NORC at the University of Chicago

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AstraZeneca Foundation: Creating Health Access for Next Generation Equity (CHANGE) Grant Program

Multi-Site Evaluation –Year One Year-End

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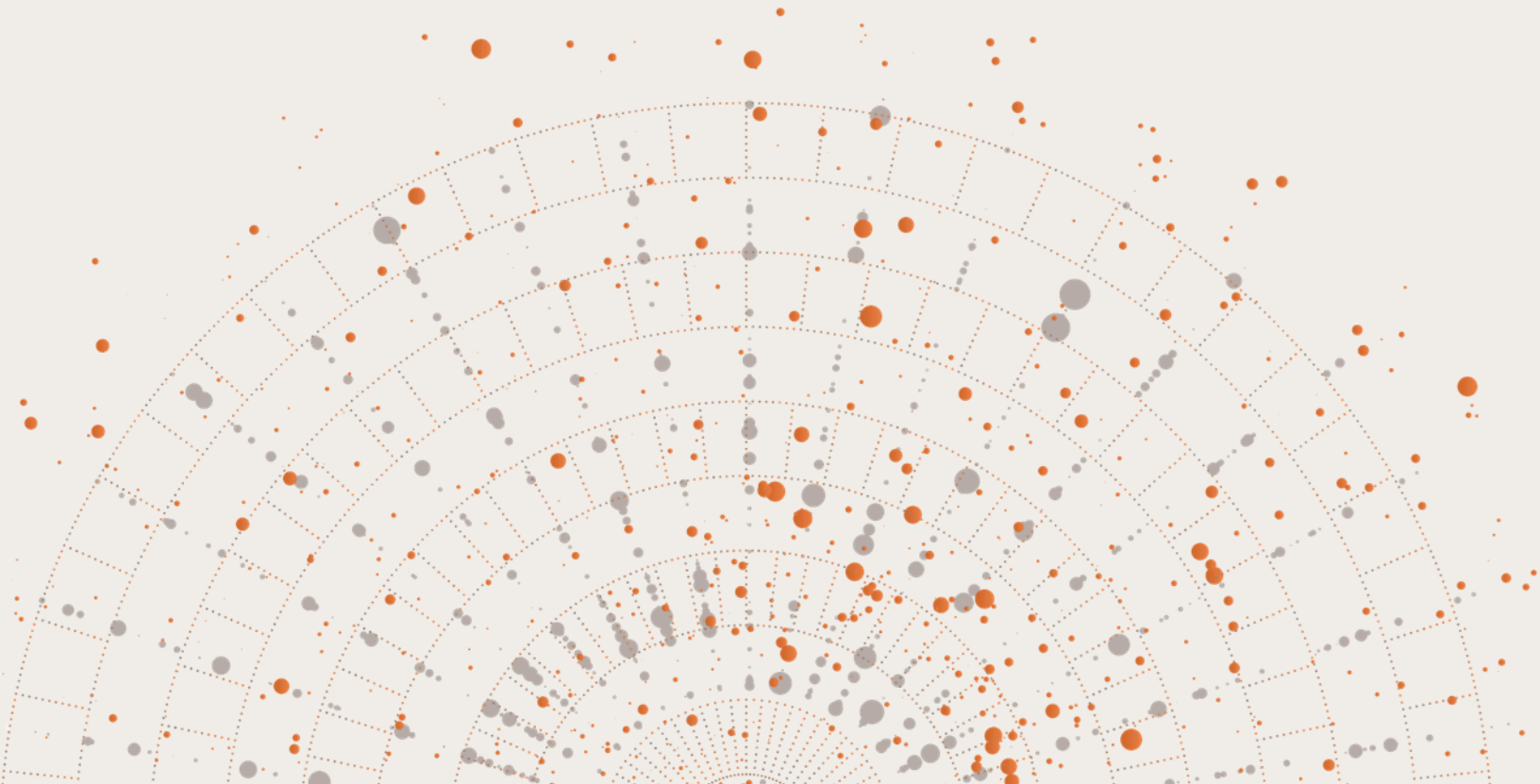

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Executive Summary

Year One CHANGE Program | November 1, 2023 – October 31, 2024

Grant Awardee Summary & Progress

- **Grants awarded:** $1.45M+ to six nonprofits across the Mid-Atlantic
- **Funds expended:** $1.37M+ (95% of total awarded)
- **Reached:** 29,800+ patients (146% of annual goal)
- **Outcome goals:** 82% met (40 out of 49 total goals)
- **All grant awardees** met or exceeded overall expectations on their year-end evaluation.

Grant Awardee Impact

- **Worked to advance health equity** by reaching demographically diverse patient populations, including patients who are medically underserved and/or living in poverty or with low income.
- **Increased access to quality healthcare** by mitigating barriers to care, expanding service offerings, increasing the reach of services, integrating patient-centered practices and improving the overall health of many patients.
- **Increased sustainability** through securing additional funding, establishing and expanding partnerships, training staff and disseminating best practices, impacts and lessons learned.

