A Grantee Guide to Evaluation

Gilead Oncology Corporate Giving Program

GILEAD | Oncology

Background

Gilead's Oncology Corporate Giving Evaluation Philosophy

Gilead's evaluation philosophy, much like our giving strategy, is centered on racial and health equity. Evaluation should be designed and implemented in alignment with the values underlying equity work, including a focus on cultural humility and multiculturalism, grantee-selected measures and data collection process, and prioritizing perspectives of the community in the interpretation of data. We know that, in philanthropy, there are powerful and engrained evaluation practices that as funders we want to continue to uncover, unpack, and speak openly about as we think about how success and impact are defined. As we continue along that path with you, we are committed to an evaluation strategy that is grounded in and informed by the following guideposts.

The Gilead Oncology Corporate Giving Evaluation Philosophy

1 Seeks to understand the impact of a strategy on different populations and how that strategy addresses systemic sources of inequity.

2 Is designed and implemented in a way that is culturally competent, multiculturally valid, and oriented toward participant partnership.

3 Examines who is defining what's important to learn and for whom.

4 Engages and solicits input from the community about what they want to measure and what is realistic to measure.

5 For shorter grant periods, maintains a focus on process/partnership/capacity/learning goals as opposed the expectation of significant health or systems shifts.

6 Expands opportunities for those most impacted to participate in the interpretation of the data.

7 Includes perspectives that have been historically unheard or discounted in data sensemaking.

Specifically, evaluation as part of grants reporting seeks to better understand the levers that reduce health disparities and improve access to quality care for those who have been historically disenfranchised. We know that health outcomes, particularly oncology morbidity, are affected by a number of factors. Your work is critical as we continue to understand how social determinants impact health outcomes, and more importantly, how we can collectively address those barriers. To that end, Gilead's grantmaking approach and evaluation framework are built upon the following three strategies for reducing barriers to care:

Evaluation menu created with [Facente Consulting](#) and [Radical Joy Consulting](#) with Gilead Corporate Citizenship.

The Gilead Oncology Corporate Giving Program's Strategies for Reducing Barriers to Care

Education
Support community-driven strategies that improve health literacy and increase information sharing about health issues that directly impact the target population, as well as increase the knowledge and skills of providers about implicit bias.

Connection to Care
Deepen community-based and holistic approaches to cancer care navigation in order to increase access to screening, treatment, and survivorship services.
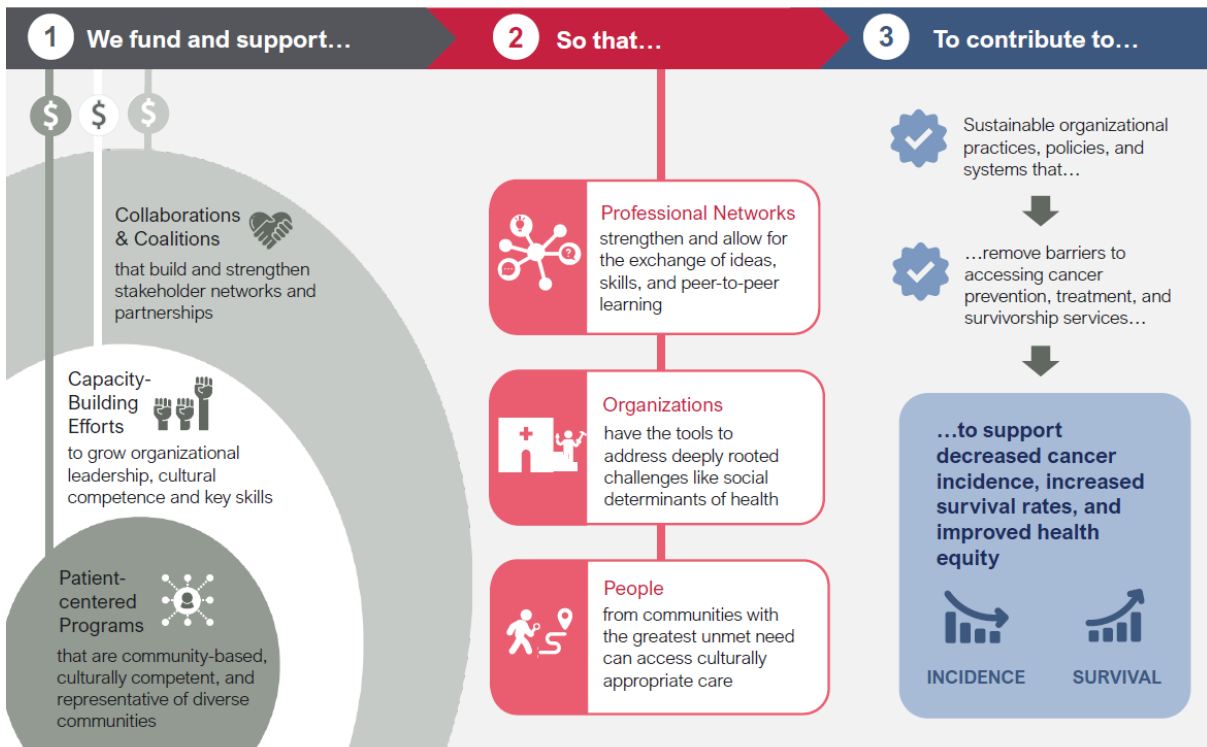
Capacity-Building
Expand community-based leadership capacity and organizational sustainability.

