NORC at the University of Chicago

JANUARY 2026

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

Multi-Site Evaluation – Year Two Year-End

Presented by:
NORC at the University of Chicago

Rachel Van Vleet, MPH
Jared Sawyer, MPH
Nada Adibah, MPH
Mitchell Barrows, MPH
Petry Ubri, MSPH
Ashani Johnson-Turbes, PhD, MA
Michelle M. Johns, PhD, MPH

Presented to:
AstraZeneca Foundation

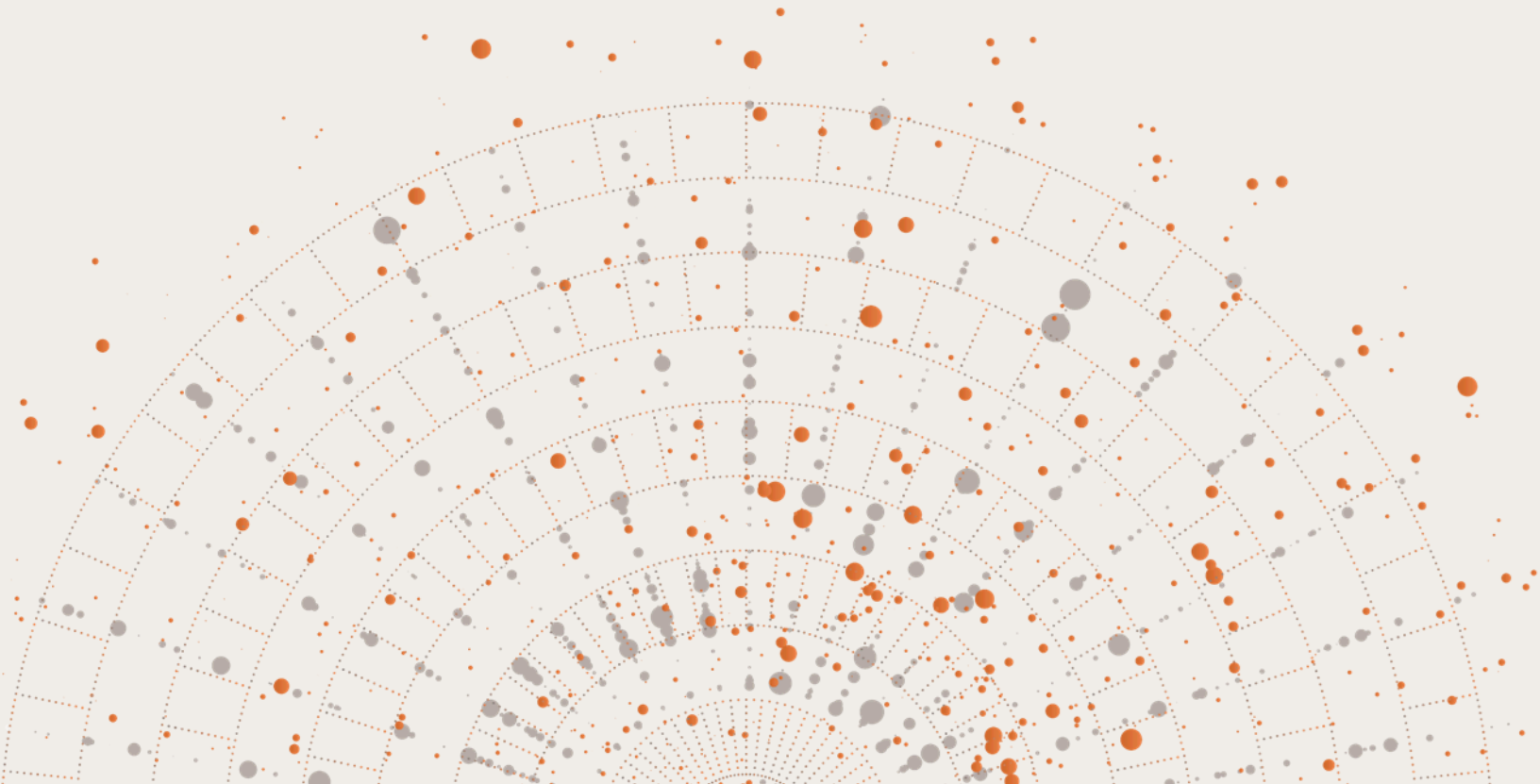


Table of Contents

Executive Summary

Year Two Year-End CHANGE program | November 1, 2024 – October 31, 2025

Grant Awardee Summary & Progress

- **Grants awarded:** $1.4M+ to six nonprofits across the Mid-Atlantic
- **Funds expended:** $1.4M+ (95% of total awarded in Year Two/carried forward from Year One)
- **Reached:** 29,285 patients (132% of Year-End goal)
- **All grant awardees** met or exceeded overall expectations on their Year-End Evaluation