Lessons Learned

Facilitators to Implementation	Barriers to Implementation
(1) building patient trust and rapport (2) having formalized processes (3) dedicated staff (4) establishing partnerships (5) real time data monitoring to facilitate timely adaptations (6) the flexibility of the CHANGE grant structure	(1) recruiting, hiring and retaining staff (2) rapidly growing demand for services (3) external delays

Background

The AstraZeneca Foundation (the Foundation) works to advance health equity and foster community well-being through strategic grant-giving and capacity-building support for nonprofit organizations.[1]

Launched in 2023, the Foundation's signature Creating Health Access for Next Generation Equity (CHANGE) program provides grants to US-based nonprofit organizations working to improve access to quality healthcare for populations experiencing health disparities with a focus on promoting screenings, early detection, treatment and/or continuity of care for cardiovascular, renal, respiratory or immunologic diseases and/or cancers.[2] The Foundation awarded grants to six organizations providing health services tailored to the needs of their communities in Delaware (DE), Maryland (MD), Pennsylvania (PA) and Washington, DC (DC) with the opportunity for up to two additional years of funding (renewed annually based on successful achievement of objectives and approval by the Foundation Board of Trustees) (**Exhibit 1**).

Exhibit 1. CHANGE Grant Awardees

Grant Awardee & Location	Approach Description	States Served
AIDS Resource Alliance, Inc. (AR) Williamsport, PA	Provide high-quality primary care services in a welcoming environment to individuals living with HIV and members of the LGBTQ+ community residing in rural regions, with the goal of reducing health disparities and improving health outcomes.	PA
Community Volunteers in Medicine (CVIM) West Chester, PA	Expand hours, locations and transportation services to further mitigate barriers to care for uninsured community members with low incomes. Increase staff, community partnerships and volunteers to address specific unmet healthcare needs.	DE PA
Health Care for the Homeless (HCH) Baltimore, MD	Provide excellent care for people experiencing homelessness when and how they want it. Improve preventive care, chronic disease management and care coordination. Reduce disparities in health outcomes for patients.	MD
LCH Health and Community Services (LCH) Kennett Square, PA	Provide high-quality physical and mental healthcare integrated with supportive services, such as social services and education, to address the social determinants of health and improve the health of the community.	DE MD PA
Mary's Center (Mary's) Washington, DC	Increase breast cancer screenings and provide high-quality care and care coordination for uninsured and under-resourced patients with a cancer diagnosis through partnerships with local hospitals, radiology and oncology providers.	DC MD
SOME, Inc. Washington, DC	Provide equitable access to healthcare at the highest standard of care so patients can reclaim their health with dignity. Empower transformative change for patients who are medically fragile and experiencing homelessness and poverty.	DC

On behalf of the Foundation, NORC at the University of Chicago (NORC) is conducting a mixed-methods, multi-site and multi-year evaluation of the CHANGE program, guided by culturally responsive and equitable evaluation (CREE) principles.[3] This report summarizes evaluation findings at year-end of Year One (November 1, 2023 – October 31, 2024) of the CHANGE program.

Multi-Site Evaluation Approach & Design

The mixed methods, multi-site evaluation seeks to understand:

1. the implementation strategies grant awardees used to increase access to quality healthcare; and
2. the degree to which these strategies successfully increased healthcare access for patient populations with the greatest inequities in healthcare.

Evaluation Design

Community Advisory Board (CAB) Engagement. CREE guiding principles[a] promote centering culture and community into an evaluation effort to help promote health equity through the usage of participatory processes to engage collaborators, partners and community members in data collection and evaluation processes.[3] Informed by these principles, NORC and the Foundation established a Community Advisory Board (CAB) of staff members from each of the six grant awardee organizations. Staff members are familiar with their organizational approach and activities related to the CHANGE grant, patients their organizations serve and organizational practices and policies.

Engagement with grant awardees began in October 2023 at an in-person orientation with the Foundation. Since October 2023, NORC and the Foundation hosted 15 monthly meetings with the CAB including facilitating two participatory data parties.[b] All grant awardees participated and engaged in data parties on June 12, 2024 (in-person) and January 17, 2025 (virtual).[4]

The CAB meetings' purpose was two-fold: (1) to facilitate the development and implementation of a culturally responsive and participatory reporting and evaluation framework, including collaborative engagement to build logic models, identify core measures to evaluate progress toward outcome goals and conduct data collection and (2) to provide technical assistance and build capacity for the grant awardees on priority topics selected by the CAB, such as patient-centered practices and data visualization. NORC and the Foundation also offered group and one-on-one office hours to provide guidance and support on such topics as implementation strategies, reporting and evaluation, communications, dissemination and sustainability.

Evaluation Questions (EQs). NORC, the Foundation and the CAB identified the following four key evaluation questions:

1. To what extent have grant awardees met their goals of implementing strategies to increase access to quality healthcare?
2. To what extent have grant awardees increased access to quality healthcare for patient populations with the greatest inequities in healthcare?

[a] As described in the *CHANGE Grant Program Evaluation Plan*, a CREE approach uses a participatory process of evaluation that shifts power to community members, participants and individuals most impacted by the CHANGE program.

[b] Data parties are a discussion in which initial findings are presented for interpretation and reaction and are a frequently used CREE tool that enable those closest to the data (in this case, the grant awardee staff) to provide insight into understanding findings in relation to their lived experience and deeper understanding.[5]

3. What are the barriers and facilitators to successfully implementing grant awardees' strategies for increasing access to quality healthcare?
4. To what extent have grant awardees increased their capacity to successfully implement and sustain services that increase access to quality healthcare as a result of their participation in the CHANGE program?

Evaluation Framework. The Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework[5] informed the development of evaluation questions and evaluation design.

