Vermonters Taking Action Against Cancer Partnership Guiding Principles Revised March 21, 2014

VTAAC's Mission:

VTAAC provides a forum for collaboration, engagement and sharing of resources for individuals and organizations concerned about cancer in Vermont.

Purpose

Vermonters Taking Action Against Cancer (VTAAC) was formed in 2005 to develop and carry out Vermont's statewide strategic plan to reduce the impact of cancer on all Vermonters. The *Vermont State Cancer Plan* enumerates shared priorities for cancer prevention, early detection, optimal treatment, and improved quality of life for cancer survivors. The *Vermont State Cancer Plan* guides the activities of VTAAC.

Membership

- 1. VTAAC voluntary membership includes as many organizations and individuals as possible to achieve the goals and objectives outlined in the *Vermont State Cancer Plan*.
- Organizational Member: an independent organization, agency or group that joins with VTAAC to address one or more specific goals identified in the *Vermont State Cancer Plan*.
 Organizational Members are free-standing, legal entities that may have memoranda of understanding (MOU's) with VTAAC.
- 3. Individual Member: an individual cancer survivor, advocate, health educator, health care provider or community member, who joins VTAAC to address one or more specific goals of the Vermont State Cancer Plan. Individuals may be active in any VTAAC workgroup, receive communications and updates like other members, and may be invited to serve on the VTAAC Steering Committee or be an advisor.
- 4. **Affiliate**: an independent coalition or group that joins with VTAAC to address one or more specific goals in the *Vermont State Cancer Plan*. Affiliates may have memoranda of understanding (MOU's) with VTAAC.

Staff

Staffing is determined by CDC Grant funding and Vermont Department of Health employment procedures. Staff may include (but is not limited to) a comprehensive cancer control coordinator and a coalition coordinator. Staff is responsible for managing the operations of VTAAC and the *Vermont State Cancer Plan*.

Levels of Membership

- Leaders: Requires a high level of involvement and would include individuals in VTAAC
 leadership roles (Executive Committee, Steering Committee, and Workgroup Chairs) that guide
 the direction and priorities of VTAAC. Members at this level are expected to spend 2 to 5 hours
 per month on VTAAC-related activities.
- 2. **Participating Members**: Requires a moderate level of involvement and would include individuals who regularly attend Workgroup/Taskforce meetings and other VTAAC events, such as the Annual Meeting. Members at this level are expected to spend up to 1.5 hours per month on VTAAC-related activities.
- 3. **General Membership**: Requires a low level of involvement and would include individuals who can commit little or no time to VTAAC Workgroups or meetings. Desiring to stay connected and provide intermittent feedback, they prefer to receive e-mail communications and occasionally respond to information requests/requests for feedback. Members at this level are expected to spend less than 1 hour per month on VTAAC-related activities.

Partnership Structure

*See Organizational Chart (page 8) and Roles & Responsibilities (pages 6-7)

- Steering Committee: a small group of 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.
- 2. **VTAAC Co-Chairs:** Co-Chairs are selected by the Steering Committee to serve two-year alternating terms. Co-Chairs facilitate Steering and Executive Committee meetings and represent VTAAC to media and to affiliates.
- 3. **Executive Committee:** The current and past Co-Chairs meet as needed with the VTAAC Coordinator and the Vermont Department of Health (VDH) Comprehensive Cancer Control Coordinator to set the agendas for steering committee meetings, guide workgroups, other committees, and the coalition.
- 4. **Committee**: a subgroup of the Steering Committee that carries out specific short- or long-term functions, such as infrastructure, advocacy, evaluation, promotion, membership, and resources.
- 5. **Workgroup**: a group of partnership members formed by the Steering Committee and charged with developing strategies to implement at least one objective from the *Vermont State Cancer Plan*. A workgroup would not exist on its own without VTAAC. Workgroups may organize Taskforces to achieve specific goals and objectives.

- 6. **Taskforce:** a group of partnership members working on short term, specific goals from the *Vermont State Cancer Plan*. A taskforce can be a subgroup of a workgroup or of the Steering Committee.
- 7. Partners and Affiliates: organizations whose work complements the work of VTAAC.
- 8. Advisors: a group of cancer stakeholders from around the state whose primary role is to be the liaison between and among VTAAC and professional, community, academic, and political organizations; promote VTAAC, the State Cancer Plan and similar initiatives; and to "marshal resources" to support VTAAC's mission (i.e.: financial, institutional, political, community, and professional). Advisors are invited to attend VTAAC annual meetings and periodic steering committee meetings; and to participate in VTAAC workgroups as necessary. Advisors are expected to keep informed about VTAAC activities, priorities, needs and opportunities.