Grant Awardee Impact

- **Grant awardees worked to advance health equity** by providing quality healthcare to demographically diverse patient populations, including patients who are medically underserved and/or living in poverty or with low income.
- **Grant awardees increased access to quality healthcare** by removing barriers to care such as cost and transportation; expanding service offerings like a new street medicine program and additional primary care and pharmacy services; and increasing the reach of healthcare services such as through additional community health screening locations.
- **Grant awardees bolstered sustainability** through securing additional funding of $14.7M+ collectively, with a range of $690K to $6.9M per organization; establishing and expanding partnerships with municipal organizations, local clinics, hospitals, medical centers, schools and community-based organizations, among others; training staff; and disseminating best practices.

Lessons Learned

Facilitators to Implementation	Barriers to Implementation
Strong partnerships and community engagement	Recruiting, hiring and retaining staff
Patient-centered approaches and feedback	Funding uncertainty and budget constraints
Innovative access strategies	Operational and infrastructure limitations
Capacity building and staff development	Patient mistrust of the healthcare system and current access challenges

Background

The AstraZeneca Foundation (the Foundation) works to advance health equity and foster community well-being through strategic grant-giving and capacity building support to 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 equitable access to quality healthcare for all, 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 meet the needs of their communities in Delaware (DE), Maryland (MD), Pennsylvania (PA) and Washington, DC (DC) (**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 and 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 Two (November 1, 2024 – October 31, 2025) of the CHANGE program.

Multi-Site Evaluation Approach & Design

The 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 in 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.

The purpose of the CAB is two-fold, to: (1) 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) provide technical assistance to build grant awardee capacity on priority topics selected by the CAB, such as patient-centered practices and data visualization.

During Year Two, the CAB meeting cadence changed from monthly to bi-monthly, with optional office hours on alternate months, aligning with the needs and preferences expressed by grant awardees. In 2025, five virtual CAB meetings were convened in January, April, May, July and November focused on topics identified by grant awardees (**Exhibit 2**). In September, the Foundation hosted an in-person CAB meeting and data party in Wilmington, Delaware in collaboration with NORC. In February, March and December, NORC and the Foundation hosted group office hours as a forum for awardees to share questions or challenges and collaborate with one another in response to evolutions in the external environment. NORC and the Foundation also offered one-on-one office hours to provide guidance and support on topics such as implementation strategies, reporting and evaluation, communications, dissemination and sustainability.

Exhibit 2. CAB Meeting Topics

Month	January	April	May	July	September	November
Topic:	Year One Evaluation Data Party	Year Three Dissemination	Sustainability	Conference Dissemination	In-Person Year Two Data Party	Communications & Branding

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

Evaluation Questions (EQs). NORC, the Foundation and grant awardee representatives participating in 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?
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[4] 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 & Analysis

Reporting Tool. In collaboration with the Foundation, NORC reviewed and synthesized key content from grant awardees' applications, logic models and measures tables and applied effective practices from the Foundation's previous grantmaking programs to co-create a CHANGE Reporting Tool that was then reviewed by the CAB and further adapted based on their feedback to create the final reports.

The Reporting Tool includes 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 healthcare access, (2) reach, (3) budget, (4) process, (5) sustainability and (6) impact stories.

Prior to data collection for Year Two, NORC requested feedback from grant awardees on the effectiveness and limitations of the tool during Year One data collection. NORC revised the Reporting Tool based on grant awardee and Foundation feedback to streamline data collection

(e.g., collapsed measures to a single tab as appropriate, removed non-relevant measures) and tailored the tools to match Year Two grant awardee application goals.

At Year-End of Year Two, all grant awardees submitted data to NORC via the CHANGE Reporting Tool.

Aggregate Impacts. The Reporting Tool includes a section for aggregate data reporting from patient surveys fielded by grant awardees on up to four questions provided by NORC that were prioritized by the CAB and the Foundation to measure impact collectively. The questions address patient health improvements, ease of care navigation, access to care and reasons for postponing care and the extent to which patient-centered care was provided. Five grant awardees submitted patient survey data on some or all the questions provided by NORC, and one grant awardee submitted patient survey data on questions unique to their organization.

