



Cancer Prevention and Early Detection

- Cancer Plan Status Report 2 Data Updates.
- Evidence-Based Intervention (EBI) overview. What works to prevent and detect cancer?

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2025 Vermont Cancer Plan Goals



Health Equity

Ensure that all Vermonters have a fair and just opportunity to be healthy.

Cancer Prevention

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

Cancer Early Detection

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

Cancer Directed Therapy & Supportive Care

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

Survivorship & Advanced Care Planning

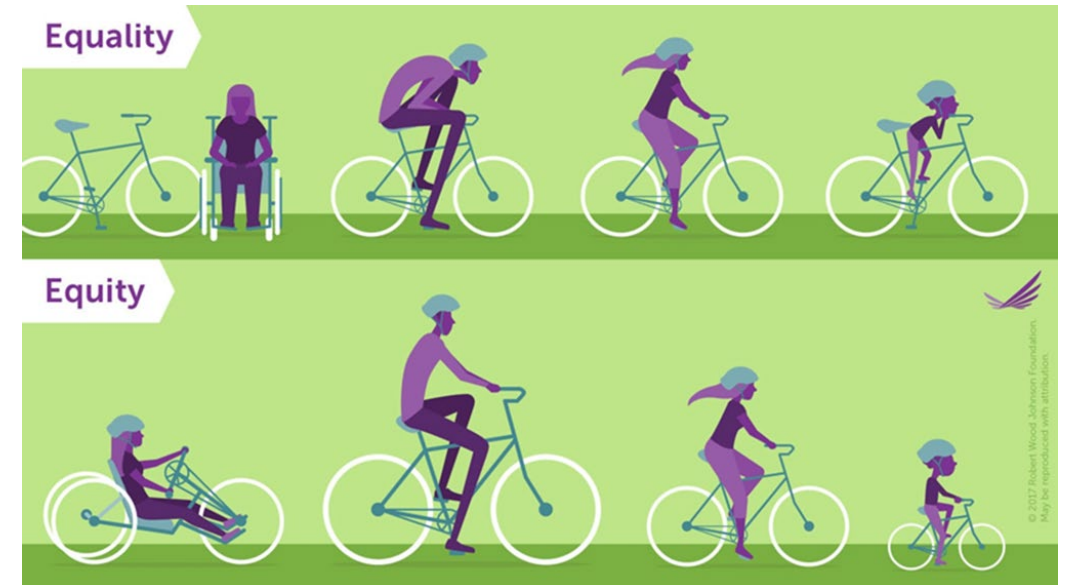
FOCUS AREAS: Optimal Physical and Emotional Health, Hospice Care and Advanced Care Planning

Goal: Health Equity

Ensure that all Vermonters have a fair and just opportunity to be healthy

Populations of Focus


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



36% of 2025 Vermont Cancer Plan targets have been met.

Of the 40 Cancer Plan Objectives:

- 55% (22) have **improved**
- 32.5% (13) have **worsened**
- 10% (4) have **no change or no trend data**
- 2.5% (1) is a developmental objective



2025 Vermont Cancer Plan Status Report 2

Progress as of August 2024

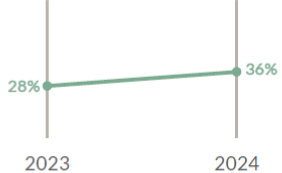
The [2025 Vermont Cancer Plan](#) outlines the five-year shared goals, objectives, and strategies chosen to reduce the burden of cancer in Vermont. Measurable objectives were selected along the cancer continuum, including [Health Equity](#), [Cancer Prevention](#), [Early Detection](#), [Cancer Directed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

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



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

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

Summary of Progress Targets Met



Year	Progress Targets Met
2023	28%
2024	36%



Trends - Cancer Plan Objectives



Met Target

- Overall cancer mortality
- Financial barriers to care
- Food insecurity
- Youth & adult tobacco use
- Youth physical activity
- HPV vaccination
- CRC screening*
- Advanced stage lung cancer
- Advanced directive registration
- Hospice use



Improved

- Health insurance
- Tobacco-associated cancers
- Obesity-associated cancers
- Radon mitigation
- Invasive melanoma
- 5-year cancer survival
- Survivor social/emotional support
- Survivor general health



Getting Worse

- Smoking quit attempts
- Youth, adult, survivor fruit & vegetable
- Survivor tobacco use
- HPV-associated cancer incidence
- Youth sunburns
- Breast, cervical, lung cancer screening
- Adv-stage breast & cervical cancer
- Prostate shared decision-making
- Prostate cancer mortality

