Vermont Cancer Plan
2021-2030

An extension of the 2025 Vermont Cancer Plan (2021-2025)
Goals, objectives and strategies for reducing the burden of cancer in Vermont

July 2026

VERMONT DEPARTMENT OF HEALTH

VTAAC Vermonters Taking Action Against Cancer

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Vermont Department of Health
healthvermont.gov/wellness/cancer

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Introduction

My Fellow Vermonters,

Cancer is a leading cause of death in Vermont and disproportionately affects many of our most vulnerable residents. Each year, approximately 4,100 Vermonters are diagnosed with cancer, and more than 1,400 die from the disease (Vermont Cancer Registry, Vermont Vital Statistics, 2018-2022). Cancer affects every community in Vermont, touching families in every corner of our rural state. Yet many of these deaths are preventable, and patient outcomes can be markedly improved.

The Vermont Cancer Plan 2021–2030 outlines shared goals, objectives and priority strategies to reduce the burden of cancer across our state. This updated plan extends the previous version by five years and adopts a 10-year timeframe to better monitor cancer trends and improve cancer prevention, detection, treatment and survivorship. The plan aims to improve outcomes for all, with a focus on populations and regions facing cancer inequities.

This new plan reflects the collective work of the Vermont Department of Health's Comprehensive Cancer Control Program, the statewide coalition Vermonters Taking Action Against Cancer (VTAAC) and a broad network of community, clinical and nonprofit partners.

Everyone plays an important role in addressing cancer in Vermont. By working together, we can reduce its impact and build a stronger, healthier home for everyone.

With appreciation,

Rick Hildebrant, MD, MBA
Vermont Commissioner of Health

Executive Summary

The Vermont Cancer Plan 2021–2030 provides a statewide roadmap for reducing the burden of cancer in Vermont. It outlines clear goals, objectives and strategies to strengthen cancer prevention, early detection, treatment and survivorship. This updated edition extends the previous plan by five years. Building on the strong foundation of the 2025 Vermont Cancer Plan (spanning 2021-2025), it maintains the structure, key characteristics and overall intent, while updating its content to stay relevant.

This plan reflects the collective efforts of Vermont's cancer community, including the Health Department, the statewide cancer coalition Vermonters Taking Action Against Cancer (VTAAC), hospitals, cancer survivors, nonprofit organizations and community groups who've worked together to shape a shared vision. Vermont has made great strides in cancer prevention and control, and this plan builds on that progress.

Cancer in Vermont

Cancer has been a leading cause of death in Vermont for more than 50 years. Although overall cancer incidence and mortality are declining in the state, approximately 4,100 Vermonters are still diagnosed with cancer each year and more than 1,400 die from it (VCR, VT Vital Statistics, 2018-2022). One in ten Vermont adults (10%), or an estimated 54,700 people, live with a current or past diagnosis of cancer (BRFSS, 2023).

As one of the smallest, most rural and oldest states in the nation, Vermont faces a substantial cancer burden, partly because risk increases with age and rural residents often face long travel distances and wait times for care. Some people are disproportionately affected by cancer due to social, environmental and economic disadvantages. The 2021-2030 Vermont Cancer Plan strives to improve cancer outcomes for everyone, especially those known to be at higher risk.

Key health equity populations of focus in this plan include:

- Black, Indigenous and People of Color (BIPOC)
- Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) individuals
- People living with disabilities
- Low-income individuals
- Rural individuals

Executive Summary Continued

This plan outlines shared goals, objectives and priority strategies to reduce the burden of cancer in Vermont. It focuses on five key areas:

Health Equity

Ensuring that people in Vermont have a fair and just opportunity to be healthy.

FOCUS AREAS

Black, Indigenous and people of color (BIPOC), lesbian, gay, bisexual, transgender, and queer (LGBTQ+), people living with disabilities, low-income, rural residents.

Cancer Prevention

Preventing cancer from occurring or recurring.

FOCUS AREAS

Use of tobacco and alcohol, physical activity and nutrition, human papillomavirus (HPV) vaccination and environmental hazards.

Cancer Early Detection

Detecting cancer at its earliest stages

FOCUS AREAS

Breast, cervical, colorectal, lung and prostate cancers.

Cancer Directed Therapy & Supportive Care

Treating cancer with appropriate, quality care.

FOCUS AREAS

Cancer directed therapy, integrative medicine and palliative care.

Survivorship & Advance Care Planning

Ensuring the highest quality of life possible for cancer survivors.