Analyzing the Reporting Tool Data. NORC used descriptive analysis to summarize Year-End Reporting Tool data and to assess grant awardee progress on goals, budget, process and sustainability. Patient survey results were summarized by grant awardee and then results were averaged across grant awardees to account for differences in sample size.

Participatory Sensemaking. Consistent with CREE principles, in September 2025, NORC led an in-person data party with the CAB. NORC shared key data and successes from grant awardee reporting templates and facilitated interactive activities and discussions to hear grant awardee perspectives on their lessons learned and facilitators and barriers to implementation.

Results from participatory sensemaking at the data party provided context to interpret and understand the data. For example, discussions related to specific facilitators in four areas (participant reach & demographics, health outcomes & behavior changes, community engagement strategies, service adaptations & innovations) helped contextualize the strategies that contributed to grant awardee successes during the grant year.

Findings

In this section, NORC presents the Year Two Year-End Multi-Site Evaluation findings organized by evaluation question (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 Two Year-End. NORC assessed grant awardees on five different domains (scoring rubric included in the Appendix):

1. ***Achievement of Year-End reach target:*** Grant awardees set their Year-End reach target in their application, which ranged from 250 to 9,000 patients.
2. ***Achievement of Year-End outcome goals:*** Year-End outcome goals include the specific activities, processes and targets set by each grant awardee in their application to be

accomplished by the end of the CHANGE grant year. To determine a rating for this category, NORC assessed grant awardee progress toward meeting these goals.

3. ***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.
4. ***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 29,285 Patients by Year Two Year-End. Grant awardees collectively exceeded their goal of reaching 22,214 patients by Year-End, with a total of 29,285 patients reached, meeting 132% of their annual reach goal. Combining Years One (29,870 patients) and Two with potential duplicates, grant awardees have collectively reached 59,155 patients.

Grant Awardees Expended the Majority of Year Two Funding. Grant awardees expended 95% of Year Two CHANGE funds (inclusive of funds carried forward from Year One), totaling $1,467,690. Two grant awardees were approved to carry forward remaining funds to their Year Three grants.

Grant Awardees Increased Access to Quality Healthcare. As part of the CHANGE program, all six grant awardees implemented initiatives to increase access to quality healthcare for the communities they serve. Awardees increased access by removing barriers to accessing healthcare, offering additional services, expanding service reach and integrating patient-centered practices.

Grant Awardees Addressed Barriers to Accessing Healthcare. All grant awardees provided services to medically underserved patient populations including those without insurance and those unable to afford care.[b] Three grant awardees prioritized supporting uninsured patients in insurance enrollment.

Six grant awardees worked to reduce transportation barriers to accessing healthcare services by offering free rides to healthcare services, coordinating

IMPACT STORY

When this patient woke up with a limp leg, they avoided the ER and found [a CHANGE grant awardee] online. That first visit led to a life-saving procedure and a trusted care team that they've relied on ever since. With the support of a CHANGE grant awardee, the patient now manages their blood pressure and recently completed their first colonoscopy, thanks to a Patient Navigator who guided them through every step and even accompanied them to the hospital. The patient says: "I'm still going to be fearful. But having this support system and being properly informed—I feel more powerful and confident. It balances out the fear."

[b] Medically underserved patient populations include patient populations with barriers to accessing care, most commonly those without insurance and those unable to afford care. The percentage of the patient population that is medically underserved was self-reported by each grant awardee and each grant awardee was allowed to use their own definition to align with existing data collection efforts.

transportation for patients and/or bringing services directly to patients in their homes, at their jobs or in their communities.

All grant awardees continued providing care management or coordination services. Examples include documented care plans, management of chronic conditions such as diabetes and hypertension and referrals to additional care after positive results from health screenings. Five grant awardees enhanced navigation and care coordination, including one grant awardee that provided documented care plans for 91% of enrolled patients.