We find and support three types of grantees – collaborations & coalitions, capacity-building efforts, and patient-centered programs – that reduce barriers to care through these three strategy areas.

Below you'll find the Gilead Oncology Corporate Giving Program's theory of change for this health equity-focused giving strategy. You can see why we feel confident that funding and supporting collaborations and coalitions, capacity-building efforts, and patient-centered programs will lead to our goals of decreased cancer incidence, increased survival rates, and improved health equity.

A Health Equity-focused Oncology Corporate Giving Strategy

1 We fund and support…

Collaborations & Coalitions that build and strengthen stakeholder networks and partnerships

Capacity-Building Efforts to grow organizational leadership, cultural competence and key skills

Patient-centered Programs that are community-based, culturally competent, and representative of diverse communities

2 So that…

Professional Networks strengthen and allow for the exchange of ideas, skills, and peer-to-peer learning

Organizations have the tools to address deeply rooted challenges like social determinants of health

People from communities with the greatest unmet need can access culturally appropriate care

3 To contribute to…

Sustainable organizational practices, policies, and systems that…

…remove barriers to accessing cancer prevention, treatment, and survivorship services…

…to support **decreased cancer incidence, increased survival rates, and improved health equity**

INCIDENCE   SURVIVAL

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What is Results-Based Accountability?

All of us do the work we do because we want to make a difference. One way to know if we are truly making an impact, and if that impact is equitable, is through evaluation. The Gilead Oncology Corporate Giving Program uses an evaluation framework called Results-Based Accountability™, or RBA. RBA is a "disciplined way of thinking and acting to improve entrenched and complex social problems. Communities use it to improve the lives of children, youth, families, and adults. RBA is also used by organizations to improve the effectiveness of their programs."[1]

RBA encourages us to ask the following three questions about our programs:

- How much did we do?
- How well did we do it?
- Is anyone better off?

These questions get answered using quantitative data (numbers) and qualitative data (stories). These questions exist on a continuum from easier to harder to measure, and more to less important, as shown in the diagram below.

Guiding Questions from Results-Based Accountability

1 How much did we do?   **2** How well did we do it?   **3** Is anyone better off?

Less important ⟶ More important

Easier to measure ⟵ Harder to measure

Gilead is using RBA to measure the impact across the entire Oncology Corporate Giving Program. The next section provides guidance in selecting measures and implementing the evaluation.

Step by Step Guide to Using RBA to Evaluate Your Program

Your full participation makes it possible to accurately depict the significant impact of your work as an organization, and allows Gilead to assess the collective impact of grantees' combined efforts. Our hope is that the data that comes from this effort will add value to your program, and your organization overall, by helping to illuminate the aspects of the program worked well and which can be modified to have a greater impact in the future. In addition, participation in the evaluation may provide an opportunity for you to seek additional sources of funding based on your data findings.

This evaluation framework is also a key component of Gilead's commitment to equitable giving. These evaluation activities ensure that the perspectives of those directly affected by health disparities are prioritized and centered, and help us better understand how well we are addressing the underlying structural causes of those inequities. Also, information gathered through this process

helps us all understand the levers we can pull on the local level to achieve better health outcomes. The data tell the story, and the story provides an opening for changes to programs, structures, or collaborations that will improve wellness for communities most impacted by health inequities.

Step-by-Step Guide

1 Determine how many and which types of measures to select.

Current TNBC Grantees: We ask that you select <u>at least</u> one (1) measure (not including the Case Study) from the RBA Evaluation Menu that applies to your program (Appendices A-D). We encourage you to select more than one measure if you have the capacity to collect the data. NOTE: Your participation in this evaluation effort can be uploaded as an attachment to serve as the final report summary for the grant in SteepRock.

Future Oncology Corporate Giving Grantees: Please refer to the RBA Evaluation Menu to develop measures to include in your proposal (Appendices A-D). Refer to the Focus Area(s) that best correspond to your program. <u>Select one measure from each column</u>. For example, select one measure that is from the "How Much?" column, one from the "How Well?" column, and one measure from the "Better Off?" column. Of course, you may collect data on additional measures beyond those three if you so choose. If your program covers more than one Focus Area, please select a minimum of four measures, some from each Focus Area, ensuring that you choose at least one "How Much?", one "How Well?", and one "Better Off" measure.

