RESEARCH SHOP

"know what's out there!"

Program evaluation of Women's Health Days

Prepared for

Greater Hamilton Health Network

In

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Evaluation of the Greater Hamilton Health Network (GHHN) Women's Health Days

Greater Hamilton Health Network

Building community health together.

Contents

Executive Summary

The Greater Hamilton Health Network (GHHN), in partnership with local health and social service agencies, have been offering free drop-in health and wellness services to women, trans, and gender diverse persons experiencing homelessness in Hamilton ("Women's Health Days"). There is a strong need for accessible health services for this population. There is a heightened prevalence of chronic conditions and mental health issues among this population, who often need frequent access to high quality, safe, and tailored healthcare services.

Research Shop, in close collaboration with GHHN, conducted process and outcome evaluations of the Women's Health Day event hosted by GHHN at Good Shepherd in Hamilton, Ontario on July 13 and 14, 2022. The event convened numerous health and social service agencies that serve homeless women, trans, and non-binary people in Hamilton. The process evaluation aimed to understand service use and satisfaction with the event. The outcome evaluation aimed to understand if the event enhanced participants' access to heath care services and whether the services offered at the event met their health care needs.

We collected data for the process and outcome evaluations using a combination of close-ended survey questions with participants and service providers, and open-ended questions with service providers
The event was attended by 86 participants. Participants, on average, used multiple health and social services at the event, including using services for the first time or engaging in conversations with providers about their particular services. Participants reported that they accessed services at the event that they don't usually access. Service providers reported that they were able to access participants at the event that they don't see in their usual practice settings. Overall, the process and outcome evaluation demonstrated that event successfully engaged homeless women in Hamilton with a range of health and social services that were accessible, necessary, and satisfactory.

This research also revealed opportunities for improving how health and social services could be provided to homeless women in Hamilton. Some providers described the need to balance scope and safety, as there is likely to be a trade-off between serving a greater number of people with a large event and providing safe, private, and confidential care in a small event. Some providers also stated that more needs to be done to engage or reach the most marginalized homeless women who are not attending the Women's Health Days events. The events also signaled the need for continuous care between events.

Numerous recommendations emerged from this evaluation. Many of these could be immediately actioned on by GHHN, while others will likely require further contemplation and collaboration with relevant health and social service agencies. The recommendations arising from this research are:

Recommendations regarding the space and location of the event

- Hosting the event in a central location or underserviced areas
- Having an outdoor space available for Indigenous service provision
- Hosting the event at a consistent location each year so participants know where to go
- Hosting the event at varying locations each year to reach different populations

Recommendations regarding the timing and frequency of the event

- Hosting the event at a consistent time of year so participants know when it is happening
- Having more frequent events to reach more individuals

Recommendations for future evaluations

- Standard approach to collecting evaluation data at events, including training service providers about completing passports:
    - Clearer passports - put the colour of the sticker on each column
    - No access to other stickers except the three pre-defined colours at the event
    - Take photos of participant passports
    - Have the same categories on both passports

Recommendations for participant access

- Designing events to be accessible to people with different physical and cognitive needs

Other recommendations

- Increasing awareness of the event with participants through social media
- Having participants register for specific services that require completion of applications
- Obtain funding for amenities (e.g., showers, razors) and services (e.g., childcare, bus tickets, interpreters)
- Increasing the variety of services by inviting unique service providers
- Offer mental health services to participants that are ongoing and continuous to ensure there is a continuity of health and social care between events.

Key Terms

Women: an inclusive term that includes anyone who identifies as female or non-binary including women, transgender and gender diverse persons.

Homeless: People with unstable, impermanent, or inappropriate housing (Gaetz, 2012).

Process evaluation: An evaluation that tracks whether program activities were implemented as intended (CDC, 2022; Moore et al., 2015).

Outcome evaluation: An evaluation that measures the program's impact on the target population through evaluating the outcomes that the program aims to address (CDC, 2022; Poole et al, 2001).

Introduction

Overview and Scope

The Greater Hamilton Health Network (GHHN), in partnership with local health and social service agencies, have been offering free drop-in health and wellness services at "Women's Health Days". Women's Health Days feature safe and quality health care, social services, food, and giveaways. The goal of Women's Health Days is to offer access to health services to female-identifying or non-binary individuals (including women, trans, and gender diverse persons) in Hamilton who don't normally access traditional healthcare services GHHN has previously hosted three Women's Health Days in August 2021, December 2021, and March 2022. Collectively, these three events served over 220 women. GHHN offered a fourth Women's Health Days drop-in event in July 2022. Partners at the events have slightly varied; in July 2022, community partner agencies included the YWCA Hamilton and Mission Services and Good Shepherd, among several others.

GHHN approached Research Shop with an interest in conducting a process and outcome evaluation of the July 2022 Women's Health Event. GHHN was interested in learning about the effectiveness of their health services for women, with the aim of demonstrating the value of Women's Health Days to GHHN's stakeholders and discovering potential ways that GHHN could improve service delivery. GHHN also wanted to begin evaluating Women's Health Days events in a routine or systematic way to inform continuous improvement in delivering health and social care to women in Hamilton.

Research objective and evaluation indicators

The aim of this research was to conduct a process and outcome evaluation of GHHN's Women's Health Days with respect to service participation, satisfaction, access, and needs. We evaluated the Women's Health Day event hosted by GHHN at Good Shepherd in Hamilton, Ontario on July 13th and 14th, 2022.

The two **process evaluation** questions and their indicators were:

1. To what extent did the target population **participate** in the event?
    - Number of unique and returning participants attending event
    - Minimum, maximum, and average number of services accessed by participants
    - Services most and least accessed by participants
2. To what extent was the target population **satisfied** with the event?
    - Perceptions of participants on the quality of services provided at the event
    - Perceptions of participants on their comfort level in accessing services at the event

The two **outcome evaluation** questions and their indicators were:

1. To what extent did the event increase **access** to healthcare services for the target population?
    - Staff perceptions on whether they reached participants at this event that they would not reach in their traditional practice setting
    - Participant perceptions on whether they were able to access healthcare services at the event that they're not normally able to access in the community
2. To what extent did the event meet participants' healthcare **needs**?
    - % of participants who received a needed service for the first time
    - % of participants who agree that the services offered met their identified health needs

Organization

This report is organized as follows:

- **Background** - A description of the challenges that homeless and gender diverse women encounter regarding access to health care, and the role and impact of health events targeting women.
- **Methodology and limitations** - A description of the process and outcome evaluation methods used for this research.
- **Findings** - A summary of the process and outcome evaluation findings.
- **Discussion** - A consolidated interpretation of the findings and their significance.
- **Recommendations** - A list of suggestions for improving how GHHN can support women's health and improve future evaluation activities, based on the evaluation findings.
- **Conclusion** - A summary of the research project's objectives and important findings.

Health and Homelessness for Women in Hamilton

Homelessness can be described as a situation where an individual is without safe, stable, permanent, and appropriate housing (Gaetz et al., 2012). According to the City of Hamilton's Housing Services (2021), there are several factors that influence housing stability including family or relationship breakdown, financial crises, unemployment, lack of affordable housing, insufficient income, threats to personal safety, lack of support systems, and mental illnesses. Hamilton has been named the fifth least affordable city in North America by the Oxford Economics Report (2021). The City of Hamilton collects cross-sectional surveys of the homeless population to quantify the number of people who are homeless at a given time and to survey health usage among homeless people. In 2021, the City of Hamilton found that 40% of those surveyed reported having a chronic illness or health condition. Two hundred and seventy respondents had been to an emergency room in the past 12 months. The Code Red Project (2019) suggested that vulnerable populations access healthcare more frequently because their conditions have become chronic and treatments may have only addressed acute issues. Another study of women's health in Ontario found that nearly all homeless women will

experience illness exacerbated by homelessness (Institute of Medicine, 1988). Moreover, having health issues prior to homelessness can increase risk of homelessness (Institute of Medicine, 1988).

