Vermont Comprehensive Cancer Control Program Evaluation Plan 2020-2022

September 28, 2021

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VERMONT
DEPARTMENT OF HEALTH

YEAR 5 Addition/Companion Piece for VT CCC Evaluation Plan 2020-2022

Update for Year 5 (page 1 of 2)

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Prepared by Professional Data Analysts (PDA), external evaluators for the VT CCC.

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Purpose

This document is intended to provide a summary of the primary VT CCC evaluation activities planned for Year 5 (July 2021 – June 2022) of the CDC funding cycle.

In December 2020, PDA developed a two-year comprehensive evaluation plan for Vermont's CCC Program in partnership with CCC Program Coordinator, Sharon Mallory. This evaluation plan is still applicable and continues to guide the overall evaluation of VT CCC. That said, the evaluation work conducted over the past year and the strengthening of this new evaluation partnership have led to a refined understanding of how evaluation can be useful for VT CCC moving forward.

Summary of Planned Evaluation Activities in Year 5

Below is a summary of the evaluation activities planned in Year 5, which will be integrated across the three components of VT CCC – Partnership, Plan, and Program.

1. **Health Equity**

   In Year 4, the evaluation focused on assessing the extent to which the VTAAC coalition, the Vermont Cancer Plan, and the Cancer Program integrates equity in its work. The CCC Equity Checklist tool was used to collect input from key stakeholders, and from these results, a series of equity recommendations were offered. The evaluation will continue to support VT CCC in reviewing and prioritizing these recommendations, as well as to create a process for monitoring progress towards specific health equity goals. In addition, the evaluation will continue to gather input from coalition leadership and members on equity topics through data collection through meetings, interviews, focus groups, and surveys.

   Health equity is embedded in many of the evaluation questions that are being explored. The evaluation questions in the sections below (Partnership engagement and Cancer Plan implementation) that are specific to health equity are highlighted.

2. **Partnership Engagement**

   The evaluation will continue to examine the engagement of VTAAC coalition members and partners in Year 5 through analysis of the VTAAC member database and possibly administering an online member survey. The analysis of VTAAC members will help to provide

a picture of who is currently involved in the coalition, as well as how representative the coalition is in terms of geography, sector, and professional role. Results can be used to inform outreach and engagement efforts as the coalition grows and begins implementing the new Cancer Plan.

Evaluation questions related to **VTAAC member and partner engagement** that will be examined in Year 5 are:

- How effective is VTAAC in providing a forum for collaboration and sharing resources?
- **Health equity:** In what ways is the VTAAC coalition attending to and promoting cancer health equity in Vermont?
- Who are the current VTAAC stakeholders, and who is missing?
    - **Health equity:** How much does VTAAC membership include individuals from marginalized communities and organizations serving priority populations?
- How well is VTAAC engaging members and what opportunities exist for greater engagement?
- What is the perceived value of VTAAC to members and to the state?
    - **Health equity:** What is the value of coalition participation for individuals from marginalized communities and organization serving priority groups? What value and assets do they bring to the coalition?
- What are the strengths of VTAAC and what are opportunities for improvement?

3. Cancer Plan Implementation

As the 2025 Vermont Cancer Plan is published and disseminated widely, the evaluation will begin to document the implementation process and track progress towards the Plan's goals and objectives. This may include the development or modification of existing tracking systems for Plan strategies being implemented or the creation of a reporting tool, such as a Cancer Plan dashboard. By establishing these monitoring and evaluation systems and processes, we will have a strong foundation to measure the implementation and impact of the 2025 Cancer Plan over the next five years.

Evaluation questions related to the **2025 Vermont Cancer Plan** that will be examined in Year 5 are:

- How are VTAAC members and statewide partners carrying out the Cancer Plan?
    - **Health Equity:** How are individuals from marginalized communities and organizations serving priority groups are involved in implementing the Cancer Plan?
- What progress is being made toward health equity goals in the Cancer Plan?

Vermont CCC Evaluation Plan 2020 - 2022

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Introduction and Overview

For the past 20 years, the Centers for Disease Control and Prevention (CDC) has administered the National Comprehensive Cancer Control Program (NCCCP), which funds programs to create partnerships and collaborations to address cancer burdens. The NCCCP provides funding to all 50 states, to U.S. territories, and to eight tribal organizations. The funding supports statewide cancer control programs and a coalition of cancer partners who develop and implement a strategic Cancer Plan for cancer prevention and control.

The Vermont Department of Health ("Department of Health") has received CDC funding for its Comprehensive Cancer Control Program ("CCC") and statewide coalition since 2003. The CCC is in the fourth year of the current funding cycle (June 30, 2018-June 29, 2022) and continues to build upon cancer efforts and partnerships from previous funding cycles. The CCC funds the Department of Health's cancer prevention and control programs ("Cancer Program") and supports the statewide coalition, Vermonters Taking Action Against Cancer (VTAAC), to develop and drive the Vermont Cancer Plan ("Cancer Plan"). The Cancer Plan is a guide for cancer prevention and control practices, with the overall goal to reduce the burden of cancer in Vermont. The VTAAC coalition is currently developing the next Cancer Plan for 2021-2025. The Cancer Plan directly aligns with the NCCCP's six priority areas, which are primary prevention, early detection, cancer survivorship, and the cross-cutting areas of health equity; policy, systems, and environmental changes; and evaluation.[1]

Cancer in Vermont

Cancer is a chronic disease and the leading cause of death in Vermont.[2] Each year, an estimated 3,757 per 100,000 Vermonters are diagnosed with a type of cancer.[3] The top five cancers with the highest incidence rates for males and females combined are lung and bronchus (60.9), melanoma of the skin (37.5), colorectal (34.2), urinary bladder (23.3), and non-Hodgkin lymphoma (20.2). As many as 1,382 per 100,000 Vermonters die from cancer each year, with the top five cancer deaths being lung and bronchus (368), colorectal (123), pancreas (91), leukemia (51), and non-Hodgkin lymphoma (47). Breast, cervical and prostate are other cancers of a particularly high burden in Vermont as well.

Lung cancer is a particularly prevalent and deadly cancer for Vermonters. Lung cancer has statistically higher incidence and mortality rates in Vermont compared to the U.S. overall. Lung cancer is a largely preventable form of cancer, and the CCC has made particular efforts to provide educational and treatment opportunities around lung cancer for Vermonters.

Further, Vermont has one of the highest incidence rates of melanoma, the most serious form of skin cancer, in the U.S. The state's rate of melanoma is higher than its neighboring New England states (Connecticut, Maine, Massachusetts, New Hampshire, New York, Pennsylvania, and Rhode

Island). Sun exposure is a significant risk factor for developing melanoma, and this is especially a concern earlier in life because it increases the chances of developing skin cancer in adulthood. The CCC works with multiple partners to educate Vermonters about environmental risks and to promote healthy lifestyle behaviors.

However, cancer does not affect all people in Vermont equally. Cancer health disparities exist across the areas of prevention, diagnosis, treatment, and health outcomes. Certain population groups are disproportionality impacted by cancer due to a myriad of complex factors, including biology and social determinants of health. Systematic marginalization and barriers to accessing quality health care widen already existing differences in groups. In Vermont, disparities in cancer burden are evident based on **income**, **rurality**, **disability**, **racial and ethnic identity**, and **gender identity/sexual orientation**. Vermonters who are white and heterosexual, do not have a disability, live in urban or suburban areas, or are middle or upper class generally have better health compared to other Vermonters.

As a state, Vermont is an early adopter of health care reform, which has advanced its ability to rollout cancer prevention and control practices statewide. For example, the state expanded Medicaid to provide increased access to government health insurance for those eligible, especially Vermont's large aging population. Another factor that supports cancer work is the strong partnership of the CCC with two large teaching hospitals in the region: Vermont Medical Center (UVMMC) and Dartmouth-Hitchcock Medical Center (DHMC). This close working relationship provides access to current best practices in teaching and emerging research in the cancer field.

Further, Vermont is a geographically small state with approximately 623,000 residents across 14 counties. The largest population center is Burlington, with just over 42,000 residents. However, the majority of Vermonters live in rural areas where access to quality health care services may be limited or nonexistent. Living in rural areas, therefore, is a contributing factor of health disparities in Vermont. To address this, it is important to understand the characteristics of rural residents living in different rural communities, and what tailored strategies are needed to promote cancer prevention and control across the state.

Evaluation Overview

Evaluation is a valued and integrated aspect of Vermont's cancer prevention and control efforts. Professional Data Analysts (PDA) is contracted to work with the Vermont Department of Health and key partners to coordinate the evaluation of cancer control work in the state. PDA has experience evaluating CCC Programs in other states and will apply this experience to Vermont's CCC evaluation. PDA will collaborate closely with the Vermont Department of Health's CCC team, including the Coordinator and Analyst, who will provide guidance and feedback on the feasibility and utility of the evaluation planning, implementation, and reporting. PDA will work

with the CCC team and VTAAC leadership to ensure that the evaluation plan is reviewed and revised annually, that a comprehensive evaluation is conducted, and that results are disseminated to key stakeholders for accountability and program improvement. The evaluation will take into account past successes and challenges, as well as findings from previous internal and external evaluations.