No Change: Adult & survivor physical activity, lung cancer screening, hospitals with palliative care

** Target met through original Plan age range of 50-75.*

Cancer Early Detection

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

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
6.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for colorectal cancer screening (BRFSS 2018-2022).#	71% (2018)	<p>75% 76%</p>	Improved*	✓
6.2 Decrease rate of colorectal cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).	58.7 (2014-2018)	<p>55.8 54.4</p>	Improved	✓

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

**Target met through original Plan age range of 50-75.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		□ no new data
7.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for cervical cancer screening (BRFSS 2018-2020).	85% (2018)	<p>89% 83%</p>	Worsened	✗
7.2 Decrease rate of cervical cancer diagnosed at an invasive stage in women* ages 20 and older (Per 100,000 persons) (VCR 2014-2020).	5.7 (2014-2018)	<p>5.4 7.5</p>	Worsened	✗

#The USPSTF recommendations changed in 2021, which accounts for the slight % decrease from 2020 to 2022.

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

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

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		<input type="checkbox"/> no new data
8.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for breast cancer screening (BRFSS 2018-2022).	77% (2018)	<p>76% 81%</p>	<p>Worsened</p>	✗
8.2 Decrease rate of breast cancer diagnosed at an advanced stage in adults ages 40 and older (Per 100,000 persons) (VCR 2014-2020).	81.7 (2014-2018)	<p>89.5 77.6</p>	<p>Worsened</p>	✗

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

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ■ target met ■		<input type="checkbox"/> no new data
9.1 Increase % of Vermonters who meet the United States Preventive Services Task Force recommendations for lung cancer screening (BRFSS 2019-2022).#	26% (2019)	<p>23% 27%</p>	<p>Worsened#</p>	✗
9.2 Decrease rate of lung cancer diagnosed at an advanced stage in adults ages 50 and older (Per 100,000 persons) (VCR 2014-2020).	142.6 (2014-2018)	<p>126.0 135.5</p>	<p>Improved</p>	✓

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

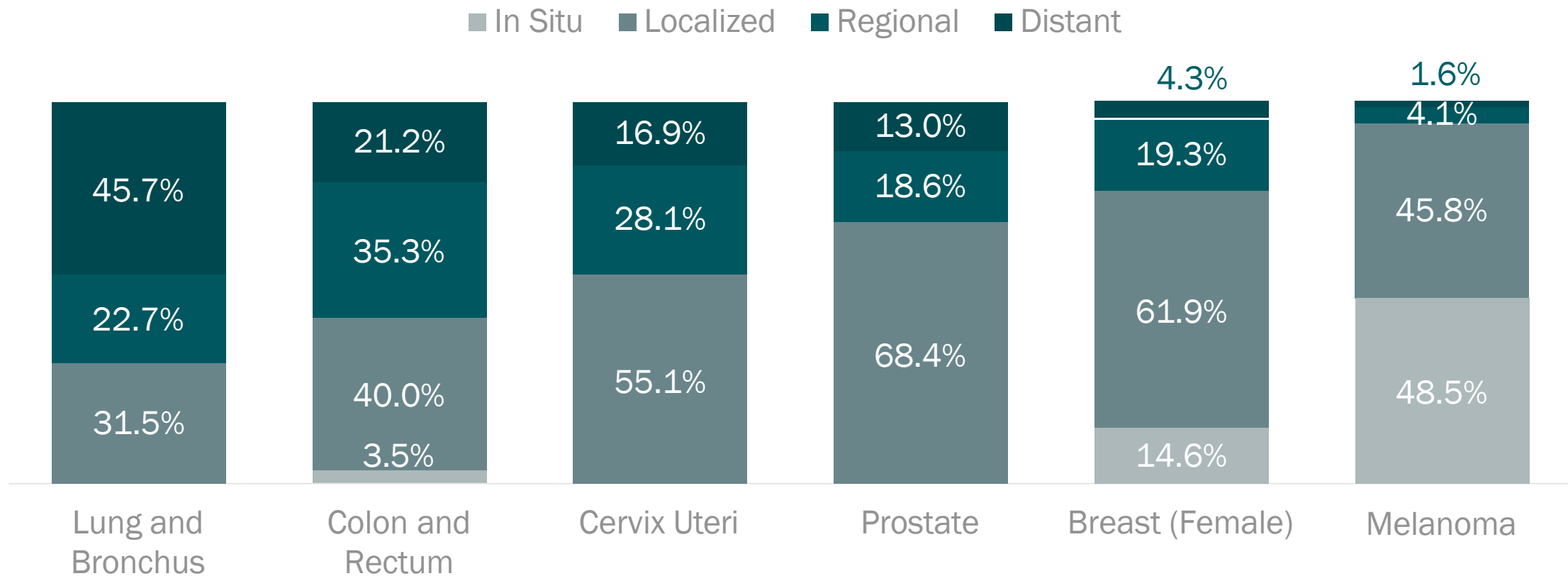
Goal 10. Improve prostate cancer risk assessment and informed decision-making for Vermonters.

