

2025 Vermont Cancer Plan

Goals, objectives and strategies for reducing the burden of cancer in Vermont



December 2021

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Vermont Department of Health:
healthvermont.gov/wellness/cancer



Vermonters Taking Action Against Cancer
(VTAAC): vtaac.org



Purpose

Each year, approximately 3,800 Vermonters are diagnosed with cancer^{1,2} and more than 1,300 Vermonters die of cancer.^{3,4}

The **2025 Vermont Cancer Plan** presents the shared goals, objectives and priority strategies to reduce the burden of cancer in Vermont. The plan's goals span the cancer journey, from prevention and screening through cancer therapy, survivorship and advanced care planning. This five-year plan strives to improve cancer outcomes for all Vermonters, especially those known to be at higher risk. Some individuals are more likely to be affected by cancer than others due to social, environmental and economic disadvantages. Key health equity populations of focus in this plan include:

- Black, Indigenous and people of color (BIPOC)
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters
- Vermonters living with disabilities
- Low-income Vermonters

Collective Impact

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 came together to develop the 2025 Vermont Cancer Plan. The plan's goals, objectives and populations of focus were selected by reviewing cancer data in Vermont and the U.S. For more information, visit healthvermont.gov/cancer.

Cancer stakeholders across Vermont will use this plan to make a collective impact on cancer. All Vermonters are encouraged to join the statewide effort to promote the plan. Working together, we can make a big difference in reducing the burden of cancer in Vermont.

1. Vermont Cancer Registry, 2014–2018

2, 4. 2018 data are provisional

3. Vermont Vital Statistics, 2014–2018

Goals, Objectives & Strategies

This section outlines the goals, objectives and strategies for reducing the burden of cancer in Vermont over the next five years. The information in this section is aligned with the following overarching goals of the plan:

Health Equity

Ensure that all Vermonters 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+) Vermonters, Vermonters Living with Disabilities, and Low-income Vermonters.

Cancer Prevention

Prevent cancer from occurring or recurring.

FOCUS AREAS: Tobacco, Physical Activity and Nutrition, Human Papillomavirus (HPV) and Environmental Hazards (ultraviolet radiation and radon).

Cancer Early Detection

Detect cancer at its earliest stages.

FOCUS AREAS: Colorectal, Cervical, Breast, Lung and Prostate Cancers.

Cancer Directed Therapy & Supportive Care

Treat cancer with appropriate, quality care.

FOCUS AREAS: Cancer Directed Therapy, Integrative Medicine and Palliative Care.

Survivorship & Advanced Care Planning

Ensure the highest quality of life possible for cancer survivors.

FOCUS AREAS: Optimal Physical and Emotional Health, Hospice Care and Advanced Care Planning for Vermonters diagnosed with cancer.



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.

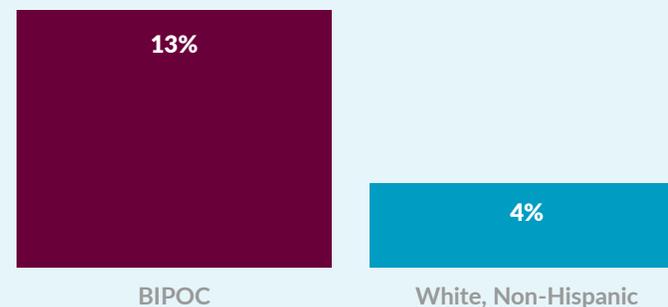
Timeframe: All targets are set for the five-year timeframe of this plan: 2021–2025.

Numerous objectives and strategies in the Vermont Cancer Plan specifically target health equity. Throughout the plan, strategies addressing health equity are called out using these brackets **[HEALTH EQUITY]**.

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.

BIPOC Vermonters are 3 times more likely to have worried about having enough food in the past year compared to **White, Non-Hispanic Vermonters** (BRFSS 2018).



Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
1.1 Increase % of adults ages 18–64 with health insurance (BRFSS*).	93% (2019)	98%
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).	9% (2019)	8%
1.3 Decrease % of Vermont households with food insecurity (Current Population Survey, Food Security Supplement ^{5,6}).	10% (2017–2019)	9%

*Behavioral Risk Factor Surveillance System

5. 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.