National Comprehensive Cancer Control Program (NCCCP)

Since 1998, the NCCCP has funded Comprehensive Cancer Control (CCC) Programs across the U.S. to support and carry out cancer prevention and control activities. Guided by NCCCP, CCC Programs in states, territories, and Native American tribes carry out strategies across three priority intervention areas, which are primary prevention, early detection and treatment, and cancer survivorship. To strengthen the work in each area, the NCCCP model emphasizes three cross-cutting priorities: promoting health equity; implementing policy, systems, and environmental approaches; and demonstrating outcomes through evaluation (see Figure 1).

Each state's CCC is charged with maintaining a statewide coalition, creating a cancer plan, and determining the priority areas in which to focus intervention efforts (see Appendix A for the most recent logic model and framework developed by NCCCP). To date, the NCCCP's funding has supported the development and revision of 69 cancer plans across the country. As many as 98,000 individuals have participated in a cancer coalition.

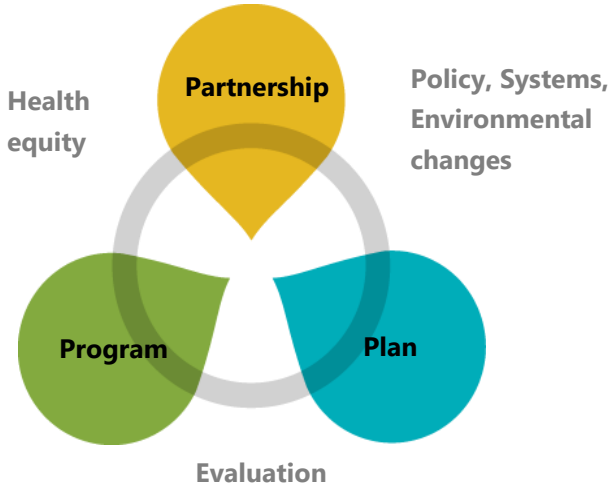
Figure 1. The National Comprehensive Cancer Control Program Priorities[4]

Vermont's Comprehensive Cancer Control Program: The Three Ps

Vermont's CCC began in 2003 with its first round of federal funding and has been continually renewed every five years. The overall goal of the CCC is to reduce the burden of cancer for all Vermonters by enhancing efforts to prevent, detect, and treat cancer, as well as improve the lives of cancer survivors and their families.[5] The CCC works toward this goal by following the NCCCP model of cancer control and prevention, carrying out its strategies through "the three Ps": the Program, the Partnership, and the Plan (see Figure 2).

The Program, which is the Vermont Department of Health's Cancer Program ("Cancer Program"), is made up of several CCC-funded programs working on cancer control and prevention, as well as other activities carried out by program and analytical staff. The Cancer Program provides support to the Partnership, VTAAC, which is made up of individuals working to reduce the cancer burden in Vermont. The Partnership is tasked with developing and carrying out the Plan: a comprehensive, strategic document which lays out goals, objectives, and strategies for the state. The Plan's strategies align with the NCCCP's priority intervention areas and cross-cutting priorities. The CCC relies on a great deal of volunteer and in-kind support from individuals and organizations to carry out strategies along the cancer continuum in Vermont through the three Ps. The most recent version of the Vermont CCC logic model is available in the 2016-2020 Vermont Comprehensive Cancer Control Program Evaluation Plan[6] (also see Appendix B).

Figure 2. Visual of the Comprehensive Cancer Control Partnership, Plan, and Program



The Vermont Department of Health's Cancer Program

The Vermont Department of Health's Cancer Program ("Cancer Program") is housed in the Health Promotion & Disease Prevention (HPDP) division, a department with considerable collaboration and integration of services across the cancer spectrum. The Cancer Program funds distinct cancer prevention and control programs (see list below) and relies on strong

collaboration with other Department of Health chronic disease programs to implement statewide cancer efforts. Several programs share analytical support from epidemiology staff, which strengthens the communication and utilization of data across programs. In addition to leveraging resources, chronic disease programs have overlap in leadership and management support.

The Vermont Cancer Leadership Team, which includes the VTAAC Coordinator and leaders of the CCC (Sharon Mallory), You First (Justin Pentenrieder), and the Cancer Registry (Alison Johnson), meets monthly and provides guidance and oversight for the CCC. This team submits a Leadership Team Plan annually to the NCCCP. Key cancer partners are brought into meetings as needed based on the topic being addressed. The day-to-day program operations are supported by Sharon Mallory, the CCC Coordinator, and a part-time Analyst (epidemiologist). Together, the leadership team and program staff help advance the goals of the CCC and help ensure successful collaboration across cancer programs.

Further, the Cancer Program plays an essential role in supporting and sustaining the statewide cancer Partnership, VTAAC (see next section for details on VTAAC). The Cancer Program collaborates with coalition members to coordinate and implement cancer control efforts, which are guided by the Vermont Cancer Plan.

CCC-funded Programs and Initiatives

The Vermont CCC provides grant funding to three cancer programs and initiatives, which are:

- **Bi-State Primary care** – Bi-State Primary Care supports 11 Federally Qualified Health Centers (FQHCs). The work with them includes efforts to increase breast, cervical, colorectal, and lung cancer screening, as well as HPV vaccination. This occurs through multiple avenues, including development and implementation of a FQHC cancer data dashboard, FQHC medical policies, outreach letters, staff training, and supporting cancer screening Quality Improvement (QI) initiatives in FQHCs. They also work to support the education of Primary Care Providers (PCPs) and the public around survivorship care related issues.
- **IMPACT Melanoma** – IMPACT Melanoma coordinates with the Department of Health, VTAAC, and Vermont State Parks to increase the use of sun preventive strategies among Vermonters. Strategies includes placement of sunscreen dispensers in parks, ski areas, and public locations; supporting worksite and school education; supporting improved practices; and use of social and earned media for promoting sun safety messages.
- **University of Vermont** – The CCC coordinates with University of Vermont Cancer Center to support assessment and improvements in the provision of care to cancer survivors as they are transitioning out of active treatment. This has included a large evaluation

component in Year 3 of the CCC cycle with survivor surveys, focus groups, and nurse navigator interviews. Findings are currently being used to identify and implement pilot projects to improve the transition of care, including shared medical visits and promotion of virtual survivorship opportunities.

- **Vermonters Taking Action Against Cancer (VTAAC)** – The CCC provides funding to the University of Vermont Cancer center to fiscally support the activities of the statewide cancer coalition VTAAC. Funding mainly supports a part-time coalition Coordinator to facilitate coalition meetings and programmatic efforts.

Vermonters Taking Action Against Cancer (VTAAC)

VTAAC, "the Partnership," was formed in 2004 to bring together partners who are committed to collaborating with others to reduce the impact of cancer for all Vermonters. To achieve this goal, VTAAC, currently made up of over 600 members, develops and carries out a statewide strategic plan, the Vermont Cancer Plan, that outlines shared priorities for cancer prevention, early detection, treatment, and quality of life for cancer survivors. VTAAC is an entirely volunteer-led coalition, except for staffing support provided by the CCC Coordinator and VTAAC Coordinator. Coalition membership is open to all individuals, organizations, and affiliates who are willing to contribute their time and effort toward advancing cancer initiatives.

VTAAC is guided by the following mission:

> **Vermonters Taking Action (VTAAC) provides a forum for collaboration and sharing of resources for individuals and organizations concerned about cancer.**[7]

The coalition includes a wide range of cancer partners from different organizations and sectors who offer diverse perspectives, knowledge and experience, and resources to leverage toward Vermont's cancer work. Coalition members can participate in multiple ways and to varying degrees, ranging from leadership positions to moderate or low involvement. This allows individuals to actively participate as much as they like and the flexibility to become more or less involved as they are able. Engagement opportunities include attending the annual general membership meetings, participating in planning retreats, contributing to workgroups that develop Cancer Plan objectives and strategies, and sharing coalition information within their organization and network. VTAAC follows a set of guiding principles that drive practices, such as decision-making and priority setting, effective and strategic communication, and membership engagement.

