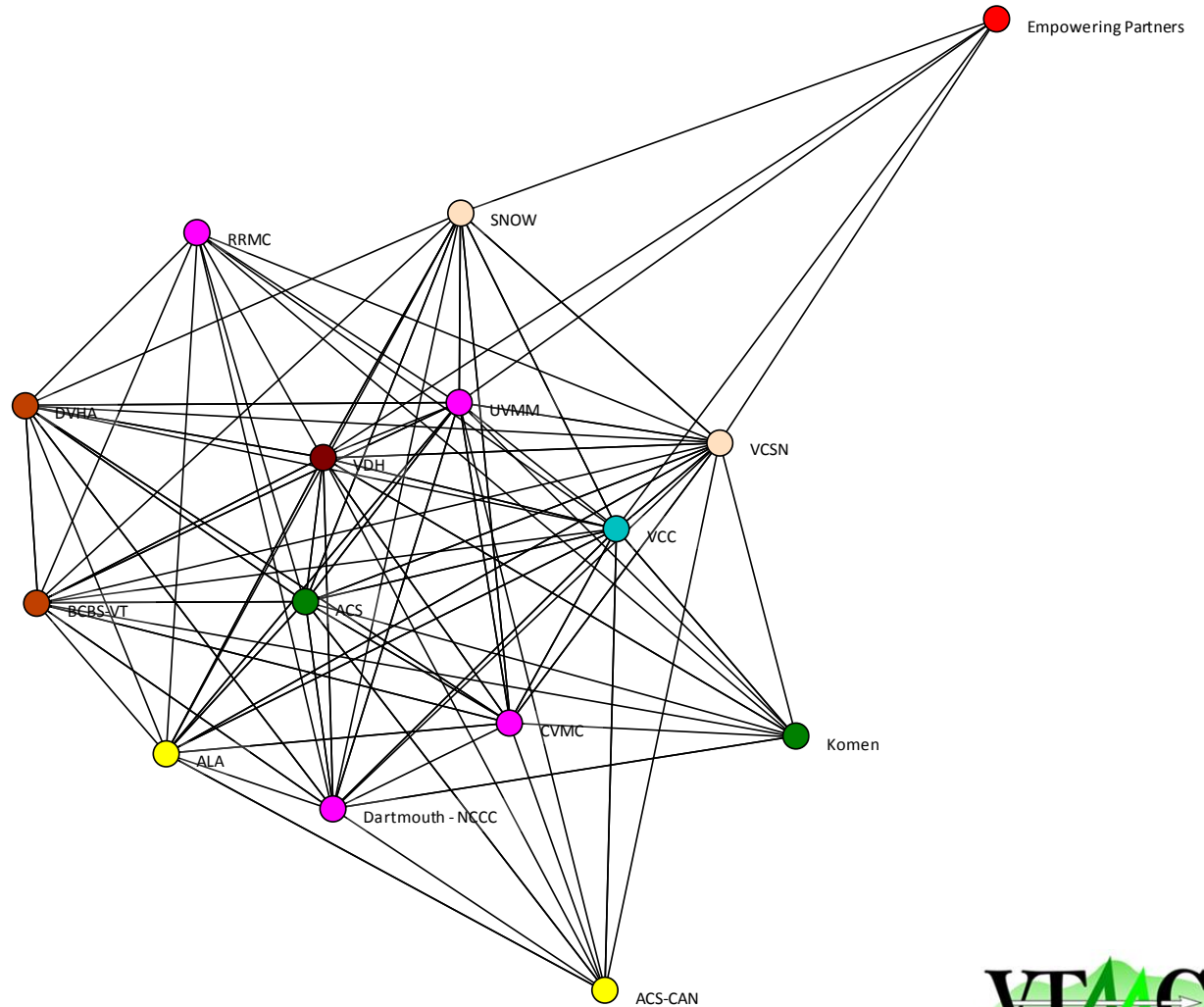
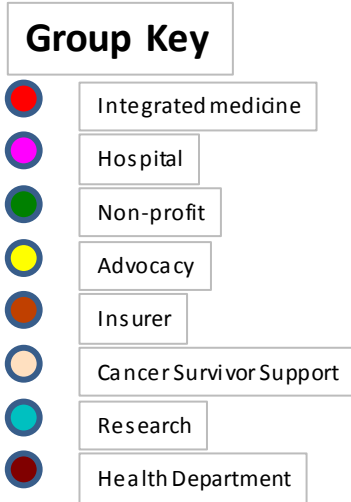


MONITOR INSTITUTE

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<http://www.slideshare.net/workingwikily/social-networks-for-social-change-wsp-166>

VTAAC Network



Collaborative Activity Levels



Awareness

- Of organizations' role in system

Cooperative

- Activities that promote information exchange—"Parallel activities"

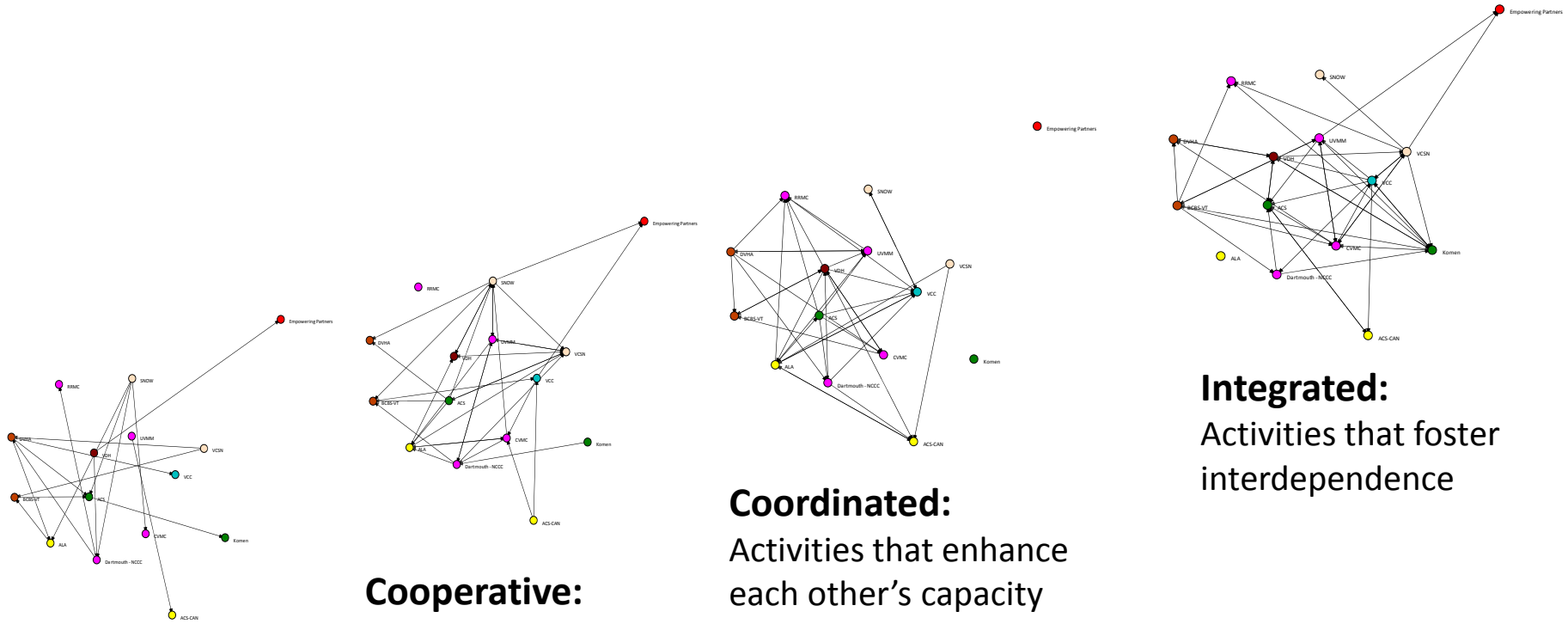
Coordinated

- Activities that enhance each other's capacity – "Braided activities"