The City of Hamilton by-name list (2021) suggests that 42% of Hamilton's homeless population are women and 2% are trans, non-binary or other/non-specified. Trauma and marginalization in gender diverse individuals can lead to addiction and mental health challenges, highlighting a need for inclusive access to health services (Street Health, 2007). The Street Health study (2008) illustrated that homeless women had twice the likelihood of mental health diagnosis relative to homeless men, with high rates of anxiety and depression. In addition, homeless women suffer high rates of addiction. 30% of those receiving addiction support at Hamilton's St. Joseph healthcare are experiencing homelessness (Code Red Project, 2019). This indicates a strong need for accessibility of healthcare services that meet the needs of homeless women.

Methodology and Limitations

The Greater Hamilton Health Network (GHHN) held a Women's Health Days event on July 13th and 14th, 2022 from 12:30-4:00 pm at Good Shepherd in Hamilton. Eighty-six adults attended the event. Services were offered in a communal space and private (closed door) settings within the space. The evaluation of the event centered on the implementation (process) of the Women's Health Day event and the effectiveness (outcome) of the event (please see Appendix A survey categories and questions).

Process evaluation

Participation

Participation information was collected using a "Dotmocracy chart" and service-tracking passports. Using Dotmocracy, Participants were asked whether they attended a GHHN Women's Health Day event previously, with the option to answer 'yes' or 'no'. If they indicated a 'yes', they were asked to select one or more dates of previous Women's Health Day events.

Dotmocracy provides a visual, low-barrier, and anonymous way for participants to self-report about evaluation indicators in a categorical, aggregate fashion (e.g., using a 5-point Likert scale). Dotmocracy charts were used for participants to self-report their event attendance, as well as experiences with the quality of the services provided, their comfort level with accessing services at the event, access to health services at the event, and if the services offered at the event met their needs. Dotmocracy charts were prepared by GHHN and placed at the end of the event. Sticker arrows or numbers were placed on the floors or walls to guide participants through all the Dotmocracy stations. Research Shop associates and/or GHHN peer workers and administrative staff helped participants place their responses on the Dotmocracy charts as needed. At the end of each event day, GHHN staff or Research Shop associates took photos of

each Dotmocracy chart for documentation. The physical Dotmocracy charts were retained by GHHN. Questions used for participant evaluation are shown in *Appendix A*.

Participation was also evaluated based on the minimum, maximum, and average number of services accessed by participants, as well as what services were the most and least accessed by participants using participant and provider passports (see Appendix C for provider passport template).

Participant passports were chosen because they were a low-barrier, anonymous data collection tool. Participants were provided with a card at entry to the clinic. The card was in the badge pocket on their lanyard, which was worn throughout the clinic visit. The card had the GHHN logo on it, the word "Passport" with a unique passport ID on top, and circles with each service written inside. Participants were given a sticker in the circles from providers for each service received (e.g., insertion of an intrauterine device), each conversation held (e.g., about contraception), and each service received for the first time. The sticker colours were coded as red for a service received, blue for a conversation about a service, and green for a service received for the first time. Participants submitted their passports in a cardboard box with a slot at the end of their visit. Passports were used to analyze the number and types of services used by participants. Identifying information was not collected on the passports (e.g., name, gender, etc.).

Health services providers at the Women's Health Days recorded similar data about service usage in provider passports. Collecting mirror image data from providers and participants served as a check-and-balance; for instance, if some participants did not submit their passport at the end of their clinic visit, the service use data collected by providers were used to fill this gap. Service providers were given a paper with three columns and a pen to record counts for the following variables, as shown in *Appendix C*: the number of participants who received their health service, the number of participants who had a conversation with them about their health service but did not receive the service, and the number of participants who received their health service for the first time. Provider passports were also used to assess most and least used services. A new passport was given to each service provider on each event day. GHHN staff took a photo of each service provider's passport at the end of each event day. The physical passports were collected and kept by GHHN.

Satisfaction

We evaluated participant satisfaction with the event by asking participants to rate the quality of services offered using the Dotmocracy tool (see Appendix B). Participants rated their satisfaction with the quality of services provided at the event using the Dotmocracy tool (where 1=Poor, 2= Fair, 3= Good, 4= Very good, and 5= Excellent). Participants also rated their comfort level in accessing services at the event using the Dotmocracy tool (where 1=Very uncomfortable, 2=Uncomfortable, 3=Neutral, 4=Comfortable, and 5=Very comfortable).

Outcome evaluation

Access

We evaluated access to health care services by asking providers for their perceptions on whether they reached participants at this event that they would not reach in their traditional practice setting. Members of the research team interviewed health service providers at or shortly after the event to collect information about their perceptions of reaching participants at this event that they would not reach in their traditional practice setting, what worked well, and what could be improved for future Women's Health Days. One-on-one interviews were conducted between each provider and one Research Shop associate at the end of each event day, e.g., 30 minutes before the end of each event day, or via phone or Zoom within two weeks of the event that were arranged using provider e-mail addresses provided by GHHN. Interview participation was voluntary. We recorded interviews using video or audio on our (Research Shop associates') cell phones, with the permission of each interview participant. We did not record interviews if permission was not given. We transcribed each interview and analyzed the interview data using conventional qualitative content analysis, as described by Hsieh & Shannon (2005).

We asked service providers the following questions in the interview:

1. Consider the patients that you see at your usual practice setting. Did you provide care to people today that you don't see in your usual practice setting?
2. What was a success story from today? What worked well?
3. What could be improved for the next Women's Health Day?

The interview guide is in Appendix D and a list and detailed descriptions of service providers can be accessed in Appendix E and F.

We also evaluated access by asking participants if they were able to access healthcare services that they are normally not able to access in the community. Participants used the Dotmocracy tool to record their response.

Needs

We evaluated the extent to which the event met participants' healthcare needs by assessing the percent of participants who received a needed service for the first time. We used participant and provider passports to collect these data. We also assessed the percent of participants who agreed that the services offered met their identified health needs. We used the Dotmocracy tool to collect this information, asking them: 1) Did the services offered today meet your needs?; and 2) Which services were not available that you needed?

Analysis

Quantitative

Participants and their engagement with the Women's Health Day events were described using descriptive statistics. Responses from participants' passports and the dotmocracy charts were analyzed using percentages, frequency distributions, and measures of central tendency. Responses to Likert-type questions were represented using histograms/bar charts.

Qualitative

To analyze health service providers' interviews, we used qualitative content analysis, which is a process of aggregating qualitative data through a stepwise approach of coding, categorizing, and theming the data using a low level of analytic inference (Hsieh et. al, 2005). Provider interviews were transcribed by two research associates. The text was coded using descriptive labels. Similar codes were grouped under a shared theme. Both research associates recorded similarities in their codes and organized them into broader themes. Codes were given a definition based on the contributing data, and direct quotes were used to illustrate the meaning of each code. The data was re-analyzed using the gathered themes, and if required, new themes were generated or old themes were readjusted or discarded. Finally, each theme was renamed and defined.

Limitations

There were several limitations of the evaluation that need to be considered for interpreting the findings. These limitations are data completeness, data consistency, and data comparability. Although not a limitation, it is important to note that we intentionally did not collect participant demographic data as a part of the evaluation. This decision admittedly hinders our ability to link the findings to participant demographic variables (e.g., gender, age, etc.) but safeguards participants' identities, which was prioritized in the evaluation.

Eighty-six participants attended the event. Regarding data completeness, we invited participants to contribute data towards the evaluation on a voluntary basis. Participant passports were provided in participant badges, and participants were invited by a facilitator to complete the Dotmocracy. Most participants retained their passports, possibly to keep a personal record of their participation in health services, and therefore did not submit them to GHHN at the end of their visit to the event. From the small number of participant passports received by GHHN, it was difficult to conduct a fulsome evaluation of participants' service use. It was also unclear how many participants fully or partially completed the Dotmocracy. In the Dotmocracy, there was a question, "What services did you need that weren't available?", which had choices that were the same as the services offered. This does not clarify the services that were not available to participants beyond the closed number of response options. Service providers were given resources to complete provider passports. Like the Dotmocracy, it is

unclear to ascertain the completion rate of provider passports. Due to limited time available during the event, only 10 of the 21 service providers were interviewed. The interviews conducted provided rich evaluation and other data, but do not necessarily represent the views and experiences of all service providers at the event.