VTAAC Partnership Structure

The work of VTAAC is guided and carried out by the following teams:

- **Executive Committee**: The current and past Co-Chairs meet as needed with the VTAAC Coordinator and the Vermont Department of Health CCC Coordinator to set the agendas for steering committee meetings, guide workgroups, other committees, and the coalition.
- **Steering Committee**: The Steering Committee is a small group of about 25 VTAAC members who represent a cross-section of stakeholders in cancer prevention, treatment and advocacy; comprised of state government, non-profit organizations, academic research, healthcare providers, business and insurance providers, community groups and cancer survivors.
- **Committees:** VTAAC Committees are a subgroup of the Steering Committee that carries out specific short- or long-term functions, such as infrastructure, advocacy, evaluation, promotion, membership, and resources.
- **Workgroups**: Workgroups consist of a group of partnership members formed by the Steering Committee and charged with developing strategies to implement at least one objective from the state Cancer Plan. A workgroup would not exist on its own without VTAAC. Workgroups may organize Taskforces to achieve specific goals and objectives.

  Currently, the two active VTAAC workgroups are:

  - Prevention and Detection Workgroup: This workgroup supports the coordination and implementation of partnership activities related to cancer prevention and early detection in Vermont.
  - Quality of Life Workgroup: This workgroup supports the coordination and implementation of partnership activities related to cancer therapy, supportive care, survivorship and advanced care planning in Vermont.
- **Taskforces**: Taskforces are a group of members working on short term, specific goals from the Cancer Plan. Taskforces are flexible and the topics they work on depend on the interests of members and the recourses available. A taskforce can be a subgroup of a workgroup or of the Steering Committee. The current active taskforces are the Lung Cancer Screening taskforce, the HPV Taskforce and the Families Impacted by Cancer taskforce.

2021-2025 Vermont Cancer Plan

Vermont is currently in the process of developing the Cancer Plan that will guide cancer prevention and control efforts throughout the state over the next five years (2021-2025). The

Plan serves as a roadmap and a call to action for individuals and organizations who are dedicated to joining efforts to reduce the impact of cancer in Vermont. The Cancer Plan is intended as a guide for all Vermonters and speaks to a wide range of stakeholders, whether they are physicians, clinicians, researchers, caregivers, advocates, or individuals personally impacted by cancer.

The Cancer Plan is organized into five priority areas with goals, objectives, and strategies related to prevention, early detection, treatment, and improving the quality of lives for cancer survivors and their families. The Cancer Plan is guided by the large evidence-base of best practices in cancer control, including the CDC's Prevention's Best Practices for Comprehensive Cancer Control Programs, and is aligned with national and state public health priorities, such as Healthy People 2030, Healthy Vermonters 2020, and the Vermont State Health Improvement Plan (SHIP) 2019-2023. Objectives are intended to be SMART – specific, measurable, achievable, relevant, and time-oriented – to help systematically and meaningfully measure progress toward Cancer Plan goals. Workgroups and Committees create annual workplans related to their Cancer Plan objectives and track progress, which is regularly reviewed by the VTAAC Steering Committee.

The Cancer Plan's goals, objectives and strategies cover the cancer continuum and the cross-cutting area of health equity. The 2021-2025 Cancer Plan is divided into the following five sections:

- **Health Equity** – promoting access to good health for everyone
- **Prevention** – making healthy choices to stop cancer before it starts
- **Early Detection** – finding cancer early by getting screening at the right time
- **Cancer Directed Therapy and Supportive Care** – providing quality treatment and support
- **Quality of Life and Advanced Care Planning** – supporting people diagnosed with cancer (survivors) through their treatment and beyond

VTAAC members are essential to the development and implementation of the Cancer Plan. During the development of the Cancer Plan 2021-2025, members and partners contributed by drafting goals, objectives and strategies within workgroups, and providing input on priority areas and attending to health equity. As the Cancer Plan is finalized, members' role will shift to supporting the implementation of strategies through coordinated, collaborative efforts. Over the next five years, the coalition will use the Cancer Plan to accomplish more collectively than could be done alone.

Alignment with Healthy People 2030

Healthy People 2030 is a set of national public health objectives intended to guide improvements in health and wellbeing over the next decade.[8] It includes 355 health objectives that are organized by topic, such as health conditions and behaviors or social determinants of health. Vermont, like other states, uses Healthy People 2030 to inform state health priorities. Vermont's CCC draws from these national health objectives when selecting measurable objectives and indicators for the state Cancer Plan.

Alignment with the State Health Improvement Plan 2019 – 2023

The Vermont State Health Improvement Plan (SHIP) serves as a roadmap for statewide health promotion efforts.[9] Chronic disease prevention is one of the state's six health priority areas to work toward over the next five years. The SHIP outlines a set of strategies and actions that focus on changing the conditions of people's lives that create systematic health disparities. The CCC's cancer prevention and control efforts are intentionally aligned with Vermont's SHIP 2019-2030. In fact, cancer fits with many of the state's health improvement strategies, including health care reforms and access to home visiting and recovery support groups, to name a few.

Vermont's SHIP is guided by the overall vision that – *All people in Vermont have a fair and just opportunity to be healthy and to live in healthy communities.* In addition, the SHIP provides a vision of health equity for all Vermonters, which is:

> **Health equity exists when all people have a fair and just opportunity to be health – especially those who have experienced socio-economic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientations and disability.**[10]

The SHIP vision for health equity drives its commitment to address the systematic inequities and social determinants that create inequities in health outcomes for Vermonters. The strategies and practices promoted in the SHIP are informed by the Public Health Framework for Reducing Health Disparities (see Appendix C), which identifies the structural inequities, social conditions, and risk factors that contribute to health and equity. The CCC will continue to utilize the SHIP, as well as the Healthy Vermonters 2020[11] and the State Health Assessment Plan 2018,[12] to select measurable objectives and guide cancer control work in the state.

Evaluation Scope and Approach

This evaluation plan was developed in partnership with the Department of Health and coalition leadership to assure that the evaluation represents the priorities of the CCC, VTAAC members and key cancer stakeholders. The evaluation is aligned with the current CDC funding cycle and covers a 21-month period from October 2020 – June 2022 (see evaluation timeline on page 29). PDA will work with the CCC and coalition leadership to revisit the evaluation plan annually to make certain it is providing stakeholders with meaningful information for make-decision making and quality improvement.

Scope and Purposes of the Evaluation

The evaluation is broad in scope yet targeted in its examination of key cancer prevention and control processes and outcomes. Over the 5-year CDC funding cycle, the CCC is required to evaluate each of the three Ps – Partnerships, Plan, and Program – to some extent. Paying attention to all three Ps is in line with the evaluation's holistic view and desire to understand how each component works, what areas for improvement exist, how gaps might be addressed, as well as the inter-connection and effectives of each component. To maintain a feasible and focused scope, PDA will continue to work with the Department of Health and key stakeholders to identify how much priority to place on each of the three Ps over the evaluation timeframe.

In collaboration with CCC and VTAAC leadership, we determined that over the next 8 months or so (January 2021 – August 2021), the evaluation would prioritize an examination of the Partnership and Plan, and then turn attention to the Program in the summer/early fall 2021. This will provide the opportunity for an in-depth look at VTAAC member engagement and coalition capacity and effectiveness. Further, we will be able to explore the shift by coalition members and partners toward implementation of the 2021 – 2025 Cancer Plan. Later in 2021, we will look at the Cancer Program and its funded programs to understand how they contribute to reducing the cancer burden in Vermont. The evaluation plan will be reviewed and revised mid-way to make any adjustments that are needed.

Several aspects of the Partnership, Plan, and Program will be explored throughout the evaluation's 21-month period (October 2020 – June 2022), including:

- **Partnership** – member engagement and satisfaction, membership representativeness, the nature and quality of coalition collaboration, coalition capacity and effectiveness, and promotion of health equity
- **Plan** – implementation of the Plan, factors that facilitate or hinder implementation, progress toward each of the Plan's goals, and promotion of health equity

- **Program** – the integration and relationship between the Program, Partnership and Plan, the implementation and effectiveness of Plan strategies, program efficiency (e.g., redundancy, gaps), collaboration with other Department of Health chronic disease programs and cancer-related initiatives, and promotion of health equity

Utilization-focused approach and aligned with best practices in public health evaluation

PDA's approach is to design and conduct evaluation using the CDC public health guidelines and framework for program evaluation. The six-step CDC framework (see Figure 3) is linked to the Joint Committee for Standards in Educational Evaluation's Program Evaluation Standards[13] to ensure that evaluations are conducted in a manner that is feasible with the context of the program, adheres to standards of propriety and ethics, and produces results that are useful, accurate, and accountable. The six steps of the evaluation are iterative in nature, which is consistent with PDA's approach of designing and implementing evaluations that are responsive and flexible to meet the often shifting and emerging needs of stakeholders and clients. The framework is a particularly good fit for evaluation of the three Ps because it incorporates the needs and perspectives of stakeholders throughout the evaluation process. Stakeholders are what drives cancer control work across the state, and their voices and collaboration are important in every phase of the evaluation to make it more inclusive and meaningful.