Collaboration

- 1. VTAAC effectively links to existing affiliates (rather than establishing new, redundant entities).
- 2. The MOU between VTAAC and an Organizational Member describes the type of resource support (i.e. meeting space, teleconferencing services, meeting expenses, promotional activities and materials, and other resources) exchanged between the two entities.
- 3. The MOU between VTAAC and an Affiliate states specific, common objectives and/or activities between the *State Cancer Plan* and the Affiliate's plan. The agreement between VTAAC and the Affiliate includes the type of communication, representation and support exchanged between the two entities.

Principles

- 1. Specific roles and responsibilities for VTAAC coordinator, CCC coordinator, individual members, organizational members, affiliates and others are clearly defined. (see Roles & Responsibilities)
- 2. The size and membership of the Steering Committee is clear and relevant to the short and long term mission of VTAAC.
- 3. Decisions that affect VTAAC are made by the Steering Committee (i.e., recommendations for how shared resources are acquired and spent).
- The Steering Committee has a mechanism for making time-sensitive decisions. (i.e., the Executive Committee may make time-sensitive decisions and report to the Steering Committee).
- 5. The Membership Committee suggests mechanisms for dynamic and engaged membership, and the Steering Committee implements such mechanisms.

- 6. The Steering Committee decides the frequency and content of Steering Committee and VTAAC general membership meetings.
- 7. The Steering Committee and the Vermont Department of Health jointly authorize implementation priorities and revisions to the *Vermont State Cancer Plan*, including new objectives and corrections.
- 8. Workgroups, Taskforces and the *Vermont State Cancer Plan* should be aligned with one another, in a dynamic way, so that as priorities are written into the plan, workgroups are formed, and vice versa.
- 9. Workgroups, Taskforces and Committees are responsible for collaborating with the Vermont Department of Health to develop evidence-based strategies and activities for the *Vermont State Cancer Plan's* objective with which they are charged.
- 10. Affiliates and Members are invited to collaborate on the *Vermont State Cancer Plan's* objectives with which they are aligned.
- 11. VTAAC will collaborate with VDH to develop a mechanism to evaluate the effectiveness of strategies and objectives.
- 12. The Vermont Department of Health may contract with an organizational member to provide the supervision and services of VTAAC's Coordinator. The Executive Committee and Steering Committee review the job description and priorities for the VTAAC Coordinator.

Funding

- 1. Members of the Steering Committee and the general partnership have access to information about where VTAAC funding is coming from (revenues) and where it is going (obligations).
- Financial and in-kind contributions by members are tracked and summarized by the VTAAC Coordinator, and are available for review upon request.
- 3. Organizational Members' representatives, not the Steering Committee, are responsible for the final decisions regarding their organizations' financial and in-kind contributions, in accordance with the MOU's that may have been established.
- 4. The Steering Committee communicates priorities and provides input on the CDC grant to VDH Comprehensive Cancer Control Program.
- 5. The Steering Committee will be responsible for the process of accepting/acknowledging any contributions from member organizations and individuals.

Communication

- VTAAC uses information technology to make information available to its membership, affiliates and the public in a timely manner. There are 3 basic levels of communications. One: All members will receive quarterly updates and invitations to participate in the Annual Meeting and membership Surveys. Two: Steering Committee and Advisors will receive monthly updates. Three: Executive Committee to receive bi-weekly updates. Workgroups, Taskforces, and Committees will receive updates as needed.
- 2. Workgroups and Committees establish annual work plans related to their *Vermont State Cancer Plan* objectives, and they report back to the Steering Committee regarding strategy and activity development.
- 3. Affiliates and Organizational Members are invited to report strategies and activities regarding related *Vermont State Cancer Plan* objectives to the Steering Committee.
- 4. External communications are the responsibility of the VTAAC coordinator with guidance from the Executive Committee.

Amendments

The VTAAC Guiding Principles and other organizational documents may be amended from time to time as seen fit by a majority of the Steering Committee.

VDH CCC Program Coordinator

CDC grant -

Write annual application, budget, workplan, interim & final reports.

Partnership - VTAAC

Ensure sustainability of statewide partnership Infrastructure, leadership, resources, etc.; Identify and secure In-Kind Support & sponsors; Strategic planning, link to resources: Identify, convene, invite workgroups, committees; Evaluation.

Vermont State Cancer Plan -

Guide planning process, update documents, oversee reporting progress, printing, etc.

Evidence-based interventions,

Guidance, technical assistance:

Access to models in other states, CDC.

Write & Monitor contracts and grants

ACS (Coordinator); Initiatives, community grants; Evaluation, etc.

Coordinate/Monitor VDH-led initiatives:

Radon, sun, obesity, tobacco, Ladies First, Blueprint for Health, etc.

Communicate between local and national partners: CDC, NCI, C-Change, etc.

Serve on Executive and Steering Committees and some VTAAC committees and some workgroups.