FOCUS AREAS

Optimal physical and emotional health for children and adults with cancer, hospice care and advance care planning.

Executive Summary Continued

Monitoring Cancer

The full version of this plan outlines Vermont data and targets across the cancer continuum. Ongoing surveillance and evaluation activities track progress and strengthen the overall effectiveness of the Vermont Cancer Plan.

Explore Vermont's cancer trends and cancer plan outcomes at https://www.healthvermont.gov/stats/data-reporting-topic/cancer-data

Scan Me

Take Action

Working together strengthens our collective impact on cancer control. Everyone can help reduce the state's cancer burden and are encouraged to use the 2021-2030 Vermont Cancer Plan as a guide.

For more information about cancer in Vermont, visit: https://www.healthvermont.gov/wellness/cancer

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For more information about how to get involved, visit: http://vtaac.org/

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Goals, Objectives, and Strategies

The following sections outline the goals, objectives and strategies that guide cancer prevention, early detection, treatment and survivorship efforts across Vermont.

Key Terms

Goals should be: The major changes to be achieved through Vermont Cancer Plan efforts.

Objectives: Measurable steps needed to achieve the goals.

Strategies: Specific actions 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 ten-year timeframe of this plan: 2021-2030.

Monitoring Health Equity

Improving health equity is integrated throughout the Vermont Cancer Plan. Many objectives and strategies specifically focus on reducing disparities and improving outcomes for populations that experience disproportionate barriers, burdens or inequities.

Throughout the plan, equity-focused objectives, strategies and data points are identified using this icon:

A Note on Data and Citations

Commonly referenced data sources are defined once and abbreviated throughout the document. Examples include:

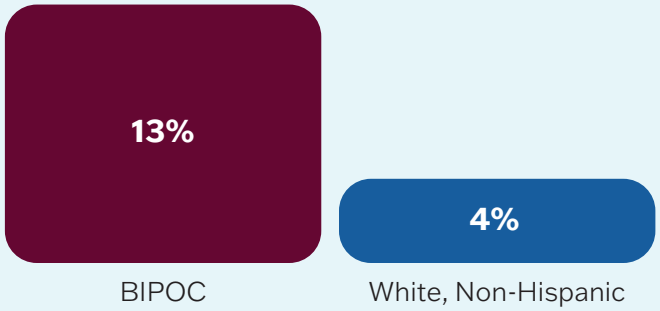
- BRFSS: Behavioral Risk Factor Surveillance System
- IMR: Immunization Registry
- VCR: Vermont Cancer Registry
- YRBS: Youth Risk Behavior Survey

Additional abbreviations and definitions are provided where relevant.

Health Equity

Goal 1. Ensure that all people in Vermont have a fair and just opportunity to prevent, detect, and survive cancer—especially those who have experienced socioeconomic disadvantage, historical injustice and other systemic inequities. Populations include BIPOC, lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) individuals, people living with disabilities and low-income and rural residents.

BIPOC Vermonters are three times more likely to have worried about having enough food in the past year compared to **White, Non-Hispanic Vermonters** (BRFSS 2018).



Objectives

Measure	Data	Baseline (Year)	2030 Target
1.1 Increase % of adults ages 18-64 with health insurance.	BRFSS	93% (2019)	98%
1.2 Increase % of youth under the age of 18 with health insurance.	VT Household Health Insurance Inventory Survey	99% (2021)	100%
1.3 Decrease % of adults who report that there was a time in the last year they did not go to the doctor because of cost.	BRFSS	9% (2019)	5%
1.4 Decrease % of Vermont households experiencing food insecurity in the past 12 months.[1]	Current Population Survey, Food Security Supplement [2]	8% (2019)	5%

1. In the Food Security Supplement, food security is calculated from responses to a series of questions about conditions and behaviors that characterize households when they have difficulty meeting basic food needs.
2. Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2020. Household Food Security in the United States in 2019, ERR-275, U.S. Department of Agriculture, Economic Research Service.

