Vermonters Taking Action Against Cancer

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

January 26, 2018
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JSI
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!
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)

<table>
<thead>
<tr>
<th>Group Type</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>2</td>
</tr>
<tr>
<td>Cancer Survivor Support</td>
<td>2</td>
</tr>
<tr>
<td>Health Department</td>
<td>1</td>
</tr>
<tr>
<td>Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Insurer</td>
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</tr>
<tr>
<td>Integrated medicine</td>
<td>1</td>
</tr>
<tr>
<td>Non-profit</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
A Few Definitions...

http://www.slideshare.net/workingwikily/social-networks-for-social-change-wsp-166
VTAAC Network

Group Key
- Integrated medicine
- Hospital
- Non-profit
- Advocacy
- Insurer
- Cancer Survivor Support
- Research
- Health Department

Empowering Partners

UVMM
ACS
ACS-CAN
ALA
BCBS-VT
CVMC
Dartmouth - NCCC
DVHA
Komen
RRMC
SNOW
VCC
VCSN
VDH

VTAAC Network

VeroNet

DEPARTMENT OF HEALTH
Vermonters Taking Action Against Cancer
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

- Awareness: 13%
- Cooperative: 26%
- Coordinated: 29%
- Integrated: 32%
NETWORK LEVEL METRICS

- Density
- Centrality
- Trust
## Network Metrics

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

*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 data sets, 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

Number of Responses
How successful has VTAAC been at reaching its desired outcomes?

- Completely Successful
- Very Successful: 5 responses
- Successful: 3 responses
- Somewhat Successful: 3 responses
- Not Successful: 0 responses

Number of Responses
What aspects of collaboration contribute to this success?  
(Choose all that apply)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing together diverse stakeholders</td>
<td>10</td>
</tr>
<tr>
<td>Having a shared mission, goals</td>
<td>10</td>
</tr>
<tr>
<td>Sharing resources</td>
<td>10</td>
</tr>
<tr>
<td>Exchanging info/knowledge</td>
<td>10</td>
</tr>
<tr>
<td>Having shared workplans</td>
<td>9</td>
</tr>
<tr>
<td>Meeting regularly</td>
<td>8</td>
</tr>
<tr>
<td>Collective decision-making</td>
<td>8</td>
</tr>
<tr>
<td>Creating informal relationships</td>
<td>6</td>
</tr>
</tbody>
</table>
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

Number of Responses
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”
Distribution of Activity Levels

- Awareness: 13%
- Cooperative: 26%
- Coordinated: 29%
- Integrated: 32%
2016 - 2020
VERMONT CANCER PLAN
A FRAMEWORK FOR ACTION
Effective March 2016
## Comparison of PARTNER Participants and Steering Committee Membership