- **Reach.** Assessing the number and characteristics of individuals who participated in grant awardee initiatives funded through the CHANGE program.
- **Effectiveness.** Assessing the extent to which access to quality healthcare has increased, especially for patient populations with the greatest inequities.
- **Adoption.** Assessing the grant awardee organizational adoption of their initiatives.
- **Implementation.** Assessing the activities conducted to meet goals, the successes and failures as well as the facilitators and barriers to implementing grant awardee initiatives.
- **Maintenance.** Assessing the grant awardees' organizational capacity building achieved from the CHANGE program and the sustainability of grant awardee activities beyond the CHANGE program.

Data Collection

Reporting Tool. NORC, the Foundation and the CAB co-created a CHANGE Reporting Tool by reviewing and synthesizing key content from grant awardees' applications, logic models and measures tables and applying effective practices from previous Foundation grantmaking programs.

In alignment with CREE principles of co-creation, NORC presented the draft Reporting Tool to the CAB in a live meeting for feedback and iterative refinement. The Reporting Tool captured mixed quantitative and qualitative data on five core components informed by the evaluation questions and RE-AIM framework: (1) progress toward grant awardee-specific goals and increasing health access, (2) budget, (3) process, (4) sustainability and (5) impact stories.

At mid-year and year-end of Year One, grant awardees submitted to NORC site-specific evaluation data using the Microsoft Excel based CHANGE Reporting Tool. NORC added two additional components to the year-end Reporting Tool to capture new information on CHANGE program reach and aggregate impact since mid-year.

CHANGE Program Reach. At year-end, the tool included a demographic breakdown of patients reached by the grant awardee to identify if the grant awardee reached patient populations experiencing the greatest health inequities. Reach demographic breakdowns were unique to each grant awardee due to varying levels of available demographic data.

Aggregate Impacts. At year-end, the tool requested data from patient surveys fielded by grant awardees on up to four questions provided by NORC. The provided questions measured impact on patient health, ease of care navigation, access to care and reasons for postponing care and the extent to which patient-centered care was provided. All grant awardees asked a number of their

patients at least one of the four provided survey questions. Grant awardees submitted survey data for a total of 1,137 patients, of which a majority (75%) came from one grant awardee. Three grant awardees reported fewer than 30 completed surveys.

Key Informant Interviews (KIIs). In October 2024, NORC conducted semi-structed interviews with grant awardee staff across all CHANGE funded organizations. The KIIs assessed barriers and facilitators to and successes from implementing their funded initiatives. The interview guide included questions about the grant awardee's implementation strategies, including planning, community engagement, staffing, organizational policies and culture, resource sufficiency and implementation fidelity (**Appendix A**). Interviewers also probed on grant awardee-specific areas of interest during the interviews to gain additional context and insight.

NORC asked each grant awardee to identify two to three staff to participate in the interviews based on their roles and unique perspectives on the implementation process. NORC also administered a brief pre-discussion information survey to collect participant contact information from all interviewees. Interviewees selected if they wanted to participate in a 60-minute group interview or a 30-minute individual interview.

NORC conducted a total of eight interviews, including five group interviews and three individual interviews. In total, 16 individuals participated in these interviews across the grant awardees.

Participants included Executive Directors, Medical Directors, Clinical Managers and Program Coordinators. A skilled NORC interviewer conducted each interview, with a notetaker present. A Foundation representative observed each interview.

Data Analysis

Analyzing the Reporting Tool Data. NORC used descriptive analysis to summarize mid-year and year-end Reporting Tool data to measure grant awardee progress on goals, budget, process and sustainability.

Analyzing the KII Data. NORC used rapid thematic analysis to conduct a notes-based analysis of interview data to identify key common themes and patterns in the qualitative data across grant awardees.[6,7] We did not systematically ask all grant awardees about every common theme, but rather themes emerged organically throughout the interviews. Therefore, while we attempt to quantify the qualitative findings in this report, it should be noted that there may be additional grant awardees implementing certain activities that were not included in these counts since they were not explicitly reported.

Participatory Sensemaking. Consistent with CREE principles, in January 2025, NORC led a virtual data party with the CAB. Year-end findings from qualitative and quantitative analysis were discussed, helping validate findings from preliminary analyses. Using Mentimeter, grant awardees shared key facilitators to patient reach and success achieving their outcome goals. Mentimeter is an interactive polling software that supported CAB discussion and sensemaking with the group.

Results from participatory sensemaking at the data party provided context to interpret and understand the data. For example, discussions related to specific successes in each of the CHANGE focus areas (providing access to care services, providing coordination of care services

and mitigating barriers that impact access to care services) helped contextualize the strategies that contributed to grant awardee success this year.

Findings

NORC presents the findings from this mid-year multi-site evaluation in the order of the evaluation questions (EQ).

EQ1: To what extent have grant awardees met their goals to implement strategies to increase access to quality healthcare? (Reach, Effectiveness, Adoption)

All Grant Awardees Met or Exceeded Overall Expectations at Year-End of Year One. NORC assessed grant awardees on five different domains (scoring rubric included in **Appendix B**):

1. ***Achievement of mid-year outcome goals and year-end outcome goals:*** Mid-year and year-end outcome goals include the specific activities, processes and targets set by each grant awardee for each time frame in their application for CHANGE program funding.
3. ***Achievement of annual reach target:*** Grant awardees set their annual reach target in their application, which ranged from 250 to 8,000 patients.
4. ***Process and implementation progress***: To determine a rating for process and implementation progress, NORC assessed grant awardees' reported progress and how grant awardees leveraged facilitators and overcame barriers experienced during implementation.
5. ***Progress toward sustainability:*** To determine a rating for progress toward sustainability, NORC assessed reported progress toward obtaining additional funding; building/expanding partnerships; disseminating effective practices, outcomes and lessons learned; and other capacity building efforts.