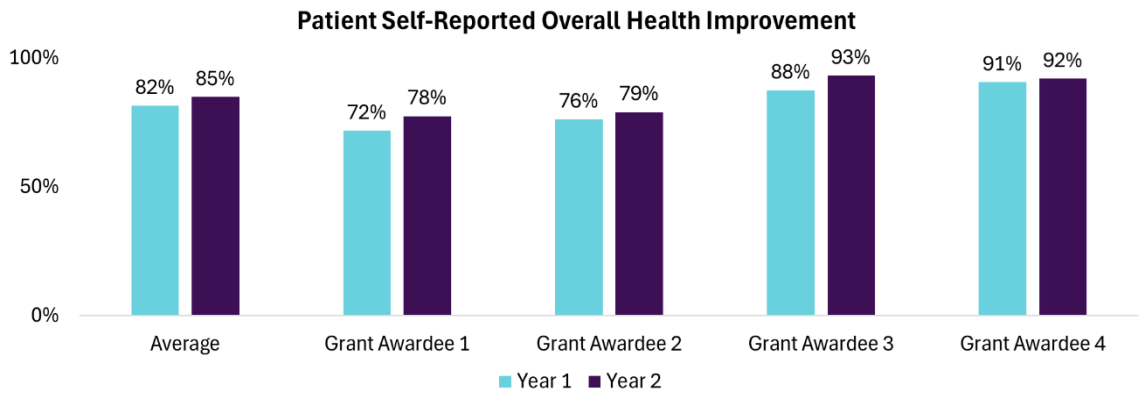
Grant Awardees Expanded Service Offerings to Provide Additional Quality Healthcare Services. Four grant awardees expanded their service offerings. Grant awardees offered new services like primary care appointments and pharmacy services and/or expanded into new community health screening locations. One grant awardee established a street medicine program to bring healthcare, including wound care, vaccinations and other primary care services, to individuals experiencing homelessness where they reside. This program builds trust and reduces fear and stigma, particularly for individuals with negative past clinical experiences.

Grant Awardees Increased Reach of Healthcare Services. Five grant awardees increased accessibility of healthcare services.

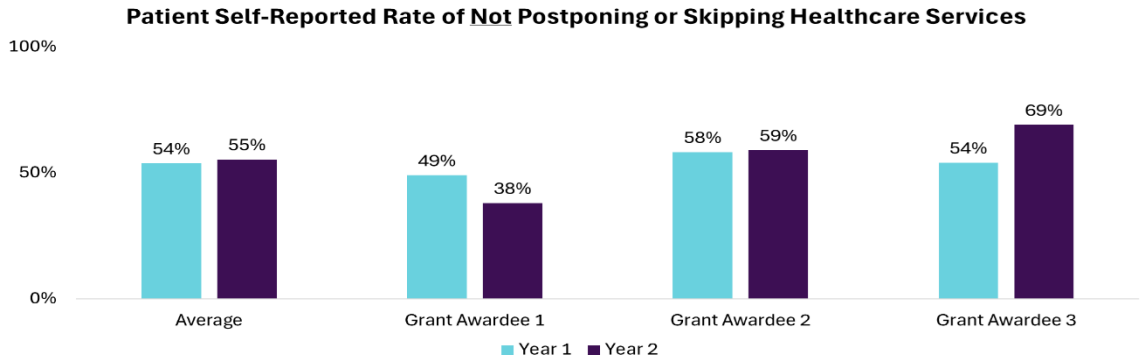
- One grant awardee increased completed provider visits at two satellite clinics.
- Two grant awardees expanded community health screening events to local businesses.
- One grant awardee hosted over 100 outreach events at partner facilities and increased patient visits through targeted marketing efforts.
- One grant awardee launched a street medicine program to reach individuals who may never walk into a clinic.

Grant Awardees Integrated Patient-Centered Practices. Four grant awardees reported expansion of patient-centered practices by increasing bilingual hiring and interpretation services, ensuring care in preferred languages, using patient-centered practices and offering cultural competency training for a majority of staff.

Grant Awardees Improved the Overall Health of their Patient Populations. Four of the six grant awardees asked patients if their overall health had improved since becoming a patient at the grant awardee site (1,365 patients surveyed in Year Two; 1,040 patients in Year One). In Year Two, on average, **85%** of patients reported improved overall health, an increase from an average of 82% in Year One.