Data consistency was somewhat of a challenge in the evaluation. Namely, there were irreconcilable differences in the passport data collected from providers and participants, which were originally intended to serve as a check–and-balance approach for evaluating service use. Additionally, there may have been different interpretations of the provider passport categories. For example, some providers gave stickers for both "received" and "talked about" service, if participant accessed their service, whereas others did not. There were also overlaps and confusion about the "received" and "first-time received" categories. A possible reason for this inconsistency is that providers were not trained to collect service use data as a part of the evaluation. Instead, they were given a short introduction to the passports at the beginning of the event. Another issue was the inconsistent use of stickers in the passports; some participants had a coloured sticker on their passports which did not correspond to any predefined sticker colour category, so we could not ascertain what that sticker colour represented.

Congruence between the methods used to collect service use data was another limitation. The participant and provider passports did not have the same categories, which prevented us from drawing direct comparisons between participant and provider passport data. For example, in participant passports there was a general category of wellness/health. As there may have been different interpretations of services that fell under the wellness/health category, the data entry may not reflect findings from provider passports (that had more tangible service names such as CMHA wellness services, and mental health and addiction).

Findings

Process evaluation

Participation

Number of participants attending the event

A total of 98 individuals (86 adults and 12 children) attended the event across both days. Attendance was higher on the second day of the event (50 participants) in comparison to the first day (36 participants) (Table 1). There were 21 different types of services offered at the event, with a higher number of services offered on Day 2 (n= 20). Types of services included 12 health-based services (vaccines, testing, mental health & addictions, etc.) and 9 social services (food, housing services, and ODSP Clinic). Naloxone safety training, housing services, foot care, and Alzheimer's Society were only offered on one event day. See Appendix E for a summary of services and providers, Appendix F for provider descriptions, G for a map of services at the event, and H for social media engagement.

Table 1. Attendance across both event days

Categories	Total
Number of all participants	98
Number of adult participants	86
Number of children	12
Participants on July 13th, n (%)*	36 (41.9)
Participants on July 14th, n (%)*	50 (58.1)
First-time participants, n (%) †	43 (50)

**As there are no records on how many unique participants were present each day, there may be double-counts*
†48 participants answered this question.

Services most and least received - provider data

Provider passport data provided participation trends at the event. Food (n = 68, 79.1%), clothing/personal hygiene product/gift card donations (n = 62, 72.1%), and engagement (button-making) (48, n = 55.8%) were the most-received services across both event days. Health services with the greatest reception rates included naloxone safety training (n = 20, 23.3%), COVID-19 vaccination (n = 14, 16.3%) and Pap testing (n = 9, 10.5%). Contraception, wound care, sexual assault & domestic violence, and the Alzheimer society were the least-received services at the event, with no participants receiving the services, though many talked about the service with providers.. Engagement activities hosted by YWCA Hamilton (n = 18, 20%), Hepatitis C teaching, Mental Health & Addiction services (n= 6, 7%), and Sex Trade Alternatives, Resources and Services (STARS) (n= 6, 7%) had the highest rates of first-time access. The services that talked to the most participants (but didn't necessarily provide service) included STARS (52, 60.5%) followed by Aboriginal Health and Traditional Healing (n = 51, 59.3%) andby sexual assault and domestic violence (n = 50, 58.1%).

As seen in Table 2, the most-receivedand/or talked about services included food (n = 68, 79.1%), donations (n = 62, 72.1%), and Aboriginal health services (n= 55; 64.0%). The least-received and/or talked about services were foot care (n = 5), wound care (n = 8), and ODSP clinic.

Table 2. Services accessed by participants on both days of event - provider passport data

Services †	Received service* (Number, percentage)	Talked about service* (Number, percentage)	First time receiving service* (Number,

			percentage)
Food	68 (79.1%)	0 (0%)	0 (0%)
Clothing, Personal Hygiene, and Gift Card Donations,	62 (72.1%)	0 (0%)	0 (0%)
Engagement (Button Making)	48 (55.8%)	0 (0%)	0 (0%)
Good Shepherd Wellness Program	28 (32.6%)	24 (27.9%)	0 (0%)
Naloxone Safety training	20 (23.3%)	4 (4.7%)	0 (0%)
YWCA Hamilton Recreational Activities	18 (20.9%)	33 (38.4%)	18 (20.9%)
COVID-19 Vaccination	14 (16.3%)	6 (7.0%)	0 (0%)
Reproductive Health and Pap Testing	9 (10.5%)	5 (5.8%)	3 (3.5%)
City of Hamilton Housing Services	8 (9.3%)	8 (9.3%)	0 (0%)
Aboriginal Health and Traditional Healing	4 (4.7%)	51 (59.3%)	0 (0%)
Foot Care	4 (4.6%)	1 (1.2%)	0 (0%)
CMHA Mental Health and Wellness	2 (2.3%)	28 (32.6%)	0 (0%)
Hepatitis C. Teaching	1 (1.2%)	18 (20.9%)	6 (7.0%)
Mental Health & Addictions	(0%)	20 (23.3%)	6 (7.0%)
STARS (Sex Trade Alternatives, Resources, and Services)	1 (1.2%)	52 (60.5%)	6 (7.0%)
STI/HIV Testing	5 (5.8%)	7 (8.1%)	2 (2.3%)
Contraception Counselling	0 (0%)	12 (14.0%)	0 (0%)
Wound Care	0 (0%)	8 (9.3%)	0 (0%)
Sexual Assault & Domestic Violence	0 (0%)	50 (58.1%)	0 (0%)
Alzheimer's Society	0 (0%)	43 (50.0%)	0 (0%)
ODSP Clinic	0 (0%)	6 (7.0%)	4 (4.7%)

**Total values are for both days of the event, with a denominator of 86 adult participants*

† There were inconsistencies and different interpretations of the services "received" and "accessed" categories; some double-counts may be present.

Minimum, maximum, and average number of services accessed - participant data

Provider and participant passports had different service categories; whereas provider passports identified the exact service provided, participant passports grouped some services into broader categories such as wellness. Out of 86 participants, only 32 (37.2%) submitted their passports. According to the limited data available from participant passports, a total of 45 services were accessed, from which 40 were accessed for the first time, and 147 services were talked about. Per participant, the minimum number of services accessed was 1 and the maximum number of services was 14. On average, participants accessed approximately 7 services during the event. Please see Appendix I for more information on participant passport information.

Satisfaction

Participant satisfaction with the event was recorded using Dotmocracy charts (see Figure 1 and 2). The first satisfaction question pertained to the quality of services offered at the event. A total of 47 individuals answered, with most (n = 39) indicating that the quality of services was excellent. Participants were also asked whether they felt comfortable accessing services at the event, and 48 people answered this question. Most recorded that they were comfortable or very comfortable using services (n = 45).