Figure 3. CDC Framework for Program Evaluation in Public Health[14]

Responsive and Timely Communication and Collaboration

PDA's utilization-focused approach to evaluation requires regular and close communication with key stakeholders. To meet these communication needs, PDA will utilize both formal and informal communication methods with the Department of Health. For example, PDA has scheduled formal bi-monthly or monthly video meetings with the Vermont CCC team to update on the evaluation progress and discuss any concerns that arise. There will also be consistent dialogue between the Department of Health and PDA through calls, video meetings, and emails as needed. Over the course of the evaluation, PDA will plan to meet with various VTAAC stakeholders, such as the VTAAC Executive Committee and Steering Committee, Workgroups and Taskforces, and general membership (as available and appropriate). In addition, PDA may meet with other Department of Health teams or key collaborators.

PDA will utilize various strategies for creating relationships and conducting meetings or interviews from a distance, including video meetings, screen sharing, or utilizing planning documents that invite stakeholders to engage in the evaluation. PDA uses Zoom for video meetings and webinars and to engage in screen sharing with clients or other key stakeholders. These are strategies that we have successfully used with other clients who are located in another state.

Evaluation and Program Team

As the external evaluator, PDA will work in close collaboration with the Vermont CCC team, Department of Health partners, and VTAAC leadership to design, implement, and report on the evaluation focus areas. The individuals listed below are expected to be involved in the evaluation in varying degrees of capacity.

CCC Team
Sharon Mallory, CCC Coordinator
Lauren Ressue, CCC Analyst
Department of Health Cancer Leadership Team (as needed)
VTAAC
Gary Stein, University of Vermont, VTAAC Executive Co-Chair
Nancy Kaplan, University of Vermont, VTAAC Executive Co-Chair
Heidi Considine, VTAAC Coordinator
VTAAC Steering Committee (as needed)
PDA Evaluation Team
Melissa Chapman Haynes, Principal Investigator
Kate LaVelle, Project Manager
Liz Willey, Associate Evaluator
Statistical support (as needed)
Administrative support for invoicing, billing, etc.

About Professional Data Analysts (PDA)

The Department of Health has contracted with Professional Data Analysts (PDA) to evaluate the implementation and outcomes of the Cancer Program, along with the Partnership and Cancer Plan, to provide accountability and offer data-driven recommendations for program direction and improvement. PDA is a Minneapolis-based evaluation firm that specializes in evaluation of public health programs across the United States, with extensive experience in evaluating comprehensive cancer control efforts. Evaluation efforts will include formative and summative evaluation processes and deliverables. PDA takes a utilization-focused[15] approach to evaluation, engaging the primary users of the evaluation from planning through use of results. The quality of our evaluation is guided by The Program

Evaluation Standards,[16] and we strive to ensure our evaluations take into consideration issues of feasibility, accuracy, propriety, utility, and accountability.

Engaging Stakeholders in the Evaluation

A key part of the CDC's Framework for Program Evaluation is identifying and engaging stakeholders and ensuring that these stakeholders use the evaluation results. Engaging stakeholders is particularly essential for the CCC evaluation because its cancer efforts are driven by a coalition of diverse individuals and organizations. Numerous cancer partners across state have a stake in Vermont's cancer prevention and control efforts. Thus, it is important to identify who the key stakeholders are, figure out how they could be engaged in the evaluation process, and understand the ways they might use evaluation findings.

To do this, PDA held meetings with the CCC Coordinator, as well as the VTAAC Executive Committee co-chairs, Steering Committee, and VTAAC Coordinator, to gather input on the evaluation plan. During these conversations, we developed key evaluation questions, gathered input on the design, and discussed which aspects of the Partnership, Plan, and Program to focus on over the 21-month evaluation timeframe. This collaborative planning stage also helped build the evaluator-client relationship and set structures for effective communication and partnership moving forward.

The PDA team will continue to maintain regular communication with CCC and VTAAC leadership over the course of the evaluation to ensure that it reflects their needs and expectations, as well as those of the key stakeholders. Below is a table with key evaluation stakeholders and ways that they can be engaged in the evaluation and utilize evaluation findings.

Stakeholder Engagement and Use of Evaluation

Stakeholder	Ways to engage stakeholders	Use the evaluation findings
Cancer Leadership Team	• Collaborate in evaluation planning • Review and offer feedback on reports • Provide cancer data • Bring up critical questions, barriers, or opportunities • Support communication and dissemination of results	• Accountability • Determine progress on cancer program outcomes • Make programmatic or funding decisions • Program improvement efforts
VTAAC Executive Committee	• Collaborate in evaluation planning • Review and offer feedback on reports • Collaborate in interpretation of results • Support communication and dissemination of results	• Accountability • Determine progress on Cancer Plan goals and coalition outcomes • Make coalition decisions • Coalition improvement efforts
VTAAC Steering Committee	• Inform evaluation plan and priorities • Provide context, including coalition and Cancer Plan history • Share knowledge of data & resources • Bring up critical questions, barriers, or opportunities • Collaborate in interpretation of results • Review and offer feedback on reports • Support communication and dissemination of results	• Accountability • Determine progress on Cancer Plan goals and coalition outcomes • Make coalition decisions • Coalition improvement efforts
VTAAC Workgroups & Taskforces	• Review and offer feedback on reports • Identify needs and priorities • Encourage members to participate in data collection	• Inform cancer work • Provide information on their contribution to Cancer Plan goals
VTAAC general membership	• Review evaluation reports at annual VTAAC membership meeting • Bring up critical questions, barriers, or opportunities • Participate in data collection	• Identify potential partnerships • Identify ways to further contribute to statewide cancer efforts
Statewide partners	• Read and share evaluation reports	• Identify potential partnerships • Identify ways to further contribute to statewide cancer efforts
Larger community	• Read and share evaluation reports	• Increase awareness of cancer issues • Identify ways get involved in statewide cancer efforts

Evaluation Questions

As mentioned earlier, the evaluation will look at each of the three Ps – Partnerships, Plan, and Program – over the 21-month evaluation timeframe. The amount of focus on each of the Ps will depend on the specific information needs and critical questions that have already been identified and that will emerge over time. The CCC and VTAAC leadership have identified the Partnership and Plan as areas to place evaluation efforts in the next year and further study of the Program is planned for the second year. However, because of the interconnected nature of the CCC and cancer prevention and control work in general, the three Ps are, in some sense, inseparable. Some evaluation questions may address more than one component, and information gathered to answer an evaluation question may be relevant for another question. Previous evaluation findings may be incorporated to address the evaluation questions as well.

That said, PDA collaborated with the CCC and VTAAC leadership to develop the following over-arching evaluation questions related to the Partnership, Plan, and Program.

Over-arching Evaluation Questions

Partnership
1. How effective is the VTAAC coalition in providing a forum for collaboration and sharing resources?
2. In what ways is the VTAAC coalition attending to and promoting cancer health equity in Vermont?
Plan
3. How are VTAAC members and statewide partners carrying out the Cancer Plan?
4. What progress is being made across the areas of prevention, early detection, cancer directed therapy and supportive care, Quality of Life and advanced care planning, and health equity in the Cancer Plan?
Program
5. How does the Cancer Program contribute to reducing the cancer burden in Vermont?
6. How does the Vermont Cancer Program promote health equity?

Health Equity

The evaluation will examine health equity across the three Ps – Partnership, Plan, and Program. Attention to inequities in health for Vermonters is at the forefront of the state's cancer prevention and control efforts. We see this in the CCC's mission to reduce the burden of cancer for all Vermonters, in the state Cancer Plan through its healthy equity goals and strategies, and in VTAAC by its commitment to include the perspectives and needs of diverse stakeholders and those impacted by cancer. The evaluation will look at health equity in the Cancer Program (e.g., coordination and collaboration among program and projects addressing health equity), in the VTAAC coalition (e.g., diverse and inclusive partnership, common understanding of health equity, engagement opportunities for all), and the Cancer Plan (e.g., progress toward health equity goals). PDA and the CCC leadership will consider the most feasible and appropriate measure to examine at health equity. One tool we are considering using is the *Comprehensive Cancer Control Program (CCCP) Equity Checklist*, developed by the Ohio Comprehensive Cancer Control Program in collaboration with PDA[17] (see Appendix D).

Partnership

Within the area of Partnership, the evaluation will look at several coalition processes and outcomes. For example, we will examine the VTAAC membership to understand the types of members and organizations involved, the representativeness of membership, changes in number of members over time, and the nature and quality of collaboration. We will seek to identify gaps in stakeholder engagement, potential strategies for recruitment and retention, and opportunities for engagement. Previous evaluation findings from past membership satisfaction surveys will be incorporated as needed. In addition, we will examine the implementation of coalition activities and events, facilitators and barriers to implementation, as well as perceived benefits of participating in coalition activities. The ways in which the Partnership addresses and advances health equity will also be studied.