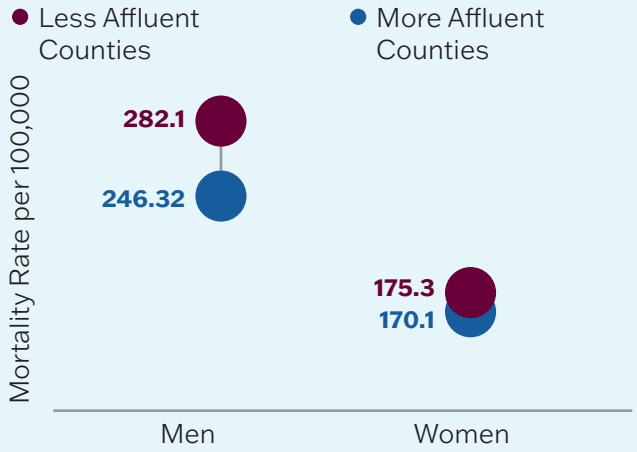
Strategies | Health Equity

1. Monitor Vermont's cancer burden, especially among populations and regions facing cancer health inequities, including BIPOC, LGBTQ+ individuals, people living with disabilities and low-income and rural residents.
2. Focus cancer prevention, early detection, treatment and survivorship efforts on populations and regions facing cancer health inequities.
3. Advocate for state policy and legislative solutions that increase the accessibility and affordability of quality health care coverage and broaden the range of covered services.
4. Create supports that reduce practical and financial burdens for pediatric cancer patients and their families.
5. Engage, build trust and create a shared agenda with organizations and individuals from communities with health inequities.
6. Increase input from these populations on cancer prevention and control planning by connecting with them in their communities.
7. Increase opportunities for health care providers to participate in cultural competency and health literacy training.
8. Support efforts to create safe communities with equitable access to physical activity and healthy, affordable food.
9. Increase the availability of inclusive and accessible cancer education materials that use plain language, appropriate reading levels and translation services for several languages.
10. Evaluate and increase internet access and telemedicine availability in rural areas.

Many of the Cancer Plan's strategies aim to reduce disparities and improve outcomes for populations that experience **disproportionate barriers, burdens or inequities.**

These strategies are identified using this icon:

Residents of less affluent counties die from cancer at higher rates than **those of more affluent counties.**



Cancer Prevention

Goal 2. Reduce exposure to tobacco among people living in Vermont.

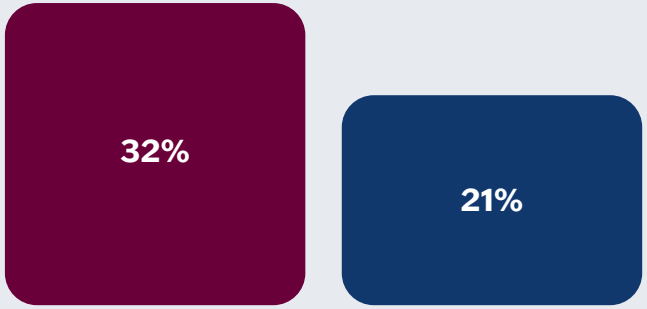
Objectives			
Measure	Data	Baseline (Year)	2030 Target
2.1 Decrease % of adults who currently use any tobacco product.[3]	BRFSS	18% (2020)	15%
2.2 Decrease % of youth in grades 9-12 who currently use any tobacco product.	YRBS	28% (2019)	17%
2.3 Decrease % of youth under age 13 who have ever tried a flavored tobacco product.	YRBS	15% (2019)	14%
2.4 Increase % of current adult smokers who have made a quit attempt in the last year.	BRFSS	52% (2019)	60%
2.5 Decrease incidence of tobacco-associated cancers (Per 100,000 persons).[5]	VCR	185.3 (2014-2018)	173.1

3. At the time of publication, the BRFSS definition of tobacco products includes: cigarettes, e-cigarettes and smokeless tobacco products. Future reporting for this goal may be updated to include additional tobacco products as data is available.
4. YRBS asks about students' use of the following products: cigarettes, cigars, smokeless tobacco and electronic vaping products.
5. Measure is age adjusted to the 2000 U.S. standard population.

Strategies | Health Equity

1. Improve availability, accessibility and effectiveness of cessation services among populations facing cancer health inequities.
2. Increase the number and type of tobacco- and nicotine-free environments, including multi-unit housing, substance use and mental health facilities, college and hospital campuses, parks, beaches and community gathering spots.
3. Increase perceptions of harm about nicotine vaping and pouches among youth, young adults and pregnant women.
4. Educate the public on the dangers of tobacco and nicotine products, including cigarettes, cigars, smokeless tobacco/chew, pouches and vaping products—and quit resources available.
5. Increase referrals to and participation in tobacco and nicotine cessation services, including 802Quits, local cessation workshops and individual counseling among all people who use tobacco or nicotine, including cancer survivors.
6. Support statewide and regional efforts to reduce youth access to tobacco and nicotine products by limiting availability and restricting advertising.
7. Educate policy makers on the costs of tobacco and nicotine use and the policy and legislative solutions that can effect change.