<table>
<thead>
<tr>
<th>PARTNER Survey Participant</th>
<th>Steering Committee Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society</td>
<td>Yes</td>
</tr>
<tr>
<td>Susan G. Komen</td>
<td>No</td>
</tr>
<tr>
<td>American Cancer Society Cancer Action Network</td>
<td>Yes, but position currently vacant</td>
</tr>
<tr>
<td>American Lung Association</td>
<td>Yes</td>
</tr>
<tr>
<td>Blue Cross Blue Shield VT</td>
<td>Currently on Workgroup/Taskforce</td>
</tr>
<tr>
<td>Dept. of VT Health Access (Incl. Blueprint &amp; MCD)</td>
<td>Yes</td>
</tr>
<tr>
<td>UVM Med Center</td>
<td>Yes</td>
</tr>
<tr>
<td>Central VT Medical Center (CVMC)</td>
<td>Yes</td>
</tr>
<tr>
<td>Rutland Regional Medical Center (RRMC)</td>
<td>Yes</td>
</tr>
<tr>
<td>Dartmouth-Hitchcock Norris Cotton Cancer Center</td>
<td>Yes</td>
</tr>
<tr>
<td>UVM Cancer Center</td>
<td>Yes</td>
</tr>
<tr>
<td>Survivorship NOW</td>
<td>Organization has folded</td>
</tr>
<tr>
<td>Vermont Cancer Survivor Network</td>
<td>Yes</td>
</tr>
<tr>
<td>Vermont Department of Health</td>
<td>Yes</td>
</tr>
<tr>
<td>Empowering Partners</td>
<td>No</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>GOALS</th>
<th>FOCUS AREA</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparities</td>
<td>• Low-Income Vermonters</td>
<td>• Assess barriers to screening &amp; preventive care</td>
</tr>
<tr>
<td></td>
<td>• Cancer Survivors</td>
<td>• Work with partners who serve low-income populations</td>
</tr>
<tr>
<td></td>
<td><strong>Prevention</strong></td>
<td>• Promote &amp; support advocacy for quality, affordable care</td>
</tr>
<tr>
<td></td>
<td>• Tobacco</td>
<td>• Surveillance - assess impact of cancer on low-income populations</td>
</tr>
<tr>
<td></td>
<td>• Oral Health</td>
<td><strong>Prevention</strong></td>
</tr>
<tr>
<td></td>
<td>• Physical Activity/Nutrition</td>
<td>• Collaborate with partners focused on chronic disease prevention</td>
</tr>
<tr>
<td></td>
<td>• HPV</td>
<td>• Promote widespread adolescent vaccination for HPV</td>
</tr>
<tr>
<td></td>
<td>• Environmental Hazards</td>
<td>• Support partners &amp; promote programs focused on reducing environmental</td>
</tr>
<tr>
<td></td>
<td><strong>Early Detection</strong></td>
<td>hazards like radon &amp; safe water</td>
</tr>
<tr>
<td></td>
<td>• Colorectal</td>
<td>• Support efforts to use media to educate key audiences about risk</td>
</tr>
<tr>
<td></td>
<td>• Cervical</td>
<td>factors</td>
</tr>
<tr>
<td></td>
<td>• Breast</td>
<td><strong>Early Detection</strong></td>
</tr>
<tr>
<td></td>
<td>• Lung</td>
<td>• Promote public &amp; provider cancer screening guideline documents</td>
</tr>
<tr>
<td></td>
<td>• Prostate</td>
<td>• Contribute to public &amp; provider education</td>
</tr>
<tr>
<td></td>
<td><strong>Cancer Directed Therapy</strong></td>
<td>• Promote &amp; implement health systems interventions</td>
</tr>
<tr>
<td></td>
<td>&amp; Supportive Care</td>
<td>• Support efforts to use media to promote the importance of</td>
</tr>
<tr>
<td></td>
<td><strong>Treat cancer with appropriate, quality care</strong></td>
<td>screening &amp; early detection.</td>
</tr>
<tr>
<td></td>
<td>• Cancer Directed Therapy</td>
<td><strong>Cancer Directed Therapy</strong></td>
</tr>
<tr>
<td></td>
<td>• Palliative Care</td>
<td>• Promote importance of palliative care w/in cancer treatment cycle</td>
</tr>
<tr>
<td></td>
<td>• Complementary &amp; Integrative Medicine</td>
<td>• Promote safe &amp; educated use of appropriate complementary therapies</td>
</tr>
<tr>
<td></td>
<td><strong>Survivorship &amp; End-of-Life Care</strong></td>
<td>• Promote cancer treatment based on evidence-based guidelines,</td>
</tr>
<tr>
<td></td>
<td><strong>Ensure the highest quality of life possible</strong></td>
<td>treatment planning, &amp; the needs of the whole patient</td>
</tr>
<tr>
<td></td>
<td>for cancer survivors</td>
<td><strong>Survivorship &amp; End-of-Life Care</strong></td>
</tr>
<tr>
<td></td>
<td>• Survivorship Care Plans</td>
<td>• Promote &amp; educate partners regarding importance of survivorship care</td>
</tr>
<tr>
<td></td>
<td>• Optimal Health for Survivors</td>
<td>plans</td>
</tr>
<tr>
<td></td>
<td>• End-of-Life Care</td>
<td>• Support survivorship programs</td>
</tr>
<tr>
<td></td>
<td><strong>Survivorship &amp; End-of-Life Care</strong></td>
<td>• Educate survivors &amp; providers about strategies to reduce cancer</td>
</tr>
<tr>
<td></td>
<td><strong>Ensure the highest quality of life possible</strong></td>
<td>recurrence</td>
</tr>
<tr>
<td></td>
<td>for cancer survivors</td>
<td>• Promote optimal health for survivors</td>
</tr>
<tr>
<td></td>
<td><strong>Survivorship &amp; End-of-Life Care</strong></td>
<td>• Support end of life care initiatives</td>
</tr>
</tbody>
</table>
Systems Within Systems

Here the people intersect with the system

Here conditions for success or failure are determined

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

Examples

Where people live, work and play

Steering Committee, Workgroups

Federal / State Level Government

Adapted from: Henriks, Bojestg, Jonkoping CC Sweden
Approaches to Network Development

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

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

# of Orgs per Resource: 12 10 10 8 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
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

Number of Responses
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.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong> Increase % of adults using the dental system yearly. (Data Source: BRFSS)*</td>
<td>BASELINE (YEAR)</td>
<td>TARGET (2020)</td>
</tr>
<tr>
<td>Data <strong>3.1</strong></td>
<td>72% (2014)</td>
<td>85%</td>
</tr>
<tr>
<td>a. % of adult cancer survivors who use the dental system yearly. (Data Source: BRFSS)*</td>
<td>70% (2014)</td>
<td>85%</td>
</tr>
<tr>
<td><strong>3.2</strong> Increase % of children in grades K-12 using the dental care system yearly. (Data Source: School Nurse Report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data <strong>3.2</strong></td>
<td>K-6: 74% 7-12: 60% (2014)</td>
<td>K-6: 80% 7-12: 70%</td>
</tr>
</tbody>
</table>