2 Consider the implications for selecting measures.

There is no "right answer" for which measures you select to use. Ultimately, you will need to balance multiple considerations and pick the measure or measures that are the best fit and within your capacity to implement. Consider the following:

- **What are the goals of your program?** Select measures that most closely relate to what your program is trying to achieve.

- **What is meaningful?** Consider which measures would best tell the story of why and how your program is so valuable.

- **Who is the audience?** Although the primary recipient of the evaluation results is Gilead, think about how you might use the data in other contexts—for example, to apply for a grant, to share with your organizational leadership, or to share with policymakers. Are there particular measures that you would select over others depending on with whom you plan to share results?

- **Does your program have the capacity to collect data from program participants through a survey or other tool that you can design, implement, and analyze?** Certain measures on the RBA Evaluation Menu require collecting information from program participants. You should only choose measures feasible for your program.

3 Select your measure(s).

Appendices A-D contain evaluation menus for:

- Education-focused programs for patients/clients/community members (Appendix A)
- Connection to Care programs serving patients/clients/community members (Appendix B)
- Capacity-building programs (Appendix C)
- Provider-focused interventions (Appendix D)

Each menu has measures for each RBA question: How much did we do? How well did we do it? Is anyone better off? Taking into consideration Steps 1 and 2, select appropriate measure(s), tailoring only the language in brackets [ ] to your population and program. Examples are provided for reference.

To look at the combined impact of many programs, Gilead will aggregate (combine) data across multiple programs. Therefore, it is important to select measure(s) from this menu, so that we can combine "apples with apples" and "oranges with oranges." (You are, of course, welcome to measure other things as well, but please select from the menu in accordance with the instructions in Step 1.)

If there are no measures on the menu that align with your program, please reach out to the evaluation consultants (see Step 4) for assistance.

4 How do I get help?

We know that your teams are holding a lot and may also have limited staff capacity. Gilead has funded a team of evaluation consultants, who will offer both general training and individualized assistance for TNBC health equity grantees, including:

- Webinar Trainings (dates/times TBD)
- "Coaching & Coffee" sessions (dates/times TBD)

5 Tell your story.

There are many ways to showcase the impact of your program. Collecting and tracking numbers is a very important way, but it's only one way. Storytelling is another way to illustrate the key details of a program that made it particularly special, the relationships and trust forming activities that made the program successful, or the unexpected happenings that led to unexpected learnings. To put it another way, storytelling is a powerful mode of human expression that helps us make sense of the past and imagine possible futures. We'll focus on two storytelling tools for this evaluation effort: narrative and photography.

To make an appointment to chat during office hours, or to simply get more information about the type of help that's available, please email: gileadoncology@facenteconsulting.com
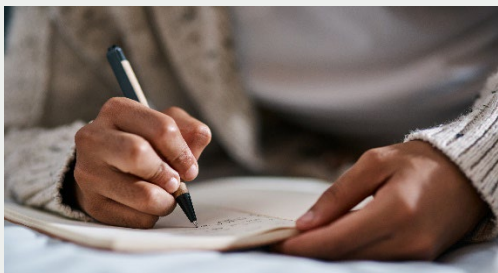
Storytelling with narrative

For this program evaluation, narrative can come in the form of (a) detailed case studies or (b) two sentence descriptions (explained in more detail below). Narrative stories provide a bit, or a lot, more context to the findings of the RBA measures. Through the written word, additional detail and nuance can be explored. The human story "behind the numbers" is highlighted through narrative accounts.

Storytelling with photography

As the saying goes, "a picture is worth a thousand words." Photos provide another way of presenting information and increasing understanding of your results. Photographs can help visualize different kinds of data, and strengthen a narrative report by illustrating the project activities, context, or cultural differences. Using images during an evaluation can also help to tap into hidden outcomes that may not be possible to see in the data.

More detailed guidelines for storytelling through narrative and photography are included in Appendix E.

6 Use the impact template to share your story – both the numbers and the narrative.

What is the impact template? The impact template (Appendix F) is a formatted Microsoft Word document that you will use to share the findings from your evaluation with Gilead and other audiences. It is designed to be a visually interesting way to highlight key successes and lessons learned. It contains placeholders to share the results from your selected RBA measures, case studies, and/or photos.

How will Gilead use it? Gilead may share the impact summary report you create using the template, or its data, within Gilead to illustrate outcomes of the Oncology Corporate Giving Program. We will also take the data from your impact summary report and aggregate (combine) it with other programs' data in order to tell the story of a particular funding opportunity announcement (FOA), grants made to specific populations or for particular types of cancer, or other grouping of programs.

How can you use it? Although you submit it to Gilead, the completed impact summary report belongs to you. You are welcome to change the colors, fonts, layout, or other features for your own purposes, such as to share with other potential funders or organizational leadership.