Vermont LGBT youth in grades 9-12 are more likely to smoke cigarettes than **heterosexual/ cisgender students** (YRBS 2019).



Tobacco-Associated Cancers

Tobacco use increases the risk of multiple cancers, including:

- Cancers of the lip
- Oral cavity & pharynx esophagus
- Stomach
- Colon & rectum
- Liver
- Pancreas
- Larynx
- Trachea
- Lung & bronchus
- Cervix
- Kidney & renal pelvis
- Urinary bladder
- Acute myeloid leukemia

Centers for Disease Control and Prevention. Definitions of Risk-Associated Cancers. Accessed May 2026.

Goal 3. Improve nutrition and physical activity among people living in Vermont.

Objectives

Measure	Data	Baseline (Year)	2030 Target
3.1 Decrease % of adults who did not engage in leisure time physical activity in the past month.[6]	BRFSS	18% (2020)	16%
3.2 Increase % of youth in grades 9-12 who meet current physical activity guidelines.	YRBS	22% (2019)	30%
3.3 Increase % of adults who eat at least five or more fruits and vegetables each day.[7]	BRFSS	26% (2019)	27%
3.4 Increase % of youth in grades 9-12 who eat at least five or more fruits and vegetables each day.	YRBS	21% (2019)	22%
3.5 Decrease incidence of obesity-associated cancers (Per 100,000 persons).[8]	VCR	168.6 (2014-2018)	158.4

6-8. Measure is age adjusted to the 2000 U.S. standard population

Obesity-Associated Cancers

Excess body weight is linked to increased risk of multiple cancers, including:

- Esophageal adenocarcinoma
- Gastric cardia
- Colon and rectum
- Liver
- Gallbladder
- Pancreas
- Multiple myeloma
- Postmenopausal breast
- Corpus and uterus
- Ovary
- Kidney
- Meningioma
- Thyroid

Centers for Disease Control and Prevention. Definitions of Risk-Associated Cancers. Accessed May 2026.

Strategies | Health Equity

1. Increase access to healthy, affordable and culturally appropriate food and opportunities for physical activity among all people, including those facing cancer-related health inequities.
2. Provide training for health care providers on addressing weight bias (negative attitudes towards and beliefs about others because of their weight) and its harmful effect on patients, with a focus on culturally competent approaches.
3. Increase healthy food access among youth by promoting use of free or universal school meals.
4. Increase the use of policy, systems and environmental approaches in Vermont worksites, communities and schools to improve physical activity and nutrition outcomes.
5. Increase health care provider and public awareness about the link between diet, physical activity and cancer risk.
6. Increase referrals to and participation in programs promoting physical activity and nutrition.

Goal 4. Prevent human papillomavirus (HPV) infections in young people living in Vermont.

Objectives

Measure	Data	Baseline (Year)	2030 Target
4.1 Increase % of youth ages 13-15 who have completed the HPV vaccine series.	IMR	56% (2020)	60%
4.2 Decrease incidence of HPV-associated cancers (Per 100,000 persons).[9]	VCR	11.5 (2014-2018)	9.8

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

See objectives related to cervical cancer early detection on **page 18.**

Strategies | Health Equity

1. Assess barriers contributing to lower human papillomavirus (HPV) vaccination rates among populations facing cancer health inequities.
2. Educate parents of youth around the importance of HPV vaccination and the cancers associated with HPV.
3. Educate youth themselves about the importance of HPV vaccination and the cancers associated with HPV.
4. Provide training to help health care providers strongly recommend the HPV vaccine as a cancer prevention vaccine for patients starting at age 9.
5. Promote HPV vaccination catch-up through age 26 and support shared clinical decision-making for HPV vaccination among adults ages 27–45.
6. Support primary care providers in using reminder systems, clinic-based education, provider assessment and feedback and standing orders to increase HPV vaccination completion among adolescents.
7. Educate oral health providers about the need to include HPV vaccination as part of their preventive health recommendations.

HPV-Associated Cancers

Human papillomavirus (HPV) is linked to increased risk of multiple cancers, including:

- Oropharyngeal squamous cell carcinoma
- Anal and rectal squamous cell carcinoma
- Vulvar squamous cell carcinoma
- Vaginal squamous cell carcinoma
- Cervical carcinoma
- Penile squamous cell carcinoma

Centers for Disease Control and Prevention. Definitions of Risk-Associated Cancers. Accessed May 2026.