Integrated

- Activities that foster interdependence– "Blended activities"

Levels of Collaborative Activities



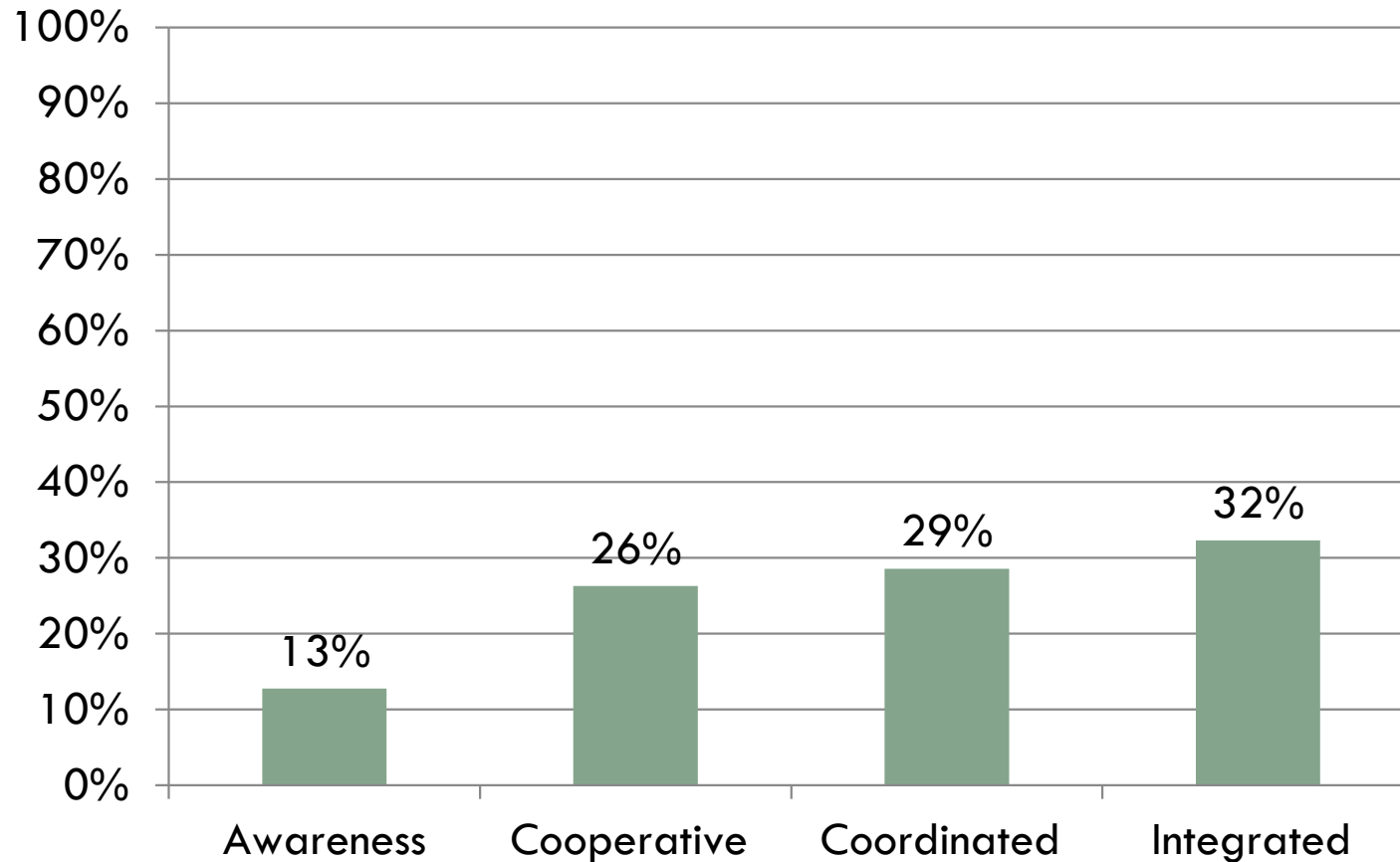
Awareness:
Of organizations' role in VTAAC

Cooperative:
Activities that promote info exchange

Coordinated:
Activities that enhance each other's capacity

Integrated:
Activities that foster interdependence

Distribution of Activity Levels





NETWORK LEVEL METRICS

- Density
- Centrality
- Trust

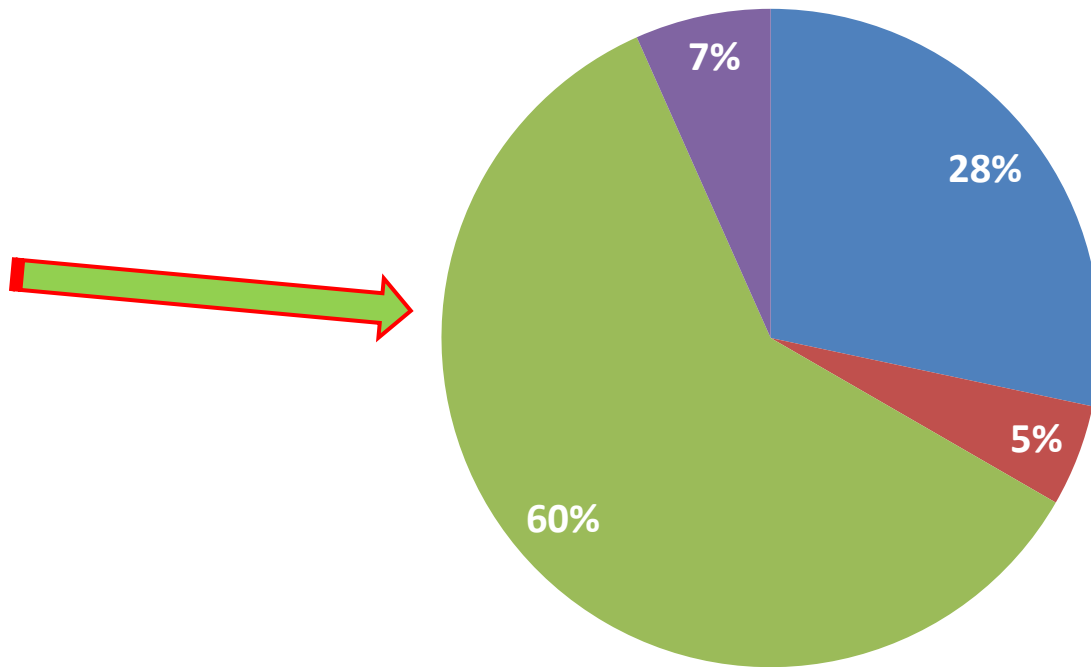
Network Metrics

Dimension	VTAAC	PARTNER*	Description
Density	82%	48%	% of ties present in the network in relation to the total # of possible ties in the entire network.
Centrality	21%	46%	The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more decentralized).
Trust	85%	77%	Level of trust among members. 100% occurs when all members trust others at the highest level.