All grant awardees met or exceeded their objectives overall for their year-end evaluation, demonstrating successful implementation strategies and increased access to quality healthcare.

Grant Awardees Collectively Reached 29,870 Patients by Year-End. Grant awardees aimed to reach 20,514 patients by year-end and achieved 146% of the combined year-end reach target. CHANGE grant awardees collectively reached an additional 11,626 patients since mid-year.

Grant Awardees Expended the Majority of Year One Funding. By year-end, grant awardees expended 95% of CHANGE program Year One funds totaling $1.45M. Three grant awardees indicated spending all funds by year-end. The other three grant awardees submitted budget carry forward requests for remaining funds totaling $75K to utilize the underspend in Year Two.

Grant Awardees Increased Access to Quality Healthcare. As part of the CHANGE program, all six grant awardees implemented initiatives to meet the needs of the communities they serve by increasing access to quality healthcare. Awardees increased access by addressing barriers to accessing healthcare, expanding service offerings, expanding service reach and offering patient-centered services.

Grant Awardees Addressed Barriers to Accessing Healthcare:

- At least four grant awardees addressed insufficient or unavailable transportation to services by establishing free ride programs. For example, one grant awardee added the UberHealth option for critical appointments and started offering Uber gift cards to patients.
- At least four grant awardees offered or referred patients to no-cost services, like breast screenings and diagnostic services, to reduce financial barriers.
- At least three grant awardees addressed time and transportation barriers by establishing or staffing microsites in locations convenient to their patients/clients.
- At least one grant awardee provided Community Health Screenings to new employers in their area, mitigating barriers to care like transportation, childcare and income (i.e., no pay if no work).
- At least one grant awardee implemented new telehealth services to overcome logistical barriers to accessing care in a clinic setting.
- At least one grant awardee provided blood pressure monitors to patients to support at home checks for hypertension.
- Grant awardees also offered care coordination and provided documented care plans to help patients navigate their healthcare needs.

Grant Awardees Expanded Service Offerings:

- At least five grant awardees expanded the number and types of preventative health services offered, including mental health screenings, dental care and vaccine services.
- At least four awardees increased the number and types of preventative testing available for cancer, including cervical, breast and colorectal cancer.

Impact Story

"[A CHANGE grant awardee] has truly changed my life, helping me in so many ways I never thought possible. Being able to access my healthcare in one place through telehealth and, without the stress of traveling, has made it easier to stay on top of my health. Having all my services in one place gives me peace of mind and the confidence to keep moving forward."

- At least three grant awardees increased the number of available patient classes related to health literacy education.
- At least three grant awardees increased available patient support for obtaining health insurance.

Grant Awardees Expanded Service Reach:

- Grant awardees shared that word of mouth and educational campaigns to raise awareness about services offered were key drivers of reach for their organizations.
- All grant awardees participated in dissemination efforts to increase brand awareness and share best practices including participation in academic conferences, coalition meetings, podcasts and documentaries.
- All grant awardees established new partnerships or expanded existing partnerships to increase awareness about available services and expand service availability.
- A couple grant awardees noted implementing communications plans to promote services.
- One grant awardee began offering walk-in appointments across all disciplines to accommodate urgent patient needs.

Grant Awardees Offered Patient-Centered Services:

- At least five grant awardees provided cultural competency training to their staff. One grant awardee reported providing cultural competency training to 99% of their eligible care workforce, with 89% of surveyed staff reporting increased awareness and sensitivity to cultural differences that they can use on the job.
- Grant awardees engaged patients through surveys, interviews, focus groups or patient advisory councils to solicit feedback, improve the relevance and cultural competence of care and facilitate trusting patient relationships.
- At least two grant awardees hired new bilingual staff members to ensure clear and comfortable communication for patients.
- One grant awardee rolled out a health literacy campaign in both English and Spanish on managing hypertension.
- One grant awardee identified a network of other providers who share their approach to providing inclusive care for patients which facilitated their delivery of culturally responsive care.

Impact Story

An Italian immigrant who recently relocated to the U.S. has faced challenges navigating the healthcare system as an immigrant. He was referred to a CHANGE grant awardee, where he was able to find an Italian-speaking doctor who provided him with personalized care, making it easier for him to communicate his health concerns. Grateful for the support, this patient has thrived in his new home, prioritizing his well-being and even recommending his doctor to others in need of care in their native language.

EQ2: To what extent have grant awardees increased access to quality healthcare for patient populations with the greatest inequities in healthcare? (Reach, Effectiveness)

Grant Awardees Reached Demographically Diverse Patient Populations with the Greatest Inequities in Healthcare. Grant awardees reached patients who were medically underserved and/or living in poverty and identified as persons of color (**Exhibit 3**).

Exhibit 3. Patient Populations Reached by CHANGE Grant Awardees

Patient populations reached	Number of grant awardees collecting these data	% of patients on average (among grant awardees collecting these data)
Medically underserved	5	96%
Living in poverty	5	91%
Persons of color	6	71%
Latinx/e or Hispanic	6	43%
Black or African American	6	27%
Female	5	50%
Male	5	45%

Note: Some grant awardees did not provide reach broken down by medically underserved status or gender.