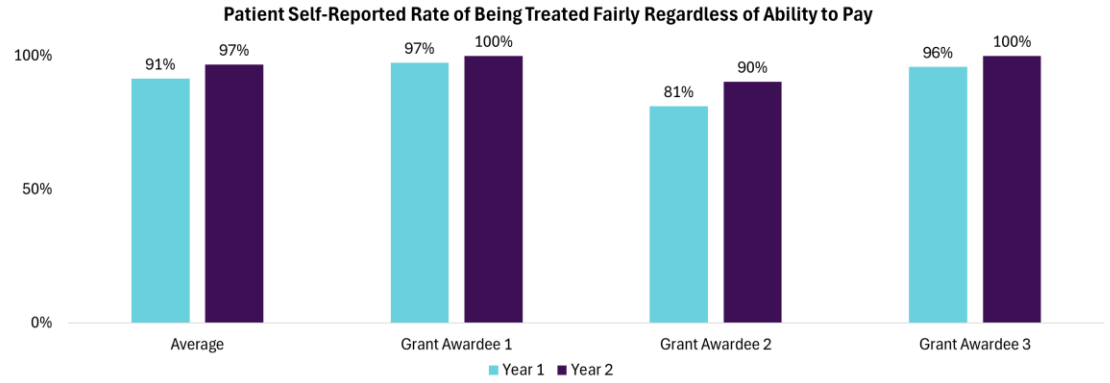


Grant Awardees Sustained Patient Engagement in Timely Care. Three of the six grant awardees asked patients if they had not postponed or skipped healthcare services in the past six months (280 patients surveyed in Year Two; 185 patients in Year One). In Year Two, on average, **55%** indicated they had not postponed or skipped getting healthcare services in the past six months, consistent with 54% in Year One.

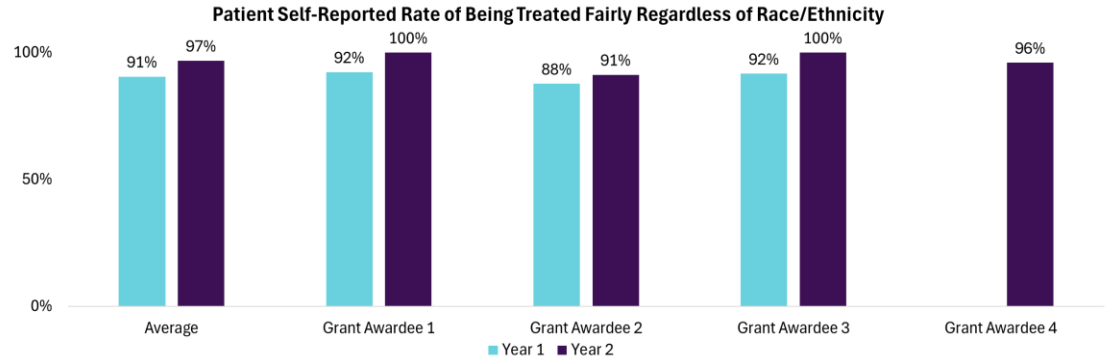


One grant awardee reported an increase from 54% to 69% of patients indicating not postponing or skipping care. This improvement reflects a drop from 21% of patients citing lack of insurance as a reason for postponing or skipping care during Year One to 0% during Year Two. Another grant awardee reported a decrease from 49% to 38% of patients indicating not postponing or skipping care. This decline was in part due to more patients postponing or skipping care because they lacked insurance and/or were unsure where to go or how to access the care.

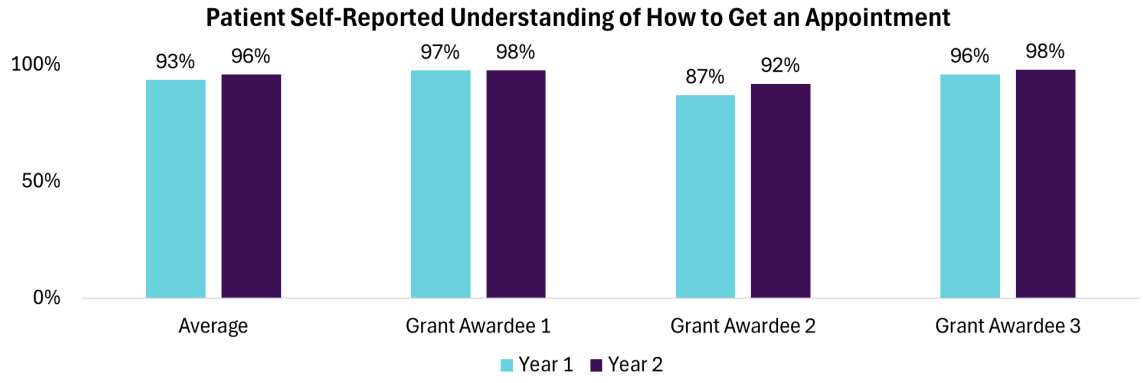
Grant Awardees Provided Patient-Centered Care. Three of six grant awardees asked patients if they were treated fairly regardless of their ability to pay and regardless of their race/ethnicity (280 patients in Year Two; 185 patients in Year One). In Year Two, on average, **97%** of patients indicated they were treated fairly regardless of their *ability to pay*, an improvement from 91% in Year One.



