



# 2025 Vermont Cancer Plan Status Report 2

Progress as of August 2024

The [2025 Vermont Cancer Plan](#) outlines the five-year shared goals, objectives, and strategies chosen to reduce the burden of cancer in Vermont. Measurable objectives were selected along the cancer continuum, including [Health Equity](#), [Cancer Prevention](#), [Early Detection](#), [Cancer Directed Therapy & Supportive Care](#), and [Survivorship & Advanced Care Planning](#).

The statewide progress made toward achieving the measurable objectives laid out in the 2025 Vermont Cancer Plan is summarized in the pages below.

Reducing the burden of cancer is best achieved through the collective effort of many individuals and organizations. The Vermont Department of Health's Comprehensive Cancer Control Program, Vermont's statewide cancer coalition, Vermonters Taking Action Against Cancer (VTAAC), and a network of community, clinical and nonprofit partners together use the 2025 Vermont Cancer Plan and the Cancer Plan Status Report to guide this work.

Find a list of data source abbreviations on [page 12](#) and an At-A-Glance Status Report on [page 13](#).

## Summary of Progress Targets Met



## Health Equity

**Goal 1.** Ensure that all Vermonters have a fair and just opportunity to be healthy — especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with Black, Indigenous and People of Color (BIPOC), lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters, people living with disabilities and low-income Vermonters.

Objectives (Data source)	BASLINE (YEAR)	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
1.1 Increase % of adults ages 18–64 with health insurance (BRFSS 2019–2022).	93% (2019)		 Improved	✗
1.2 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 2019–2022).	9% (2019)		 Improved	✓
1.3 Decrease the % of Vermont households with food insecurity (CPS, Food Security Supplement, 2017–2022).	10% (2017–2019)		 Improved	✓

# Cancer Prevention

## Goal 2. Reduce exposure to tobacco among Vermonters.

Objectives (Data source)	BASELINE (YEAR)	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■ <span>□ no new data</span>		
2.1 Decrease % of adults who currently use any tobacco product (cigarettes, e-cigarettes & chew) (BRFSS 2017-2022).	21% (2017)		Improved	✓
2.2 Decrease % of adolescents in grades 9-12 who currently use cigarettes, cigars, smokeless tobacco or electronic vaping products (YRBS 2021).	28% (2019)		Improved	✓
2.3 Decrease % of youths under the age of 13 who have ever tried a flavored tobacco product (YRBS 2021).	15% (2019)		Improved	✓
2.4 Increase % of current adult smokers who have made a quit attempt in the last year (BRFSS 2019-2022).	51% (2019)		Worsened	✗
2.5 Decrease incidence rate of tobacco-associated cancers (Per 100,000 persons) (VCR 2014-2020).	182.2 (2014-2018)		Improved	✗

## Goal 3. Improve nutrition and physical activity among Vermonters.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET		TREND	MET TARGET
		current	target		
		◆	■	■	□ no new data
3.1 Increase % of adults who meet current physical activity guidelines (BRFSS 2019).	61% (2019)	61%	64%	No trend yet	□
3.2 Increase % of youth in grades 9-12 who meet the physical activity guidelines (YRBS 2019, 2021).	22% (2019)	28%	23%	Improved	✓
3.3 Increase % of adults consuming at least 5 or more fruits and vegetables per day (BRFSS 2019-2021).	26% (2019)	23%	27%	Worsened	✗
3.4 Increase % of youth in grades 9-12 eating at least five or more fruits and vegetables each day (YRBS 2019, 2021).	21% (2019)	18%	22%	Worsened	✗
3.5 Decrease incidence rate of obesity-associated cancers (Per 100,000 persons) (VCR 2014-2020).	166.7 (2014-2018)	165.9	158.4	Improved	✗

### Goal 4. Prevent Human Papillomavirus (HPV) infections in young Vermonters.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET			TREND	MET TARGET
		current ♦	target ■	target met ■		
						<input type="checkbox"/> no new data
4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR 2021-2024).	59% (2021)		62%	63%	Improved	✓
4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR 2015-2020).	9.3 (2014-2018)		8.8	11.8	Worsened	✗

### Goal 5. Reduce exposure to environmental hazards for Vermonters, including 1) radon and other environmental hazards and 2) ultraviolet (UV) radiation from the sun and sun lamps.

