2022

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.

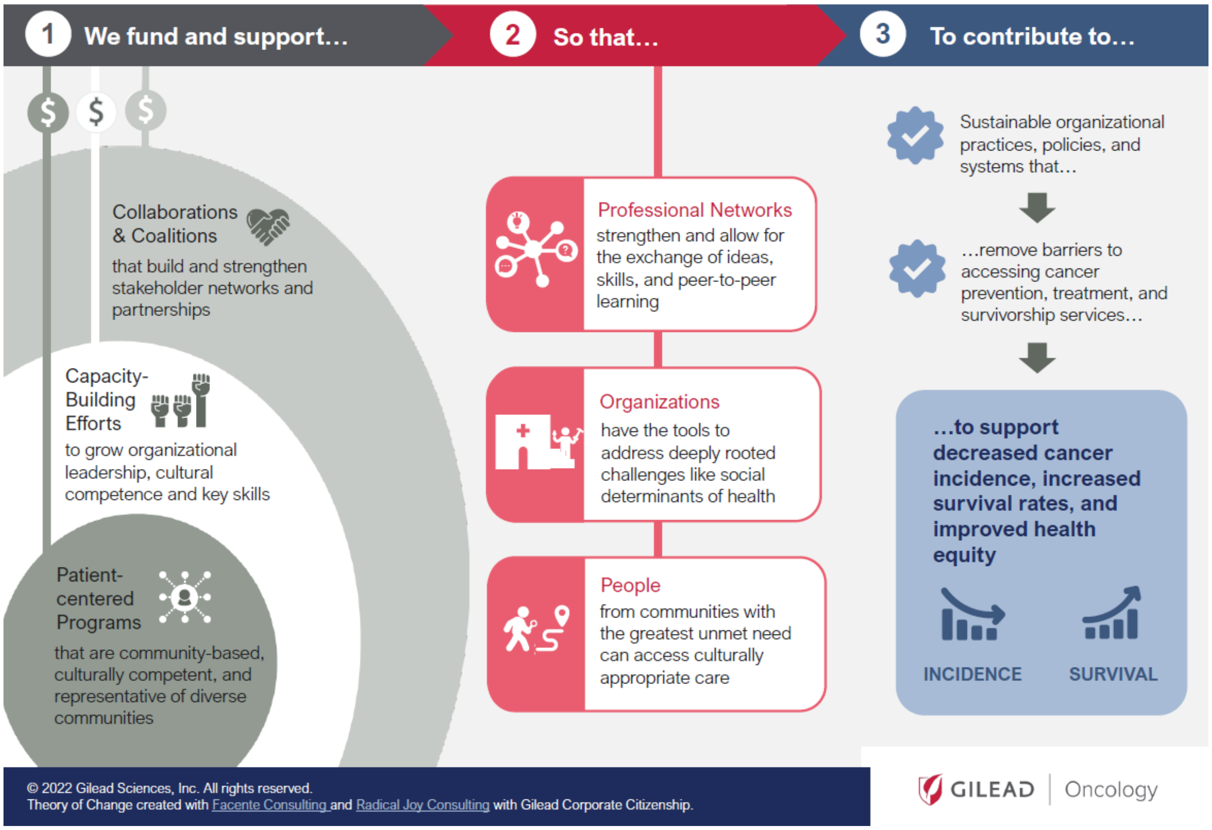
Capacity-Building

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…

② So that…

③ To contribute to…

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

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

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

Theory of Change created with Facente Consulting and Radical Joy Consulting with Gilead Corporate Citizenship.

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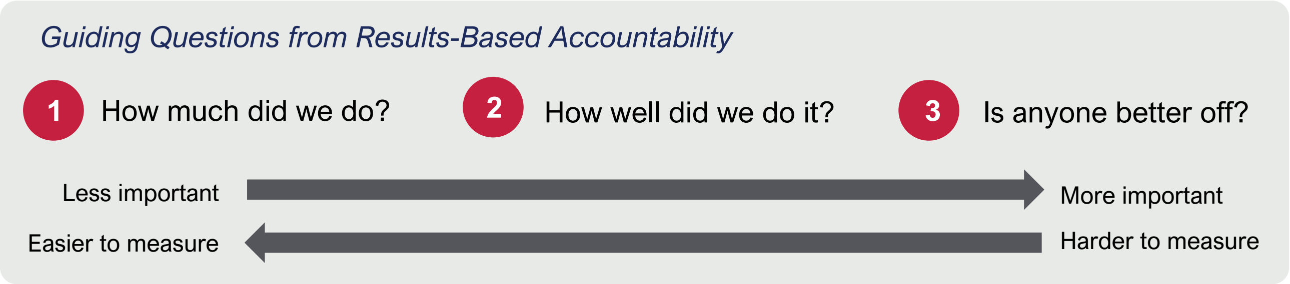
What is Results-Based Accountability?

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

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 at least 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. Select one measure from each column. 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 your impact template or its data within Gilead to illustrate outcomes of the Oncology Corporate Giving Program. We will also take the data from your impact template 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 template 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 notify our evaluation consultants by emailing gileadoncology@facenteconsulting.com. They will reply with a link to a SurveyMonkey 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. The evaluation consultants will share your survey data back with you within 3 business days, highlighting the information that you will include on your impact template. 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. **You will share the impact template and the survey results with Gilead, and this will serve as your final report.**

Evaluation menu created with Facente Consulting and Radical Joy Consulting with Gilead Corporate Citizenship.

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*

Evaluation menu created with Facente Consulting and Radical Joy Consulting with Gilead Corporate Citizenship.

Appendix C | Focus Area: Organizational Capacity-Building

Format for Measure		Examples
⁘	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?		
⁘	% 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*
⁘	% 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?		
⁘	#/% 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*
⁘	#/% 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*

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

Format for Measure		**Examples**
⁙	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 a 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)

1-2 sentences explaining/ contextualizing this finding

X% of ….(type your measure here)

1-2 sentences explaining/ contextualizing this finding

X% of ….(type your measure here)

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.

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.

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

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