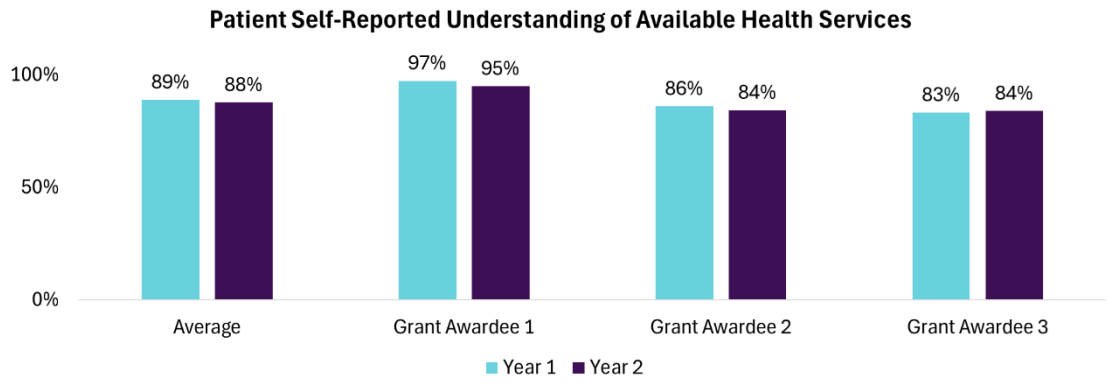
In Year Two, on average, **97%** of patients indicated that they were treated fairly regardless of their *race/ethnicity*, an improvement from 91% last year. A separate grant awardee began surveying in Year Two and among 1,500 patients, 96% agreed that they were treated fairly regardless of their race and/or ethnicity.



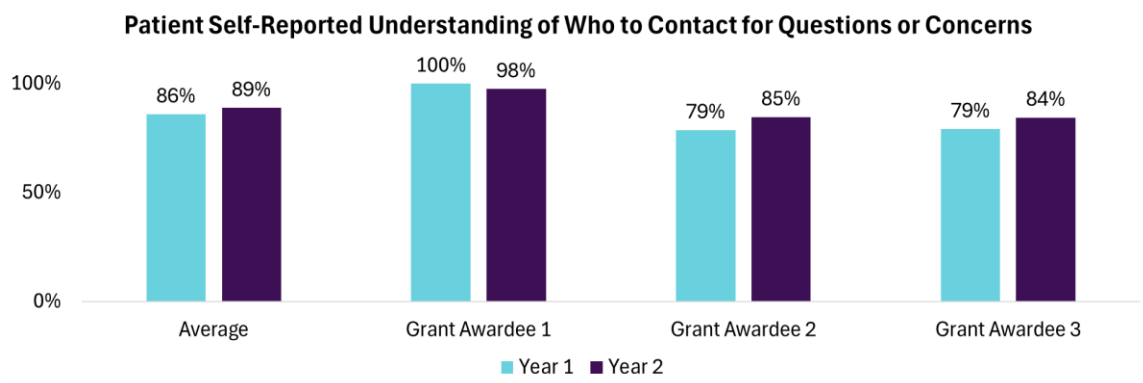
Grant Awardees Maintained Strong Patient Capacity to Navigate Care. Three of six grant awardees asked patients about healthcare system navigation (280 patients in Year Two; 185 patients in Year One). In Year Two, on average, **96%** indicated understanding how to get an appointment, an increase from 93% in Year One.



In Year Two, on average, **88%** of patients indicated understanding what types of health services were available, a decrease from 89% in Year One.



In Year Two, on average, **89%** of patients surveyed indicated knowing who to contact if they had questions or concerns, an improvement from 86% in Year One.



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 4**).

Among the five grant awardees that collected data on whether patients were medically underserved or living in poverty, 93% of patients reached were medically underserved (26,925 patients) and 87% of patients reached were living in poverty (23,918 patients).