6. The Food Security Supplement calculates food security from responses to a series of questions about conditions and behaviors that characterize households when they have difficulty meeting basic food needs.

✓ Strategies for Health Equity

- Monitor Vermont's cancer burden, focusing on identifying populations and regions facing cancer-related inequities.
- Focus cancer prevention, early detection, treatment and survivorship efforts on populations and regions known to face cancer-related inequities.
- Engage, build trust and create a shared agenda with organizations representing and individuals from communities with health inequities.
- Increase input from historically marginalized people (BIPOC, LGBTQ+, people living with disabilities and low-income Vermonters) into cancer prevention and control planning by connecting with them in their communities.
- Increase opportunities for health care providers to participate in cultural competency and health literacy training. Focus on BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
- Support efforts to create safe communities with equitable access to physical activity and healthy and affordable food.
- Increase availability of inclusive and accessible cancer education materials using plain language, lower reading levels and translation into several languages.
- Advocate for state policy to increase the accessibility and affordability of quality health care coverage and to broaden the range of covered health care options.
- Evaluate and increase internet access and telemedicine availability in rural areas.

Residents of less affluent counties die from cancer at higher rates than those of more affluent counties.⁷



7. Singh GK, Miller BA, Hankey BF, Edwards BK. Area Socioeconomic Variations in U.S. Cancer Incidence, Mortality, Stage, Treatment, and Survival, 1975–1999. NCI Cancer Surveillance Monograph Series, Number 4. Bethesda, MD: National Cancer Institute, 2003. NIH Publication No. 03-5417.

Cancer Prevention

Goal 2. Reduce exposure to tobacco among Vermonters.

Objectives	Measures BASELINE (YEAR)	TARGET (2025)
2.1 Decrease % of adults who currently use any tobacco product (cigarettes, e-cigarettes & chew) (BRFSS*).	21% (2017) ⁸	20%
2.2 Decrease % of youth in grades 9–12 who currently use any tobacco product (YRBS [†]).	28% (2019) ⁹	27%
2.3 Decrease % of youth under the age of 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).	51% (2019) ¹⁰	54%
2.5 Decrease incidence rate of tobacco-associated cancers (Per 100,000 persons) (VCR [‡]).	182.2 (2014–2018) ^{11,12}	173.1



Strategies

HEALTH EQUITY

- Improve availability and accessibility of cessation services among populations of focus: BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
- Increase the number of tobacco-free environments, including in multi-unit housing, substance use and mental health facilities, college and hospital campuses, parks and beaches.
- Increase the perception of harm of vaping for youth, young adults and pregnant women.
- Educate the public on the dangers of tobacco and nicotine products and the resources available to help them quit.
- Increase referrals to and participation in tobacco cessation services, including 802Quits, local self-management workshops and individual counseling.
- Educate policy makers on the costs of tobacco use and the policy solutions that can affect change.

*Behavioral Risk Factor Surveillance System [†]Youth Risk Behavior Survey [‡]Vermont Cancer Registry

8, 10–11. Measure is age adjusted to the 2000 U.S. standard population.

9. YRBS asks about students' use of the following products: cigarettes, cigars, smokeless tobacco and electronic vaping products.

12. 2018 data are provisional.

Goal 3. Improve nutrition and physical activity among Vermonters.

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
3.1 Increase % of adults who meet current physical activity guidelines (BRFSS*).	61% (2019) ¹³	64%
3.2 Increase % of youth in grades 9–12 who meet current physical activity guidelines (YRBS†).	22% (2019)	23%
3.3 Increase % of adults eating at least five or more fruits and vegetables each day (BRFSS).	26% (2019) ¹⁴	27%
3.4 Increase % of youth in grades 9–12 eating at least five or more fruits and vegetables each day (YRBS).	21% (2019)	22%
3.5 Decrease incidence rate of obesity-associated cancers (Per 100,000 persons) (VCR‡).	166.7 (2014–2018) ^{15,16}	158.4