Figure 1. Participant perception of quality of services

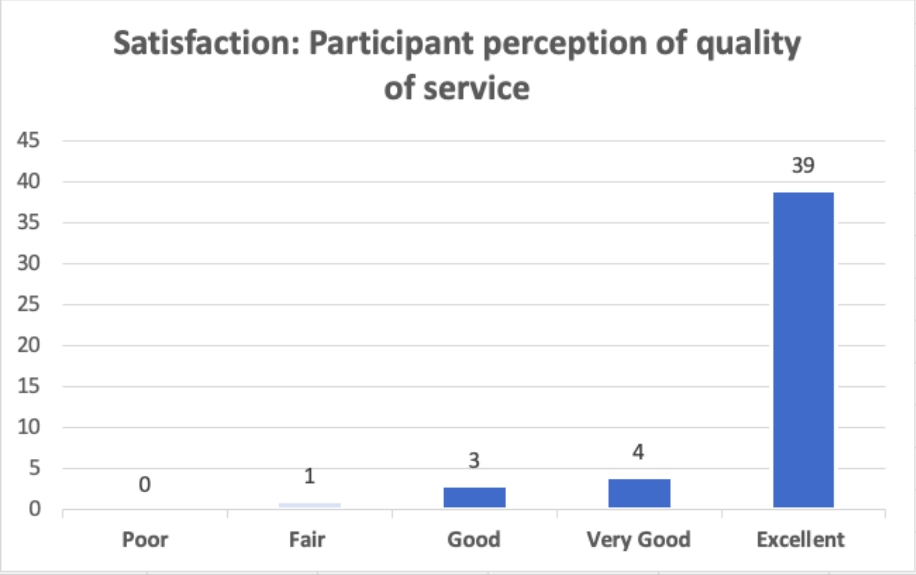
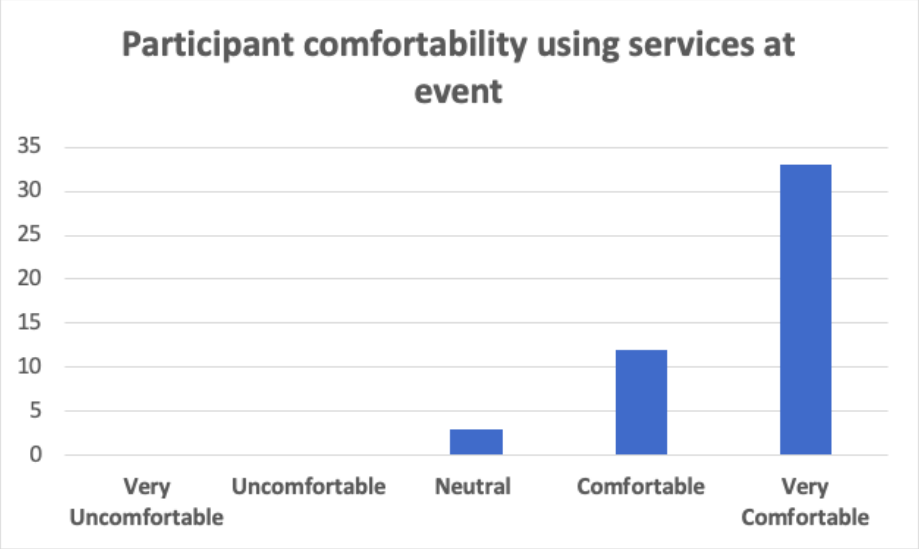


Figure 2. Participant comfort with using services at event



Outcome evaluation

Information regarding accessibility of the event for participants was obtained through interviews with service providers and Dotmocracy chart questions with participants. Ten organizations were interviewed, with a mix of medical and social services represented. Service providers were asked about outreach, facilitators to engaging participants, barriers to engaging participants, and recommendations for future events. Appendix J contains tabular representations of this information.

Access

Participants answered questions about the event's accessibility through dotmocracy charts. 33 out of 42 respondents felt that they accessed services at the event that they normally did not receive. These services included mental health and addictions (n = 16), and social and housing support (n = 9). See Figure 3 and 4 for more details.

Figure 3. Participant perception of access to services not usually available in the community

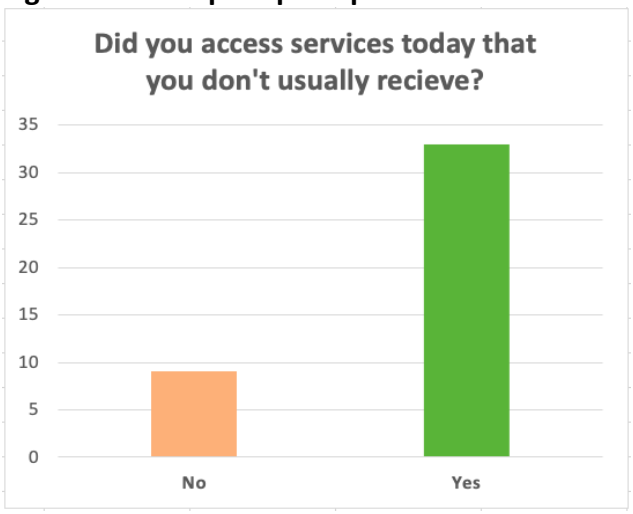
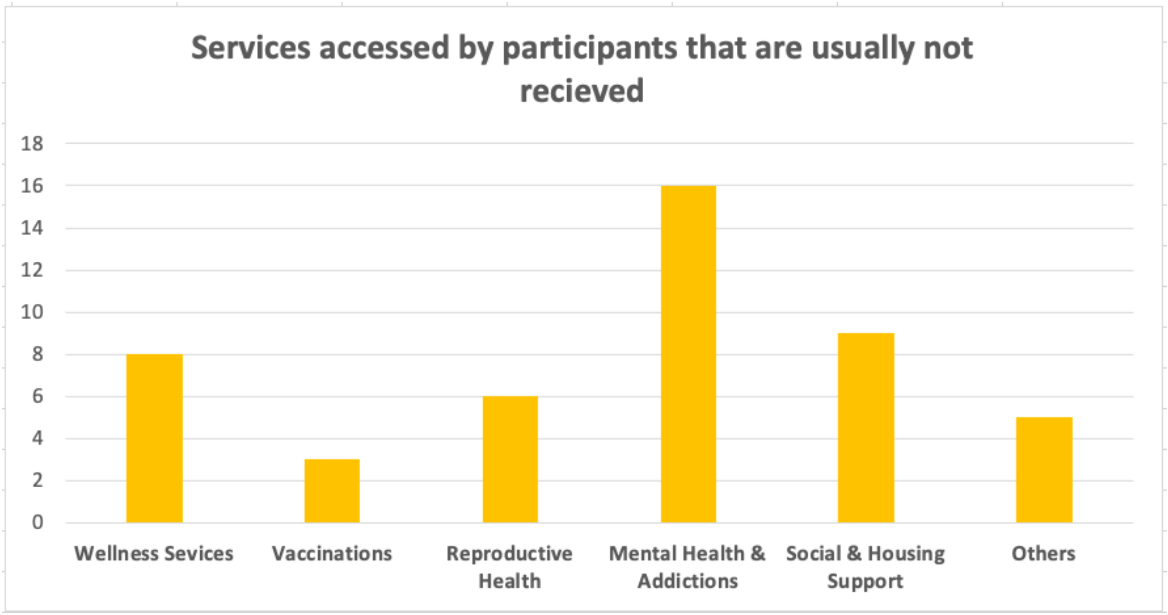


Figure 4. Services accessed by participants not usually available in the community



Seven of the ten interviewed providers endorsed that the WHD events helped them increase outreach with the community. Organizations reported reaching not only a greater number of participants, but also more diverse groups of individuals, such as people of color and criminalized individuals. The remaining three organizations endorsed reaching similar populations through these events as compared to their regular practice setting. One provider attributed this to the way their program is structured: “We generally see the same population because that’s our mandate with this team - to tackle those who have substance use problems, homelessness, those who have been incarcerated, and at-risk youth.”

Needs

Using Dotmocracy charts, participants answered whether the services offered at the events met their needs. Forty-five out of 86 attendees engaged with this part of the Dotmocracy, and all respondents felt that their needs were met (n = 45, 100%). When asked about additional services that were needed but were not offered at the event, participants identified a need for housing support (n =7), employment services (n = 1), transgender services (n = 1), and other wellness services (n = 1).

Figure 5. Participant perception of services meeting their needs

Additional findings

Service providers also discussed person-centered care, benefits for participating organizations, recommendations for engaging service providers, and recommendations for future evaluations. Many providers endorsed that the services provided through WHD events are valuable to participants and address all aspects of care rather than focusing on medical needs. The provision of **valuable, holistic care is key to person-centered care,** a model of care that emphasizes partnering with care recipients and providing personalized care (Santana et al., 2017). See Appendix J, Table 6.2 for more information on participant interview data on other valuable topics.

Feedback on process

Providers identified various facilitators to participant engagement with their services. Several qualities pertaining to the chosen location and lay-out were listed as facilitators: having services in one place, having services spread apart sufficiently, having private spaces for clinical services, and having the event in a central & underserved location. This allowed for easy referral of

participants to needed services, increased participant comfort in engaging with clinical services, and allowed for increased outreach. Other facilitators mentioned included the event's open-door model of service delivery and the private and confidential ways in which services were provided, all of which contributed to a low-obligation way to access needed services. A final facilitator mentioned by service providers was the involvement of peer volunteers, which allowed participants to feel more at ease when engaging with services.