IMPACT STORY

Since 2020, this patient has relied on a CHANGE grant awardee for primary care, mental health support and compassionate guidance from their providers and nurses. With no close family in the area, the CHANGE grant awardee has become the patient's source of connection, managing complex health needs and navigating challenges with confidence. The patient states: "The fact that I'm able to not worry if I need something, like an x-ray—they set me up. It's amazing how much they work around the individual to make sure they get the tests and to make it easier."

Across all grant awardees, 56% of patients reached identify as Latinx/e or Hispanic, 40% identify as White or Caucasian, 27% identify as Black or African American and 1% or fewer identify as Asian, Pacific Islander, American Indian or Alaska Native or Native Hawaiian.

Among the five grant awardees that collected data on the gender of patients reached, 48% of patients reached identified as female and 46% identified as male.

Exhibit 4. Patient Populations Reached by CHANGE Grant Awardees

Patient populations reached	Number of grant awardees collecting these data	% of patients (among grant awardees collecting these data)
Medically underserved	5	93%
Living in poverty	5	87%
Latinx/e or Hispanic	6	56%
White or Caucasian	6	40%
Black or African American	6	27%
Female	5	48%
Male	5	46%

Note: Some awardees did not provide reach broken down by medically underserved, living in poverty status, or gender.

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.*** Remaining as a key barrier since Year One, three grant awardees continued highlighting challenges with recruiting staff and volunteers as a core barrier to providing quality healthcare to patients, especially when coupled with high and increasing demands for patient services and staff burnout.
- ***Funding uncertainty and budget constraints.*** Three grant awardees mentioned uncertainty and reductions in federal and state funding as concerns for sustainability and care delivery.
- ***Operational and infrastructure limitations***. Inadequate health IT systems, misclassification of patient eligibility and uneven referral pathways hindered efficiency. Some of the grant awardees managing multiple locations faced operational strain and/or delays implementing new technologies.
- ***Patient mistrust of the healthcare system and the current implementation climate.*** Documentation requirements, realities of immigrant enforcement and mistrust of the healthcare system continued to disrupt continuity of care. Changing eligibility further complicated outreach efforts.

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

- ***Strong partnerships and community engagement.*** All grant awardees leveraged partnerships with local organizations, schools, shelters and/or health systems to expand reach and improve access to care. Community-based outreach (e.g., screenings in trusted spaces, school-based programs, mobile clinics) was a recurring success factor.
- ***Patient-centered approaches and feedback.*** All grant awardees reported patient engagement as a facilitator of success. Grant awardees used patient feedback and advisory councils to refine services and improve experience. Navigation services and patient-centered care (including bilingual staff and interpretation services) were widely implemented.
- ***Innovative access strategies.*** Mobile clinics, street medicine, telehealth and transportation assistance helped overcome logistical barriers. Grant awardees expanded service offerings (e.g., dental, pharmacy, behavioral health), positioning their clinics as comprehensive care hubs.
- ***Capacity building and staff development***. Ongoing staff training (clinical and non-clinical), leadership transitions and role-specific competencies supported sustainability. Several grant awardees emphasized cultural competency and equity-focused training.

IMPACT STORY

A patient first learned about a CHANGE grant awardee through a friend and was surprised by the clinic's positive atmosphere. They described the team as welcoming, noting that for the first time, they look forward to attending their medical appointments. This patient has recommended the clinic to friends and expressed their appreciation: "Thank you for creating a safe space while I receive care."

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 is 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 the end of Year Two, grant awardees secured a total of $14.7M+ in additional funding from fundraising and grants ranging from $690K to $6.9M per organization.

Grant Awardees Established or Expanded Partnerships. All grant awardees reported establishing new partnerships and/or strengthening existing partnerships to increase the availability of services, offer new services or bolster awareness of existing services. Grant awardees partnered with local clinics, hospitals and medical centers, municipal organizations, universities and community-based organizations like the YMCA and a food bank.

Grant Awardees Participated in Dissemination Efforts. During Year Two, all grant awardees conducted or planned for dissemination efforts. Examples of dissemination efforts included presenting at the National Association of Free Clinics 2025 Symposium and the 2025 Medical Forum on Health Equity, sharing best practices with a coalition, developing a short educational video highlighting cardiology services and community partnerships, submitting an abstract for the Pennsylvania Association of Community Health Centers conference and producing a toolkit highlighting Community Health Screenings for other centers.