Partnership Evaluation Questions and Methods

Evaluation question	Data collection methods
1. How effective is VTAAC in providing a forum for collaboration and sharing resources? 1a. Who are the current VTAAC stakeholders, and who is missing? 1b. How well is VTAAC engaging members and what opportunities exist for greater engagement? 1c. What is the perceived value of VTAAC to members and to the state? 1d. What are the strengths of the VTAAC coalition and what opportunities for improvement? 2. In what ways is the VTAAC coalition attending to and promoting cancer health equity in Vermont?	• Key informant interviews (Executive and Steering Committees, VTAAC members, VTAAC Workgroups and Taskforces, Cancer Leadership Team, Department of Health programs, other cancer partners) • Input collected at Executive/Steering Committee meetings • Input collected at VTAAC or Department of Health cancer partner meetings • Document review (e.g., VTAAC membership list, Workgroup action plans, coalition documents) • Coalition Capacity/Effectiveness tool • CCCP Equity Checklist

Plan

The evaluation will examine the implementation and impact of the Cancer Plan in reducing the burden of cancer for all Vermonters. We will assess how VTAAC members and statewide partners are contributing to and making progress toward the Cancer Plan goals. These goals were written as SMART objectives – Specific, Measurable, Actionable, Relevant, and Time-oriented – which can be assessed where there is available outcome data. The Department of Health compiles various cancer-related data, which is regularly updated and can serves as a source of outcome data. We will also examine how coalition members and partners are implementing strategies, facilitators and barriers to implementation, and how health equity is promoted in the Cancer Plan. The Cancer Plan includes specific health equity objectives related to adult health insurance coverage and preventing delay in care. In addition, many of the strategies in the Cancer Plan cover topics that directly address health inequities, such as improving outreach and reducing structural barriers to accessing health care.

Cancer Plan Evaluation Questions and Methods

Evaluation questions	Data collection methods
3. How are VTAAC members and statewide partners carrying out the Cancer Plan? 3a. How are VTAAC stakeholders coordinating and partnering to implement Cancer Plan strategies? 3b. In what ways is implementation working well and where are there opportunities for improvement? 3c. How are VTAAC members using the Cancer Plan?	• Interviews, focus groups, and/or survey (Exec. and Steering Committees, VTAAC members, Workgroups and Taskforces, Department of Health cancer partners) • Document review (Workgroup action plans, VTAAC membership list) • Key informant interviews with Cancer Plan users • CCCP Equity Checklist
4. How much progress has been made on the Cancer Plan goals? 4a. What progress is being made across the areas of prevention, early detection, cancer directed therapy and supportive care, Quality of Life and advanced care planning, and health equity? 4b. What progress is being made toward health equity goals in the Cancer Plan? 4c. What factors facilitate or hinder progress on the Cancer Plan?	• Interviews (Exec. and Steering Committees, VTAAC members, Workgroups and Taskforces, Department of Health cancer partners) • Document review (Workgroup action plans, VTAAC membership list) • Data compiled or collected by the Department of Health (e.g., Cancer Registry, Vital Records, BRFSS, YRBS) • CCCP Equity Checklist

Program

The evaluation will explore the extent to which the Vermont Cancer Program is working well and identify areas for improvement, as well as the synergy between the Cancer Program, VTAAC, and the Cancer Plan. We will explore and identify the ways that health equity is addressed and advanced through Cancer Program efforts. Previous evaluations examined specific CCC-funded programs, such as the Kindred Connections Cancer Survivor Peer Support Program,[18] the Gap in Care Report Project,[19] and IMPACT Melanoma. In the second year of this evaluation, PDA and the CCC leadership will decide on what aspects of the Cancer Program and its funded program and grantees would be useful to examine. This may involve exploring the collaboration between the Cancer Program and other chronic disease programs, such as Tobacco or Physical Activity & Nutrition, on inter-related or emerging health issues.

Cancer Program Evaluation Questions and Methods

Evaluation questions	Data collection methods
5. How does the Cancer Program contribute to reducing the cancer burden in Vermont? 5a. What are the Cancer Program strengths and opportunities for improvement? 5b. How does the Cancer Program collaborate with VTAAC, other chronic disease programs, and statewide cancer partners to promote cancer prevention and control? 6. How does the Cancer Program help promote cancer-related health equity?	• Key informant interviews (CCC team, Cancer Leadership Team, Department of Health programs, other cancer partners) • Document review (e.g., program materials, meeting notes) • Data compiled or collected by the Department of Health (e.g., Cancer Registry, Vital Records, BRFSS, YRBS) • Internal evaluation data collected by the Department of Health • CCCP Equity Checklist

Evaluation Design and Methods

The evaluation will incorporate a group-level repeated measures design to examine outcomes related to progress on the Cancer Plan and changes in cancer-related health outcomes over time. A survey design will be used to examine coalition membership, capacity, and effectiveness, as well as health equity in the Partnership, Cancer Plan, and Cancer Program. In addition, the design will include a descriptive component to accurately and systematically describe the activities, implementation, perceived stakeholder satisfaction, and impact of the Partnership, the Cancer Plan, and the Cancer Program.

Data collection methods

The evaluation will use a mixed methods approach that incorporates both quantitative and qualitative data to evaluate the Cancer Program, VTAAC Partnership, and state Cancer Plan. PDA has a deep and up-to-date understanding of current data collection instruments and analysis methods. We will use multiple measures to triangulate whenever possible and we will ensure that the methods used are appropriate for the specific evaluation question. Valid and reliable measures from the research literature will be used when available and appropriate.

Qualitative methods that might be used include key informant interviews, group interviews, and focus groups. Document review of program and coalition materials will also provide descriptive information that may be analyzed qualitatively. Several quantitative measures will be used, including cancer-related surveillance data and state population surveys (primarily collected by the Department of Health), as well as internal program data and stakeholder surveys as needed.

Stakeholder feedback will be essential throughout every stage of the evaluation and will be gathered using multiple measures, such as data collection during program and coalition meetings, surveys, and interviews. Key stakeholders provide important insight into the history of cancer efforts in Vermont and emerging issues and trends in the state. They also can offer descriptions of the cancer activities they are engaged in and the facilitators or barriers they encounter while implementing strategies and interventions.

Measures

A set of measures and tools will be used to examine the implementation, processes, and outcomes of the Vermont Cancer Program, VTAAC coalition, and Cancer Plan. These measures include various cancer data (surveillance and population data), program and coalition data and documents, measures of coalition capacity and effectiveness, assessment of health equity across the three Ps, and interview and focus group protocols. Data from some of the measures will be provided by the Department of Health, such as cancer data that is routinely collected and internal program materials. PDA will coordinate with the CCC Analyst or other Department of Health epidemiologists to obtain surveillance data. PDA will lead the collection of measures

related to coalition implementation and outcomes, such as scales and surveys from the research and practice fields. The interview and focus group protocols will be designed by PDA with input from the CCC and VTAAC leadership and stakeholders. Below are descriptions of the various data collection tools that we anticipate using, recognizing that there may be adjustments made as needed.

Cancer Data

The primary cancer-related data sources that we will use in the evaluation are briefly described below. Some of the data sources provide indicators that are included in the Department of Health's Cancer Data and Statistics Reports, Community Data Fact Sheets, Cancer Scorecard, and other cancer burden publications. These indicators help track progress toward statewide cancer outcomes, such as utilization of screenings, reduction in cancer incidence, decrease in deaths from cancer, and improved quality of life for survivors.

- **Vermont Cancer Registry** – The VT Cancer Registry continuously collects and monitors information from hospitals and physicians about nearly all cancers that are diagnosed in the state. Examples of data collected include the number of cancer cases and number of cancer deaths.
- **Vital Records** – The VT Vital Records System is maintained by the Department of Health and provides statistics on individuals' cause of death and whether it was related to cancer. Statistics and trends are available annually by county.
- **Behavioral Risk Factor Surveillance System (BRFSS)** – The VT BRFSS is a phone survey coordinated by the Department of Health that tracks adult health-related risk behaviors, chronic disease health conditions, and use of preventative services across the state. Examples of data relevant to cancer include rates of tobacco use, physical activity, nutrition behaviors, sun safety behaviors and cancer screening.
- **Youth Risk Behavior Survey (YRBS)** – The Vermont Youth Risk Behavior Survey monitors priority health risk behaviors that contribute to the leading causes of death, disease, injury, and social problems among youth. The Department of Health and Vermont Agency of Education sponsor this survey which collects cancer related information such as use of sun protective behaviors, tobacco use, physical activity, and nutrition.
- **Vermont Immunization Registry (IMR)** – The Vermont Immunization Registry is a secure health information system that contains immunization records for persons living in Vermont. The Vermont CCC utilizes IMR data to track HPV immunization among Vermonters.

- **Population estimates & Census data** – This may include several types of population-level data may be used to compare Vermont outcomes with trends of other states and the U.S. overall.