*PARTNER Public Health Data Set (407 Networks)

Please describe how your organization's relationship with this organization developed. [select all that apply]

- Through VTAAC's committees, task forces, trainings, meetings, or other related activities
- Through another VTAAC partner organization
- Through other community work not related to VTAAC
- Other

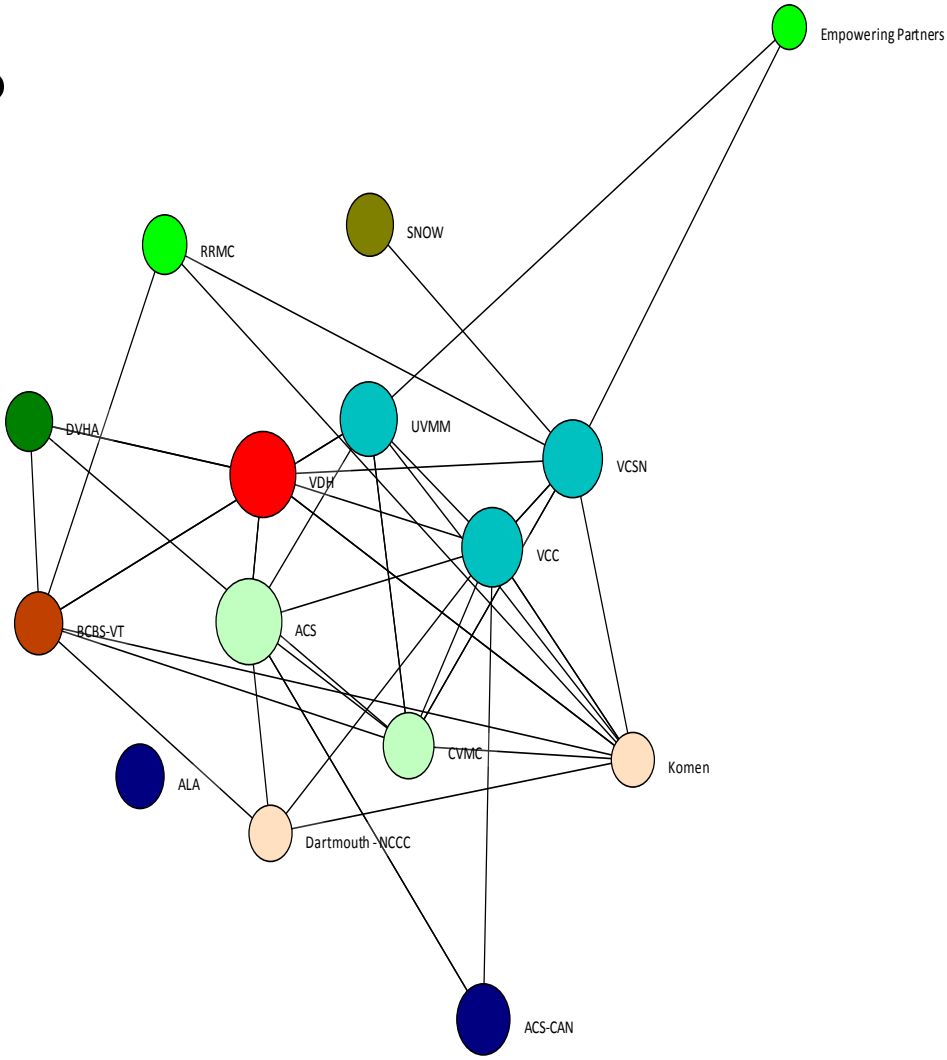


40% report that VTAAC work has deepened their relationships

What is your organization's most important contribution to the VTAAC?

Contribution/Resource Key

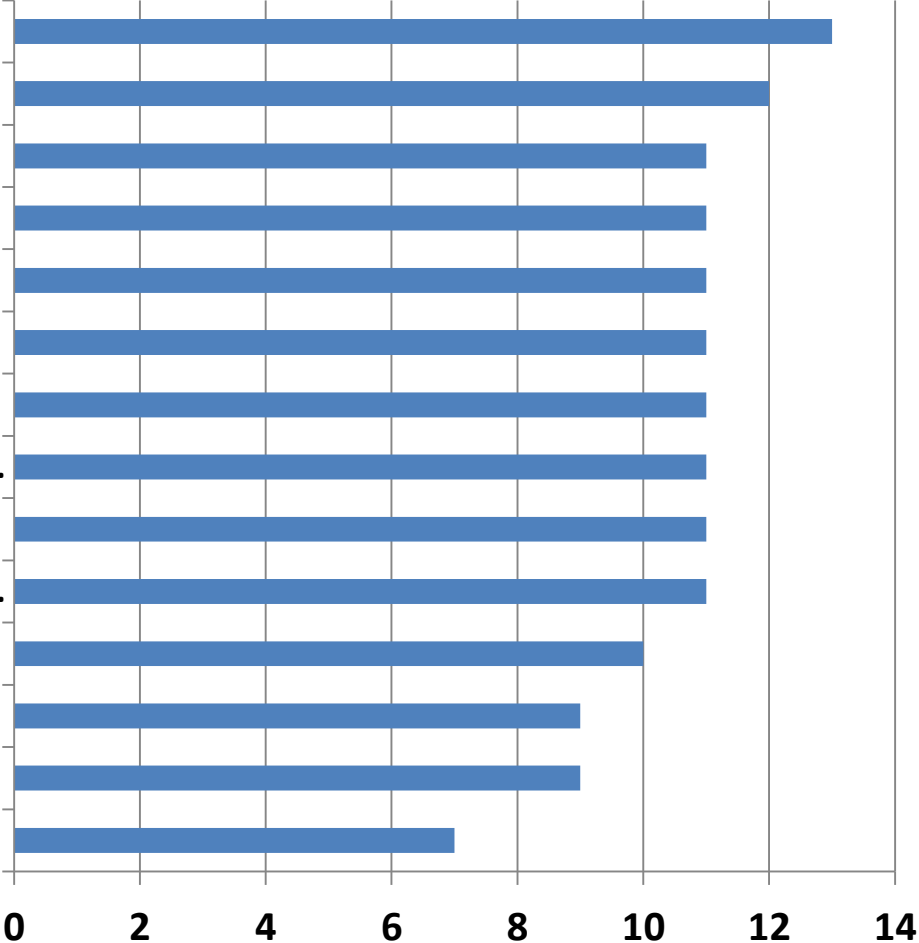
- Funding
- Paid Staff
- Data Resources including datasets, collection and analysis
- Info/Feedback
- Specific Health Expertise
- Community Connections
- Facilitation/Leadership
- Advocacy
- No response