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

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

Lung and colorectal cancers are the cancers most likely to be diagnosed at a distant stage.

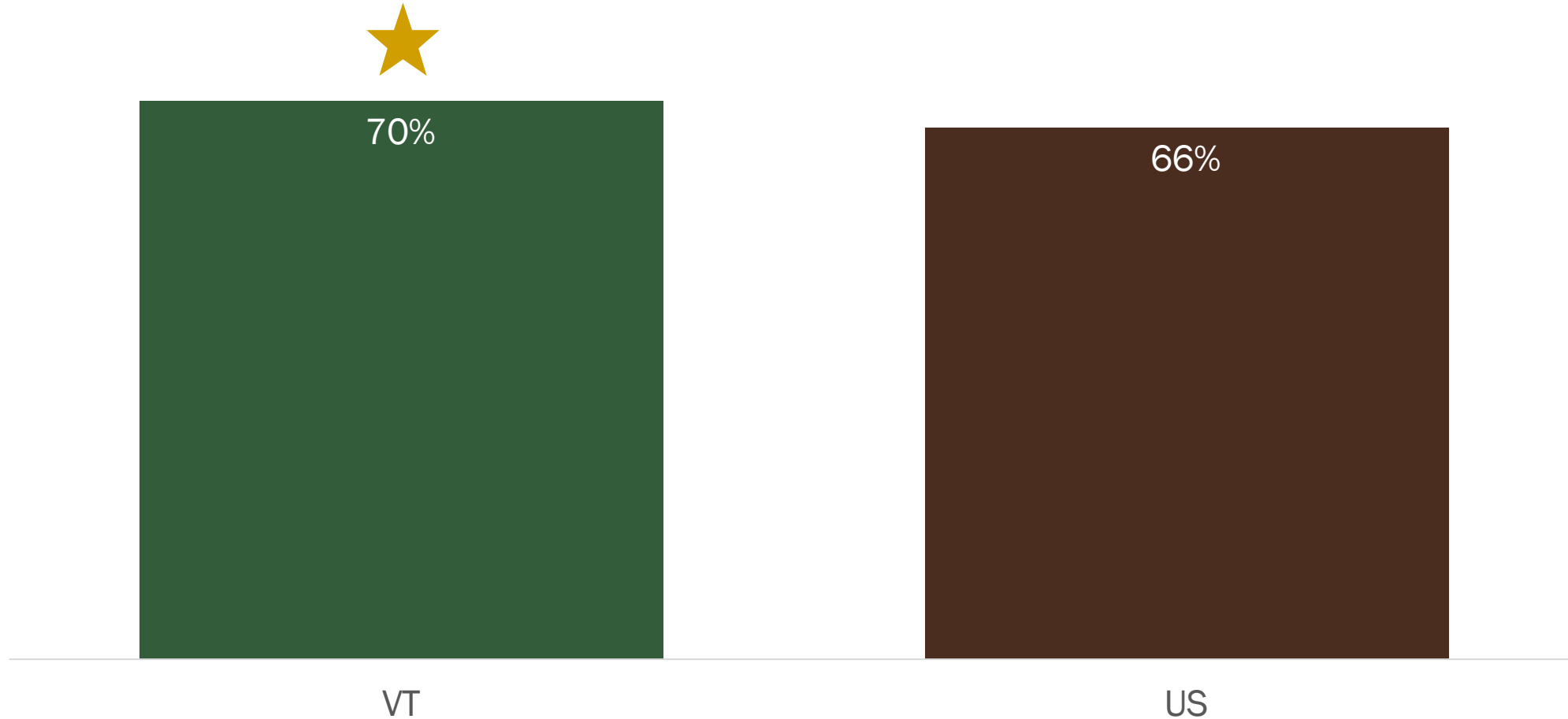
Cancers by Stage at Diagnosis



Note: Cervical cancers diagnosed as in situ are not reported to the Cancer Registry and are therefore not included in this chart.