Program and Coalition Data and Documents

Key program and coalition documents will be reviewed throughout the evaluation to provide historical and contextual information, understand programmatic and coalition operations and organizational structure, and examine the nature of coalition membership and partner engagement.

- **CDC Action Plan** – The CDC–Department of Health cooperative funding agreement for the CCC requires a detailed annual action plan that outlines how Vermont is utilizing funding to support cancer prevention, early detection, treatment, and survivorship through partnerships and the implementation of the Vermont Cancer Plan. The CDC action plan closely aligns with the goals, objectives, and strategies included in the Cancer Plan.
- **CCC Leadership Team Plan** – the Leadership Team Plan is a document that ensures coordination across all CDC-funded cancer programs. It is developed by all members of the Cancer Leadership Team, is submitted to the CDC, and is reviewed, revised, and updated as needed.
- **Meeting agendas and minutes** – various documents from program and coalition meetings and will be used to provide context and a record of conversation topics and decision-making
- **VTAAC Guiding Principles** – VTAAC follows a set of guiding principles that drive practices, such as decision-making and priority setting, effective and strategic communication, and membership engagement.[20]
- **VTAAC Membership database** – VTAAC uses a system to continually track coalition members and record relevant information, such as name, organization or work sector, contact information, etc.
- **Program and coalition documents and materials** – various program and coalition documents, such as program logic models, descriptions of activities and events, bylaws, guiding principles, etc., will be helpful.

Coalition Measures and Tools

At this stage, a few measures and tools are being considered to measure coalition implementation and outcomes. While there are multiple coalition measures available in the literature, it is important to select the appropriate measure for the key question of interest. PDA

and the CCC leadership will continue to discuss and decide on the type of coalition measure that is most beneficial. Several tools are described below.

- **Nine Habits of Successful Comprehensive Cancer Control Coalitions** – The CCC has previously used the Nine Habits of Successful Comprehensive Cancer Control Coalitions tool and found it helpful.[21] In collaboration, the CCC team, VTAAC leadership, and PDA are considering using to this measure to examine the effectiveness of the current coalition and identify areas for growth.
- **Coalition Capacity Checklist** – a tool from The California Endowment, the Coalition Capacity Checklist measures coalition capacity across five dimensions (leadership, adaptive, management, technical and culture).[22] We may use this measure of coalition capacity to identify areas where resources and support are needed within VTAAC.
- **Collaboration Spectrum Tool** – a tool from The Tamarack Institute, the Collaboration Spectrum Tool is a way for stakeholders to assess where coalition collaboration for a specific issue lies along the continuum of compete, co-exist, communicate, cooperate, coordinate, collaborate, and integrate.[23] We may use this tool to explore collaboration among VTAAC members and partners.
- **Levels of Engagement** – a framework adapted by the Collective Impact Forum, the Levels of Engagement that can be used to gather feedback from stakeholders about the type of engagement best suited to coalition activities or projects along the continuum of inform, consult, involve, collaborate, and co-lead.[24] We may use this tool to look at the types of collaboration that are involved in different coalition activities.

CCCP Equity Checklist

To examine the extent to which health equity is addressed and promoted in the Partnership, Plan, and Program, we are considering using the *Comprehensive Cancer Control Program (CCCP) Equity Checklist*.[25] This checklist was developed by the Ohio Comprehensive Cancer Control Program in collaboration with Professional Data Analysts (PDA). The tool can be used to generate ideas for how to integrate equity and operationalize concepts in the Program, Plan, and Partnership. It can also be used as an evaluation tool for assessing the extent to which CCCP is implementing activities to advance health equity and identifying areas for improvement.

Interview and Focus Group Protocols

PDA will work collaboratively with the CCC and VTAAC to develop protocols for interviews and focus groups that are conducted as part of the evaluation. Participation in interview and focus groups will be voluntary and no incentives will be provided. Consent from participants will be obtained prior to any data collection.

Indicators and Data Sources

The table below presents the high-level evaluation questions for the Partnership, Plan, and Program with corresponding indicators of progress or impact.

	High-level Evaluation Questions	Indicators	Potential Data Sources
Partnership	1. How **effective** is the VTAAC in providing a forum for collaboration and sharing resources? 2. In what ways is the VTAAC coalition attending to and promoting cancer **health equity** in Vermont?	• Increased coalition capacity • Increased membership • Diverse representation of members • Increased visibility of coalition • Greater quality/engagement of membership • Coalition activities completed • Sustained networks/relationships • Enhanced external engagement	• Coalition membership database • Stakeholder interviews/focus groups • Coalition capacity and/or effectiveness tool • CCCP Equity Checklist
Plan	3. How are VTAAC members and partners **carrying out the Cancer Plan**? 4. How much **progress** has been made on the Cancer Plan goals?	• Number and type of strategies being discussed and implemented • Effective collaboration • Change from baseline toward target for Plan goals (i.e., improved health outcomes)	• Workgroup workplans • VT cancer data (Cancer Registry, Vital Records, other surveillance data) • Stakeholder interviews/focus groups • CCCP Equity Checklist
Program	7. How does the Cancer Program **contribute** to reducing the cancer burden in Vermont?	• Program efficiency and implementation • Coordination of programs • Effective collaboration with VTAAC and partners	• Stakeholder interviews/focus groups • VT Cancer data (Cancer Registry, Vital Records, other data) • Internal program data • CCCP Equity Checklist

Data analysis

The evaluation will involve the analysis of qualitative and quantitiave data related to the Cancer Program, VTAAC coalition, and Cancer Plan. Qualitative data will primarily come from transcripts of interviews and focus groups, open-ended survey responses, and program documents. Narrative data will be organized into themes using an inductive or deductive approach, depending on the type of analysis needed. Descriptive analysis may include looking for common themes or identifying gaps and strengths, areas of contradiction, connections and comparisons between topics, and changes over time. Qualitative analysis software (e.g., NVivo) will be used as needed.

Quantitative data will come from multiple sources and be analyzed using descriptive and inferential statistics. Cancer-related data and outcomes will be examined from the Vermont Cancer Registry, Immunization Registry, and Vital Records, as well as the BRFSS and YRBS surveys. We will look at these data sources, along with the Department of Health's cancer data publications, to assess progress towards CCC and state Cancer Plan goals over time. Additionally, data from the VTAAC membership database will be analyzed to look at the number and type of members and membership changes over time. We will examine numeric responses collected from coalition surveys and tools to explore coalition capacity and effectiveness, as well as member engagement.

Dissemination and Communication

PDA takes a utilization-focused approach to evaluation, keeping the intended use of the evaluation at the forefront from evaluation planning through implementation and reporting. It is important that PDA and the Department of Health continue to work together to prioritize the intended uses so that limited evaluation resources are distributed accordingly.

Dissemination and communication include formal, written reports and presentations as well as other types of more informal engagement and dissemination. These may include:

- Sharing evaluation findings during the CCC meetings
- Presenting and discussing findings at VTAAC meetings (Executive and Steering Committee, Workgroups, Taskforces, general membership)
- Innovative reporting for specific audiences (e.g., messages can be consistent but varied in the presentation for different audiences)

A key aspect of PDA's approach to evaluation is to ensure use of the evaluation reports. To this end, we recommend delivering the required reports for accountability, while finding opportunities to creatively pull together results of the evaluation for broader dissemination. Because stakeholder engagement in evaluation activities tends to generate buy-in for the evaluation and increase use of findings, something to consider when planning for dissemination and use is how to engage VTAAC members and stakeholders in the evaluation process whether in evaluation design, data collection, or interpretation of findings. To support this, PDA uses the Checklist for Ensuring Effective Evaluation and the Checklist for Ensuring Utilization of Evaluation Results found in the CDC's Program Evaluation Toolkit[26] (see Appendix E).

Evaluation Timeline

The timeline covers 21 months of CCC evaluation activities and aligns with the time remaining in the current CDC funding cycle.

Project Activities: October 2020 – June 2022

		2020			2021												2022					
Project Activities		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
1	Monthly Department of Health-PDA meetings	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2	Evaluation planning																					
3	VTAAC Executive Committee meetings (as needed)		*		*	*		*		*		*		*		*		*		*		*
4	VTAAC Steering Committee meetings (as needed)	*		*	*		*		*				*		*		*		*		*	
5	Conduct and report on VTAAC membership analysis																					
6	Conduct and report on ad hoc studies (scope TBD)																					
7	Cancer Plan facilitation activities (scope TBD)																					
8	Annual reporting																					

Gray color indicates details are to be determined.

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[13] "Program Evaluation Standards." Joint Committee on Standards for Educational Evaluation, 2010, https://jcsee.org/program/.

[14] "Framework for Program Evaluation in Public Health." *Morbidity and Mortality Weekly Report.* Centers for Disease Control and Prevention, 1999, https://www.cdc.gov/eval/framework/index.htm.