Goal 5. Reduce exposure to environmental hazards for people living in Vermont, including:

A. Environmental carcinogens
B. Ultraviolet (UV) radiation from the sun and sun lamps
C. Radon

Objectives

Measure	Data	Baseline (Year)	2030 Target
5A.1 Decrease exposure to known and probable environmental carcinogens by increasing public awareness of the risks and promoting practices and policies that reduce exposure.	N/A (Qualitative)	N/A	N/A
5B.1 Decrease % of youth in grades 9-12 who report having at least one sunburn in the past 12 months.	YRBS	73% (2019)	69%
5B.2 Decrease incidence of invasive melanoma (Per 100,000 persons).[10]	VCR	38.4 (2014-2018)	34.6
5C.1 Increase % of Vermont homes ever tested for radon.	VT Radon Program	7% (1994-2020)	9%
5C.2 Increase % of homes that install a radon mitigation system when they receive a high radon test result.	VT Radon Program	43% (2020)	45%

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

Vermonters with a hearing disability are more than two times as likely to have skin cancer than those **without a disability** (BRFSS 2018).

Strategies | Health Equity

A. Environmental Carcinogens

1. Build public awareness about known and emerging carcinogens in air, water, food and consumer products.
2. Increase testing of private drinking water wells for known and emerging carcinogens such as arsenic, gross alpha radiation and PFAS.
3. Increase awareness of indoor air quality risks and what occupants can do to reduce these risks.
4. Increase the number of people signed up to receive air quality alerts from Vermont Emergency Management's VT-ALERT or the Environmental Protection Agency's EnviroFlash notification service.
5. Raise awareness and educate agricultural workers on the link between certain agricultural practices, pesticide use and cancer.
6. Support initiatives to reduce known and/or probable carcinogens in drinking water, recreational water, air and wastewater.

B. UV Radiation

1. Educate the public regarding the dangers of exposure to ultraviolet (UV) radiation, including indoor tanning.
2. Increase community access to sunscreen dispensers, shade structures and sun safety resources.
3. Increase the number of schools that educate children about the risks of UV exposure using evidence-based programs.
4. Promote health care provider education on the importance of sun-safety counseling for children, adolescents and young adults (ages 10 to 24).
5. Assess and promote awareness of and compliance with Vermont's tanning regulations which prohibit use of tanning beds by people under age 18.

C. Radon

1. Focus radon outreach on current and former tobacco or nicotine users and regions or populations at higher risk for radon exposure.
2. Reduce financial barriers to radon testing and radon mitigation system installation in buildings that have elevated radon levels.
3. Build public awareness about the link between radon and lung cancer and the importance of testing homes for radon.
4. Work with homebuilders and contractors to increase the number of homes built using radon-resistant construction techniques.

Goal 6. Reduce alcohol use among people living in Vermont.

Objectives

Measure	Data	Baseline (Year)	2030 Target
6.1 Decrease % of people ages 21 and older who report binge drinking in the past month.	BRFSS	18% (2021)	14%
6.2 Decrease % of people ages 12 to 20 who report binge drinking in the past month.	NSDUH (National Survey on Drug Use and Health)	12% (2022-2023)	9%
6.3 Decrease incidence rate of alcohol-associated cancers (Per 100,000 persons).	VCR	130.1 (2014-2018)	117.1

11. Strategy 4.1.1 from the Vermont Department of Health Division of Substance Use 2025-2028 Strategic Plan. VT Helplink is Vermont's substance use referral and support center that connects people with services.

Alcohol-Associated Cancers

Alcohol use increases the risk of multiple cancers, including:

- Lip
- Oral cavity
- Pharynx
- Esophagus
- Colon and rectum
- Liver
- Larynx
- Female breast

Centers for Disease Control and Prevention. Definitions of Risk-Associated Cancers. Accessed May 2026.

Strategies | Health Equity

1. Increase awareness of the health risks of alcohol use, including its link to cancer, among all people, with a focus on groups experiencing health inequities.
2. Broadly promote VT Helplink and encourage promotion of VT Helplink by health care providers, community-based organizations and other partners.
3. Where appropriate, integrate information about cancer risks associated with substance use into Vermont Department of Health behavioral health campaigns.
4. Provide education to health care providers about how excessive alcohol use increases cancer risk and contributes to complications during cancer treatment.