Colorectal Cancer Screening 45-75

Vermonters meet colorectal cancer screening recommendations at a higher rate than the US population.



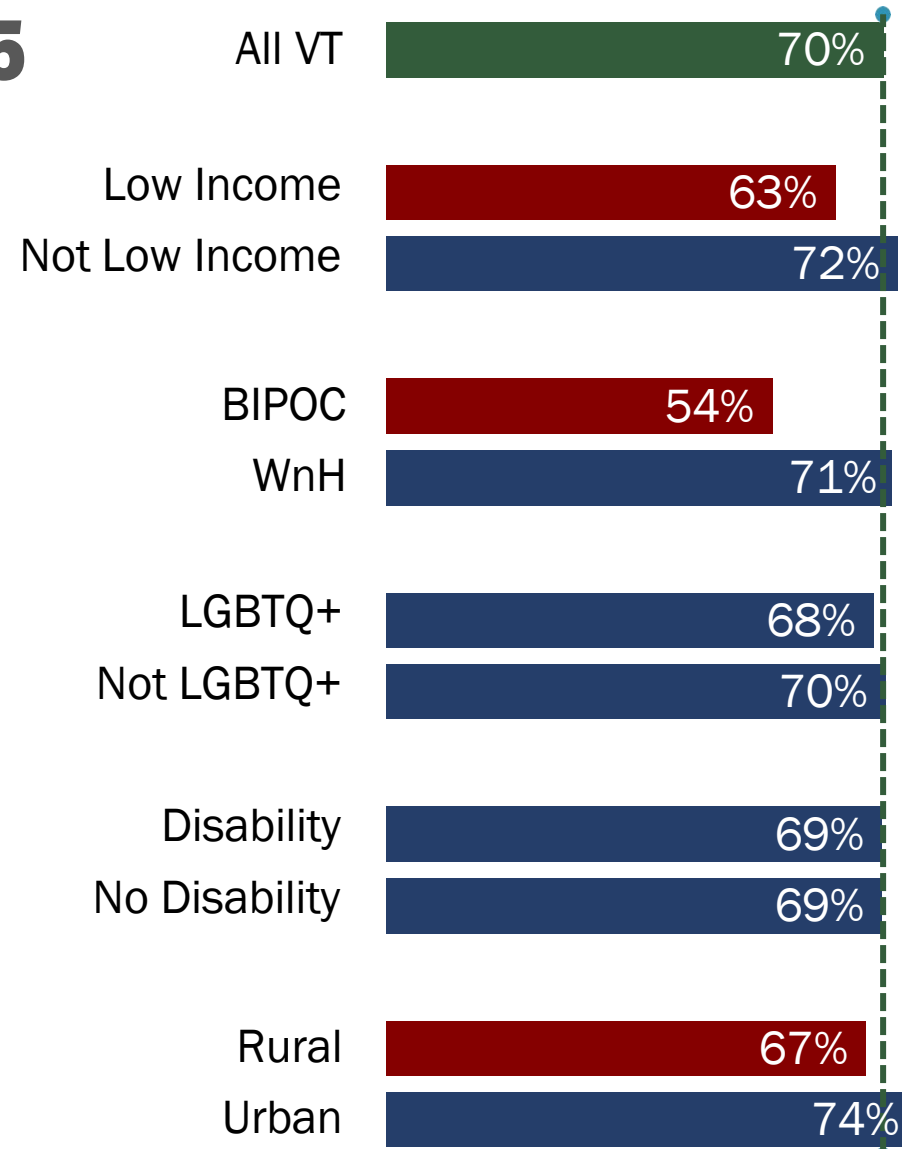
2022 is the first year data were collected for this measure among adults ages 45-75, so county-level data are not available.