[15] Patton, Michael Quinn. *Utilization-Focused Evaluation, 4th Edition.* SAGE Publications, 2008.

[16] See endnote 13.

[17] "Achieving Health Equity in Ohio's Comprehensive Cancer Control Program (CCCP): A CCCP Equity Checklist." Ohio Comprehensive Cancer Control Program, Professional Data Analysts, 2020, https://ohiocancerpartners.org/wp-content/uploads/2020/03/Equity_checklist_Program_Plan_Partnership_FINAL.pdf.

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[20] See endnote 7.

[21] "Nine Habits of Successful Comprehensive Cancer Control Coalitions." National Comprehensive Cancer Control Program, 2014, https://crihb.org/wp-content/uploads/2020/01/9-Habits-of-Successful-Comprehensive-Cancer-Control-Coalitions_Dec-2014_.pdf.

[22] "What Makes an Effective Coalition?: Evidence-Based Indicators of Success." The California Endowment, 2011, https://www.tccgrp.com/wp-content/uploads/2018/09/What-Makes-an-Effective-Coalition.pdf.

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[25] See endnote 17.

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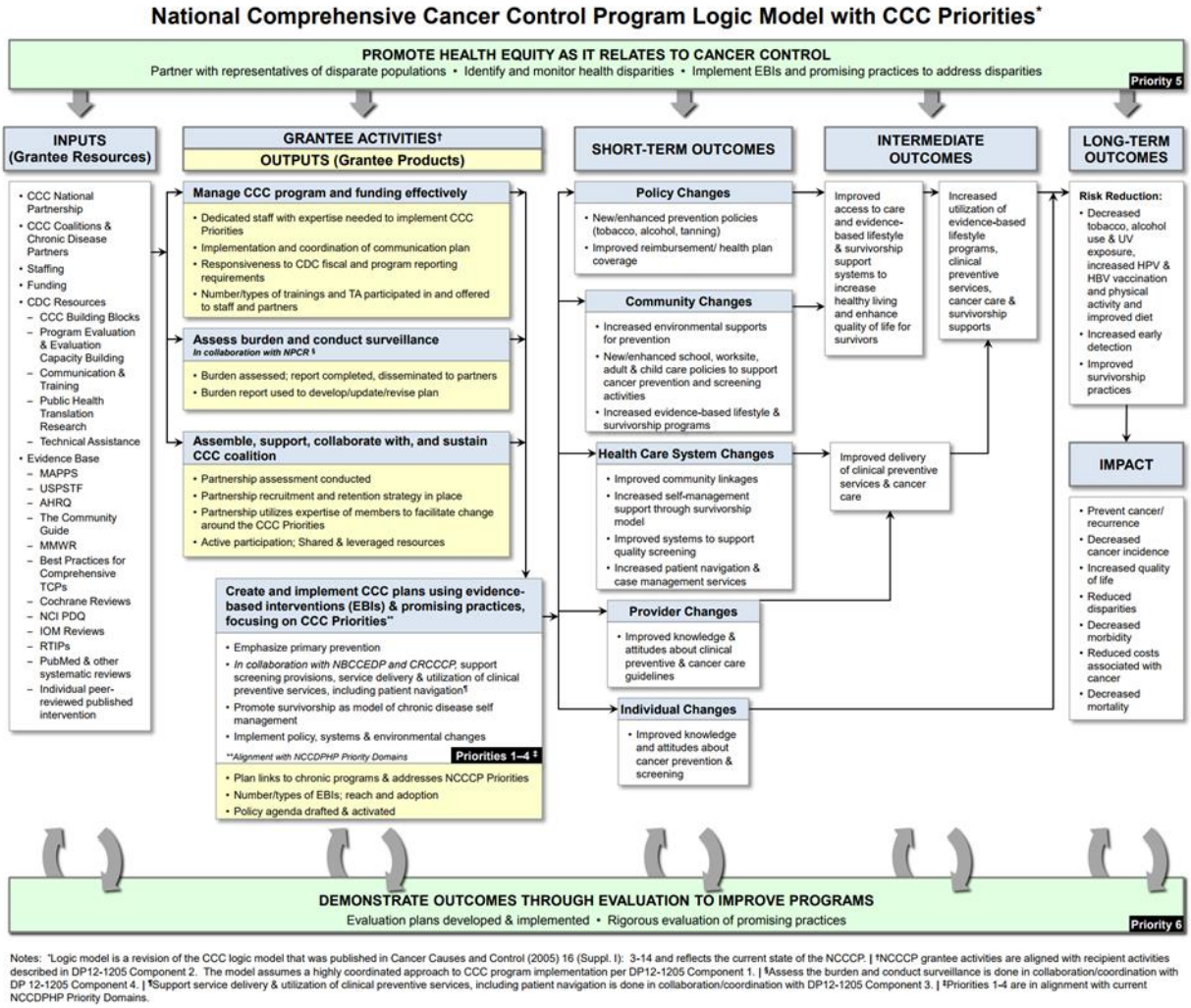
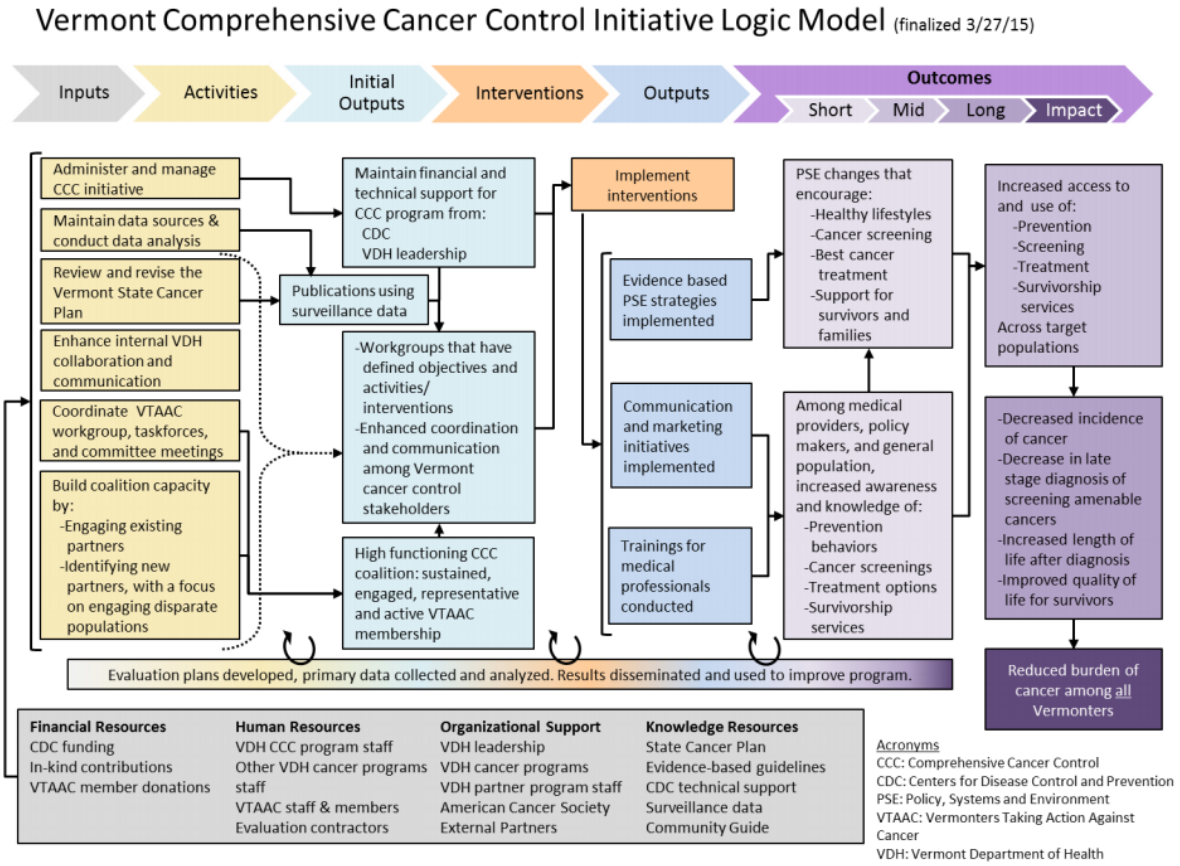
Appendix A: National Comprehensive Cancer Control Program (NCCCP) Logic Model



Notes: *Logic model is a revision of the CCC logic model that was published in Cancer Causes and Control (2005) 16 (Suppl. I): 3-14 and reflects the current state of the NCCCP. | †NCCCP grantee activities are aligned with recipient activities described in DP12-1205 Component 2. The model assumes a highly coordinated approach to CCC program implementation per DP12-1205 Component 1. | §Assess the burden and conduct surveillance is done in collaboration/coordination with DP 12-1205 Component 4. | ¶Support service delivery & utilization of clinical preventive services, including patient navigation is done in collaboration/coordination with DP12-1205 Component 3. | ‡Priorities 1-4 are in alignment with current NCCDPHP Priority Domains.