Among the five grant awardees that collected data on whether patients were medically underserved or living in poverty, on average, 96% of patients reached were medically underserved (23,144 patients) and 91% of patients reached were living in poverty (21,007 patients).

Across all six grant awardees, on average, 71% of patients reached identified as persons of color, including 43% identifying as Latinx/e or Hispanic and 27% identifying as Black or African American. Two grant awardees reported over 90% of patients reached identified as persons of color.

Among the five grant awardees that collected data on the gender of patients reached, on average, 48% of patients reached identified as female and 45% identified as male.

Impact Story

A patient lost her job after multiple stints in intensive care and chronic conditions that made it hard to work. At a CHANGE grant awardee location, the patient has engaged in a range of care, including primary care, psychiatry, dental and case management. She was one of the first housing applicants and moved into the organization's affordable apartment building, where she has lived with ongoing care for the past two years. She shared, "I've been with [CHANGE grant awardee] since 2016. It changed my life tremendously.

Grant Awardees Improved Patient Health and Provided Accessible and Patient-Centered Healthcare. Through patient survey responses, grant awardees demonstrated positive impacts on patient health and progress towards increasing access to quality healthcare (**Exhibit 4**).

Exhibit 4. Patient Survey Results from CHANGE Grant Awardees

	Number of grant awardees collecting these data	% of patients on average (among grant awardees collecting these data)
Impact on health		
Improved overall health since becoming a patient	5	85%
Ease of healthcare navigation		
Knew how to get an appointment	4	95%
Knew who to contact with questions or concerns	4	89%
Knew what types of services were available	4	88%
Reasons for postponing healthcare in the last six months		
Did not postpone healthcare	5	42%
Could not afford the cost	5	24%
Lacked insurance	5	19%
Unable to find services at a time or location that worked	5	16%
Unable to get transportation	5	14%
Did not know where to go or how to find services	5	12%
Cultural sensitivity of healthcare		
Received healthcare in their preferred language	4	98%
Received healthcare that their respected culture/background	4	97%
Treated fairly regardless of race and/or ethnicity	4	93%
Treated fairly regardless of ability to pay	4	92%

Note: Some grant awardees fielded a unique survey that did not include directly comparable questions to the other grant awardees, or did not field survey questions related to constructs of interest.

Across five grant awardees that surveyed impact on health, on average, 85% of patients reported improvements to their overall health since becoming a patient at the grant awardee. Across four grant awardees that asked about ease of healthcare navigation, on average, 95% of patients reported knowing how to get an appointment, 89% reported knowing who to contact with questions or concerns and 88% reported knowing what types of services were available.

Across five grant awardees that surveyed reasons for postponing healthcare, on average, 42% of patients reported not needing to postpone healthcare. Among patients who reported postponing care, the most common reasons for postponing healthcare, on average, included not being able to afford the cost (24%), lack of insurance (19%) and inability to find services at a time or location that worked (16%).

Across four grant awardees that surveyed the extent to which patient-centered care was provided, on average, 98% of patients reported receiving healthcare in their preferred language, 97% reported receiving healthcare that respected their culture and background, 93% reported being treated fairly regardless of their race and/or ethnicity and 92% reported being treated fairly regardless of their ability to pay. Instead of four separate questions, one grant awardee asked a single combined question. At this grant awardee, 97% of patients reported being treated fairly regardless of background, language or ability to pay.

EQ3: What are the barriers and facilitators to successfully implementing grant awardees' strategies for increasing access to quality healthcare? (Implementation)

The evaluation captured obstacles or challenges that hindered implementation (barriers) and factors or conditions that promoted successful implementation (facilitators) of grant awardees' CHANGE initiatives.

Barriers to Grantee Awardees' Implementation. Common implementation barriers included:

- *Challenges recruiting, hiring and retaining staff.* All grant awardees stated difficulties with staff recruitment and turnover. They mentioned lack of available qualified clinical personnel, including the availability of specialists with required licenses, recruitment and retention of bilingual healthcare professionals, training required for new staff and high turnover among staff and volunteers. Strategies to address staffing challenges included ensuring competitive pay and benefits, establishing sign-on hiring and tenure-based bonuses, expanding professional development opportunities, developing student internship pathways to paid positions, promoting volunteer opportunities and leveraging specialized job boards and talent recruitment firms.
- *External delays and changes.* Five grant awardees highlighted barriers due to the changing federal funding landscape impacting partner processes and reducing funding streams. Barriers included delayed, pending or lost grant funding to establish necessary staff or additional resources as well as negotiation, contract and implementation delays with partners necessary to provide certain services. Four grant awardees mentioned increased uncertainty post COVID-19 pertaining to changes such as potentially fewer funding opportunities, sunsetting of the COVID-19 Bridge Program which provided free vaccines to patients without insurance and changes to Medicaid insurance eligibility that have resulted in loss of coverage for patients. One grant awardee encountered delays working with a partner organization to establish a microsite location, but even throughout the delays the grant awardee had regular meetings and communication with partners and the community to prepare for providing direct care once the microsite opened.
- *Growing demand for services.* Three grant awardees reported increasing demand for services as a barrier to success. One grant awardee shared that increasing demand among patients who are uninsured created challenges with billability and sustainability, and another grant awardee shared that high demand created delays during the patient intake process. Grant awardees attempted to address the growing demand for services by hiring additional providers and adapting clinic processes like offering more walk-in appointments.
- *Patient awareness and trust.* Two grant awardees mentioned lack of patient awareness of services and distrust in healthcare as key barriers to providing necessary care (e.g., vaccine hesitancy). Strategies to address this included continual efforts to educate patients about services available to them, ensuring patients could see the same provider on a recurring basis to build trust and ongoing engagements to establish rapport between patients and the organization.