Cancer Early Detection

Goal 7. **Increase early detection of breast cancer in people living in Vermont.**

Objectives			
Measure	Data	Baseline (Year)	2030 Target
7.1 Increase % of people who receive a breast cancer screening based on the most recent guidelines.[12, 13]	BRFSS	75% (2020)	81%
7.2 Decrease rate of breast cancer diagnosed at an advanced stage in women ages 40 and older (Per 100,000 persons).[14, 15]	VCR	83.2 (2014-2018)	74.3

Goal 8. **Increase early detection of cervical cancer in people living in Vermont.**

Objectives			
Measure	Data	Baseline (Year)	2030 Target
8.1 Increase % of people who receive a cervical cancer screening based on the most recent guidelines.[16, 17]	BRFSS	85% (2018)	89%
8.2 Decrease rate of cervical cancer diagnosed at an invasive stage among women ages 20 and older (Per 100,000 persons).[18, 19]	VCR	5.5 (2014-2018)	3.6

12, 16. U.S. Preventive Services Task Force (USPSTF) cancer screening recommendations were used to measure this objective.
13, 14, 17, 18, 20, 21. Measure is age adjusted to the 2000 U.S. standard population.
15, 19. The word women here refers to people who were assigned female at birth.

See objectives related to cervical cancer prevention through HPV vaccination on **page 12.**

Goal 9. Increase early detection of colorectal cancer in people living in Vermont.

Objectives			
Measure	Data	Baseline (Year)	2030 Target
9.1 Increase % of people who receive a colorectal cancer screening based on the most recent guidelines.[20]	BRFSS	70% (2022)	74%
9.2 Decrease rate of colorectal cancers diagnosed at an advanced stage in adults ages 45 and older (Per 100,000 persons).[21]	VCR	52.2 (2014-2018)	46.9

Vermont adults with a high school education or less are screened for colorectal cancer less than **those with a college degree** (BRFSS 2018).

Vermonters living in rural communities are screened for colorectal cancer less often than **those living in urban communities** (BRFSS 2022).

Goal 10. Increase early detection of lung cancer in people living in Vermont.

Objectives			
Measure	Data	Baseline (Year)	2030 Target
10.1 Increase % of people who receive a lung cancer screening based on the most recent guidelines.[22]	BRFSS	23% (2022)	27%
10.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons).[23]	VCR	144.1 (2014-2018)	134.4

Goal 11. Improve prostate cancer risk assessments and informed decision making for people in living in Vermont.

Objectives			
Measure	Data	Baseline (Year)	2030 Target
11.1 Increase % of men ages 55-69 who have discussed the advantages and disadvantages of prostate cancer screening with their health care providers.[24]	BRFSS	32% (2018)	33%
11.2 Decrease rate of prostate cancer diagnosed at an advanced stage in men ages 55 and older (Per 100,000 persons).[25, 26]	VCR	123.6 (2014-2018)	109.2

22. U.S. Preventive Services Task Force (USPSTF) cancer screening recommendations were used to measure this objective.
23, 25. Measure is age adjusted to the 2000 U.S. standard population.
24, 26. The word men here refers to people who were assigned male at birth.

Strategies | Health Equity

Shared Strategies for Colorectal, Cervical Breast and Lung Cancer Early Detection

1. Promote cancer screening guidelines to the public, using messages that are clear, accessible, inclusive and culturally and linguistically appropriate.
2. Improve the availability and accessibility of cancer screening services among populations facing cancer health inequities.
3. Encourage cancer screening centers to reduce structural barriers to health care (e.g., offer transportation assistance, flexible clinic hours, childcare, scheduling assistance and translation services).
4. Encourage health care providers, clinics and systems to use nationally recognized cancer screening guidelines and evidence-based strategies, such as patient and provider reminders, to increase screening rates.
5. Increase the number of providers performing risk assessments based on personal or family history, genetics and other relevant risk factors when discussing cancer screening with patients.
6. Engage and train Community Health Workers (CHWs) in educating and supporting patients accessing recommended cancer screenings.

Cancer-Specific

1. Colorectal: Educate health care providers on the importance of offering all nationally recognized colorectal cancer screening test options, and matching patients with the test they are most likely to complete.
2. Lung: Educate current or former heavy tobacco users about the importance of lung cancer screening and empower those eligible for lung cancer screenings to make informed decisions.
3. Lung: Educate and encourage providers to discuss radon exposure and home testing with patients undergoing lung cancer screening.
4. Breast and Cervical: Educate providers and the public about low and/or no-cost breast and cervical cancer screening services for low-income people, such as the You First Program.