Strategies

- HEALTH EQUITY**
- Identify and address barriers among populations of focus: BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
 - Increase equitable access to healthy, affordable and culturally appropriate food, and opportunities to be physically active.
 - Provide training for health care providers on addressing weight bias (negative attitudes towards, and beliefs about, others because of their weight) and its potentially harmful effect on patients.
 - Increase healthy food access among youth by promoting use of free or universal school meals.
 - Increase the use of policy, systems and environmental approaches in Vermont worksites, communities and schools to improve physical activity and nutrition behaviors.
 - Promote messages to health care providers and the public emphasizing the link between obesity and cancer.
 - Increase referrals to and participation in programs promoting physical activity and nutrition.

*Behavioral Risk Factor Surveillance System †Youth Risk Behavior Survey ‡Vermont Cancer Registry
 13–15. Measure is age adjusted to the 2000 U.S. standard population.
 16. 2018 data are provisional.

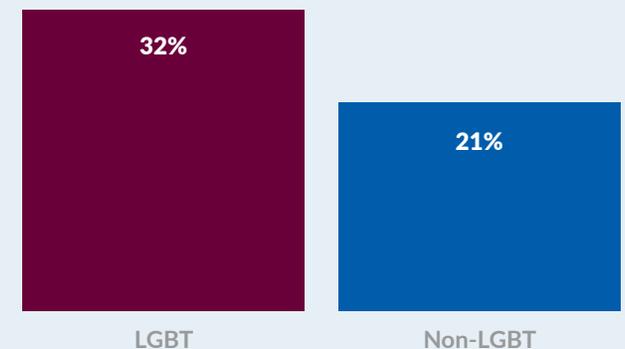
Goal 4. Prevent Human Papillomavirus (HPV) infections in young Vermonters.

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
4.1 Increase % of youth ages 13–17 who have completed the HPV vaccine series (IMR [§]).	59% (2021)	62%
4.2 Decrease incidence rate of HPV-associated cancers (Per 100,000 persons) (VCR [‡]).	9.3 (2014–2018) ^{17,18}	8.8

✓ Strategies

- **[HEALTH EQUITY]** Assess barriers contributing to lower HPV vaccination rates among populations of focus: BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
- Provide training options to support providers in strongly promoting the HPV vaccine as a cancer prevention vaccine.
- Educate parents of youth (ages 13–17) around the importance of HPV vaccination and all of the cancers associated with HPV.
- Educate Vermont youth (ages 13–17) about the importance of HPV vaccination and all of the cancers associated with HPV.
- Assist primary care providers in implementing patient reminder systems, clinic-based education, provider assessment and feedback, provider reminders or standing orders to begin and complete the HPV vaccination series.
- Educate oral health providers about the need to include HPV vaccination as part of their preventive health recommendations.

Vermont LGBT¹⁹ youth in grades 9-12 are more likely to smoke cigarettes than heterosexual/cisgender students (YRBS[†] 2019).



[§]Immunization Registry [‡]Vermont Cancer Registry [†]Youth Risk Behavior Survey

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

18. 2018 data are provisional.

19. The Health Department's data sources do not yet fully reflect Vermont's LGBTQ+ population, as surveys only ask individuals to self-identify if they are lesbian, gay, bisexual and/or transgender. To best represent the available data therefore, we use LGBT when discussing findings from these data sources.

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	Measures	
	BASELINE (YEAR)	TARGET (2025)
5.1 Increase % of households that install a radon mitigation system when they receive a high radon test result (VT Radon Program).	43% (2020)	45%
5.2 Decrease % of youth in grades 9–12 who report having at least one sunburn in the past 12 months (YRBS [†]).	73% (2019)	69%
5.3 Decrease incidence rate of invasive melanoma (Per 100,000 persons) (VCR [‡]).	38 (2014–2018) ^{20,21}	36.1



[†]Youth Risk Behavior Survey [‡]Vermont Cancer Registry ^{*}Behavioral Risk Factor Surveillance System
 20. Measure is age adjusted to the 2000 U.S. standard population.
 21. 2018 data are provisional.