How do I fill out the impact template? When it is time to submit your interim or final report, you will be notified by our evaluation consultants, and they will provide you with a link to a

survey where you will input your data, narrative, and case study(ies), as well as share some context about why you selected the measures you did and how you collected the data. If there are any questions or a need for clarification on your data, the evaluators will work with you to resolve. Then you will enter the data into the impact template. For detailed instructions on final reporting, see [Appendix G.](#) **You will share the impact summary report and the survey results with Gilead, and this will serve as your final report.**

Appendix A | Focus Area: Patient/Client/Community Education

Format for Measure		Examples
⠿	Measures with this symbol will require collecting data directly from clients/patients/community members	
How much did we do?		
	# of [client population receiving education] receiving education on supports available to address barriers	*# of participants in the Care Connections Program who received education on the supports available to address barriers to mammography*
	# of [client population receiving education] receiving education on [screening recommendations, importance of attending appts., etc.]	*# of participants in the Care Connections Program receiving education on the importance of regular, routine mammography screenings*
	# of [client population receiving education] who gave input/feedback on the development of the [materials, curriculum, presentation, workshop, etc.]	*# of participants in the Care Connections Program who gave input/feedback on the development of the program workshops*
If a community-wide campaign:		
	# of campaign placements	*# of Care Connections Program media campaign placements*
	# of social media [posts, views, comments, likes, retweets]	*# of social media posts made by the Care Connections Program*
How well did we do it?		
	% of [client population] program participants attending at least X of the X educational sessions	*% of Care Connections Program participants attending at least 4 of the 6 educational sessions*
⠿	% of [client population] program participants who shared the information with others from the population of focus (family, friends, etc.)	*% of Care Connections Program participants who reporting sharing the information learned in the workshop with family and/or friends*
⠿	% of [client population] program participants reporting that they saw themselves reflected in the materials	*% of Care Connections Program participants reporting that they saw themselves reflected in the materials*
If a community-wide campaign:		
⠿	% of the population of focus who report having seen the campaign	*% of Care Connections Program participants who report having seen the media campaign*
Is anyone better off?		
⠿	#/% of [client population receiving education] reporting they are more aware of the importance of [screening, attending appts., etc.] after viewing the materials/receiving the education	*% of Care Connections Program participants reporting they are more aware of the importance of regular mammography screenings after participating in the workshop*
⠿	#/% of [client population receiving education] reporting they know how to access [a service, a support to address barriers] after viewing the materials/receiving the education	*% of Care Connections Program participants reporting they know how to access mammography after participating in the workshop*

	#/% of [client population receiving education] reporting they are more likely to [get screening, attend appts., etc.] after viewing the materials/receiving the education	*% of Care Connections Program participants reporting they are more likely to schedule routine mammography screening after participating in the workshop*
	#/% of [client population receiving education] reporting they feel empowered and able to communicate well with their medical provider, after viewing the materials/receiving the education	*% of Care Connections Program participants reporting they feel empowered and able to communicate well with their medical provider after participating in the workshop*
If a community-wide campaign:		
	% of those who saw the campaign who reported [changed knowledge, attitudes, behavior]	*% of people who saw the Care Connections Program campaign who reported changed attitudes toward mammography after viewing*

Appendix B | Focus Area: Connection with Care

Format for Measure		Examples
⠿	Measures with this symbol will require collecting data directly from clients/patients/community members	
How much did we do?		
	# of [client population] who received [the funded service – navigation, screening, etc.]	*# of Care Connections Program participants who received education on breast cancer screening recommendations*
How well did we do it?		
Navigation:		
	% of [client population] retained in navigation services	*% of Care Connections Program participants retained in navigation services*
	% of [client population] navigation patients who received [the service, such as mammogram, initial care appointment]	*% of navigation patients in the Care Connections Program who received mammograms*
⠿	% of [client population] reporting that navigation enhanced their care experience	*% of navigation patients in the Care Connections Program reporting that navigation enhanced their care experience*
Any Service:		
	% of [client population] offered services who received them	*% of participants in the Care Connections Program who received the services offered to them*
	% of [client population] receiving services who also received barrier reduction support [e.g., transportation voucher, food voucher]	*% of participants receiving services in the Care Connections Program who also received food vouchers to reduce their barriers to care*
Is anyone better off?		
⠿	#/% of [client population] who received [received screening, attended appointments, etc.] reporting they would not have accessed the service without the support of the program	*% of participants in the Care Connections Program who received a mammograph and reported they would not have had mammography without the support of the program*
Navigation and/or Screening Services:		
	# of cases detected in early stage among [client population] participating in the funded program	*# of breast cancer cases detected in early-stage among participants of the Care Connections Program*