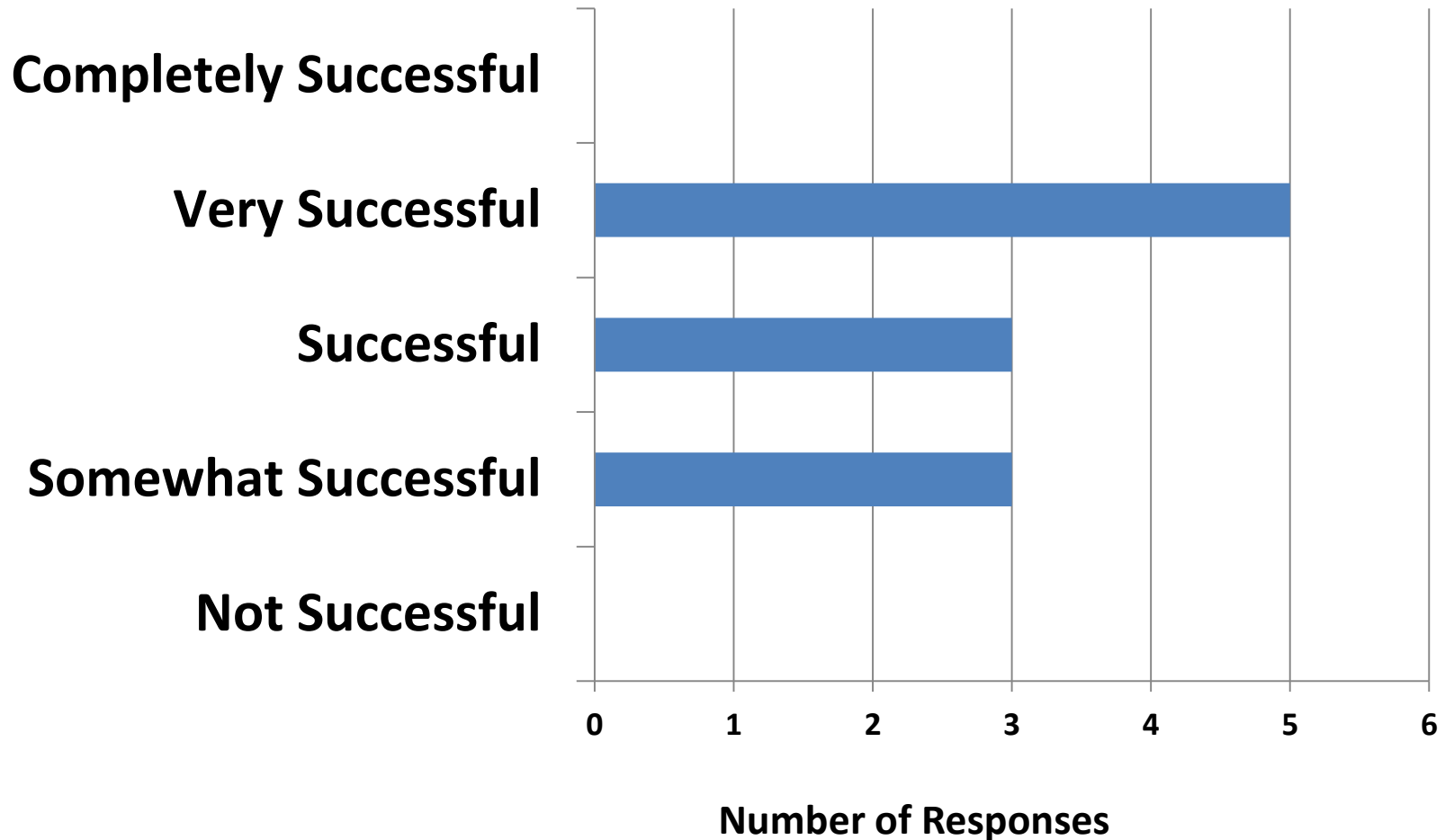
Outcomes of VTAAC's work include (or could potentially include):

(choose all that apply)

- Improved communication among member organizations
- Improved resource sharing among member organizations
- Reduction of health disparities
- Improved health outcomes
- Policy, law and/or regulation changes
- Increased public awareness
- Enhanced community support
- Creation or delivery of health education...
- Shared workplans among member organizations
- Increased knowledge sharing among member...
- System changes
- Environmental changes
- Public Awareness
- Improved services



How successful has VTAAAC been at reaching its desired outcomes?



What aspects of collaboration contribute to this success?

(Choose all that apply)

Bringing together diverse stakeholders

Having a shared mission, goals

Sharing resources

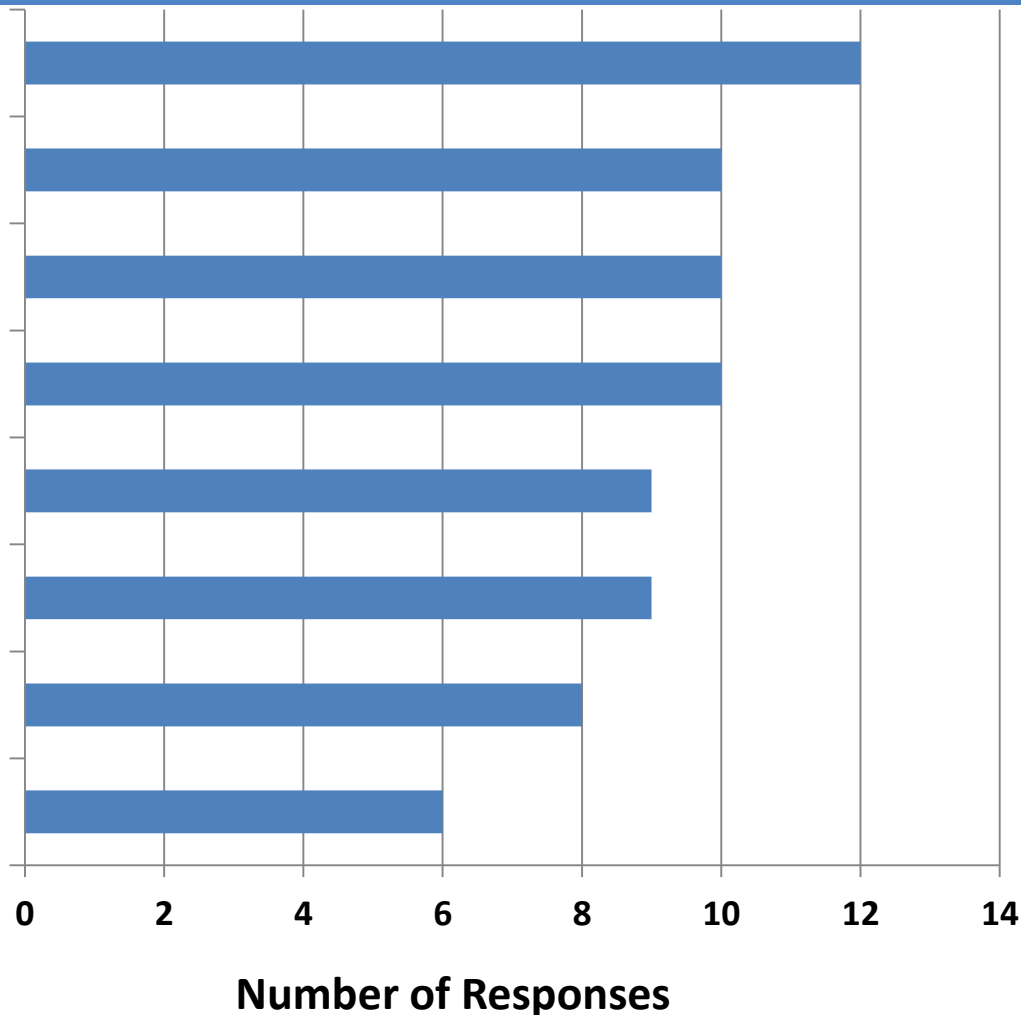
Exchanging info/knowledge

Having shared workplans

Meeting regularly

Collective decision-making

Creating informal relationships



Which is VTAAC's most important outcome?