Conclusion

Building on success identified during Year One, the Year Two findings validate the ongoing benefit of the sustained and flexible investment in the CHANGE program. Grant awardees made noteworthy progress in improving access to quality healthcare for diverse patient populations with the greatest inequities in healthcare while bolstering capacity and longevity of their initiatives. All grant awardees met or exceeded overall expectations, collectively reaching 29,285 patients—132% of the cumulative year-end reach goal. Patients reached were predominantly medically underserved and living in poverty and represented diverse racial and ethnic backgrounds.

Beyond reach, patient survey data underscores the transformative impact of these efforts: on average, 85% of patients reported improved overall health since becoming a patient, nearly all patients (97%) indicated they were treated fairly regardless of ability to pay or race/ethnicity and 96% understood how to get an appointment, reflecting strong navigation support. Additionally, 55% of patients reported not postponing care in the past six months, even amid systemic barriers.

These outcomes highlight the effectiveness of grant awardee strategies including continued provision of patient-centered services and targeted outreach methods such as community health screenings and a street medicine program. Grant awardees addressed systemic barriers to accessing healthcare by supporting insurance enrollment, reducing transportation barriers and building trust with patients. These efforts were bolstered by strong partnerships, dedicated staff and a shared commitment to sustainability. The participatory evaluation approach, grounded in CREE principles, provided a nuanced understanding of challenges and successes experienced by grant awardees. As the program moves into Year Three, these insights will inform future strategies to ensure CHANGE continues to drive meaningful, measurable and lasting impact in the pursuit of equitable access to quality healthcare.

Appendix: Grant Awardee Evaluation Rubric

NORC used the evaluation rubric to assess grant awardees on four different domains. The evaluation team weighted each of the four categories (Reach, Year-End Goals, Process and Sustainability) equally and used them in tandem to determine the Overall Evaluation Progress score.

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 or most evaluation categories; awardee meets expectations in all other categories **Meets Expectations** • Awardee meets expectations in most categories (or may have a combination of exceeds expectations and partially meets expectations) **Partially Meets Expectations** • Awardee partially meets expectations in most categories **Does Not Meet Expectations** • Awardee does not meet expectations in most categories
Outcomes Summary	**Year-End Goals: By 10/31/2025…**
	Reach Progress: **Exceeds Expectations** • At year-end, awardee reach has exceeded their annual reach goal **Meets Expectations** • At year-end, awardee has reached or nearly 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 exceptional progress in implementing strategies and overcoming barriers. • Awardee provides evidence of innovative approaches, strong adaptability, and proactive problem-solving. **Meets Expectations** • Awardee offers a clear and complete description of facilitators, barriers, and lessons learned. • Awardee outlines efforts to address barriers and apply lessons learned, with examples of adjustments or improvements made during implementation. **Partially Meets Expectations** • Awardee mentions facilitators, barriers, and lessons learned but lacks depth or specificity. • Awardee outlines limited evidence of addressing barriers or applying lessons learned to improve processes. **Does Not Meet Expectations** • Awardee provides minimal or no meaningful information on facilitators, barriers, or lessons learned. • Awardee fails to demonstrate reflection or adaptation in response to challenges.
Sustainability	**Sustainability Progress:** **Exceeds Expectations** • Awardee is going above and beyond to obtain additional funding, build new and/or expand existing partnerships, disseminate their work/impact and implement capacity building activities • Awardee may report increased sustainability and/or confidence in their ability to sustain their approach after funding ends **Meets Expectations** • Awardee has made effort/progress in all or most sustainability categories (Funding, Partnerships, Dissemination, Capacity Building) • Awardee may report maintaining sustainability progress **Partially Meets Expectations** • Awardee has made effort/progress in some but not all sustainability categories (Funding, Partnerships, Dissemination, Capacity Building) • Awardee may report a decrease in sustainability **Does Not Meet Expectations** • Awardee has not made any effort/progress toward sustainability • Awardee may report a decrease in sustainability

References

[1] AstraZeneca Foundation. Published October 12, 2023. https://www.astrazeneca-us.com/sustainability/healthcare-foundation.html

[2] AstraZeneca Foundation. Creating Health Access for Next Generation Equity (CHANGE). Creating Health Access for Next Generation Equity (CHANGE). https://www.astrazeneca-us.com/sustainability/healthcare-foundation/change.html

[3] Adedoyin CA, Amutah-Onukagha NN, Jones CD. *Culturally Responsive and Equitable Evaluation: Visions and Voices of Emerging Scholars*. First Edition. Cognella; 2023.

[4] What is RE-AIM? Accessed April 24, 2024. https://re-aim.org/learn/what-is-re-aim/