Vermont Department of Health Source: BRFSS 2022

Colorectal Cancer Screening 45-75

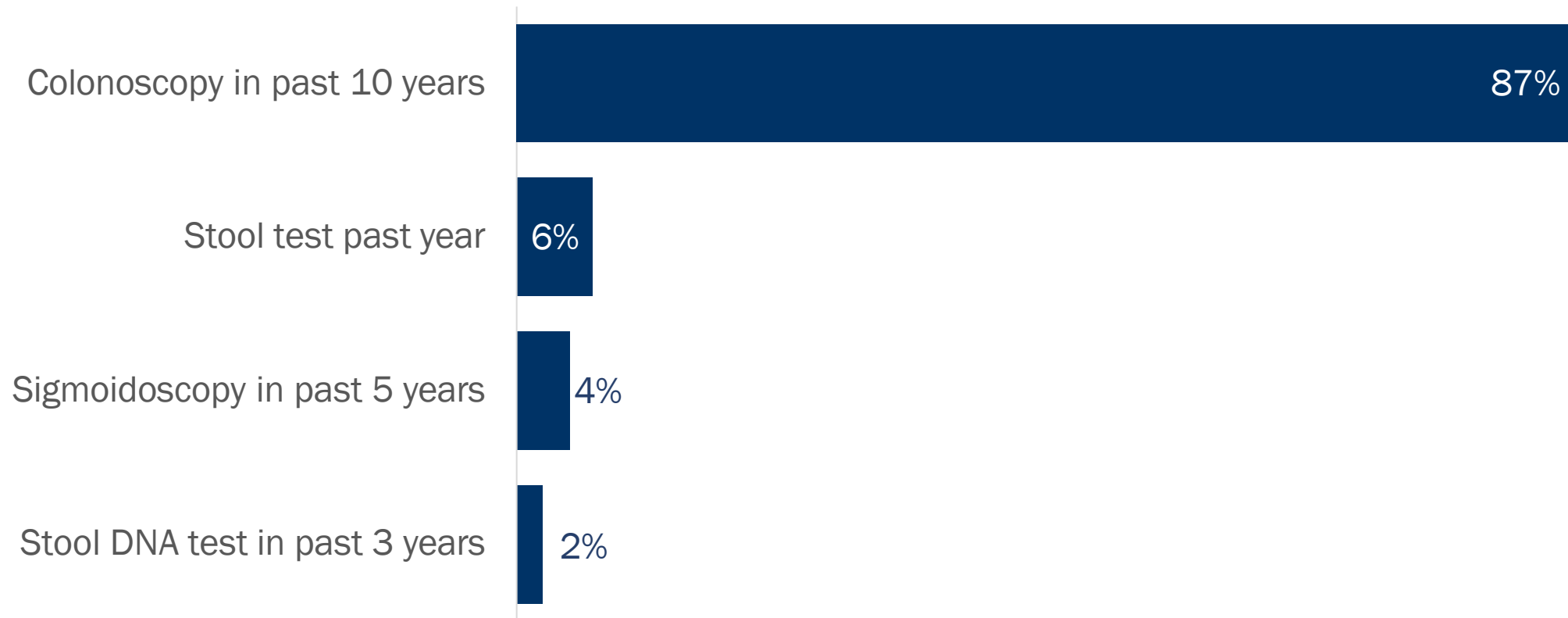
Vermont adults with a low-income, BIPOC adults and those living in rural areas are less likely to be screening for colorectal cancer than a group of comparison.

LGBTQ+ Vermonters and those with a disability are screening for colorectal cancer at rates similar to a group of comparison.