* 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%
Goal 5. Prevent HPV infections among young Vermonters.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1 Increase % of females &amp; males age 13-17 years receiving at least one dose of HPV vaccine. (Data Source: Vermont Immunization Registry)</strong></td>
<td>F: 67% M: 54% (2014)</td>
<td>• Educate providers and parents of the importance of HPV vaccination for boys and girls for all the cancers HPV causes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Collaborate with internal and external partners to develop effective strategies to promote HPV vaccine as an anti-cancer vaccine.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage health care providers to utilize client reminder/recall systems.</td>
</tr>
<tr>
<td><strong>5.2 Increase % of females &amp; males age 13-17 years completing three-dose HPV vaccine series. (Data Source: Vermont Immunization Registry)</strong></td>
<td>F: 46% M: 30% (2014)</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>5.3 Increase % of adolescents who have started the HPV series by age 15. (Data Source: Vermont Immunization Registry)</strong></td>
<td>36% (2014)</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>5.4 Decrease incidence rate of HPV-associated cancers. (Per 100,000 persons, Data Source: VCR)</strong></td>
<td>10.4 (2008-2012)</td>
<td></td>
</tr>
</tbody>
</table>

* Measure is age adjusted to the 2000 U.S. standard population.
Goal 6. Reduce exposure to environmental hazards among Vermonters.

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

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

* 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.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase % of adults age 50-75 who received recommended colorectal cancer screening. (Data Source: BRFSS)*</td>
<td>71% (2014) 80% (2020)</td>
<td>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.</td>
</tr>
<tr>
<td>a. Increase % of adults age 50-75 below 250% of FPL who received recommended colorectal cancer screening. (Data Source: BRFSS)*</td>
<td>61% (2014) 80% (2020)</td>
<td>Encourage health care providers to use evidence-based practices to increase cancer screening rates such as provider and client reminder and recall systems.</td>
</tr>
<tr>
<td>b. Increase % of adults age 50-64 who received recommended colorectal cancer screening. (Data Source: BRFSS)*</td>
<td>67% (2014) 80% (2020)</td>
<td>Conduct provider education and training to increase awareness of the importance of risk assessment in discussing colorectal cancer screening with patients.</td>
</tr>
<tr>
<td>7.2</td>
<td></td>
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</tr>
<tr>
<td>Decrease rate of colorectal cancers diagnosed at an advanced stage among adults age 50+. (Per 100,000 persons, Data Source: VCR)*</td>
<td>62.4 (2008-2012) 59.3 (2020)</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

Indicator values 2016:
7.1 - % adults receiving colorectal cancer screening: 73%
# Goal 12. Improve access to optimal cancer directed therapy among Vermonters.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>**12.1 Increase % of prospective cases presented at a multi-disciplinary</td>
<td><strong>Baseline (Year)</strong></td>
<td>• Ensure vulnerable populations have access to quality care for cancer</td>
</tr>
<tr>
<td>(Data Source: Commission on Cancer accredited cancer programs)</td>
<td>96% (2014)</td>
<td>• Promote available clinical trials and multidisciplinary conferences at</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>Commission on Cancer accredited cancer programs.</td>
</tr>
<tr>
<td></td>
<td>**12.2 Increase % of annual analytical cases accrued to clinical trials</td>
<td>• Provide regional cancer burden data to Commission on Cancer accredited</td>
</tr>
<tr>
<td>at Commission on Cancer accredited cancer programs. (Data Source:</td>
<td><strong>Baseline (Year)</strong></td>
<td>cancer committees to assist hospitals in setting treatment goals.</td>
</tr>
<tr>
<td>Commission on Cancer accredited cancer programs)</td>
<td><strong>Target (2020)</strong></td>
<td>• Support American College of Surgeon State Cancer Liaison in promoting</td>
</tr>
<tr>
<td></td>
<td>21% (2014)</td>
<td>regular communication and in-person meetings between staff at Commission</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>on Cancer accredited cancer programs.</td>
</tr>
<tr>
<td></td>
<td>**12.3 Increase % of Commission on Cancer Quality of Care Measures with</td>
<td>• Monitor policy changes that may affect clinical trial participation and</td>
</tr>
<tr>
<td>national benchmarks that are met or exceeded by Commission on Cancer</td>
<td><strong>Baseline (Year)</strong></td>
<td>support efforts to educate and advocate for change.</td>
</tr>
<tr>
<td>accredited cancer programs. (Data Source: National Cancer Data Base)</td>
<td><strong>Target (2020)</strong></td>
<td>• Support VTAAC and Department of Health participation in cancer committee</td>
</tr>
<tr>
<td></td>
<td>86% (2013)</td>
<td>meetings and activities.</td>
</tr>
</tbody>
</table>
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

- 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?