Strategies for Environmental Hazard Exposures

Radon

HEALTH EQUITY

- Focus radon outreach efforts on current or former tobacco users and regions or populations at higher risk for radon exposure.
- Support efforts to reduce financial barriers to installing radon mitigation systems in buildings that have elevated radon levels.
- Build public awareness about the link between radon and lung cancer and the importance of testing homes for radon.
- Work with homebuilders and contractors to increase the number of homes built using new radon-resistant construction techniques.

Ultraviolet (UV) Radiation

- Educate the public regarding the dangers of exposure to ultraviolet (UV) radiation.
- Increase the availability of sunscreen and sun safety resources in Vermont park and recreational facilities.
- Increase the number of schools that use evidence-based programs to educate children about the risks of sun and ultraviolet exposure.
- Provide education to health care providers to reinforce their use of sun-safety counseling for children, adolescents and young adults (ages 10–24).
- Promote awareness of and compliance with Vermont’s tanning regulations prohibiting use of tanning beds by youth under age 18.

Environmental Exposure

- Build public awareness around environmental contaminants linked to cancer.
- Advocate for policies to reduce environmental exposures that adversely impact human health.

A photograph of an elderly couple walking together on a grassy lawn. The woman is on the left, wearing a bright yellow sweater and dark pants, and the man is on the right, wearing a light blue denim shirt and light-colored pants. They are both smiling and looking at each other. The background is a soft-focus landscape with trees and a bright sky.

“Early diagnosis is empowering. Advantages include better quality of life, less stress for family and caretakers and more time to treasure the present and prepare for the future. Be your own best advocate, early screening and detection saves lives. I am living proof of this.”

Lisa—Vermont Cancer Survivor

Cancer Early Detection

Goal 6. Increase early detection of colorectal cancer in Vermonters.

Objectives	Measures BASELINE (YEAR)	TARGET (2025)
6.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for colorectal cancer screening (BRFSS*).	71% (2018) ²²	75%
6.2 Decrease rate of colorectal cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR†).	58.7 (2014–2018) ^{23,24}	55.8

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

Objectives	Measures BASELINE (YEAR)	TARGET (2025)
7.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for cervical cancer screening (BRFSS).	85% (2018) ²⁵	89%
7.2 Decrease rate of cervical cancer diagnosed at an invasive stage in women ²⁶ ages 20 and older (Per 100,000 persons) (VCR).	5.7 (2014–2018) ^{27,28}	5.4

*Behavioral Risk Factor Surveillance System †Vermont Cancer Registry
22–23, 25, 27. Measure is age adjusted to the 2000 U.S. standard population.

24, 28. 2018 data are provisional.

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

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

Objectives	Measures BASELINE (YEAR)	TARGET (2025)
8.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for breast cancer screening (BRFSS*).	77% (2018) ²⁹	81%
8.2 Decrease rate of breast cancer diagnosed at an advanced stage in adults ages 40 and older (Per 100,000 persons) (VCR [†]).	81.7 (2014–2018) ^{30,31}	77.6

Goal 9. Increase early detection of lung cancer in Vermonters.

Objectives	Measures BASELINE (YEAR)	TARGET (2025)
9.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for lung cancer screening (BRFSS).	26% (2019)	27%
9.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR).	142.6 (2014–2018) ^{32,33}	135.5

*Behavioral Risk Factor Surveillance System †Vermont Cancer Registry
29–30, 33. Measure is age adjusted to the 2000 U.S. standard population.
31–32. 2018 data are provisional