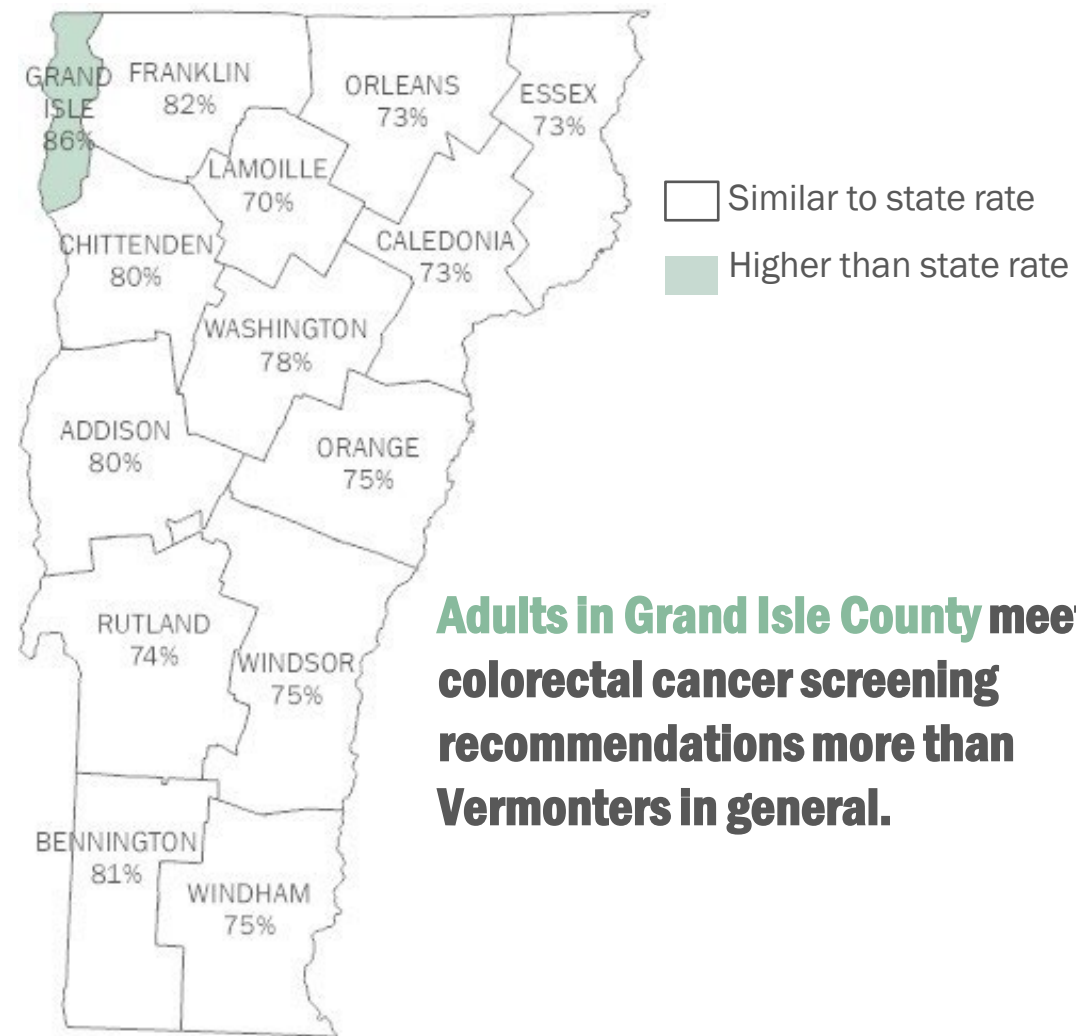
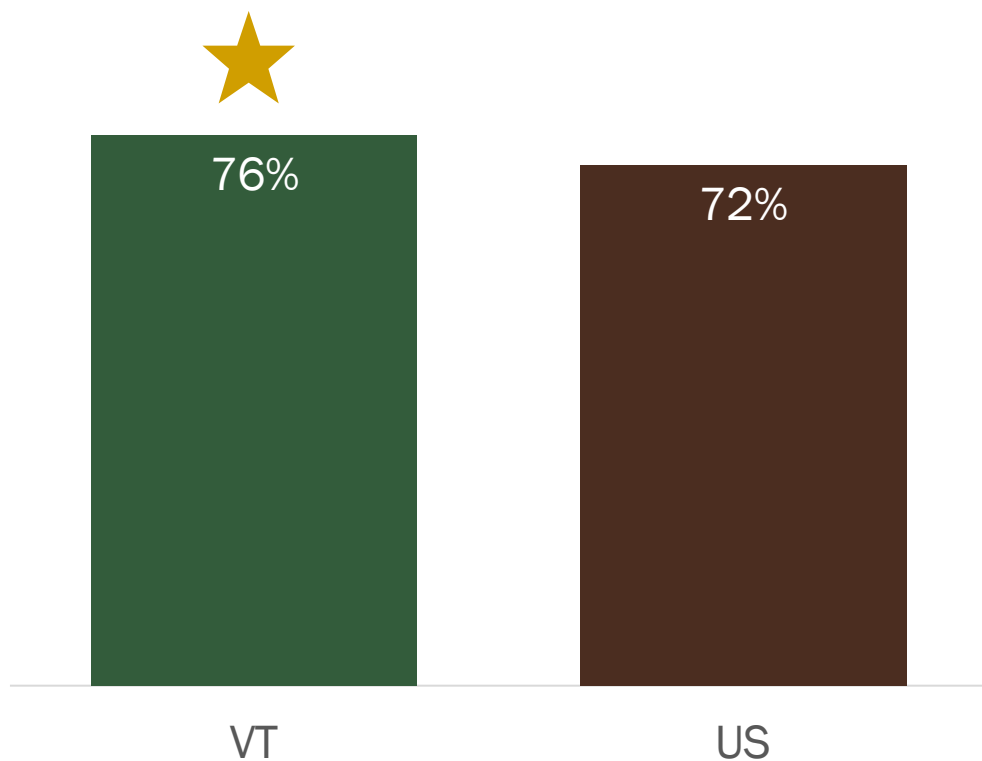
Colorectal Cancer Screening 45-75

Most Vermonters who meet the colorectal cancer screening recommendations received a colonoscopy in the past 10 years.