Facilitators to Successful Implementation. Common facilitators for successful implementation across grant awardees included:

- *Patient trust and rapport.* All grant awardees highlighted building trust and rapport with patients as a key facilitator to implementation success. Grant awardees built trust by creating positive patient experiences and built rapport by facilitating patient engagements. One grant awardee mentioned that positive patient experiences can have a snowball effect when the patient shares their positive experiences with their friends and community saying, "when you're talking about medical care and provider-patient relationships, it's about trust and allowing us to build trust within our community so that folks understand [_] that we really get it. And when people come here that's the type of experience they want to share with their friends."
- *Soliciting patient feedback.* Grant awardees shared that patient feedback and engagement mechanisms helped improve the quality and effectiveness of their funded initiatives and fostered long-term capacity building and sustainability.
- *Formalizing and establishing processes.* Five grant awardees shared that formalized and/or established processes facilitated success. Examples include:
  - A formalized scheduling system to reduce no-shows
  - An established missed appointment class to educate patients about the importance of attending appointments and reduce no-shows
  - A flexible scheduling model to accommodate walk-in patients
  - A scheduling system that pairs non-bilingual providers with bilingual patient advocates
  - An approach to integrate screening questions into the Electronic Medical Record (EMR) to support enrolling patients in insurance
  - A refined procedure for conducting mental health screenings to overcome initial data collection challenges
  - A developed data collection approach to better capture patient needs, social determinants of health and feedback
  - A streamlined cardiology screening protocol to capture better data to tailor services for patients

Impact Story

A patient had long struggled with an endless rotation of primary care providers, each change failing to address his individual needs. The health services and care provided through a CHANGE grant awardee is the best he has every received. The entire team took their time to know him as an individual and helped him navigate insurance issues and get his prescriptions covered. The patient receives compassionate, non-judgmental care from a consistent doctor and can finally afford the [healthcare] he needs.

- *Dedicated staff.* Five grant awardees highlighted that dedicated and mission-oriented staff and volunteers were vital to implementation success. One grant awardee specified staff experience, commitment and adaptability as core facilitators, while another stressed the importance of strong and flexible teamwork between staff. Three grant awardees shared that care coordinators and navigators were critical to supporting patients, managing services and programming and overall implementation success.

Grant Awardee Highlight –

"Having a process where it's more of a conversation rather than 'fit this template or you don't get the money.' That's been a positive thing for us. Also learning other strategies from other grantees has been interesting. We had a call with [another CHANGE grant awardee] about their surveying strategy and that was helpful. I now follow the marketing and communication from some of the other grantees just to see what they're sharing."

- CHANGE Grant Awardee

- *Partnerships.* Four grant awardees identified collaboration with partners as critical to implementation success. These grant awardees articulated that partners were fundamental to meeting service demand, offering new services, gaining insights into their communities to design and target services and increasing awareness of available services.
- *Outcome and metric tracking.* Four grant awardees highlighted timely data tracking of health outcomes and metrics as valuable for proactive decision-making to benefit meeting targets and goals. One grant awardee shared that they have made efforts to more closely collect and analyze data by race and gender and have identified significant disparities within health indicators.
- *Growth and expansion*. Two grant awardees highlighted the importance of financial and capacity growth. They shared that additional financial and capacity resources enabled them to increase accessibility, lower costs and raise the quality of services.
- *Grant structure and technical assistance.* Overall, grant awardees expressed a deep appreciation for the partnership with the Foundation, the other grant awardees and NORC through the CHANGE grant program. In interviews, grant awardees highlighted the opportunities to learn from each other through participation in the CAB, the availability of NORC as a resource and the flexibility and clarity surrounding grant requirements provided by the Foundation as facilitators to implementation.

Grant Awardee Highlight –

"[The grant] directly aligns with our strategic plan, like they were built for each other. So it's across the board a high priority. All the initiatives align with our strategic plan, so it really feels like our day-to-day focus."

- CHANGE Grant Awardee

EQ4: To what extent have grant awardees increased their capacity to successfully implement and sustain services that increase access to quality healthcare as a result of their participation in the CHANGE program? (Maintenance)

Grant Awardees Continued Building Financial Sustainability. A core requirement of the CHANGE program was that grant awardees work to continue their initiatives beyond Foundation funding. Grant awardees were encouraged to plan for the sustainability of their initiatives from the start of the CHANGE grant by outlining their plans in their applications and reporting on their progress throughout the grant year. By year-end, grant awardees secured a total of $6M+ of additional grant funding and fundraised $13.6M+. In addition, grant awardees shared that the CHANGE program has positively impacted long-term funding by supporting applications for larger grants through increasing brand recognition, demonstrating success via their CHANGE initiatives and increasing the availability, diversity and accessibility of services offered.

Grant Awardee Highlight –

"[The CHANGE grant has impacted the long-term sustainability of our organization] from a development and fundraising perspective. There's something to be said about having the Foundation, a well-known brand, focus their energy on this work. We can share out when we're doing grant proposals for other funders, as like a really positive thing that we're getting eyes on our organization for the work that we're doing. And it's excited some of our local funders."