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

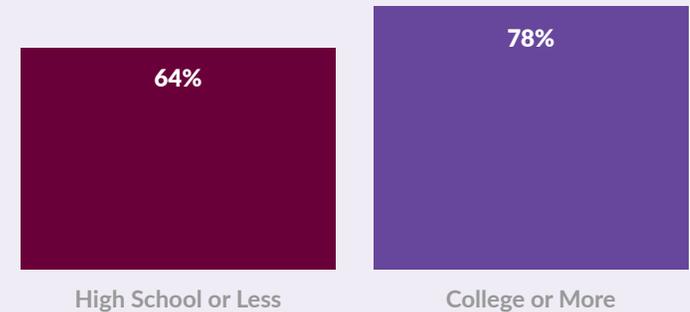
HEALTH EQUITY

- Promote cancer screening guidelines to the public, using messages that are clear, accessible, inclusive and culturally and linguistically appropriate.
- Improve availability and accessibility of cancer screening services among populations of focus: BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
- Support increased use of transportation assistance, flexible clinic hours, childcare, scheduling assistance and translation services by cancer screening centers to reduce structural barriers to care.
- Educate health care providers and the public about low- and no-cost cancer screening resources for low-income Vermonters, such as through the You First program.
- Educate and encourage health care providers, clinics and systems to use nationally recognized cancer screening guidelines and evidence-based strategies—such as patient and provider reminder tools— to increase cancer screening rates.
- Increase the number of providers performing cancer screening risk assessments based on personal or family history, genetics and other relevant risk factors.
- Engage and train community health workers in educating and supporting patients in accessing recommended cancer screenings.

✓ Cancer-Specific Strategies

- **[HEALTH EQUITY] Lung:** Educate current or former heavy tobacco users³⁴ about the importance of lung cancer screening and empower those eligible for lung cancer screenings to make informed decisions.
- **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.

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



*Behavioral Risk Factor Surveillance System

34. The March 2021 United States Preventive Services Task Force Lung Cancer Screening guidelines recommend lung cancer screening for people ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.

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

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
10.1 Decrease the prostate cancer death rate (Per 100,000 persons) (Vermont Vital Statistics).	19.7 (2014–2018) ^{35,36}	18.7
10.2 Increase % of men ³⁷ ages 55–69 who have discussed the advantages and disadvantages of prostate cancer screening with their health care providers (BRFSS*).	32% (2018)	33%