Service providers also reported what they viewed as barriers to participant engagement with the event. While private spaces were provided for clinical services, service providers endorsed the need for privacy for other agencies as well to increase participant comfort with sharing sensitive information with providers. Additionally, as many of the social services were in one open space together, background noise was also a potential barrier to engagement. According to a few service providers, it was difficult to hear what other providers were saying due to the extra environmental noise. The type of language used to describe certain services was also perceived as a barrier by some organizations. Providers found that some of the labels used on the doors of certain services were stigmatizing and confusing (e.g., "STI"), and that the use of more neutral language may help engage more participants (e.g., "sexual health").

In terms of benefits for participating organizations, many service providers reported the ability to **network with other organizations** as an advantage of participating in these events, especially given the changes to the service provision landscape due to COVID. As stated by one provider, "It's nice that we get to network with others because there's been so much change over the last couple of years with COVID. Some programs have been canceled, some have shifted, some don't exhaust any more. So you get to see who the new players are and form those relationships."

Providers also recommended increasing networking and community building between service providers to improve engagement between services. Other recommendations for better engaging service providers included increasing awareness of events through social media and other platforms, as well as providing information about the event (i.e., location, time, list of materials to bring) at least a week before the event to increase involvement.

Feedback on outcomes

Some providers recommended having the events at a more central location to increase accessibility for participants, or at locations where the target populations are more inclined to drop-in. Having an outdoor space for service provision was also recommended by Indigenous service providers as some of their services require such spaces. Conflicting recommendations were provided regarding consistency of location - some providers recommended holding these events at a consistent location every year so that participants know where they can find these services, whereas others recommended varying locations to reach different populations.

Recommendations for timing and frequency were also provided - consistent time of year for events was proposed so participants would know when they can expect to access these

services, and more frequent events were proposed to reach more individuals as word-of-mouth is a key way in which information is disseminated in this population. Providers also proposed increasing awareness of the events with participants through social media and other platforms to reach more individuals, as well as to consider having participants register for specific services to allow for more efficient completion of applications. Another key recommendation was to obtain funding to provide amenities (ie: showers, razors) and services (ie: childcare, bus tickets, interpreters) that would increase engagement and overall accessibility of the event. Finally, increasing the variety of services available by having unique service providers present was also recommended (see Appendix J, Table 6.1).

Feedback on evaluation activities

Lastly, providers recommended that future evaluations focus on **who the events are not presently reaching**. Through a needs evaluation or environmental scan, the perspectives of those who are not being reached can be included and addressed: “I'm the kind of person who worries sometimes that we try to evaluate programs a little bit too positively, almost in a way to affirm that we're doing a good job and affirm positive outcomes. I don't think we do enough to measure negative outcomes and outputs. And so, it is imperative that we ask very real vulnerable questions about ‘Why has it been scary for you to access healthcare?’, and to extract those outputs.”

Discussion

The results of this evaluation show that women participants who are underserved by traditional models of healthcare were effectively engaged at the Women’s Health Days event in July 2022. Most (88%) Women’s Health Days event participants identified as women (cis and trans). This is particularly salient, given that healthcare access globally is limited by policies that fail to adequately account for gender-specific health risks (WHO, 2019; Wånggren & Finn, 2022). At the event, a range of health and social services were provided in a satisfactory and accessible way; 39 of 47 (83%) participants rated the services as “Excellent”, and 45 of 48 (94%) were comfortable accessing services. Overall, the evaluation findings demonstrate that GHHN has been able to provide essential services to some individuals who encounter barriers accessing or engaging with traditional health service use models.

Women’s Health Days events provide preventative care for women and gender-diverse people, who are more likely to access this form of care compared to men (Vaidya et al., 2012). Preventative care is especially important for this population as there is a higher prevalence of adverse health outcomes such as sexually transmitted infections, mental health distress, and substance use and abuse (Reisner, 2016). These health risks are impacted by unique factors that GHHN has been working to meet such as gender affirmation, access to healthcare, and effective partnerships with the community. However, not all these services were accessed proportionate to their risk at the July event. While mental health & addiction services and naloxone training were highly used by participants, only 3 of the 86 participants received

STI/HIV testing. It is possible that anti-HIV stigma and lack of information regarding STIs were barriers to participants engaging with this service. In a study of homeless young women in Toronto, researchers found that fear, shame, condescension, and doubt from service providers prevented women from engaging with sexual health services (Oliver & Cheff, 2012). Oliver & Cheff (2012) recommended providing services in non-clinical settings, which GHHN does during Women's Health Days. Relationship and trust-building were also cited as essential to engagement, which could be established in future events (please see recommendations).

The primary goal of Women's Health Days is to offer access to health services for gender diverse women who may not be served adequately or at all by traditional models of healthcare. Most (33 of 42, 79%) participants reported accessing services at the event that they do not normally receive. Additionally, most service providers who we interviewed stated that they reached a greater number and more diverse group of individuals through this event. Although we did not collect demographic information for this evaluation, the concept of intersectionality was likely relevant given that the target population for Women's Health Days are individuals whose health care needs, and experiences of power and oppression, pivot on their gender identity, social and economic conditions, and potentially other factors such as race, disability, and age, among others (Rice et al.,2019). The concept of intersectionality can be used to assess inclusiveness, barriers, and social justice to create impactful change (Rice et al., 2019). Methods to address intersectionality in program design and research vary. For Women's Health Days events, it is important to recognize the possibility for unjust experiences in health care systems that are linked to participants' intersecting identities, and to attempt to address these factors in the design and implementation of the events.

There is research to show that demographic information can be collected by using open-ended survey questions to collect data on gender identity, disability and age, while other demographic information such as education and race/ethnicity can use specific multiple-choice options with terminology that is appropriate for collecting sensitive research data (Hughes et al., 2016). However, at Women's Health Days events, a crucial part of building trust and safety with participants hinges on not asking for personally identifying information.

Future events could be presumptively designed with an intersectional, social justice approach in the absence of detailed participant demographic and personal information. This would help deliver tailored services that redistribute power and alleviate oppression. For instance, literature on service use by homeless women shows that mental health and cognition are among some of the factors that should be considered when deciding which services are provided and how they are delivered (Buckner et al., 1993; Burra et al., 2009). In the current evaluation, all 45 participants that were asked reported that their needs were met by the services provided. GHHN's current approach to including a wide variety of services appears to be meeting the needs of the target population.

Our evaluation revealed the need to balance scope and safety, or the magnitude of reach with participants' needs for safety, privacy, and confidentiality. GHHN might be able to reach more

people by hosting the Women's Health Day event in a large space with walk-up access from the sidewalk, but this might make some participants feel unsafe or not give them the privacy they need. Trust is an important part of relationship-building, particularly when conducting research among vulnerable populations (Harcey et al., 2021). While the Women's Health Day event addressed most barriers, a single event is unlikely to address all barriers, especially since some are rare or nuanced. How can GHHN ensure wide participation while guaranteeing safety, privacy, and confidentiality for the most vulnerable homeless women? One potential solution might be to hold multiple events per year in different spaces, locations, and with different service providers to help to reach different target populations. More frequent events could also provide continuity of care between events. Service providers who cannot attend an event can be represented by other means, e.g., a directory of service providers, pamphlets, and outreach materials.

Finally, this evaluation highlights the need for an additional study to identify which populations the Women's Health Days events are not reaching. Given that the data collection was drawn from a population of event attendees, we have not been able to provide information on the populations who did not participate in the event. An important area for future research is an environmental scan or needs evaluation collected from individuals who did not attend the event. This information could help engage highly marginalized or vulnerable populations at future events or possibly through another means.