Colorectal Cancer Screening 50-75 (out-of-date recommendations)

Vermonters ages 50-75 meet colorectal cancer screening recommendations more than US adults ages 50-75.



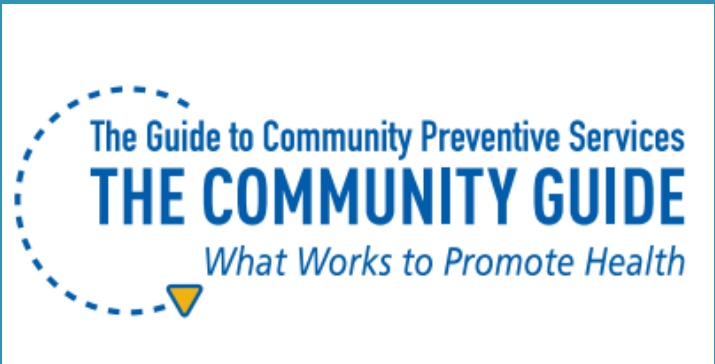
Adults in Grand Isle County meet colorectal cancer screening recommendations more than Vermonters in general.

Note: the USPSTF now recommends colorectal cancer screening for adults ages 45-75.

What works to decrease the cancer burden?

Where can you find Evidence-Based Interventions (EBIs)?

- The Community Guide (for preventive services)
- Cochrane Database
- What Works for Health
- SAMHSA Evidence-Based Practices Resource Center
- Evidence-Based Cancer Control Programs (EBCCP) formerly RTIPs
- Journal articles (via PubMed, Google Scholar)



Evidence-Based Interventions (EBI) Recommendations

<https://www.thecommunityguide.org/>

The screenshot shows a web browser at the URL thecommunityguide.org/pages/about-community-guide.html. The page has a dark blue header with the site logo and navigation menu. Below the header is a search bar. The main content area is titled "About The Community Guide" and includes a "Print" link, a paragraph of introductory text, and three featured sections: "New from The Community Guide", "Systematic Review Methodology", and "Success Stories". Each section has a representative image and a short description.

Welcome to The Community Guide! Let us know what you think of the website by completing this [quick survey](#).

The Community Guide Topics CPSTF Publications & Resources About

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About The Community Guide

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Recommendations in The Community Guide are the gold standard for what works to protect and improve population health.

When communities need to know how to protect and improve their population's health, they turn to The Community Guide, a collection of evidence-based [recommendations and findings](#) from the [Community Preventive Services Task Force \(CPSTF\)](#). CPSTF makes evidence-based recommendations about the effectiveness and economic impact of public health programs, services, and other interventions used in real-world settings such as communities, worksites, schools, faith-based organizations, military bases, public health clinics and departments, and integrated healthcare systems.

New from The Community Guide

Read the latest news from The Community Guide or search for updates by topic or release date.

Systematic Review Methodology











Learn about Community Guide methods used to evaluate the effectiveness and economic evidence for community-based programs, services, and policies.

Success Stories

Read Community Guide in Action stories to learn how other communities have used CPSTF recommendations to improve population health.

Community Guide Evidence-Based Interventions (EBI)