Improved communication among member organizations

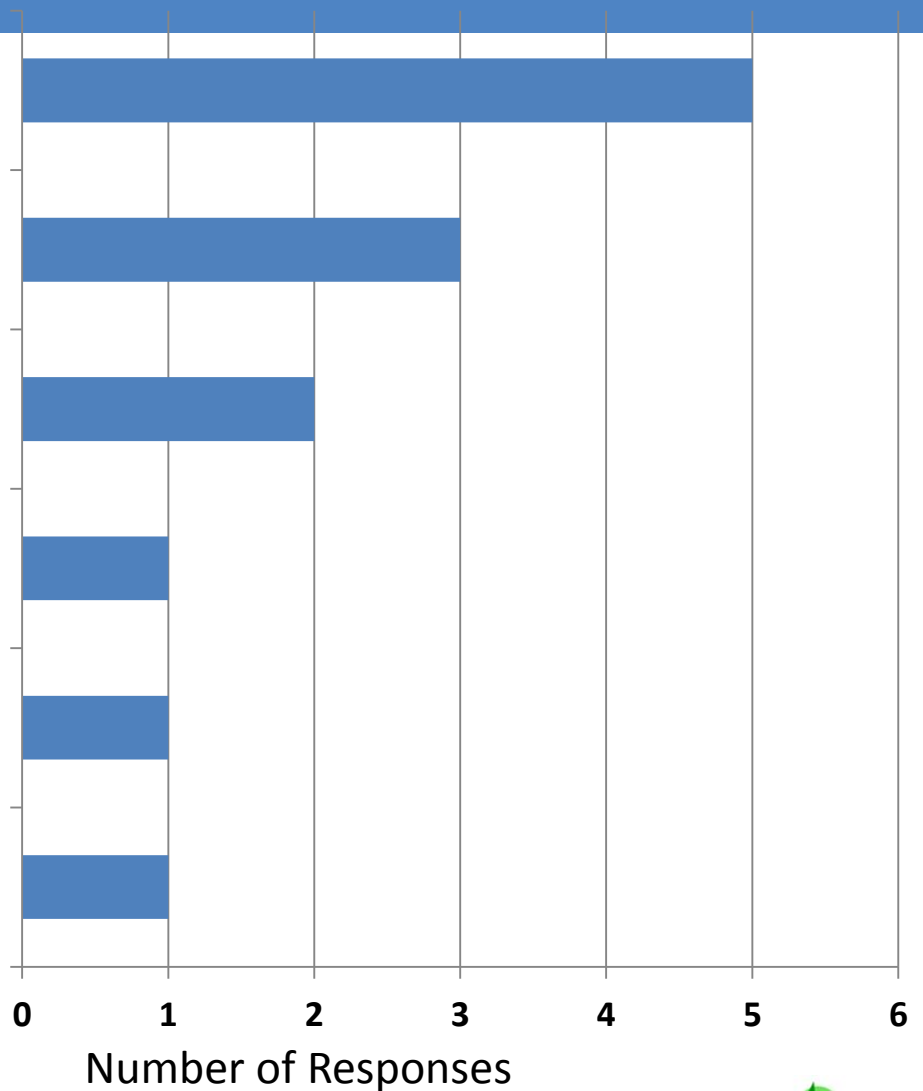
Improved health outcomes

Shared workplans among member organizations

Reduction of health disparities

Increased knowledge sharing among member organizations

Improved resource sharing among member organizations



Collaborative Activity Levels



Awareness

- Of organizations' role in system

Cooperative

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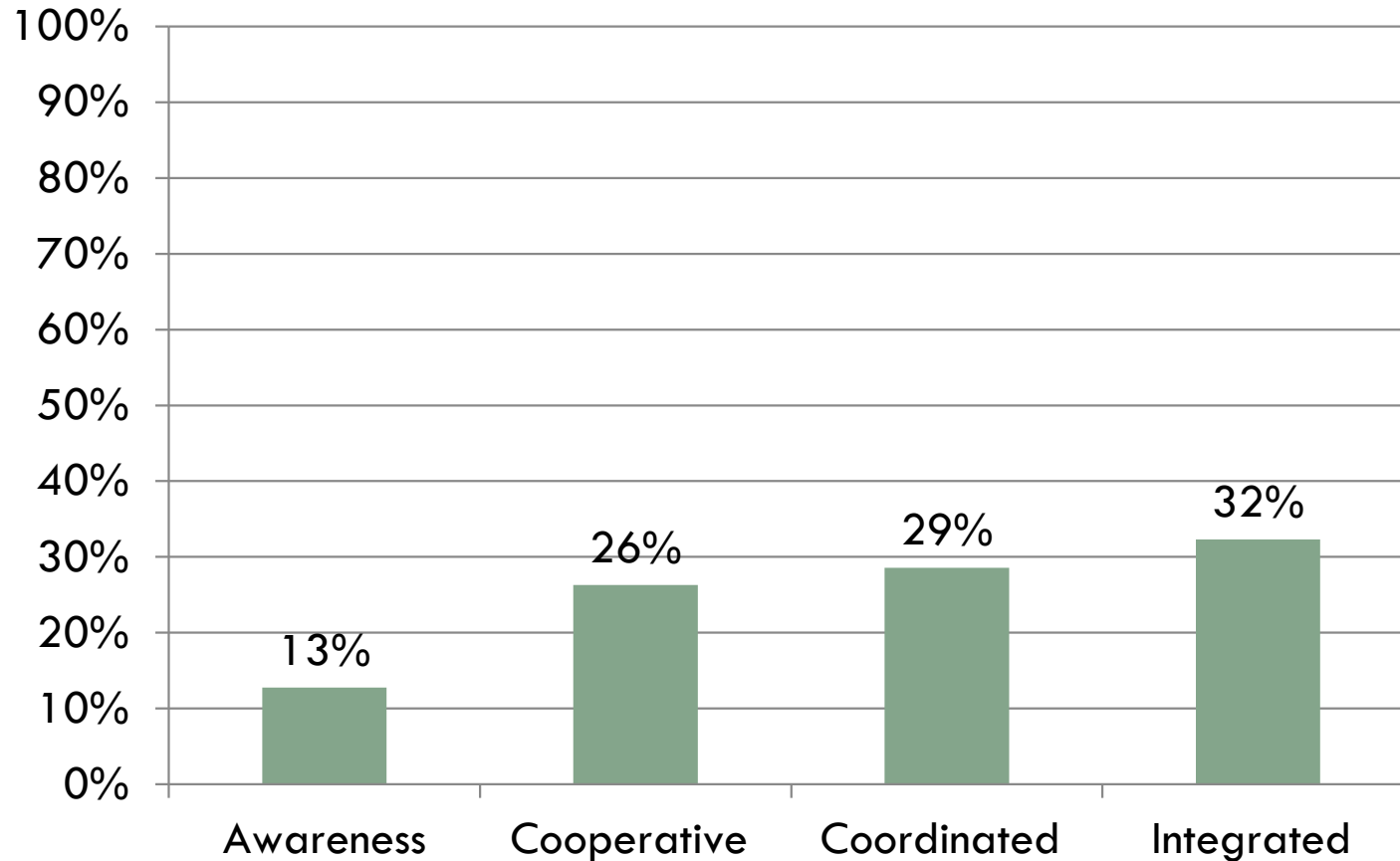
Coordinated