Appendix C | Focus Area: Organizational Capacity-Building

Format for Measure		Examples
⦂ symbol	Measures with this symbol will require collecting data directly from organizations receiving capacity-building support	
How much did we do?		
	# of [touchpoints] with funded agencies (could define this as TA calls, site visits, emails, or whatever you choose)	*# of TA calls held with Gilead Oncology grantees*
How well did we do it?		
⦂ symbol	% of organizations receiving capacity-building services from [capacity-building provider] who found them helpful	*% of grantees receiving capacity-building services from Black Women's Health Imperative who reported they found them helpful*
⦂ symbol	% of organizations receiving capacity-building services reporting that [capacity-building provider] helped them address some of their organizational challenges	*% of grantees receiving capacity-building services who reported that Black Women's Health Imperative helped them address some of their organizational challenges*
Is anyone better off?		
⦂ symbol	#/% of organizations receiving capacity-building services from [capacity-building provider] who develop a sustainability plan for the services funded under the grant	*% of grantees receiving capacity building services from Black Women's Health Imperative who developed a sustainability plan for the services funded under the grant*
⦂ symbol	#/% of organizations receiving capacity-building services from [capacity-building provider] who report having increased capacity to address [deeply rooted challenges affecting their population of focus] (the more important element here is the story…) • Workforce: Workforce more representative of the patient population, or plan in place to achieve that • Funding: Increased skills in fund development, grant prospecting, grant writing • Partnerships: Increased/new partnerships to help address patient needs • Equity (for larger more mainstream orgs): Put in place a new or improved strategy to promote equity	*% of grantees receiving capacity-building services from Black Women's Health Imperative who report having increased capacity to build partnerships that will improve outcomes for triple negative breast cancer patients and their families*

Evaluation menu created with [Facente Consulting](#) and [Radical Joy Consulting](#) with Gilead Corporate Citizenship.

Appendix D | Focus Area: Provider Interventions (Education & Connection to Care)

Format for Measure		Examples
⦙ symbol	Measures with this symbol will require collecting data directly from providers	

Education

How much did we do?	
	# of providers trained by [organization]	# of providers trained by the Association of Community Cancer Centers

How well did we do it?	
⦙	% of providers reporting increased [skills/knowledge/feeling competent] after receiving training by [organization]	% providers trained by the Association of Community Cancer centers who reported increased sense of competence after receiving training

Is anyone better off?	
⦙	#/% of providers who demonstrated reduced bias after participating in the [program/training] by [organization]	% of providers who demonstrated reduced bias after participating in a training by the Association of Community Cancer Centers
⦙	#/% of providers reporting increased awareness of the impact of bias after [participating in the program/training or seeing campaign] by [organization]	% of providers who reported increased awareness of the impact of bias after participating in a training by the Association of Community Cancer Centers
⦙	# of [systems changes] made that were inspired in part by the training (e.g., adding flags to EMR, changing waiting room environment to be more inclusive, etc.) (the more important element here is the story)	# of waiting room environment changes made that were inspired in part by an Association of Community Cancer Centers training

Connection with Care

How much did we do?	
	# of meetings with [decision makers] about [systems changes]	# of meetings with clinic managers about systems changes that can be made in clinics to improve care
	# of new [referral or support processes] put in place to reduce barriers to care engagement	# of clinics that changed clinic hours to reduce barriers to care engagement

How well did we do it?	
⦙	% of providers reporting that [systems changes] made/help them provide better patient care	% of providers reporting that the change in clinic hours helped them provide better patient care

Is anyone better off?	
⦙	# of [permanent system changes] put in place to remove barriers to care (e.g., EMR alerts, change in clinic hours, etc.) (the more important element here is the story)	# of clinics that implemented EMR alerts to remove barriers to care in their clinic

Appendix E | A Guide for Storytelling

A Guide for Storytelling with Narrative

(a) Case Study Rationale and Instructions

Case studies are used to gain a deeper understanding of why certain program outcomes occurred and the process that led to those outcomes (the "how"). Case studies are narrative stories that complement and further illustrate the findings that resulted from the RBA measures. The strength of case studies lies in their ability to capture community perspectives and provide useful descriptions of implementation processes, context, and outcomes. Another benefit is that sharing outcomes in a more narrative, descriptive form often make evaluation findings easier to understand and share.

There are multiple types of case studies; however an "illustrative case study" is the most fitting for the purposes of this evaluation effort. An illustrative case study is descriptive and is usually intended to add a more personal, human-centered account. The narrative can also provide concrete examples that supplement information gathered through other evaluation methods, including describing relationships or program activities that helped to contribute to the overall findings.