Recommendations

Recommendations regarding the space and location of the event

- Hosting the event in a central location or underserviced areas
- Having an outdoor space available for Indigenous service provision
- Hosting the event at a consistent location so participants know where to go, or
- Hosting the event at varying locations to reach different populations

Recommendations regarding the timing and frequency of the event

- Hosting the event at a consistent time of year so participants know when it is happening
- Having more frequent events to reach more individuals and disparate populations in different settings

Recommendations for future evaluations

- Train service providers on collecting data through passports
    - Provide a reference sheet with definitions of categories such as "accessed services" vs "talked about services" to reduce misinterpretation
- Standardize approach to collecting evaluation data at events
    - Clearer provider passports - put the colour of the sticker on each column

    - No access to other stickers except the three pre-defined colours at the event
    - Take photos of participant passports before they leave the event. This could be done at the donations and dotmocracy stations.
    - Have the same service categories on both participant and provider passports
- More opportunities for open-ended response collection for participants:
    - Use sticky note walls where participants can write any thoughts or opinions, or have a volunteer transcribe their responses

Recommendations for participant access

- Designing events to be accessible to people with different physical and cognitive needs

Other recommendations

- Increasing awareness of the event with participants through social media
- Having participants register for specific services that require completion of applications
- Obtaining funding for amenities (ie: showers, razors) and services (ie: childcare, bus tickets, interpreters)
- Increasing the variety of services by inviting unique service providers
- Offering mental health services to participants that are ongoing and continuous to ensure there is a continuity of health and social care between events.
- Hosting frequent events with consistent volunteers and staff to help build relationships and trust with participants, and to support relationship-building between community agencies

Conclusion

The objective of this research was to conduct a process and outcome evaluation of the Women's Health Day event hosted in July 2022 by GHHN. The process evaluation focused on indicators regarding participation and satisfaction, while the outcome evaluation focused on indicators about and access and needs. Based on the service providers present at the event, and the 86 women who participated in the two-day event, we found that participants used multiple health and social services; many of these were first-time uses. Most participants were comfortable with using services at the event and most indicated that the quality of services was excellent. Interviews conducted with service providers generally showed that the event was helping to reach people not usually seen by service providers in their own settings. However, more could be done, especially for the most marginalized homeless women in Hamilton. Event participants reported that the services offered met their needs, and that they accessed services that they don't normally receive. Overall, the process and outcome evaluation showed that the event was successful at engaging service providers with homeless women in Hamilton. Applying social justice and intersectional approaches can help improve health and social service provision for homeless women in Hamilton in future Women's Health Days events.

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Appendices

A. Survey questions and data collection methods
B. Dotmocracy survey templates
C. Provider passport template
D. Provider interview guide
E. Summary of services and providers
F. Detailed provider descriptions
G. Map of services across both event days
H. Social media posts of event and post engagement
I. Participant passport data
J. Themes, codes, definitions, and representative quotes from participant interview data

Appendix A: Survey questions and data collection methods

Evaluation type	Domain	Indicator	Question	Data collection method
N/A	Demographic*	# of unique and returning participants attending event who identify as women, trans, and/or non-binary	Have you attended a GHHN Women's Health Day in the past? (Yes/No) If yes, when did you attend? (multiple choice of previous WHD dates)	Dotmocracy Demographic data from participating agencies (Megan L.)
Process	Use	Minimum, maximum, and average number of services accessed by participants	How many services did you use at this event? What type of services did you use at this event?	Passport – participant Passport – provider
	Use	Services most and least accessed by participants (frequency distribution)	What services did participants use the most? What services did participants use the least?	Passport – participant Passport – provider
	Satisfaction	Perceptions of participants on the quality of services provided at the event	What do you think about the quality of services offered today? 1=Poor 2= Fair 3= Good 4= Very good 5= Excellent	Dotmocracy
	Satisfaction	Perceptions of participants on their comfort level in accessing services at the event	How comfortable did you feel using services at this event? 1=Very uncomfortable 2=Uncomfortable 3=Neutral 4=Comfortable 5=Very comfortable	Dotmocracy

Outcome	Access	Staff perceptions on whether they reached participants at this event that they would not reach in their traditional practice setting	Consider the patients that you see at your usual practice setting. Did you provide care to people today that you don't see in your usual practice setting? What was a success story from today? What worked well? What could be improved for the next Women's Health Day?	Interview
	Access	Participant perceptions on whether they were able to access healthcare services at the event that they're not normally able to access in the community	Did you access services today that you don't usually receive? (Y/N) If yes, which ones?	Dotmocracy
	Needs	% of participants who received a needed service for the first time		Passport - participant Passport - provider
	Needs	% of participants that agree that the services offered met their identified health needs	Did the services offered today meet your needs? (Y/N) Which services were not available that you needed?	Dotmocracy

*Demographic data will not be linked to process and outcome evaluation data

Appendix B: Dotmocracy survey templates

Have you attended a GHHN Women's Health Day in the past?	
Yes	**No**

If yes, which event did you attend?				
August 2021 – Willow's Place	**December 2021 – YWCA/CAP**	**March 2022 – YWCA/CAP**		

What do you think about the quality of services offered today?				
5=Excellent	**4=Very Good**	**3=Good**	**2=Fair**	**1=Poor**

How comfortable did you feel using services at this event?				
5=Very Comfortable	**4=Comfortable**	**3=Neutral**	**2=Uncomfortable**	**1=Very Uncomfortable**

Did you access services today that you don't usually receive?

Yes	No

If yes, which ones?				
Reproductive health	**Mental health and addictions**	**Vaccinations**	**Social and housing support**	**Wellness activities**[MP1]

Did the services offered today meet your needs?	
Yes	**No**

Which services were not available that you needed?				
Reproductive health	**Mental health and addictions**	**Vaccinations**	**Social and housing support**	**Wellness activities**[MP2]

Appendix C: Provider passport template

GHHN Women's Health Days **Health Service Use Survey** **July 13/14, 2022**		
Health service:		
Provider name:		
Provider organization:		
Number of participants who **<u>used</u>** your health service **(RED STICKER)**	Number of participants who had a **<u>conversation</u>** with you about your health service, but who did not receive your health service **(BLUE STICKER)**	Number of participants who used your health service for the **<u>first time</u>** **(GREEN STICKER)**

Appendix D: Provider interview guide

- Consider the patients that you see at your usual practice setting. Did you provide care to people today that you don't see in your usual practice setting?
- What was a success story from today? What worked well?
- What could be improved for the next Women's Health Day?

Appendix E: Summary of services and providers

Table 3. Summary of service and providers across both event days

Categories	Total
Total services offered	21
Services offered on July 13th	18
Services offered on July 14th	20
Types of service* Health Social	 12 9

*__Health__ = Vaccine, Pap Testing, Hepatitis C. Testing, STI/HIV Testing, Mental Health & Addictions, Contraception, Wound care, Alzheimer's Society, Naloxone Safety Training, Aboriginal Health, Foot Care, CMHA Wellness; **Social** = Food, Donations, Engagement (button making), Good Shepherd, YWCA Hamilton, Housing Services, STARS, Sexual Assault & Domestic Violence, ODSP Clinic

Appendix F: Service provider descriptions

Service	Provider organization	Type	Description
Reproductive Health – PAPs	Variety of community settings	Clinical	Physicians, Nurse Practitioners and Midwives from a variety of community settings provided physical exams and PAP testing to those eligible for cervical screening. Reproductive health teaching was also provided. Contact information was obtained to follow up with participant when results are received.
Contraception counseling	Variety of community settings	Clinical	Physicians, Nurse Practitioners and Midwives from a variety of community settings providing information and prescriptions for contraceptives
Mental health and additions	Variety of community settings	Clinical	Physicians, Nurse Practitioners and Midwives from a variety of community settings providing information, supports, and referrals related to MH & A
COVID-19 vaccinations + TB	Shelter Health Network (SHN)	Clinical	Shelter Health Network physician and medical staff provided COVID 19 vaccines to participants as well as providers. First, second, third and fourth booster doses were administered using the provincial

			COVID vaccine system. A health card number was required though the team had access to clinical records to look up health card numbers if the participant needed.
Aboriginal Health Navigator/Traditional Healer		Clinical	Traditional health healer and health promotion staff providing information and referrals related to Indigenous services
Smoking cessation		Clinical	
Naloxone teaching	Marchese pharmacy	Clinical	Local pharmacist providing teaching on opioid overdose and distribution of naloxone kits
STI/HIV testing	Public Health	Clinical	Public Health Harm reduction team provided urine and blood testing for blood borne illnesses and sexually transmitted infections.
Hepatitis C Teaching		Clinical	Health teaching was provided on Hep C risk factors, symptoms, diagnosis, and treatment to participants with current or previous diagnosis, or as prevention. No testing was available during these two days due to lack of testing equipment available (supply chain issue). Testing has been completed at previous events.
Foot care	Good Shepherd	Clinical	Good Shepherd nurse providing information, referrals, and treatment of medically related foot conditions.
Wound Care	Variety of community settings	Clinical	Physicians, Nurse Practitioners and Midwives from a variety of community settings providing assessment and treatment of wounds.