Strategies for Prostate Cancer

HEALTH EQUITY

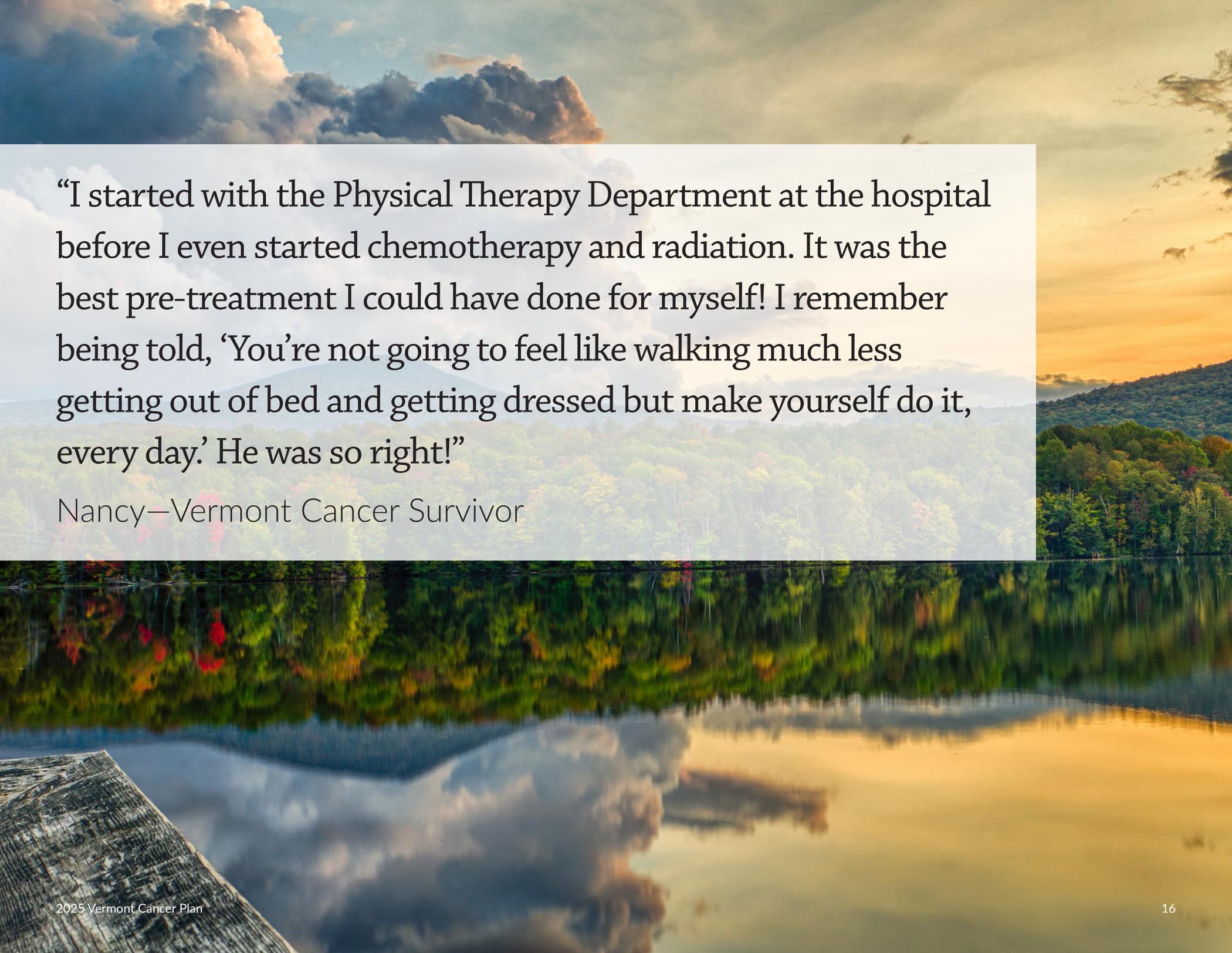
- Educate the public about nationally recognized prostate cancer screening guidelines and the risk factors for prostate cancer, using messages that are clear, accessible, inclusive and culturally and linguistically appropriate.
- Improve availability and accessibility of prostate cancer risk assessment information among populations of focus: BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters.
- Educate primary care providers on prostate cancer guidelines, including the variation in guidelines by different professional organizations.
- Increase the number of providers performing prostate cancer risk assessment based on personal or family history, genetics and other relevant risk factors.
- Support the development and distribution of a provider prostate cancer risk assessment tool.
- Continue to monitor medical science and prostate cancer screening recommendations.

*Behavioral Risk Factor Surveillance System

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

36. 2018 data are provisional.

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



“I started with the Physical Therapy Department at the hospital before I even started chemotherapy and radiation. It was the best pre-treatment I could have done for myself! I remember being told, ‘You’re not going to feel like walking much less getting out of bed and getting dressed but make yourself do it, every day.’ He was so right!”

Nancy—Vermont Cancer Survivor

Cancer-Directed Therapy & Supportive Care

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

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
11.1 Increase % of cancer survivors who are living five years or longer after diagnosis (VCR [†]).	66% (2009–2015) ³⁸	69%
11.2 Decrease the overall cancer death rate (Per 100,000 persons) (Vermont Vital Statistics).	162.4 (2014–2018) ^{39,40}	154.3

Strategies

HEALTH EQUITY

- Ensure Vermonters facing health inequities (BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters) have equitable access to quality cancer care.
- Improve outreach, coordination and implementation of new approaches to address gaps in care, including patient navigation, guest housing near cancer treatment facilities, transportation to medical appointments and rural treatment opportunities such as mobile chemotherapy units.
- Increase patient awareness and access to financial supports and counseling assistance.
- Raise awareness of clinical trials among institutions, providers, patients, families and caregivers.
- Monitor policy changes that may affect clinical trial accrual, and support efforts to educate and advocate for policies that increase accrual.

[†]Vermont Cancer Registry
38–39. Measure is age adjusted to the 2000 U.S. standard population.
40. 2018 data are provisional.