Objectives (Data source)	BASELINE	CURRENT COMPARED TO TARGET			TREND	MET TARGET
		current ♦	target ■	target met ■		
						<input type="checkbox"/> no new data
5.1 Increase % of households that install a radon mitigation system when they receive a high radon test result (VT Radon Program 2020-2022).	43% (2020)		45%	44%	Improved	✗
5.1 Decrease % of youth in grades 9–12 who report having at least one sunburn in the past 12 months (YRBS 2019-2021).	73% (2019)		69%	76%	Worsened	✗
5.2 Decrease the incidence rate of invasive melanoma (Per 100,000 persons) (VCR 2014-2020).	38.0 (2014-2018)		36.1	36.6	Improved	✗

# Cancer Early Detection

## Goal 6. Increase early detection of colorectal cancer among Vermonters.

Objectives (Data source)	BASILINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ♦ target ■ target met ■		□ no new data
6.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for colorectal cancer screening (BRFSS 2018-2022).#	71% (2018)			✗
6.2 Decrease rate of colorectal cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).	58.7 (2014-2018)			✓

## Goal 7. Increase early detection of cervical cancer in Vermonters.

Objectives (Data source)	BASILINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ♦ target ■ target met ■		□ no new data
7.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for cervical cancer screening (BRFSS 2018-2020).	85% (2018)			✗
7.2 Decrease rate of cervical cancer diagnosed at an invasive stage in women* ages 20 and older (Per 100,000 persons) (VCR 2014-2020).	5.7 (2014-2018)			✗

#The USPSTF recommendations changed in 2021, which accounts for the slight % decrease from 2018 to 2022.

\* The word *women* here refers to Vermonters who were assigned female at birth.

## Goal 8. Increase early detection of breast cancer in Vermonters.

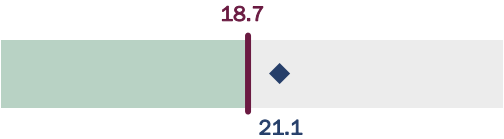

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
8.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for breast cancer screening (BRFSS 2018-2022).	<b>77%</b> (2018)		 Worsened	✗
8.2 Decrease rate of breast cancer diagnosed at an advanced stage in adults ages 40 and older (Per 100,000 persons) (VCR 2014-2020).	<b>81.7</b> (2014-2018)		 Worsened	✗

## Goal 9. Increase early detection of lung cancer among Vermonters.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
9.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for lung cancer screening (BRFSS 2019-2022). <sup>#</sup>	<b>26%</b> (2019)		 Worsened <sup>#</sup>	✗
9.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).	<b>142.6</b> (2014-2018)		 Improved	✓

<sup>#</sup>The USPSTF recommendations changed in 2021, which at least partially accounts for the % decrease from 2020 to 2022.

Goal 10. Improve prostate cancer risk assessment and informed decision-making for Vermonters.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET			TREND	MET TARGET
		current	target	target met		
		◆	■	■		□ no new data
10.1 Decrease the prostate cancer death rate (Per 100,000 persons) (Vermont Vital Statistics 2014-2020).	19.7 (2014-2018)				Worsened	✗
10.2 Increase % of men* ages 55–69 who have discussed both the advantages and disadvantages of prostate cancer screening with a health care provider (BRFSS 2018-2022).	32% (2018)				Worsened	✗

\*The word *men* here refers to Vermonters who were assigned male at birth.



# Cancer Directed Therapy and Supportive Care

**Goal 11.** Improve access to optimal cancer-directed therapy for Vermonters.

Objectives (Data source)	BASELINE	CURRENT RATE COMPARED TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
<b>11.1</b> Increase % of cancer survivors who are living five years or longer after diagnosis (VCR 2009-2018).	<b>66%</b> (2009-2015)		 Improved	✗
<b>11.2</b> Decrease the overall cancer death rate (Per 100,000 persons) (Vermont Vital Statistics 2009-2020).	<b>162.4</b> (2014-2018)		 Improved	✓

**Goal 12.** Improve access to integrative medicine and palliative care for Vermonters diagnosed with cancer.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
<b>12.1</b> Increase the number of Vermont hospitals with a palliative care program (Center to Advance Palliative Care 2019 Report).	<b>9</b> (2019)		 No trend yet	□
<b>12.2</b> Maintain the Vermont state grade in the American Cancer Society Cancer Action Network Pain Policy State Report Card.	<b>Above 80% match to model policy</b> (2019)		 No trend yet	✓
<b>12.3</b> Developmental: Increase the number of quality metrics appropriate for integrative medicine.	<b>N/A</b>	N/A	N/A	N/A