Strategies | Health Equity

Strategies for Prostate Cancer

1. Educate the public about nationally recognized prostate cancer screening guidelines, including the risk factors for prostate cancer, using messages that are clear, accessible, inclusive and culturally and linguistically appropriate.
2. Improve the availability and accessibility of prostate cancer risk assessment information among populations facing cancer health inequities.
3. Educate primary care providers on prostate cancer guidelines, including the variation in guidelines by different professional organizations.
4. Increase the number of providers performing risk assessments based on personal or family history, genetics and other relevant risk factors when discussing prostate cancer screening with patients.
5. Support the development and distribution of a prostate cancer risk assessment tool for providers to use with patients.
6. Continue to monitor medical science and prostate cancer screening recommendations.

View the latest Cancer Screening Recommendations (USPSTF):
https://www.healthvermont.gov/wellness/cancer/early-detection-screening

Scan Me

Cancer-Directed Therapy & Supportive Care

Goal 12. **Improve access to optimal cancer-directed therapy for people living in Vermont.**

Objectives

Measure	Data	Baseline (Year)	2030 Target
12.1 Increase % of cancer survivors who are living five years or longer after diagnosis.[27]	VCR	66% (2009-2015)	69%
12.2 Decrease the overall cancer death rate (Per 100,000 persons).[28]	Vermont Vital Statistics	162.4 (2014-2018)	146.2

27, 28. Measure is age adjusted to the 2000 U.S. standard population.

Strategies | Health Equity

1. Ensure all people have access to quality, affordable cancer treatment, including populations facing cancer health inequities.
2. Improve outreach, coordination and implementation of new approaches to address gaps in care, including telemedicine, patient navigators, additional guest housing near cancer treatment facilities, more transportation options to medical appointments and increased treatment opportunities in rural areas such as mobile chemotherapy units.
3. Increase patient awareness and access to copay and financial counseling assistance.
4. Raise awareness of clinical trials among institutions, providers, patients, families and caregivers.
5. Monitor policy changes that may affect clinical trial accrual, and support efforts to educate and advocate for policies that increase accrual.

Goal 13. Improve access to palliative care and integrative medicine for people living in Vermont diagnosed with cancer.

Objectives

Measure	Data	Baseline (Year)	2030 Target
13.1 Increase the number of providers certified to prescribe palliative care in Vermont (Per 100,000 persons).	Center to Advance Palliative Care	6.6 (2024)	7.3
13.2 Expand access to evidence-based supportive and integrative services in Vermont cancer centers.	N/A, Qualitative	N/A	N/A

Strategies | Health Equity

1. Educate and advocate for state policy and legislative solutions to support mandated insurance coverage for supportive care services.
2. Promote professional development for health care providers in palliative care and integrative medicine.
3. Develop and promote educational programs for patients and the public on palliative care and integrative medicine, including available options, risks and benefits.
4. Identify and expand financial supports that help cover the costs of palliative care and integrative medicine for cancer patients, including but not limited to health insurance.
5. Increase efforts to monitor access to, use of and impact of integrative medicine and palliative care among cancer patients and survivors.
6. Assess barriers to the use of integrative medicine and palliative care for cancer patients and advocate for reduction in barriers.

Key Terms

Scan Me

Palliative care is specialized medical care for people living with a serious illness focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially trained team of healthcare providers, social workers, chaplains, and other specialists who work with the patient's other providers to add an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment. (Center to Advance Palliative Care): https://www.capc.org/

Scan Me

Integrative oncology is a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment. (Society for Integrative Oncology): https://integrativeonc.org/

Cancer Quality of Life & Advanced Care Planning

Goal 14. Promote optimal health for people living in Vermont and diagnosed with cancer.

Objectives			
Measure	Data	Baseline (Year)	2030 Target
14.1 Support the creation of and access to high-quality communication tools and resources for Vermont's pediatric cancer patients and their families.	N/A - Qualitative	N/A	N/A
14.2 Increase % of adult cancer survivors who report always or usually receiving social and emotional support.	BRFSS	78% (2022)	82%
14.3 Increase % of adult cancer survivors who report that their general health is good to excellent.	BRFSS	75% (2022)	79%
14.4 Decrease % of adult cancer survivors who currently use any tobacco product.[29, 30]	BRFSS	18% (2022)	15%
14.5 Decrease % of adult cancer survivors who did not engage in leisure time physical activity in the past month.[31]	BRFSS	25% (2022)	21%
14.6 Increase % of adult cancer survivors who eat five or more fruits and vegetables each day.	BRFSS	29% (2019)	31%

29, 31. Measure is age adjusted to the 2000 U.S. standard population.
30. At the time of publication, the BRFSS definition of tobacco products includes: cigarettes, e-cigarettes and smokeless tobacco products. Future reporting for this goal may be updated to include additional tobacco products as data is available.