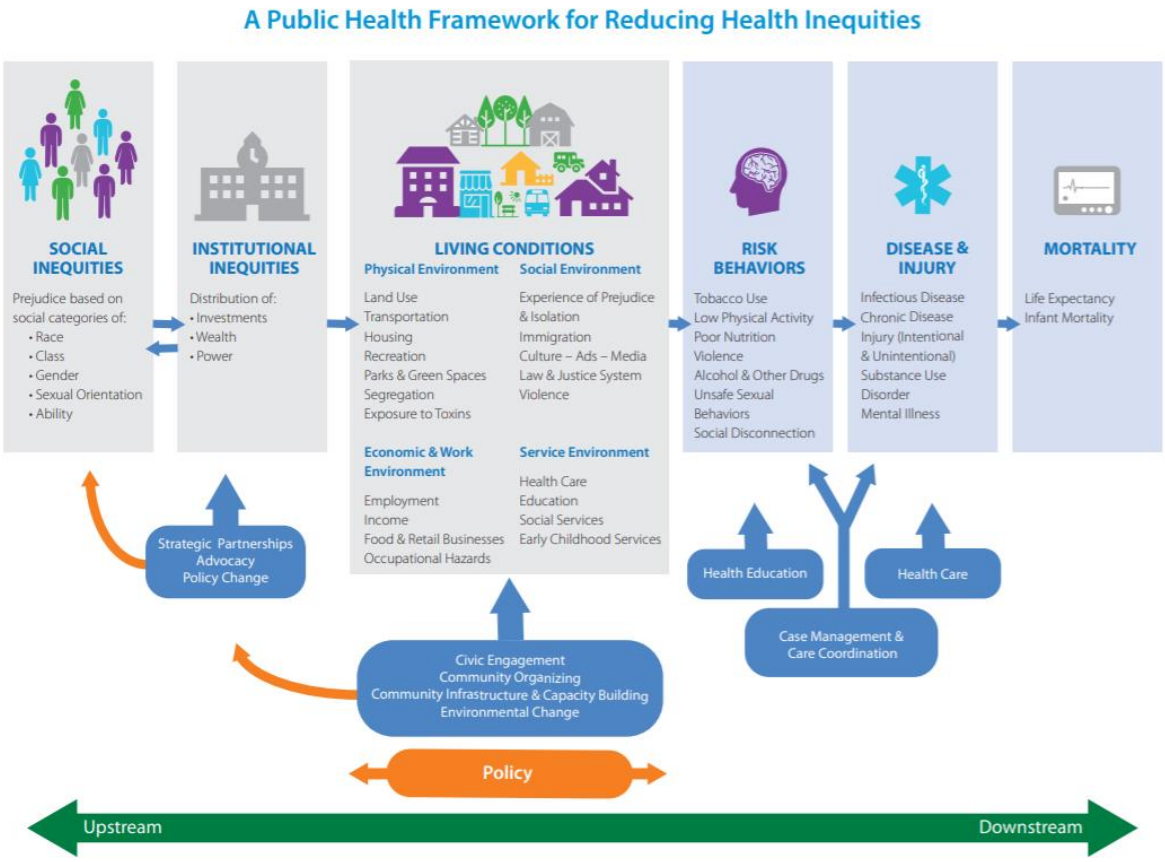
Full details of model are available here: https://www.iccp-portal.org/system/files/resources/NCCCPLogicModel.pdf

Appendix B: Vermont Comprehensive Cancer Control (CCC) Logic Model



Full details of the model are available here: https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020_VTCCCProgram_EvaluationPlan.pdf

Appendix C: Vermont State Health Improvement Plan (SHIP) Public Health Framework for Reducing Health Inequities



Full details of the model are available here: https://www.healthvermont.gov/sites/default/files/documents/pdf/ADM_State_Health_Improvement_Plan_2019-2023.pdf

Appendix D: Comprehensive Cancer Control Program (CCCP) Equity Checklist

A Comprehensive Cancer Control Program (CCCP) Equity Checklist was developed by the Ohio CCCP in collaboration with the external evaluation firm Professional Data Analysts (PDA). The tool can be used to generate ideas for how to integrate equity and operationalize concepts in the Program, Cancer Plan, and Partnership. It can also be used as an evaluation tool for assessing the extent to which CCCP is implementing activities to advance health equity and areas for improvement.

The CCCP Equity Checklist is available at on the Ohio Partners for Cancer Control website at: https://ohiocancerpartners.org/wp-content/uploads/2020/03/Equity_checklist_Program_Plan_Partnership_FINAL.pdf

Achieving Health Equity in Ohio's Comprehensive Cancer Control Program (CCCP): A CCCP Equity Checklist

What is health equity?

Many definitions of health equity exist. Here we use the Robert Wood Johnson Foundation definition of Health Equity,[1] which is:

> "Health equity means that everyone has a **fair and just opportunity to be healthy**. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Another way to think about equity is that you'll know equity has been achieved when race, gender, nationality, age, ethnicity, religion, sexual orientation, immigration status, language skills, health status, or socioeconomic status **can no longer be used to predict life outcomes**.[2]

What health equity is not

Health equity does not mean equality. Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.[1] The image below provides a visualization of the difference between equality and equity.

Why does health equity matter?

In addition to upholding ethical principles of fairness and justice, equity also matters because inequities rob our communities of human potential. Dr. Camera Jones reminds us to "consider the health of children, who are born with nearly limitless potential which is then shaped and too often constrained by the environments into which they are born."[6] No one chooses to whom they are born, where they are born, or the color of their skin, yet these factors over which people have no control currently dictate the frequency and quality of opportunities they have to be healthy.

Other helpful definitions

(See references for source of definition)

Health disparities
Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.[3] It is how we measure progress toward equity.[1]

Health care disparities
Health care disparities refer to differences in care that cannot be explained by variations in health care needs, patient preferences, or treatment recommendations. This is important because sometimes racial and ethnic minorities who have the same cancer diagnosis as their white counterparts receive a poorer quality of care, which leads to poorer health outcomes and even death.[4]

Health inequities
Health disparities are referred to as health inequities when they result from systematic and unjust distribution of social determinants or critical conditions for health such as healthy food, good housing, good education, safe neighborhoods, and freedom from racism and other forms of discrimination.[5]

Opportunities to be healthy/ Social determinants of health
Nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health. They are "social" in the sense that they are shaped by social policies.[1]

Appendix E: Checklists for Ensuring Effective Evaluation Reports and Utilization of Evaluation Results

The following checklists were drawn from the Centers for Disease Control (CDC) Program's Comprehensive Cancer Control Branch Program Evaluation Toolkit: https://www.cdc.gov/cancer/ncccp/pdf/CCC_Program_Evaluation_Toolkit.pdf

I. Checklist for Ensuring Effective Evaluation Reports[12]

- ❑ Provide interim and final reports to intended users in time for use.
- ❑ Tailor the report content, format, and style for the audience(s) by involving audience members.
- ❑ Include an executive summary.
- ❑ Summarize the description of the stakeholders and how they were engaged.
- ❑ Describe essential features of the program (e.g., in appendices).
- ❑ Explain the focus of the evaluation and its limitations.
- ❑ Include an adequate summary of the evaluation plan and procedures.
- ❑ Provide all necessary technical information (e.g., in appendices).
- ❑ Specify the standards and criteria for evaluative judgments.
- ❑ Explain the evaluative judgments and how they are supported by the evidence.
- ❑ List both strengths and weaknesses of the evaluation.
- ❑ Discuss recommendations for action with their advantages, disadvantages, and resource implications.
- ❑ Ensure protections for program clients and other stakeholders.
- ❑ Anticipate how people or organizations might be affected by the findings.
- ❑ Present minority opinions or rejoinders where necessary.
- ❑ Verify that the report is accurate and unbiased.
- ❑ Organize the report logically and include appropriate details.
- ❑ Remove technical jargon.
- ❑ Use examples, illustrations, graphics, and stories.

III. Checklist for Ensuring Utilization of Evaluation Results

- ❑ Share and discuss results at stakeholder meeting.
- ❑ Discuss prioritization of recommendations for program improvement with stakeholders.
- ❑ Discuss operationalization of recommendations for program improvement with stakeholders.
- ❑ Discuss ways stakeholders can apply evaluation findings to improve their organizational practices or CCC-related interventions.
- ❑ Include evaluation results and points of discussion in stakeholder meeting notes.
- ❑ Review evaluation findings and recommendations in regularly scheduled staff meetings.
- ❑ Identify action steps staff members can take to implement recommendations.
- ❑ Identify a program staff member to coordinate, document, and monitor efforts to implement improvement recommendations.