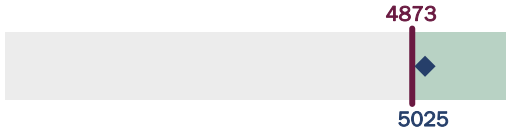



# Survivorship & Advanced Care Planning

**Goal 13.** Promote optimal health for Vermonters with cancer throughout their lives.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET			TREND	MET TARGET
		current	target	target met		
						no new data
<b>13.1</b> Increase % of adult cancer survivors <sup>#</sup> who report always or usually receiving social and emotional support (BRFSS 2018-2022).	<b>76%</b> (2018)		79%	78%	Improved	✗
<b>13.2</b> Increase % of adult cancer survivors <sup>#</sup> who report that their general health is good to excellent (BRFSS 2018-2022).	<b>73%</b> (2018)		77%	75%	Improved	✗
<b>13.3</b> Decrease % of adult cancer survivors <sup>#</sup> who currently use any tobacco product (cigarettes, e-cigarettes, and chew) (BRFSS 2017-2022).	<b>24%</b> (2017)	36%	23%		Worsened	✗
<b>13.4</b> Increase % of adult cancer survivors <sup>#</sup> who meet current physical activity guidelines (BRFSS 2019).	<b>62%</b> (2019)		65%	62%	No trend yet	□
<b>13.5</b> Increase % of adult cancer survivors <sup>#</sup> who eat five or more fruits & vegetables per day (BRFSS 2019-2021).	<b>29%</b> (2019)	27%	31%		Worsened	✗

<sup>#</sup>The definition of a cancer survivor in the BRFSS changed between 2021 and 2022 to newly include individuals who have been diagnosed with melanoma. This change may help explain any changes we see between the data from 2022 and any years prior.

Goal 14. Improve use of hospice care and advanced care planning for Vermonters diagnosed with cancer.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET			TREND	MET TARGET
		current ◆	target ■	target met ■		□ no new data
14.1 Increase the number of people enrolled each year in the Vermont Advanced Directives Registry (Vermont Ethics Network 2020-2023).	4,641 (2020)				 Improved	✓
14.2 Increase % of Vermonters who received hospice care within 30 days before their death from cancer in Vermont (Vermont Vital Statistics 2019-2022).	74% (2019)				 Improved	✓

---

## Evaluation

Evaluation is a fundamental component of the Vermont Cancer Plan. An evaluation plan has been developed to measure and improve the effectiveness of the Vermont Comprehensive Cancer Control Program, Vermonters Taking Action Against Cancer and this plan. The evaluation plan and reports on Cancer Plan progress can be found on the Vermont Department of Health's website: [healthvermont.gov/wellness/cancer](https://healthvermont.gov/wellness/cancer)

## Data Source Abbreviations

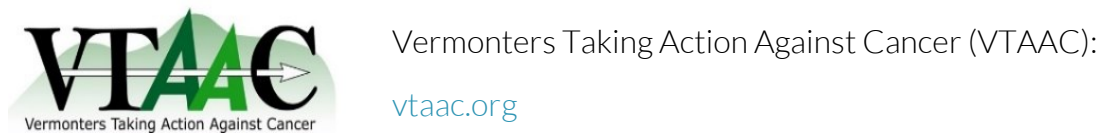
BRFSS: Behavior Risk Factor Surveillance Survey