- *CHANGE Grant Awardee*

Grant Awardees Established or Expanded Partnerships. All grant awardees reported establishing new partnerships and strengthening existing partnerships to increase the availability of services, offer new services and bolster the awareness of existing services.

Grant Awardees Participated in Dissemination Efforts. All grant awardees conducted dissemination efforts during Year One of the CHANGE program. Dissemination efforts included presenting at conferences, sharing best practices with a coalition, participating in a podcast with AstraZeneca, producing a documentary film and being featured in the Smithsonian's National Museum of American History.

Grant Awardees Increased Competency of Staff. All grant awardees reported providing training to staff. Staff trainings included those aimed to increase the responsiveness of care. Staff trainings also aimed to improve the quality of care by covering topics such as recommended screening guidelines, clinical best practices and clinic workflows.

Conclusion

Grant awardees successfully implemented strategies to increase access to quality healthcare for their patients in Year One of the CHANGE program, and by year-end, all grant awardees met or exceeded overall expectations on their evaluation. Grant awardees said that grant funds, technical assistance and opportunities to learn from other grant awardees facilitated by the CHANGE program helped them better reach and serve their communities.

Grant awardees collectively reached 29,870 patients through direct services, events and programming, provided individualized care, expanded available patient services and engaged patients to further improve implementation—all strides toward improving access to quality healthcare for diverse patient populations with the greatest inequities in healthcare. While grant awardees faced barriers to implementation, all shared how they worked to overcome challenges and factors that facilitated implementation.

Grant Awardee Highlight –

"If it wasn't for [the grant] we probably would not be able to have this program to the degree and the depth and the impact that that it's having on people's lives. Also feeling like [the Foundation] is a true partner. They trust the organizations and their knowledge of community and they're flexible. That just tells me that they understand community and their commitment to the needs of community."

- CHANGE Grant Awardee

Preliminary findings from 1,137 patient surveys suggest that grant awardees reached demographically diverse patients experiencing healthcare inequities.[8,9,10] This includes medically underserved patients, patients living in poverty or with low income and persons of color. Most survey respondents stated improvements to their overall health since becoming a patient at CHANGE awardee organizations. Patients reported that care received from grant awardee organizations was culturally sensitive.

Year-end findings reflect the first 12 months of grant awardee collected data, thus we acknowledge that progress is likely to change over multiple years. By continuing to collect, analyze and report data at multiple time points and using various methods (e.g., Reporting Tools and KIIs) throughout the grant period, NORC will be able to provide a comprehensive assessment of grant awardee successes and challenges related to improving quality healthcare access for all patients.

Appendix A. Key Informant Interview Guide

AstraZeneca Foundation: Key Informant Interview (KII) Guide

Grant awardee: [NAME HERE]

Interviewee: [NAME HERE]

Date: [DATE HERE]

Agreement to Participate:

1. Thank you for participating in this interview. My name is [MODERATOR NAME] and I'm joined by my colleague [NOTETAKER NAME] who will help take notes. We're also joined by a representative from AZF, [NAME], who will be listening into our discussion today.
2. During this interview, I will ask you questions to understand your perspective as a grant awardee in the Creating Health Access for Next Generation Equity (CHANGE) program. Before we get started, I would like to share some information with you about what you can expect:
3. [For individual interview only] First, this interview will take no longer than 30 minutes.
4. [For group interview only] First, this interview will take no longer than 60 minutes.
5. Second, your participation is completely voluntary. You may choose to end the interview at any time. We do not anticipate any risk to participating in this interview, but you may choose to skip any questions that you are uncomfortable with or otherwise do not wish to answer.
6. Third, this interview will be recorded, but only the audio recording will be retained for quality assurance to make sure our notes are accurate. Even though the video recording will be immediately deleted, you may choose to turn off your camera if you would prefer not to have your image recorded. The audio recording will also be destroyed at the conclusion of the project. Only members of the evaluation team will have access to the transcript.
7. Last, if questions arise following this interview you may contact the Project Director, at [email address]. If you have questions about your rights as a project participant, you may also call the NORC Institutional Review Board Manager at (866) 309-0542.

Do you have any questions before we begin?

Do you agree to participate in this interview?

Do I have your agreement to record this discussion? **[IF YES, START RECORDING]**

Note for Interviewers: Ask your own probes to get clarity or additional detail, as needed. Use prompts to help interviewees respond to questions, if needed. Probe and/or repeat follow-up questions to understand the implementation of all grant initiatives at each grant awardee.

Pre-Implementation

First, we'd like to explore how [grant awardee] prepared to implement funded initiatives related to the CHANGE grant:

1. Prior to participating in the CHANGE grant, what barriers did [grant awardee] face related to [awardee initiatives/goals]?
    a. PROBE:
        i. organizational administration
        ii. staffing

iii. staff training
iv. clinic space and availability
v. provider availability

2. What resources did the team need to prepare for and implement your CHANGE grant?
    a. PROBE:
        i. Staff/personnel
        ii. Education/knowledge/training & development
        iii. Technology and equipment
        iv. Stakeholder/community support
        v. Data
        vi. Partnerships and networks

Implementation

This next set of questions asks about strategies [grant awardee] uses to implement initiatives related to the CHANGE grant.