> Tips for writing a case study:
>
> - Case Studies can be obtained through interviews conducted with 1-3 people, including participants of the program and/or program staff, or in larger focus groups. They can also be communicated in a written document. The key is to obtain people's stories using a method that will be easiest for those participating. If you interview program participants or community members who are not otherwise being compensated for their time, it is a best practice to provide an incentive.
>
> - Focus the case study on a specific aspect of the program or one of the result findings. Don't attempt to use the case study to explain the outcomes of the entire effort. Simply choose one interesting, compelling, or surprising part and focus the case study on that.
>
> - Case Study Components:
>   - ✓ Identify the problem. Describe the problem/challenge that the program is attempting to solve.
>   - ✓ Include a story of how that problem was solved, or how the solution was attempted. Potential questions can include: What were the special or interesting occurrences? Who were the people that made a difference? How did they make a difference? What circumstances impacted the program or the results? What challenges did you encounter? How were the lives of the population you are serving impacted by this effort?

✓ Discuss lessons learned. Potential questions can include: What made this particular outcome or process a success? What factors were unexpected or surprising? What barriers remain? What improvements would you make for future work?

(b) Quantitative measure + mini story/context

As you refer to the impact template provided with this guide, you will notice that under each measure (depicted in red), we ask you to write one or two sentences explaining your findings for that measure. This brief statement provides an opportunity to add more context regarding "how" or "why" the findings resulted as they did.

A Guide for Storytelling with Photography

Images can be used in many different ways in data collection. For example, you can ask a participant to create an image, share one that is representative of their experience, or select one from a series of images presented to them. In addition, a storyboard of images (or drawings) can be used to tell a story about the project or program unfolded over time. If you use photos, please adhere to the following guidelines:

✓ Please make sure to caption the photo with a description and credit for the photographer.

✓ Do not use photos with patients unless you have a documented patient photo release form giving explicit permission for use of the photo.

Appendix F | Grantee Impact Template

This appendix contains a blank impact template as well as a completed example (see following pages).

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Organization Name
Grant Name
Data collected from [date] to [date]
Impact template submitted on [date]

[Organization logo goes here]

About Us:
Summarize your agency & program here in 3-4 sentences, including your main strategy, your population of focus, and how many people your program served/reached.

X% of ….(type your measure here)

X% of ….(type your measure here)

X% of ….(type your measure here)

1-2 sentences explaining/ contextualizing this finding

1-2 sentences explaining/ contextualizing this finding

1-2 sentences explaining/ contextualizing this finding

Case Study

Describe your case study here that highlights the impact your program is making, provides context for your findings so far, or showcases a lesson you learned along the way.

For example, can you share an (anonymous) experience in which a client was engaged in your strategy?

Do you have a success story or meaningful moment from your project that you can share?

Caption for a photo/image that you can add above.[1]

1.   Photo credit: [add credit, permissions, and/or citation here]

For questions about the data provided here, contact [Name] at [Email]

Sisters Collaborative
Care Connections
Data collected from January 1, 2022 to December 15, 2022
Impact template submitted on January 15, 2023
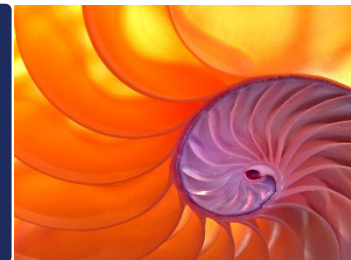
About Us:

Located in Southern FL, Sisters Collaborative's mission is to help women achieve optimal health through providing education and support. The Care Connections Program provided three cycles of a 6-session workshop to a total of 26 women with a family history of breast cancer. The workshops included information and supports for healthy eating, active living, and making routine mammography part of self-care priorities.

26 women received education on screening recommendations

We invited 50 women from our clinic with a family history of breast cancer to the workshops, and 26 signed up.

92% (22 of 24) of workshop participants who attended the final session reported they know how to access mammography, after participating in the program

77% (20 of 26) of workshop participants attended at least 4 of the 6 educational sessions

8 people stopped coming after the 2nd or 3rd session. Our staff reached out and encouraged them to come back, and 2 did, so we ended up with 20 in the cohort who attended at least 2/3 of the sessions.

At the last session we asked everyone to write on a piece of paper when and where they plan to get their next mammography and how would they schedule it. Except for 2 participants, all were able to say in detail how they would get their mammogram. (Only 24 people attended the final session.)

Case Study

One of our workshop participants, "Dorian," was 62 years old and had never had a mammogram. "I was scared," she told us, "because my mother died from breast cancer when she was only 50." Dorian came to all the workshops and connected with the other woman, many of whom had similar stories. "I was still scared, but after the third workshop I scheduled my first mammogram! I went last week, and one of the women in the group came with me for moral support. The results were negative. I am so glad I did it." Dorian credited Linda, our fabulous workshop facilitator with being incredibly supportive, and helping her get transportation to the appointment.