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Integrated

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Distribution of Activity Levels



2016 – 2020 VERMONT CANCER PLAN

A FRAMEWORK FOR ACTION

Effective March 2016



Comparison of PARTNER Participants and Steering Committee Membership

PARTNER Survey Participant	Steering Committee Representation
American Cancer Society	Yes
Susan G. Komen	No
American Cancer Society Cancer Action Network	Yes, but position currently vacant
American Lung Association	Yes
Blue Cross Blue Shield VT	Currently on Workgroup/Taskforce
Dept. of VT Health Access (Incl. Blueprint & MCD)	Yes
UVM Med Center	Yes
Central VT Medical Center (CVMC)	Yes
Rutland Regional Medical Center (RRMC)	Yes
Dartmouth-Hitchcock Norris Cotton Cancer Center	Yes
UVM Cancer Center	Yes
Survivorship NOW	Organization has folded
Vermont Cancer Survivor Network	Yes
Vermont Department of Health	Yes
Empowering Partners	No

Reflective Questions

- **How are we able to effect the strategic goals/outcomes with the existing Steering Committee?**
- **Where does the work of your organization align with VTAAC goals?**

VTAAC Goals

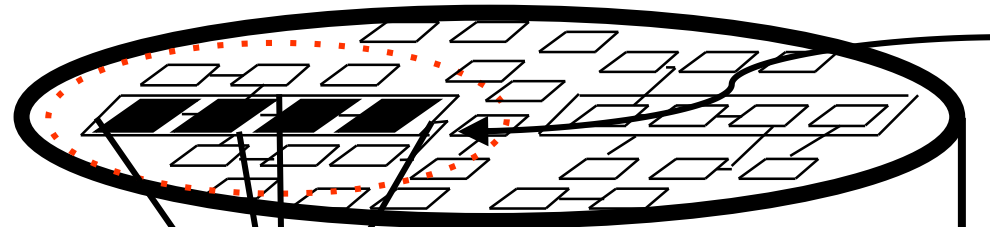
- Reduce Disparities
- Prevention
- Early Detection
- Cancer Directed Therapy & Supportive Care
- Survivorship & End-of-Life Care

GOALS	FOCUS AREA	ACTIONS
<p>Disparities</p> <p>Reduce cancer-related disparities</p>	<ul style="list-style-type: none"> • Low-Income Vermonters • Cancer Survivors 	<ul style="list-style-type: none"> • Assess barriers to screening & preventive care • Work with partners who serve low-income populations • Promote & support advocacy for quality, affordable care • Surveillance - assess impact of cancer on low-income populations
<p>Prevention</p> <p>Prevent cancer from occurring or recurring</p>	<ul style="list-style-type: none"> • Tobacco • Oral Health • Physical Activity/Nutrition • HPV • Environmental Hazards 	<ul style="list-style-type: none"> • Collaborate with partners focused on chronic disease prevention • Promote widespread adolescent vaccination for HPV • Support partners & promote programs focused on reducing environmental hazards like radon & safe water • Support efforts to use media to educate key audiences about risk factors
<p>Early Detection</p> <p>Detect cancer at its earliest stages</p>	<ul style="list-style-type: none"> • Colorectal • Cervical • Breast • Lung • Prostate 	<ul style="list-style-type: none"> • Promote public & provider cancer screening guideline documents • Contribute to public & provider education • Promote & implement health systems interventions • Support efforts to use media to promote the importance of screening & early detection.
<p>Cancer Directed Therapy & Supportive Care</p> <p>Treat cancer with appropriate, quality care</p>	<ul style="list-style-type: none"> • Cancer Directed Therapy • Palliative Care • Complementary & Integrative Medicine 	<ul style="list-style-type: none"> • Promote importance of palliative care w/in cancer treatment cycle • Promote safe & educated use of appropriate complementary therapies • Promote cancer treatment based on evidence-based guidelines, treatment planning, & the needs of the whole patient
<p>Survivorship & End-of-Life Care</p> <p>Ensure the highest quality of life possible for cancer survivors</p>	<ul style="list-style-type: none"> • Survivorship Care Plans • Optimal Health for Survivors • End-of-Life Care 	<ul style="list-style-type: none"> • Promote & educate partners regarding importance of survivorship care plans • Support survivorship programs • Educate survivors & providers about strategies to reduce cancer recurrence • Promote optimal health for survivors • Support end of life care initiatives

Systems Within Systems

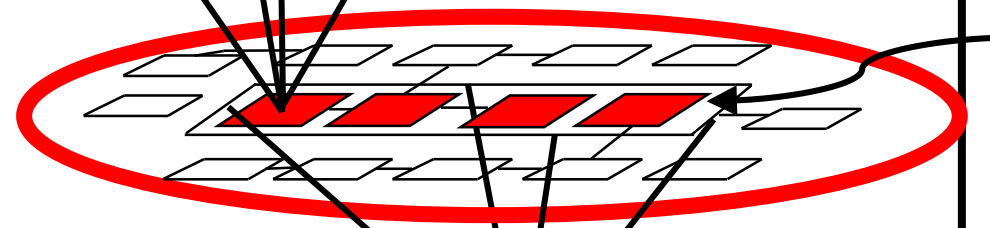
Examples

Here the people intersect with the system



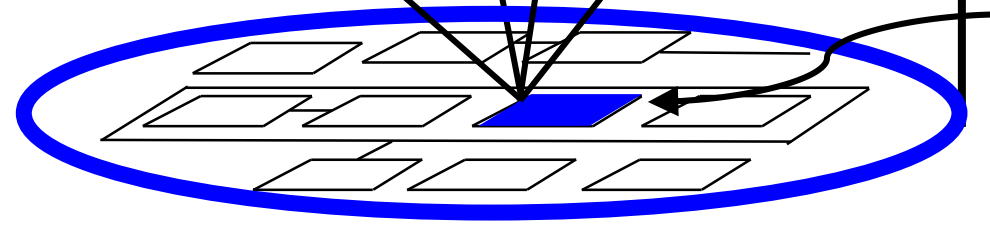
Where people live, work and play

Here conditions for success or failure are determined



Steering Committee, Workgroups

Here policies & resources impacting environment are generated (regulations & funding)



Federal / State Level Government

Approaches to Network Development

- Diversify Steering Committee
- Identify more targeted potential member contributions
- Clarify/refine expected outcomes





STEERING COMMITTEE DIVERSIFICATION

Discussion

Where you feel as Steering Committee that there are opportunities to diversify?



Diversify Steering Committee and Core Partners: Potential Additional Representation

- Local AAP
- Provider Association
- Bi-State (FQHCs)
- Hospital Association
- Dental Society
- Local ACOG
- Home Care
- Housing
- Family Planning/Title X
- Schools
- Others??