Skin Cancer

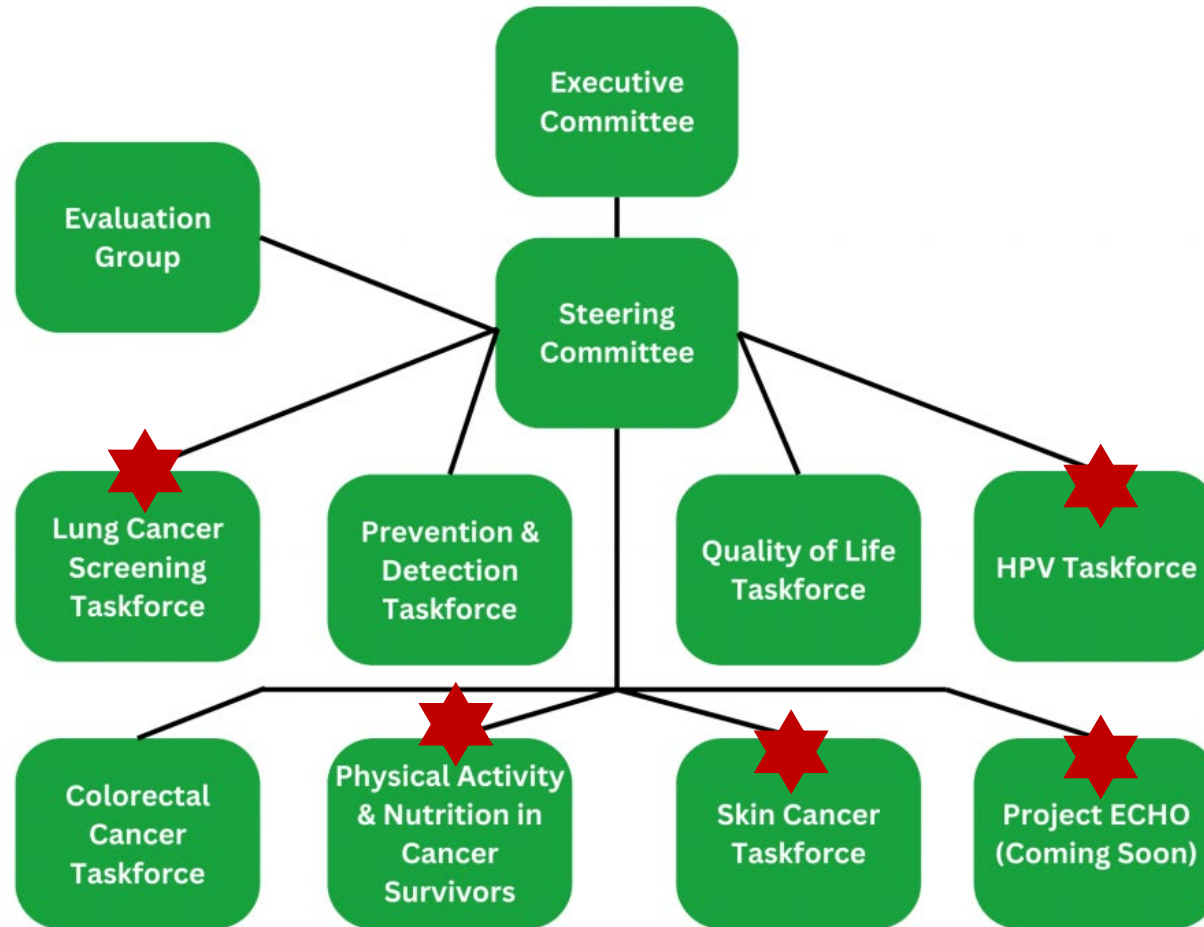
INTERVENTION	CPSTF FINDING
COMMUNITY-WIDE INTERVENTIONS	
Mass media	
Multicomponent community-wide interventions	
EDUCATION AND POLICY APPROACHES	
Child care center-based interventions	
High school- and college-based interventions	
Interventions in outdoor occupational settings	
Interventions in outdoor recreational and tourism settings	
Primary and middle school-based interventions	
Legend for CPSTF Findings:  Recommended  Insufficient Evidence  Recommended Against	

Community Guide Evidence-Based Interventions (EBI) Cancer Screening

INTERVENTION	CPSTF FINDING		
	Breast Cancer	Cervical Cancer	Colorectal Cancer
Interventions engaging community healthworkers	●	●	●
Multicomponent interventions	●	●	●
Patient navigation services	●	●	●
CLIENT-ORIENTED SCREENING INTERVENTION STRATEGIES			
Client incentives	◆	◆	◆
Client reminders	●	●	●
Group education	●	◆	◆
Mass media	◆	◆	◆
One-on-one education	●	●	●
Reducing client out-of-pocket costs	●	◆	◆
Reducing structural barriers	●	◆	●
Small media	●	●	●
PROVIDER-ORIENTED SCREENING INTERVENTION STRATEGIES			
Provider assessment and feedback	●	●	●
Provider incentives	◆	◆	◆
Provider reminder and recall systems	●	●	●

Legend for CPSTF Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against

VTAAC Organizational Chart



★ Current or planned EBI



Questions?

Thank you!

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