Dorian (right) and her "moral support" just after she completed her mammogram. *(Photo used with permission)*

For questions about the data provided here, contact Mary Smith at mary@sisterscollaborative.org

Appendix G | Step-by-Step Instructions for Completing Your Final Report

Process and Timeline for Final Data Submission

Overview of the Process

1 Analyze the data for the RBA measure(s) you selected and prepare your case study, no later than your grant end date.

2 Submit your data via the survey you will receive from gileadoncology@facenteconsulting.com, by 14 days after your grant end date.

3 Work with Facente Consulting to finalize the content for your impact summary report, within 7 days of completing the survey.

4 Create your impact summary report, using the impact template, within 30 days after your grant end date.

5 Complete your final report in the Gilead SteepRock system, within 30 days after your grant end date.

6 Send your impact summary report to gileadoncology@facenteconsulting.com, within 1 day of submitting your SteepRock final report.

7 Give us your feedback via a survey you will receive from gileadoncology@facenteconsulting.com.

TIMELINE	
Approximate Timeline	**What to Expect**
14 days before grant end date	Grantee will receive an email from gileadoncology@facenteconsulting.com with all the information necessary to complete their final reporting.
On or around grant end date	Grantee will receive a link from gileadoncology@facenteconsulting.com to an electronic survey to submit their Results Based Accountability (RBA) data and case study.
14 days after grant end date	Survey is due. Grantee will receive an email from SteepRock reminding them that their SteepRock final report is due in 2 weeks.
7 days after survey submission	Facente Consulting and grantee will meet to finalize the content for your impact summary report. (Facente Consulting will take the lead on scheduling this meeting, will send an agenda in advance, and will send meeting notes after the meeting.)
30 days after grant end date	Grantee submits impact summary report to Facente Consulting. Grantee submits SteepRock final report.

Step by Step Guide to Completing Your Final Data Submission

1 Analyze the data for the RBA measure(s) you selected and prepare your case study.

> Timeline: As soon as you can, but no later than your grant end date

Refer to the [RBA guidelines](#) and the [case study guidelines.](#)

2 Submit the RBA measure data and case study via the survey you will receive from gileadoncology@facenteconsulting.com.

> Timeline: You will receive the survey on or around your grant end date. It will be due 14 days after you receive it.

General Guidelines

- If you have more than one grant, there will be a separate impact summary report for each grant, and you will receive two separate emails with survey links.
- In order to complete the survey, please have available the following:
  - This Grantee Guide to Evaluation
  - Your Results-Based Accountability (RBA) measure(s)
  - Data for each measure
  - Data source and any other relevant information about how you collected the data
  - Your grant number
- For assistance, email gileadoncology@facenteconsulting.com. You can expect to receive a reply as soon as the same day, but at most within one business day.

(see next page for survey instructions)

Survey Instructions

The survey first asks you some basic information (your agency name, grant number, etc.). For the main portion of the survey, the instructions are as follows:

STEP 1: The survey will first ask you to select which of the three focus areas your grant is focused on (Education, Connection with Care, or Capacity-Building). You may select more than one if your grant has more than one focus area.

STEP 2: Next, for each area, the survey will ask you to indicate which measure(s) you selected from the Evaluation Menu. For example, if your program focuses on Education, all the measures from the Education evaluation menu will be listed, and you will select the measure(s) you chose.

STEP 3: For each measure you chose, you will then answer the five questions below. Guidelines and examples are shown in blue.

RBA Measure Data Submission Questions

The example used here is a program focused on Education. The program has chosen the following measure from the Evaluation Menu:

% of [client population] program participants attending at least X of X educational sessions

1. What was the exact wording for your measure? You should adapt the wording of the measure you chose to make it specific to your program. For example, % of Black women enrolled in our program who attended at least 4 of the 6 educational sessions

2. What is your data for this measure? (Note: For % measures, please include numerator and denominator.) 80%. 20 of 25 attended at least 4 of the sessions.

3. Briefly describe how you collected the data, the data source, the timeframe and activities for data collection. We had sign-in sheets for each session to track attendance for this measure. It was a 6-session curriculum, which we ran two times. After all sessions were over, we tallied the attendance for each person in an excel spreadsheet and determined how many attended 4, 5, or all 6 sessions. In the first series of the curriculum, we had 10 women enrolled and in the second series we had 15 (thus the denominator is 25), with 8 and 12 attending at least 4 sessions (thus the numerator is 20). The first series was Feb – Mar, and the second was Apr – May, 2022.

4. Provide 1-2 sentences explaining or providing context for the data, which will go in your impact summary report. Of the 25 women participating in our 6-session curriculum on screening, self-care, and resources, 20 (80%) attended at least 4 sessions – strong engagement from our community!

5. Is there anything else you'd like to share about this data? We actually enrolled 28 people in the curriculum, but 3 cancelled before we started the sessions, so we did not include them in the data.

STEP 4: Finally, the survey will ask you for your case study. Copy and paste your case study into the survey or type it directly into the survey.