VTAAC MEMBER CONTRIBUTIONS

Contributions to the Network - PARTNER

Organizations	Info/ Feedback	Community Connections	Facilitation/ Leadership	Specific Health Expertise	In-Kind Resources	Advocacy	Expertise Other Than in Health	Volunteers and Volunteers Staff	Data Resources	Funding	Paid Staff	# of Resources per Org
American Cancer Society	X	X	X*	X	X		X	X		X	X	9
American Cancer Society Cancer Action Network		X	X		X	X*	X	X			X	7
American Lung Association	X	X	X	X	X	X*				X		7
Blue Cross Blue Shield VT	X						X		X*			3
Central VT Medical Center (CVMC)	X	X	X*			X						4
Dartmouth-Hitchcock Norris Cotton Cancer Center	X*	X	X	X	X				X			6
Department of Vermont Health Access (Includes Blueprint and Medicaid)	X		X	X					X		X*	5
Survivorship NOW	X	X*			X	X						4
Susan G. Komen	X*											1
UVM Cancer Center	X	X	X	X*	X	X	X	X	X	X		10
UVM Medical Center (including Community Health Improvement)	X	X	X	X*		X		X				6
Vermont Cancer Survivor Network	X	X	X	X*	X	X	X	X				8
Vermont Department of Health	X	X	X	X	X		X		X	X*		8
# of Orgs per Resource	12	10	10	8	8	7	6	5	5	4	3	78

Additional Contributions to Consider

- Provides funding through grants & contracts to support the implementation of programs, community initiatives, etc.
- Participates in data resource sharing, including data sets, collection & analysis to support the implementation of programs / community initiatives
- Participates in an advisory role/capacity by sharing information & providing feedback to support the implementation of programs / community initiatives
- Facilitates / promotes relationships across programs or practices by convening stakeholders for the purpose of program planning, implementation & information sharing
- Regularly advocates for policy in support of systems of supports & services
- Organizes data across partner organizations so that it is usable & can inform system planning

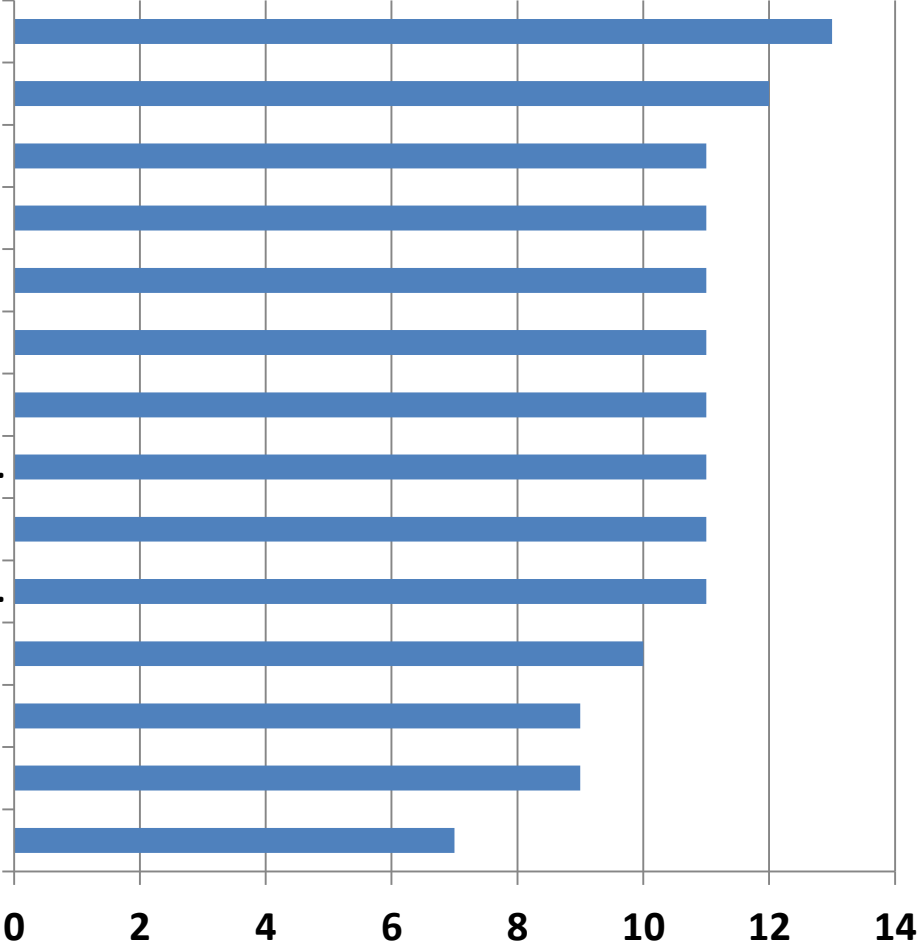


VTAAC OUTCOMES

Outcomes of VTAAC's work include or could potentially include):

(choose all that apply)

- Improved communication among member organizations
- Improved resource sharing among member organizations
- Reduction of health disparities
- Improved health outcomes
- Policy, law and/or regulation changes
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- System changes
- Environmental changes
- Public Awareness
- Improved services



Refine Outcomes

- Improved health education services, health literacy, educational resources
- Expanded sources and/or utilization of data
- Increased access to assessment, screening, and services
- Expanded/improved use of culturally relevant, evidence-based, prevention/wellness practices across primary care & community-based settings
- Workforce that understands cancer prevention and treatment
- Improved systems of care for people with cancer and their families at the local, state, and federal levels
- More informed consumers of services (preventive behaviors – e.g., seeking screenings, services, etc.)



APPLYING PARTNER DATA TO SELECTED GOALS OF THE VTAAC CANCER PLAN

Goal 3. Increase use of the dental system among Vermonters.

Objectives

Measures

BASELINE (YEAR) TARGET (2020)

3.1	Increase % of adults using the dental system yearly. (Data Source: BRFSS)*	72% (2014)	85%
	a. % of adult cancer survivors who use the dental system yearly. (Data Source: BRFSS)*	70% (2014)	85%
3.2	Increase % of children in grades K-12 using the dental care system yearly. (Data Source: School Nurse Report)	K-6: 74% 7-12: 60% (2014)	K-6: 80% 7-12: 70%

* Measure is age adjusted to the 2000 U.S. standard population.

Indicator values 2016:

3.1 - % adults using dental system yearly: 71%

3.2 – % children K-6: 77% 7-12: 61%

✓ Strategies

- Increase awareness of the importance of oral health through public health dental hygienists and Tooth Tutor programs.
- Promote medical/dental integration.
- Increase access to oral health care through workforce initiatives.
- Maintain continuing education on tobacco prevention for oral health and primary care providers so that they can adequately provide all of their patients with the necessary information to help break their tobacco addiction.

Goal 5. Prevent HPV infections among young Vermonters.

	Objectives	Measures	
		BASELINE (YEAR)	TARGET (2020)
5.1	Increase % of females & males age 13-17 years receiving at least one dose of HPV vaccine. (Data Source: Vermont Immunization Registry)	F: 67% M: 54% (2014)	F: 70% M: 57%
5.2	Increase % of females & males age 13-17 years completing three-dose HPV vaccine series. (Data Source: Vermont Immunization Registry)	F: 46% M: 30% (2014)	F: 48% M: 32%
5.3	Increase % of adolescents who have started the HPV series by age 15. (Data Source: Vermont Immunization Registry)	36% (2014)	38%
5.4	Decrease incidence rate of HPV-associated cancers. (Per 100,000 persons, Data Source: VCR)*	10.4 (2008-2012)	9.9

* Measure is age adjusted to the 2000 U.S. standard population.