CPS: Current Population Survey

IMR: Vermont Immunization Registry

























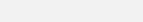

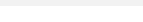



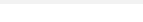

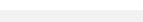

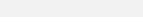

VCR: Vermont Cancer Registry

YRBS: Youth Risk Behavior Survey



# 2025 Vermont Cancer Plan Year 2 At-A-Glance Status Report

## Progress as of August 2024 – Condensed Report

Objectives (Data source)	TREND <small>improved, worsened, no change</small>	MET TARGET <small>no new data</small>
<b>Health Equity</b>		
1.1 Increase % of adults ages 18–64 with health insurance (BRFSS 2019-2022).		
1.2 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 2019-2022).		
1.3 Decrease % of Vermont households with food insecurity (CPS, Food Security Supplement, 2017-2022).		
<b>Cancer Prevention</b>		
2.1 Decrease % of adults who currently use any tobacco product (cigarettes, e-cigarettes & chew) (BRFSS 2017-2022).		
2.2 Decrease % of youth in grades 9–12 who currently use any tobacco product (YRBS 2021).		
2.3 Decrease % of youths under the age of 13 who have ever tried a flavored tobacco product (YRBS 2021).		
2.4 Increase % of current adult smokers who have made a quit attempt in the last year (BRFSS 2019-2022).		
2.5 Decrease incidence rate of tobacco-associated cancers (Per 100,000 persons) (VCR 2014-2019).		
3.1 Increase % of adults who meet current physical activity guidelines (BRFSS 2019).		
3.2 Increase % of youth grades 9-12 who meet physical activity guidelines (YRBS 2019-2021).		
3.3 Increase % of adults consuming at least 5 or more fruits and vegetables per day (BRFSS 2019-2021).		
3.4 Increase % of youth in grades 9–12 eating at least five or more fruits and vegetables each day (YRBS 2019-2021).		
3.5 Decrease incidence rate of obesity-associated cancers (Per 100,000 persons) (VCR 2014-2020).		
4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR 2021-2022).		
4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR 2014-2020).		
5.1 Increase % of households that install a radon mitigation system when they receive a high radon test result (VT Radon Program 2020-2022).		
5.2 Decrease % of youth in grades 9–12 who report having at least one sunburn in the past 12 months (YRBS 2019-2021).		
5.2 Decrease incidence rate of invasive melanoma (Per 100,000 persons) (VCR 2014-2019).		

Objectives (Data source)	TREND improved, worsened, no change	MET TARGET no new data
<b>Cancer Early Detection</b>		
6.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for colorectal cancer screening (BRFSS 2018-2022). <sup>#</sup>		✗
6.2 Decrease rate of colorectal cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).		✓
7.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for cervical cancer screening (BRFSS 2018-2020).		✗
7.2 Decrease rate of cervical cancer diagnosed at an invasive stage in women ages 20 and older (Per 100,000 persons) (VCR 2014-2020).		✗
8.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for breast cancer screening (BRFSS 2018-2022).		✗
8.2 Decrease rate of breast cancer diagnosed at an advanced stage in adults ages 40 and older (Per 100,000 persons) (VCR 2014-2020).		✗
9.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for lung cancer screening (BRFSS 2019-2022). <sup>#</sup>		✗
9.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).		✓
10.1 Decrease the prostate cancer death rate (Per 100,000 persons). (Vermont Vital Statistics 2014-2020).		✗
10.2 Increase % of men ages 55–69 who have discussed the advantages and disadvantages of prostate cancer screening with their health care providers (BRFSS 2018-2022).		✗
<b>Cancer Directed Therapy and Supportive Care</b>		
11.1 Increase % of cancer survivors who are living five years or longer after diagnosis (VCR 2009-2018).		✗
11.2 Decrease the overall cancer death rate (Per 100,000 persons) (VCR 2014-2020).		✓
12.1 Increase the number of Vermont hospitals with a palliative care program (Center to Advance Palliative Care 2019 Report).	●	□
12.2 Maintain the Vermont state grade in the American Cancer Society Cancer Action Network Pain Policy State Report Card.	●	✓
12.3 Developmental: Increase the number of quality metrics appropriate for integrative medicine.		
<b>Survivorship &amp; Advanced Care Planning</b>		
13.1 Increase % of adult cancer survivors who report always or usually receiving social and emotional support (BRFSS 2018-2022).		✗
13.2 Increase % of adult cancer survivors who report that their general health is good to excellent (BRFSS 2018-2020).		✗
13.3 Decrease % of adult cancer survivors who currently use any tobacco product (cigarettes, e-cigarettes, and chew) (BRFSS 2017-2021).		✗
13.4 Increase % of adult cancer survivors who meet current physical activity guidelines (BRFSS 2019).	●	□
13.5 Increase % of adult cancer survivors eating five or more fruits & vegetables per day (BRFSS 2019-2021).		✗
14.1 Increase the number of people enrolled each year in the Vermont Advanced Directives Registry (Vermont Ethics Network 2020-2023).		✓
14.2 Increase % of Vermonters who received hospice care within 30 days before their death from cancer in Vermont (Vermont Vital Statistics 2019-2021).		✓

<sup>#</sup>The USPSTF recommendations changed in 2021, which at least partially accounts for the % decrease from 2020 to 2022.