3. What changes or adjustments have you made to your CHANGE grant initiatives throughout the first year of implementation?
4. What impact have external factors had on the implementation of initiatives related to the CHANGE grant?
    a. PROBE:
        i. community level changes
        ii. federal policy changes
        iii. state policy changes
        iv. local policy changes
        v. community partnerships
5. What impact have internal factors had on the implementation of initiatives related to the CHANGE grant?
    b. PROBE:
        i. staffing
        ii. organizational policies
        iii. clinic space
        iv. training
        v. provider availability
        vi. equipment and material
    c. How has clinic/organizational leadership supported the implementation of funded initiatives as part of the CHANGE grant?
        i. How did [grant awardee] obtain leadership buy-in, if at all?
    d. How have you prioritized the demands of the CHANGE grant initiatives within your organization?
6. What are some factors that have facilitated the implementation of your CHANGE grant initiatives?
7. What barriers have you faced to implementing your CHANGE grant initiatives?
    a. How did you overcome these barriers?

8. What lessons learned would you share with similar organizations looking to implement a similar initiative?

Sustainability

This set of questions seeks to learn more about specific strategies [grant awardee] may leverage to sustain or adopt CHANGE grant initiatives into standard organizational practice.

9. What factors do you expect to impact the sustainability of your CHANGE grant initiatives? And in what ways?
    a. PROBE:
        i. Internal factors
            1. Staffing
            2. Training
            3. Clinic space
            4. Provider availability
        ii. External factors
            1. Grant funding
            2. Partnerships
10. How has [grant awardee] changed its standard organizational practice, if at all, in response to the initiatives implemented because of the CHANGE grant?
11. How has the CHANGE grant impacted the long-term sustainability of your organization?

Outcomes

Lastly, we'd like to ask some questions about how [grant awardee] serves your community and individual patients through funded initiatives for the CHANGE grant.

12. In what ways have the initiatives you've implemented as part of the CHANGE grant helped your organization better serve the needs of the communities you serve?
13. What do you feel are the strengths of your CHANGE grant initiatives?
14. Are there any weaknesses or gaps in your organization's CHANGE grant initiatives?
15. Overall, what feedback would you like to share about the CHANGE grant and your relationship with the AstraZeneca Foundation?

Those are all the questions I have for you today, but I do want to pause and see if [AZF] has any follow-up questions they'd like to ask.

Thank you for taking the time today to speak with us about [grant awardee]'s CHANGE grant initiatives. We appreciate your insights and will reflect what you've shared with us today in your organization's end-of-year evaluation summary.

Appendix B. Grant Awardee Evaluation Rubric

AstraZeneca Foundation CHANGE Creating Health Access for Next Generation Equity™	Evaluation Ratings Criteria: Year-End
Overall Evaluation Progress	**Overall Progress:** **Exceeds Expectations** • Awardee exceeds expectations in all evaluation categories **Meets Expectations** • Awardee exceeds expectations in some categories and meets expectations in others **Partially Meets Expectations** • Awardee meets expectations in some categories and partially meets expectations in others **Does Not Meet Expectations** • Awardee does not meet expectations in all categories
Outcomes Summary	**Mid-Year Goals: By 05/15/2024…** **Mid-Year Goals Progress:** ***Exceeds Expectations*** • Awardee met all mid-year goals above and beyond what was outlined in their application ***Meets Expectations*** • Awardee made significant progress toward meeting all mid-year goals as defined in their application ***Partially Meets Expectations*** • Awardee has not yet met most mid-year goals ***Does Not Meet Expectations*** • Awardee has not yet met any of their mid-year goals
	Year-End Goals: By 10/31/2024… **Reach Progress:** **Exceeds Expectations** • At year-end, awardee reach has exceeded their annual reach goal **Meets Expectations** • At year-end, awardee has reached their annual reach goal **Partially Meets Expectations** • At year-end, awardee has reached at least half of their annual reach goal, but has not yet reached their annual reach goal **Does Not Meet Expectations** • At year-end, awardee has not yet reached at least half of their annual reach goal

	Year-End Goals: **Exceeds Expectations** • Awardee met all year-end goals above and beyond what was outlined in their application **Meets Expectations** • Awardee made significant progress to meeting all year-end goals as defined in their application **Partially Meets Expectations** • Awardee has not yet met most year-end goals **Does Not Meet Expectations** • Awardee has not yet met any of their year-end goals
Process	**Process Progress:** **Exceeds Expectations** • Awardee demonstrates above and beyond progress implementing grant activities **Meets Expectations** • Awardee expects to be able to meet their goals • Awardee outlines plan for overcoming barriers **Partially Meets Expectations** • Awardee does not expect to be able to meet their goals • Awardee outlines plan for overcoming reported barriers **Does Not Meet Expectations** • Awardee does not expect to be able to meet their goals • Awardee does not outline plan for overcoming barriers
Sustainability	**Sustainability Progress:** **Exceeds Expectations** • Awardee is going above and beyond to obtain additional funding, build new and maintain existing partnerships and implement capacity building activities **Meets Expectations** • Awardee has made effort/progress in all three program sustainability categories (funding, partnerships, capacity building) **Partially Meets Expectations** • Awardee has made effort/progress in some but not all program sustainability categories (funding, partnerships, capacity building) **Does Not Meet Expectations** • Awardee has not made any effort/progress towards program sustainability

Note: NORC used the evaluation rubric to assess grant awardees on five different domains. Each of the five categories (mid-year goals, reach, year-end goals, process, and sustainability) were weighted equally and used in tandem to determine the overall evaluation progress score.

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