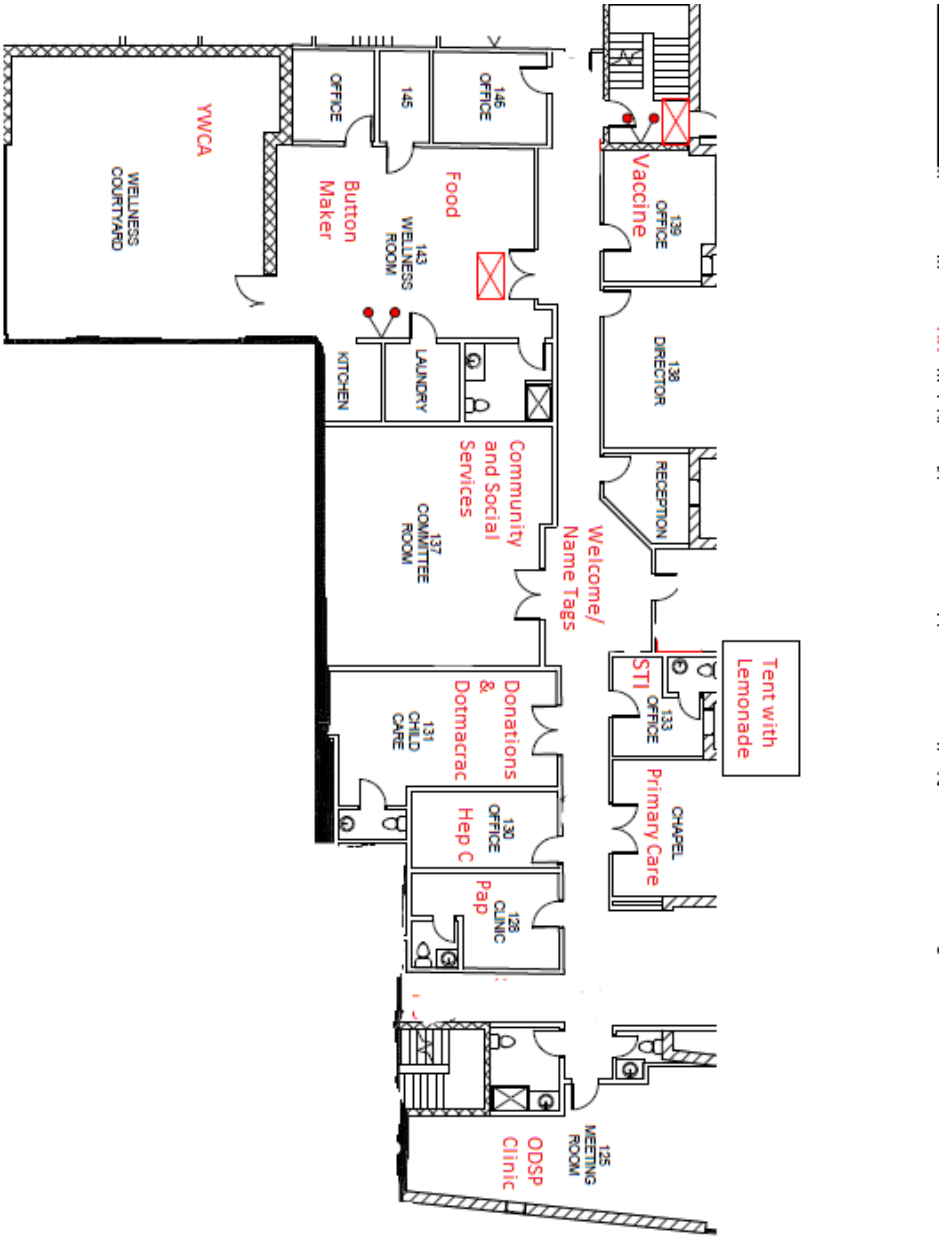
Alzheimer's Society	Alzheimer's Society and Dementia friendly community	Clinical	Volunteers and staff providing information, assessments and referrals related to dementia.
Wellness activities	CMHA	Clinical	Staff providing information and referrals to programs and services related to mental health and wellness activities and services.
Fitness and Rec + JOIN	YWCA	Community/ social services	Recreation program providing activities in the courtyard related to recreation and information on programs and services available at YWCA.
Wellness	Good Shepherd	Community/ social services	Staff providing information on health and wellness programs offered.
STARS (Sex Trade Alternatives, Resources, and Services)	Elizabeth Frye	Community/ social services	Program staff provided information on program and how to access services
HRIC drop in		Community/ social services	
Food		Community/ social services	Free sandwiches, veggies, snacks, water, fruit provided to participants to pack lunch and take with them
Donations		Community/ social services	Clothing, personal hygiene, purses, first aid, and gift cards ($10 for grocery store)
Engagement - Button Making	GHHN	Community/ social services	GHHN provided button maker and markers and stickers to make name tags, pronouns, or other buttons

Housing Services	City of Hamilton	Community/ social services	Staff from the City of Hamilton provide information on Access to Housing and application process.
ODSP		Community/ social services	Physicians, Nurse Practitioners, Midwives from a variety of community settings and staff from legal services clinic assists participant complete ODSP application and submit
Sexual assault & domestic violence	HHS	Community/ social services	Hamilton Health Sciences registered nurse provide information and referrals for services related to sexual assault and domestic violence

Clinical Services = Vaccine, Pap Testing, Hepatitis C. Testing, STI/HIV Testing, Mental Health & Addictions, Contraception, Wound care, Alzheimer's Society, Naloxone Safety Training, Aboriginal Health, Foot Care, CMHA Wellness;

Community/Social Services = Food, Donations, Engagement (button making), Good Shepherd, YWCA Hamilton, Housing Services, STARS, Sexual Assault & Domestic Violence, ODSP Clinic

Appendix G: Map of services across both event days



Appendix H: Social media coverage

Figure 7. Thank you Good Shepherd post: July 15th 2:00pm

Table 4.1. Social media statistics for the "Thank you Good Shepherd" post

Platform	Category	Numbers
Twitter	Retweets	2
	Quotes	3
	Likes	18
	Impressions	880

	Engagement and engagement rate	48, 5.45%
	Profile visit	1
Facebook	Reactions	4
	Comments	0
	Shares	0
	Reached	38
Instagram	Likes	9
	Comments	0
	Reached	54
LinkedIn	Reacts	10
	Comments	0
	Shares	0
	Clicks	6
	Impression	125
	Engagement rate	12%

Figure 8. Women's Health Day post: July 15th 10:30am

Table 4.2. Social media statistics for the Women's Health Day Post

Platform	Category	Numbers
Twitter	Retweets	2
	Quotes	3
	Likes	18
	Impressions	880
	Engagement and engagement rate, (n, %)	48, 5.45%
	Profile visit	1
Facebook	Reactions	4

	Comments	0
	Shares	0
	Reached	38
Instagram	Likes	
	Comments	
	Reached	
LinkedIn	Reacts	
	Comments	
	Shares	
	Clicks	
	Impression	
	Engagment rate, %	

Appendix I: Participant passport data

Table 5. Participant passport data across both event days

Services	Accessed service*	Talked about service*	First time receiving service*
Pap Exam	0	4	4
Naloxone	13	2	1
Mental Health	2	18	13
Good Shepherd	16	11	1
Vaccine	5	2	0
Hepatitis C	0	8	1
Wellness/Health	1	51	8
Aboriginal Health	3	13	0
STI/HIV	1	2	3
Alzheimer's	1	6	0
Housing	3	9	1
Relationships	0	11	8
Total	45	137	40

**Total values are for both days of the event. This data only presents information from the 32 participant passports submitted.*

Appendix J: Themes, codes, definitions, and representative quotes from participant interview data

Table 6.1. Participant interview data on accessibility of WHD events.