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

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
12.1 Maintain or increase the number of Vermont hospitals with a palliative care program (Center to Advance Palliative Care 2019 Report).	9 (2019)	11
12.2 Maintain the Vermont state grade in the American Cancer Society Cancer Action Network Pain Policy State Report Card. ⁴¹	Above 80% match to model policy (2019)	Above 80% match to model policy
12.3 Developmental: Increase the number of quality metrics appropriate for integrative medicine.	N/A	N/A

Strategies

- **[HEALTH EQUITY]** Educate and advocate for state policy solutions to support mandated insurance coverage for supportive care services.
- Promote professional development for health care providers in integrative medicine and palliative care.
- Develop and promote educational programs for patients and the public on palliative care and integrative medicine, including options, risks and benefits.
- Increase efforts to monitor access, use and impact of integrative medicine and palliative care among cancer patients and survivors.
- Assess barriers to access and use of integrative medicine and palliative care and advocate for changes.

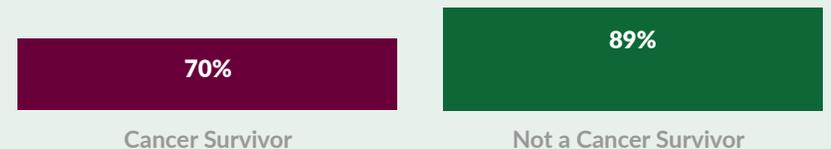
41. American Cancer Society Cancer Action Network. *How Do You Measure Up?* 2019.

Survivorship & Advanced Care Planning

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

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
13.1 Increase % of adult cancer survivors who report always or usually receiving social and emotional support (BRFSS*).	76% (2018)	79%
13.2 Increase % of adult cancer survivors who report that their general health is good to excellent (BRFSS).	73% (2018)	77%
13.3 Decrease % of adult cancer survivors who currently use any tobacco product (cigarettes, e-cigarettes and chew) (BRFSS).	24% (2017) ⁴²	23%
13.4 Increase % of adult cancer survivors who meet current physical activity guidelines (BRFSS).	62% (2019) ⁴³	65%
13.5 Increase % of adult cancer survivors eating five or more fruits & vegetables per day (BRFSS).	29% (2019) ⁴⁴	31%

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



*Behavioral Risk Factor Surveillance System
42-44. Measure is age adjusted to the 2000 U.S. standard population.



Strategies for Promoting Optimal Health of Vermonters with Cancer

HEALTH EQUITY

- Increase awareness of and access to survivorship resources for all Vermonters, including BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters using messaging that is clear, accessible, inclusive and culturally and linguistically appropriate.
- Increase cancer survivors' access to healthy, affordable and culturally appropriate food, and opportunities to be physically active.
- Carry out periodic assessments to evaluate cancer survivor successes and barriers to good health and gaps in statewide survivorship resources, emphasizing populations of focus (BIPOC, LGBTQ+ Vermonters, people living with disabilities and low-income Vermonters).
- Increase availability of patient navigation or community health workers to assist Vermonters across the cancer care continuum in the use of wellness programs.
- Educate health care providers on the availability of and referral steps to cancer survivor psychosocial and physical wellness services.
- Increase patient and caregiver awareness and use of psychosocial and physical wellness services.
- Increase awareness and use of existing cancer survivorship care guidelines by oncology and primary care providers, including those published by the American Cancer Society, American Society of Clinical Oncology and the National Comprehensive Cancer Network.
- Promote statewide adoption of distress screening to address cancer survivors' emotional wellbeing and the associated use of psychosocial services.
- Increase referrals and participation in programs promoting cancer survivor physical activity and nutrition, such as the Steps to Wellness program and My Healthy VT self-management workshops.
- Increase referrals to and use of tobacco cessation programs by cancer survivors, including 802Quits and the MyHealthyVT self-management workshops.

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

Objectives	Measures	
	BASELINE (YEAR)	TARGET (2025)
14.1 Increase the number of people enrolled each year in the Vermont Advanced Directives Registry (Vermont Ethics Network).	4,641 (2020)	4,873
14.2 Increase % of Vermonters who received hospice care within 30 days before their death from cancer in Vermont (Vermont Vital Statistics).	74% (2019)	78%



Strategies

- **[HEALTH EQUITY]** 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.
- Educate health care providers on the benefits of hospice, palliative care and advanced care planning.
- Increase public awareness of hospice, palliative care and advanced care planning.
- Promote the Advance Directive Registry with Vermont cancer centers and other health care providers.