3 Work with Facente Consulting to finalize the content for your impact summary report.

Timeline: Within 7 days after submitting your survey.

Once Facente Consulting receives your response to the survey, they will contact you to discuss the data, clarify any outstanding questions, and make suggestions for presentation and framing of the data if relevant. Once all is resolved/agreed on, you can then proceed with creating your impact summary report.

4 Create your impact summary report, using the impact template.

Timeline: You will submit this with your SteepRock final report, within 30 days of your grant end date.

Once all is resolved/agreed on in Step 3, you can then proceed with creating your impact summary report. The impact summary report is your responsibility. If you have any challenges with the template itself, Facente Consulting can provide technical assistance, but grantees create their own impact summary reports, based on the data submitted and reviewed in Steps 2 and 3. Refer to the [instructions for the impact summary report](#). The template can be found on the [evaluation resource web page,](#) and an example of what a completed impact summary report is provided in [Appendix F.](#)

5 Complete your final report in the Gilead SteepRock system.

Timeline: Within 30 days of your grant end date.

Your report due dates are listed in SteepRock. You will receive an email from SteepRock when your grant is ending with instructions for how to log in to access your final report. The SteepRock report has several questions (listed in **boldface** below), some of which overlap with the evaluation work you are doing. The minimum expectations for answering each question are in blue. You may include additional information beyond what is specified if it is applicable for your grant or program.

SteepRock Report Guidelines

Final Report Information

Please share any anecdotes or stories related to the grant project. For example, is there one memorable event or story that captures the benefits this grant had on the grant implementation team, the organization implementing the grant project, or the individuals or communities that benefited from this grant?

Copy and paste the case study you will be using in your impact summary report.

List Program's Objectives:

Enter the program objectives from your original application.

Were all of the project goals and objectives, as described in the grant proposal submitted to Gilead, achieved? Please provide a detailed description including examples.

Provide a detailed description and examples for each of the program objectives.

What elements of your strategy or action plan were critical to the success of your program?

In two sentences or fewer for each element, describe at least two elements that were critical to your success. Examples include but are not limited to: partnerships and collaborations, outreach and recruitment approaches, incorporation of patient/community voice into programming (e.g., advisory groups), and the importance of taking a whole-person wellness approach.

What challenges did you face in meeting your objectives and how did you overcome them?

Describe at least two challenges you faced, in two sentences or fewer for each challenge. Examples include but are not limited to: systemic barriers to access to care, outreach and recruitment challenges, and lack of referral resources.

As relates to your dissemination plan, how did you communicate publicly about this program and what audiences did you reach?

Refer to your original proposal for your dissemination plan. Describe what worked and any associated data (e.g., number of social media posts, website hits, etc.). If you did anything beyond your original dissemination plan, you may include that as well.

Please share any materials produced or stories related to the grant project. For example, are there any visuals (pictures, reports) that capture the benefits this grant had on the grant implementation team, the organization implementing the grant project, or the individuals or communities that benefited from this grant?

At a minimum, write "See attached impact summary report." You may also (but are not required to) include descriptions or links to additional materials.

Have you achieved your sustainability plan? Please describe specific progress toward this goal.

Describe any plans in place or in progress to continue the program past the grant end date, linking back to what was outlined in your grant proposal.

What have you learned that could be replicated in other geographies or populations?

Briefly describe any learnings that could be helpful for other groups seeking to do similar work in other locations or with different populations.

Primary Target Population: Select from dropdown

Primary Target Population (Expected) We expected to reach 30 women.

Primary Target Population(Actual): We reached 25 women.

Implementation Period

From: Enter grant start date
To: Enter grant end date

Budget

Since Gilead awarded the grant, has your organization sought or secured additional grant funding for the on-going maintenance of this project?

Answer "Yes" or "No."

Please Explain: If already described above under Q8 related to your sustainability plan, write "See above, under sustainability plan." If not already described, provide a 1-2 sentence description here.

Option to upload supporting documentation

Upload your impact summary report, along with any other documentation to support your reporting. Please use the following filename convention for your impact summary report:

Organization Name_Grant ID Number_Impact Summary Report_Date Submitted

6   Send your impact summary report to gileadoncology@facenteconsulting.com.

> Timeline: Within 1 day of submitting your SteepRock final report.

Send an email to gileadoncology@facenteconsulting.com with your final impact summary report attached. These will be used to inform an overall summary report for Gilead. Once all grants for this FOA have ended, individual grantee impact summary reports and an overall summary report will be shared with grantees. Please note that grant end dates are variable, and it may be several months before this final report is sent.

7   Give us your feedback on the evaluation process!

> Timeline: Within a few days of submitting your impact summary report to Facente Consulting.

You will receive an email from gileadoncology@facenteconsulting.com with a link to a brief survey (<10 minutes). Your feedback will help improve the evaluation process for future grants.