✓ Strategies

- Educate providers and parents of the importance of HPV vaccination for boys and girls for all the cancers HPV causes.
- Collaborate with internal and external partners to develop effective strategies to promote HPV vaccine as an anti-cancer vaccine.
- Encourage health care providers to utilize client reminder/recall systems.

Goal 6. Reduce exposure to environmental hazards among Vermonters.

6A. Ultraviolet (UV) radiation from the sun and sun lamps

	Objectives	Measures	
		BASELINE (YEAR)	TARGET (2020)
6.1	Decrease % of youth in grades 6-12 reporting sunburns in the past 12 months. (Data Source: YRBS)	Grades 6-8: 54% (2015) Grades 9-12: 65% (2015)	Grades 6-8: 51% Grades 9-12: 62%
6.2	Decrease % of youth in grades 9-12 who have used a tanning booth or sun lamp in the past 12 months. (Data Source: YRBS)	4% (2015)	3%
6.3	Decrease incidence rate of invasive melanoma. (Per 100,000 persons, Data Source: VCR)*	29.0 (2008-2012)	27.6

* Measure is age adjusted to the 2000 U.S. standard population.

Indicator values 2016:
6.1 - % children grades 6-8: 54% grades 9-12: 65%

✔ Strategies

- Promote awareness of and compliance with Vermont's tanning regulations prohibiting use of tanning beds by Vermonters under age 18.
- Educate the public regarding the dangers of exposure to ultraviolet (UV) light, including indoor tanning.
- Promote evidence-based skin cancer prevention strategies in schools and parks/recreation programs.
- Promote education of health care providers about the importance of sun-safety counseling for children, adolescents, and young adults age 10 to 24 who have fair skin.
- Promote education of health care providers on the burden of skin cancer in Vermont and the evidence and information related to visual skin examination and skin cancer diagnosis and treatment.

Goal 7. Increase early detection of colorectal cancer among Vermonters.

Objectives

Measures

BASELINE (YEAR) TARGET (2020)

7.1	Increase % of adults age 50-75 who received recommended colorectal cancer screening. (Data Source: BRFSS)*	71% (2014)	80%
a.	Increase % of adults age 50-75 below 250% of FPL who received recommended colorectal cancer screening. (Data Source: BRFSS)*	61% (2014)	80%
b.	Increase % of adults age 50-64 who received recommended colorectal cancer screening. (Data Source: BRFSS)*	67% (2014)	80%
7.2	Decrease rate of colorectal cancers diagnosed at an advanced stage among adults age 50+. (Per 100,000 persons, Data Source: VCR)*	62.4 (2008-2012)	59.3

* Measure is age adjusted to the 2000 U.S. standard population.

Indicator values 2016:

7.1 - % adults receiving colorectal cancer screening: 73%

✓ Strategies

- Promote nationally recognized colorectal cancer screening guidelines to the health care provider community and to the public, highlighting populations that may be at elevated risk for colorectal cancer.
- Encourage health care providers to use evidence-based practices to increase cancer screening rates such as provider and client reminder and recall systems.
- Conduct provider education and training to increase awareness of the importance of risk assessment in discussing colorectal cancer screening with patients.
- Conduct provider education and training regarding the importance of offering all nationally recognized colorectal cancer screening test options, and matching patients with the test they are most likely to complete.
- Educate health care providers and the public about low and no-cost cancer screening resources for low-income Vermonters.

Goal 12. Improve access to optimal cancer directed therapy among Vermonters.

Objectives

Measures

BASELINE (YEAR) TARGET (2020)

12.1	Increase % of prospective cases presented at a multi-disciplinary cancer conference at Commission on Cancer accredited cancer programs. (Data Source: Commission on Cancer accredited cancer programs)	96% (2014)	100%
12.2	Increase % of annual analytical cases accrued to clinical trials at Commission on Cancer accredited cancer programs. (Data Source: Commission on Cancer accredited cancer programs)	21% (2014)	22%
12.3	Increase % of Commission on Cancer Quality of Care Measures with national benchmarks that are met or exceeded by Commission on Cancer accredited cancer programs. (Data Source: National Cancer Data Base)	86% (2013)	90%

✓ Strategies

- Ensure vulnerable populations have access to quality care for cancer treatment.
- Promote available clinical trials and multidisciplinary conferences at Commission on Cancer accredited cancer programs.
- Provide regional cancer burden data to Commission on Cancer accredited cancer committees to assist hospitals in setting treatment goals.
- Support American College of Surgeon State Cancer Liaison in promoting regular communication and in-person meetings between staff at Commission on Cancer accredited cancer programs.
- Monitor policy changes that may affect clinical trial participation and support efforts to educate and advocate for change.
- Support VTAAC and Department of Health participation in cancer committee meetings and activities.



Goals, Objectives & Strategies

This section provides an overview of the factors influencing cancer in Vermont and outlines the goals, objectives and strategies that will be addressed through the *Vermont Cancer Plan*. The information in this section is aligned with the overarching goals of the plan:

Disparities

Reduce cancer-related disparities in Vermont.

Prevention

Prevent cancer from occurring or recurring.

Early Detection

Detect cancer at its earliest stages.

Cancer Directed Therapy & Supportive Care

Treat cancer with appropriate, quality care.

Survivorship & End-of-Life Care

Assure the highest quality of life possible for cancer survivors.

The definitions below describe the measurement terms used in this plan:

GOALS: The major changes to be achieved through *Vermont Cancer Plan* efforts.

OBJECTIVES: Measurable accomplishments to achieve the goals.

STRATEGIES: Specific actions taken to achieve objectives. Strategies are based on research or proven best practices when possible.

TARGETS: Benchmarks for measuring progress.

TIMEFRAME: All targets are set for the five year timeframe of this plan: 2016-2020.

Lung Cancer Screening Taskforce

- 2017 Survey of Hospitals serving Vermonters. Next steps to increase screening, exploring statewide lung cancer screening summit.
- VCP Implementation Grant to SVMC –lung & colorectal cancer screening

Joint Payer Taskforce

- 2017 Evaluation documented project strengths and challenges. VDH & taskforce looking to move forward with more project management oversight.

Colorectal Cancer Screening Taskforce (*structure currently not formal*)

- Work with BiState Primary Care-FQHC staff trainings, development of clinical guidelines, supporting 1 FQHC in a CRC QI project
- CoC hospitals working on CRC (*Flu/FIT staff clinic, CRC screening event*)
- QI Project with Community Health Centers of the Rutland Region (CHCRR)
- VCP Implementation Grant to SVMC –lung & colorectal cancer screening

Skin Cancer Prevention/Detection Taskforce

- Taskforce currently not active
- 2017 related activities:
 - Worked with VT School Nurses Assoc. to carry out communication via school bulletin
 - Added sunscreen to school health parental signature form (template)
 - Related community outreach & education (UVM 5K Race, Relay for Life, BCBS Bolton Snow Day, Hope on the Slopes)
- 2018/2019 – VCP Implementation Grant with Impact Melanoma

Other VTAAC/VT CCC Efforts

- Applying for/receiving new 5-Year CDC Cooperative Agreement
- VTAAC Evaluation Committee (Kindred Connections & Joint Payer evaluations)
- VTAAC Annual Meeting (focus on 3-4-50)
- Cancer Plan Implementation Grant Process & Selection
- And countless partnering successes!



NEXT STEPS?