Resources

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

COVID-19 and Cancer

COVID-19 has caused unprecedented health and economic crises in the U.S. and Vermont. It has also impacted many aspects of cancer care, control and prevention. The Health Department and VTAAC will be measuring the effects of these additional barriers to cancer care and are prepared to pivot as necessary to address the changing cancer needs of Vermonters.

Take Action

The Vermont Department of Health's Comprehensive Cancer Control program, Vermont's statewide cancer coalition, Vermonters Taking Action Against Cancer (VTAAC), and our network of partners are leading the effort to address cancer in Vermont. VTAAC's mission is to provide a forum for collaboration, engagement and sharing of resources for individuals and organizations concerned about cancer in Vermont. The Vermont Cancer Plan guides the activities of the coalition, which are focused on reaching VTAAC's ultimate goal—reducing the burden of cancer in Vermont.

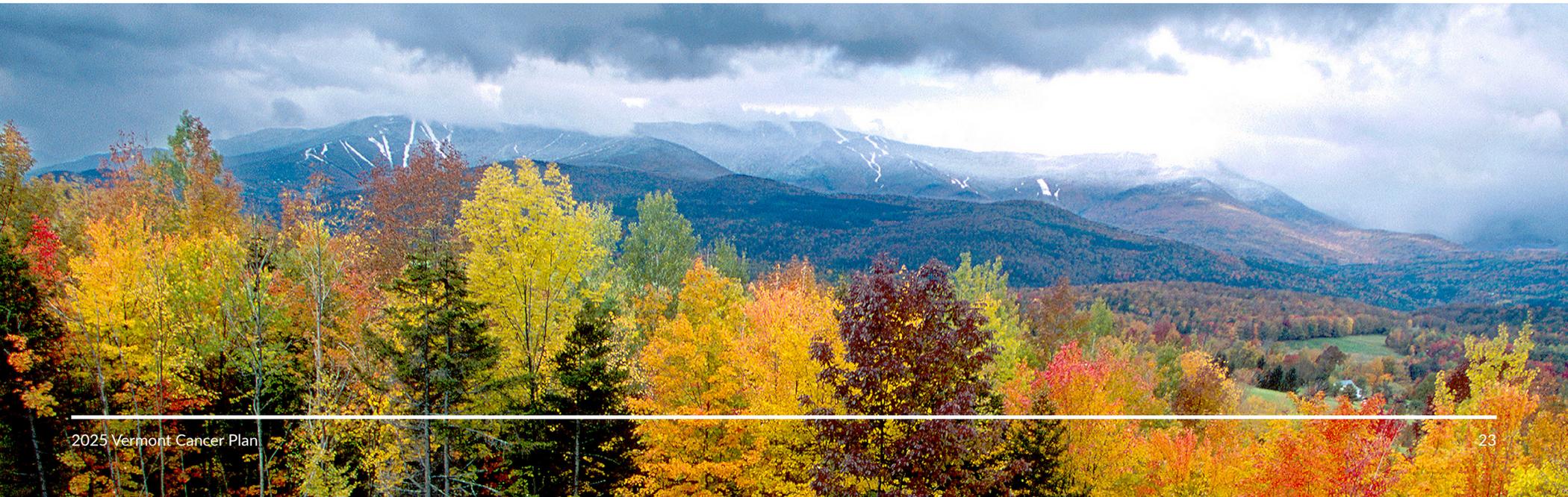
All Vermonters can help to reduce the state's cancer burden, and are encouraged to use the plan as their guide. For more information about cancer in Vermont and how you can join VTAAC and help, please visit our websites.



Vermont Department of Health:
healthvermont.gov/wellness/cancer



Vermonters Taking Action Against Cancer
(VTAAC): vtaac.org





This publication was supported by Cooperative Agreement number NU58DP006322 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.