VTAAC Coordinator

Logistics:

Day-to-day operations;

Meeting dates, times, rooms, notices, invitations, minutes, distribution;

Annual meeting;

Budget, Evaluation, Reports;

Identify and secure In-Kind Support & sponsors;

Communications:

Internal - committees, workgroups, etc.

Agendas, minutes;

External - Affiliates, public, media

Newsletters, activities reports:

Website;

Outreach Activities.

VDH and ACS Grant Reporting on VTAAC Activities: Meetings, promotions, initiatives, priorities.

Represent VTAAC at cancer -related exhibits, conferences, symposia and events.

Membership & Recruitment

Identify gaps and potential partners:

Maintain membership database:

Maintain current membership lists for VTAAC; committees, workgroups, advisory council, etc.

Tracking attendance & in-kind contributions.

Participate in meetings of VTAAC workgroups, committees, etc.

Serve on Executive and Steering Committees and some VTAAC committees and some workgroups.

VTAAC Co-Chairs / Executive Committee

Guide VTAAC steering committee, workgroups, other committees & coalition;

Set agendas for steering committee meetings;

Facilitate steering committee meetings;

Represent VTAAC to public, affiliates, and the media:

Review Job Performance of VTAAC Coordinator.

VTAAC Steering committee members

"Hold the Vision" of VTAAC;

Determine priorities & distribution of shared funds;

Promote VTAAC, State Plan and initiatives;

Review annual workplans from workgroups, committees, and task forces

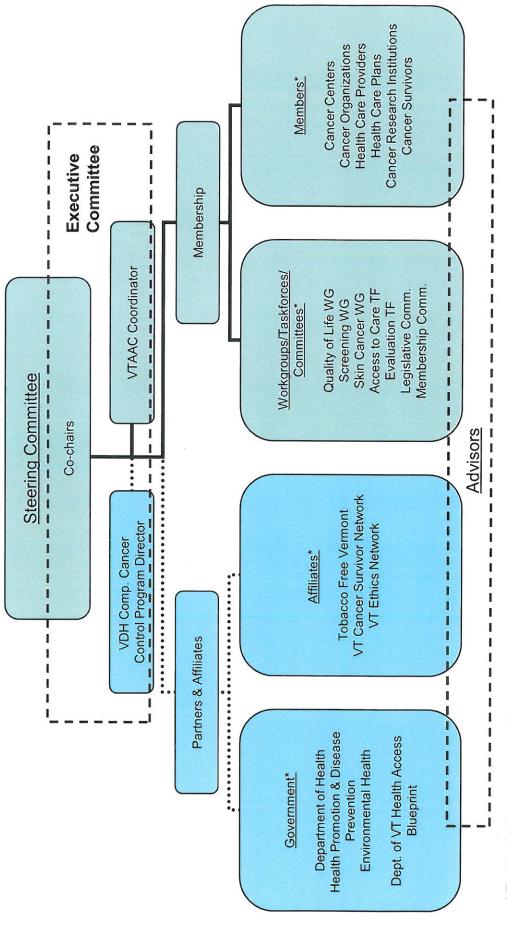
Serve on one workgroup, committee, or task force;

Attend Steering committee meetings, retreats and VTAAC annual meeting.

Workgroup, Committee or Task Force Co-Chairs	Workgroup, Committee or Task Force Members
Convene and facilitate meetings; Recruit members to accomplish tasks; Attend Steering committee meetings; Report progress and activities to Steering committee, VTAAC coordinator, etc.; Develop and implement annual workplans.	Participate in workgroup meetings; Represent their organization, profession and/or personal experiences related to workgroup task; Develop and implement strategies and identify necessary resources to achieve the objectives in the State Cancer Plan; Develop policies, materials, messages and/or resources to assure sustainability of VTAAC.
VTAAC Advisors	Organizational/Individual Members
Liaison between VTAAC and professional, community, academic, and political organizations. Promote VTAAC, State Plan and initiatives Attend VTAAC Annual Meeting; Participate in VTAAC workgroups, committees and task forces as necessary; Keep informed about VTAAC activities, priorities, needs and opportunities.	Keep informed about VTAAC activities, priorities, needs and opportunities; Provide reports on affiliated Cancer Plan activities; Attend VTAAC Annual Meeting; Participate in VTAAC workgroups; Promote VTAAC, State Plan and initiatives within their own communities, professions and personal lives.
VDH Cancer Epi Team Collect, analyze & report cancer incidence, prevalence and mortality data; Collect, analyze & report data from BRFSS, YHS, and other data sources; Update State Plan Status Reports; Provide technical guidance on epi processes; Provide guidance to workgroups, committees and task forces; One member to serve on steering committee.	



Organizational Chart



* For illustration purposes only.

11/15/13