Vermont cancer survivors are less likely to have good or excellent general health compared to **those never diagnosed with cancer** (BRFSS 2014-2016).

Strategies | Health Equity

1. Increase awareness of and access to survivorship resources for all people, with emphasis on populations facing cancer health inequities.
2. Increase cancer survivors' access to healthy, affordable and culturally appropriate food and opportunities to be physically active.
3. Conduct periodic assessments to identify successes, barriers to good health among cancer survivors and gaps in access to and use of statewide survivorship resources.
4. Develop clear, accessible information to help pediatric cancer patients and their families understand clinical care options.
5. Advocate for policies that strengthen investment in childhood cancer research and long-term survivorship efforts.
6. Increase availability of patient navigation and Community Health Worker (CHW) services to support people throughout the cancer care continuum, including during and after active treatment.
7. Educate health care providers on the availability of and referral steps to local and statewide services addressing psychosocial and physical wellness for cancer survivors.
8. Increase patient and caregiver awareness and use of psychosocial and physical wellness services for cancer survivors.
9. Increase oncology and primary care provider awareness and use of existing cancer survivorship care guidelines, such as those published by the American Cancer Society, American Society of Clinical Oncology and the National Comprehensive Cancer Network.
10. Promote statewide adoption of distress screening to address cancer survivors' emotional wellbeing and the use of psychosocial services.
11. Increase cancer survivor referrals and participation in programs promoting physical activity and nutrition, including the Steps to Wellness program and My Healthy VT workshops.
12. Increase referrals to and participation in cessation services for people with cancer and survivors who currently use tobacco or nicotine products, including 802Quits and My Healthy VT workshops.

Goal 15. Improve use of hospice care and advance care planning for people living in Vermont and diagnosed with cancer.

Objectives

Measure	Data	Baseline (Year)	2030 Target
15.1 Increase the number of people enrolled each year in the Vermont Advance Directive Registry.	Vermont Ethics Network	4,651 (2020)	5,116
15.2 Increase % of people who received hospice care within 30 days before their death from cancer in Vermont.	Vermont Vital Statistics	74% (2019)	82%

Strategies | Health Equity

1. Educate health care providers on the importance of early and regular conversations with patients on goals of care, including the importance of adopting cultural approaches to cancer care.
2. Educate health care providers on the benefits of hospice, palliative care and advance care planning.
3. Increase public awareness of hospice, palliative care and advance care planning.
4. Promote the Advance Directive Registry with Vermont cancer centers and other health care providers.

"Each year, approximately 4,100 Vermonters are diagnosed with cancer, and more than 1,400 die from the disease."

VCR, VT Vital Statistics, 2018-2022

About the Cancer Plan

Cancer Plan Development

The Vermont Cancer Plan 2021-2030 extends the previous plan by five years. The extension process included gathering input from a range of stakeholders, including the Health Department, VTAAC, hospitals, cancer survivors, nonprofit organizations and community groups.

Surveillance and Evaluation

Surveillance and evaluation are fundamental components of this plan.

- The Health Department publishes comprehensive cancer data, which span prevention, early detection, treatment and survivorship, with particular attention on populations experiencing health inequities.
- An evaluation plan supports ongoing improvement of the Vermont Comprehensive Cancer Control Program, Vermont's statewide cancer coalition (VTAAC), and the Cancer Plan.

Explore Vermont's cancer data and cancer plan outcomes at:
https://www.healthvermont.gov/stats/data-reporting-topic/cancer-data

Scan Me

About the Cancer Plan Continued

Take Action

The Vermont Department of Health's Comprehensive Cancer Control program, VTAAC and a network of partners are working together to address cancer in Vermont. VTAAC's mission is to provide a forum for collaboration, engagement and resource sharing for individuals and organizations concerned about cancer in Vermont. The Vermont Cancer Plan guides the coalition's activities, which are focused on reducing the burden of cancer in Vermont.

Everyone can help to reduce the state's cancer burden and is encouraged to use this plan as a guide. **Learn more and get involved:**

Learn more through the Vermont Department of Health:
https://www.healthvermont.gov/stats/data-reporting-topic/cancer-data

Scan Me

Get involved through Vermonters Taking Action Against Cancer (VTAAC):
http://vtaac.org/

Scan Me

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