Theme	Code	Definition	Representative Quotes
Increased outreach	Reaching a greater variety of/more diverse groups (POC, women, criminalised individuals).	Organizations endorse that they provided care at the event to populations they don't normally see	"We had people coming through of all ages yesterday, but the people that did get paps or that did want to partake in the services tended to be an older demographic than those I normally serve…" "I think within the first half hour, we had 2 full screens, and then a few POC HIV tests as well. So that would be highly successful and not heard of in the history of us being at this event."
	Reaching greater number of participants	Organisations endorse that they provided care for a greater number of people than they usually would	"So we've done this event…and it's typically been very slow for us. But yesterday [we] were slammed."
Similar outreach	Practice with similar populations	Organisations endorse that they provided care to the same types of populations at the	"We generally see the same population because that's our mandate with this team - to tackle those

		event that they usually would.	who have substance use problems, homelessness, those who have been incarcerated, and at-risk youth." -
Facilitators to participant engagement/access	Services set up in one place.	Services were located in one event space	"What always works well for me is to have that open door policy. [You can] refer them and walk them over and…go with them in that moment."
	Services spaced apart sufficiently.	Services being spaced apart sufficiently allowed participants to engage with them.	"The space is good. It's spread apart enough."
	Event held in underserved area.	The event was held in a typically underserved area, allowing participants that don't usually have access to these services to engage.	"I think this is a great location because this area tends to be a little bit underserved."
	Event held in a central location.	The event was held in a central location within Hamilton	"The space is good. It's spread apart enough, it's a welcoming environment, it's a central location."
	Open-door model of service delivery.	The participants were able to access services with no obligations to provide information or access specific services	"What always works well is to have that open door policy…if they come in here, I can refer them [to some other service]

			and walk them right over. Having a welcoming kind of personality and no matter what they have or wherever they're at, [meeting them there]." "There were a few barriers to that person accessing health care that I can see would make it difficult to schedule regular appointments. For example, a hearing impairment makes it hard to schedule an appointment over the phone."
	Respect for privacy and confidentiality.	The providers and event staff ensured participants were accessing services in a confidential and private manner.	"There doesn't have to be an official record of someone's first and last name and date of birth, which a lot of services require, which is a big barrier. So right off the hop, we don't ask for any of that."
	Private spaces for services.	Having a private space/location (ie: rooms having closed doors and in a building that is not on a main street where people cannot walk in easily) to provide	"We do have more privacy, which is nice to have…Privacy is everything. If there's a client that comes up and they're sharing something confidential it should

		clinical services facilitated participant engagement especially for participants with increased need for privacy and confidentiality.	be in an enclosed space."
	Peer involvement	Having peers involved in the event allowed participants to feel more at ease when engaging with services.	"I think especially in the populations that we work with, peers are so integral to drawing in the population we want."
Barriers to participant engagement/access	Lack of privacy for social services.	Having all the social services in a big, open space together served as a barrier to participants wishing to engage with them.	"I would say, making sure each agency has privacy here that they need.
	Amount of background noise due to having social services in one space	The location had background noise limiting participant engagement.	"I had a hard time hearing what she was saying because there's so much extra environmental noise."
	Use of stigmatising language to describe services	Labels used to describe services were at times preventing participants from accessing these services.	"I would change the sign on the door to say Sexual Health Screening…people were asking for clarification because they are used to the phase "STD", and then "HIV" again is such a heavy, stigmatizing word. To get people in the clinic room, it'd be helpful to say 'Sexual

			Health Screening' and then do specific kinds of discussions when the client is in a confidential space."
Recommendations for increasing participant engagement/accessibility	Increasing awareness of event with participants - ex: through social media	Consider raising more awareness of the event with participants through social media to reach more individuals.	"We did have a lower turnout than we usually do. In the next Women's Health Day we would hope for more advertisement and possibly registration before as well like we do at our usual clinic." "I think that we have so many great resources here that the amount of like the number of people coming through, it's pretty low"
	Registration before events	Consider having registration for specific services/event to assist with completing applications	"We did have a lower turnout than we usually do. In the next Women's Health Day we would hope for more advertisement and possibly registration before as well like we do at our usual clinic."
	Increasing frequency of events	Consider increasing the frequency of events to reach target populations in a more sensitive	"One thing that could improve the event is higher frequency events because word of community

		manner.	matters in this community. With COVID, some of these services were virtual or didn;t happen. We're noticing a high turnover at clinics pre-COVID but that's because people knew it was at this location at this time every 2 months.
	Increase variety of services available by having unique service providers present.	Consider not having multiple providers providing the same service (ex: 2 STI-focused providers) - decrease redundancy & allow for other services.	
	Obtain increased funding to be able to provide amenities and accessibility services.	Consider obtaining additional funding to use for interpreters, childcare, bus tickets, and consider having certain amenities (showers, razors etc).	" We can offer bus tickets, to an extent we can offer taxis to an extent to how much it has been donated. We can offer food, to an extent depends on how much was donated to us. If we can perfect those elements to make it more accessible" "We hadn't anticipated that we hadn't prepared for that but we were flexible enough to address that in the moment and provide

			that individual with more amenities so they can access the service they needed.”
	Have events at a consistent time/location.	Consider having events at the same location and time every year so participants know where/when they will be held and can access them more easily.	See above quote.
	Have events at different locations	Consider having events at different locations each time to reach different populations where they are at	“So I think different populations being in different locations because it's meeting where they're at right instead of expecting them to come to us.”
	Using more accessible/central locations.	Consider having a central location that participants can come and go to access these services.	“This site is a little out of the way for clients to just wander in the first one was at willows place. Another one was at the YWCA and they're all more places where women are more inclined to drop in this is not this this place is is a violence against women shelter. So people can't just sort of come and come and go here.”
	Having an outdoor space for service provision.	The Aboriginal Health providers suggested an outdoor space for	

		their services.	

Table 6.2: Participant interview data on other valuable topics

Theme	Code	Definition	Representative Quote
WHD allows for the provision of person-centred care.	- Services are valuable to participants	Organisations endorsed providing services that are valuable to the participants, key to person-centered care.	"Once folks come in. It is a you know, here are the more than 12 different things that we can offer you. You don't have to go through them in order. You don't have to attend all of them. You can attend the very last one and still walk away with a gift card and something valuable to you. When you go to a desk you don't have to access their service. You can just access a conversation, you can simply just find out what they're there to offer." "They've gotten all sorts of groups involved, which is fabulous. I mean, having public health here to do testing is great. The Hep C team is also here. So yeah, they've sort of got all the bases

			covered."
	Providing services beyond clinical - addressing social aspects of health	The event had a range of social services beyond medical services	"The diversity in services we can offer, from the social housing needs, to the health needs to the exhilarate elements of clothing and food all of those are really complementary and fundamental to the conversation of health. Health is not just wound care, health is all of these other elements as well in the social determinants of health."
Benefits for participating organisations - ie: ways in which the organisations felt they benefited from participating in the event.	Networking with other organisations.	Organisations were able to network with others to see what services were at the event, potential for collaboration, what gaps need to be filled	"It's nice that we get to network with others because there's been so much change over the last couple of years with COVID. Some programs have been canceled, some have shifted, some don't exhaust any more. So you get to see who the new players are and form those relationships." - in the context of later referring on clients to these services
Recommendations for engaging service providers.	Increasing awareness of events with other organizations.	Consider increasing awareness of the events with other	"More social media or putting it out there because I didn't hear

		organizations to increase variety of services provided.	about it until the later days…so more awareness so other people can be involved."
	Providing providers with event information.	Consider giving providers the location, date, time, and a list of materials they should bring at least a week before the event.	"...Knowing where I'm going to be because I'd love the opportunity to make sure I have the right things available. But at the same time, I understand being flexible too. So it's, it's just, I think, a little bit more time to know what to prep for."
	Increase networking and community building between service providers	Consider the event integrating networking and community building exercises with providers to improve engagement between providers.	
Areas for future research	Needs evaluation or environmental scan to understand who we are **not** reaching	As this report (and most outcome evaluations) collect data from participants at the events, the perspectives of those who are not reached are not included. For next steps, conducting a needs evaluation or environmental scan may help us better	"I'm the kind of person who worries sometimes that we try to evaluate programs a little bit too positively, almost in a way to affirm that we're doing a good job and affirm positive outcomes. I don't think we do enough to measure negative outcomes and outputs. And so,

		understand how we can engage those we are **not** currently.	it is imperative that we ask very real vulnerable questions about why has it been scary for you to access healthcare, and to extract those outputs?”