

# Process and Outcome Evaluation of the November 2022 Women's Health Day Event

Prepared for  
Greater Hamilton Health Network

In

April 2023

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Contents

Executive Summary ..... 2  
    Definitions ..... 2  
Introduction ..... 4  
    Overview and Scope ..... 4  
    Research Objectives ..... 4  
    Report Organization ..... 5  
Background ..... 5  
**Objective 1: Updated Process and Outcomes Evaluation Methods ..... 7**  
Updated Methodology ..... 7  
    Participants ..... 7  
    Providers ..... 8  
Recommendations ..... 9  
**Objective 2: Process and Outcome Evaluation of SWAP Health Day ..... 10**  
Methodology and Limitations ..... 10  
    Methodology ..... 10  
    Limitations ..... 11  
Findings ..... 11  
    Participant results ..... 11  
    Provider results ..... 11  
Discussion ..... 14  
Recommendations ..... 15  
Bibliography ..... 17  
Appendices ..... 19

# Executive Summary

Evidence shows that experiencing homelessness impacts a person's health, and this is especially true for women and gender diverse people (Hwang et al., 2010). The Greater Hamilton Health Network has created and coordinates events which bring healthcare providers together to provide services to this vulnerable population, called Women's Health Days. The purpose of this research is to update the methods previously developed to evaluate these events, and to evaluate the November 2022 Women's Health Day event.

Similar to the previous evaluation, we collected data from participants through an anonymous dotmocracy tool, and from providers through interviews and "passports" which they used to track the number of participants who used their service. The methods were updated to reduce participant burden and focus on collecting reliable and complete data (e.g. we changed the methods to only providers collect data on what services were used instead of both providers and participants, since many participants did not fill out or submit their passports).

Due to low participant turn out, we were unable to conduct an evaluation of participant experience during the November 2022 Women's Health Day event. However, through provider interviews we were captured feedback on the space and set up, as well as provider experience. This event was held at the Sex Workers Action Program located in downtown Hamilton, Ontario. Providers suggested that a larger space would improve the ability to provide confidential services. Also, hosting the event at a place frequented by the target population may improve visibility and attendance. Some providers also suggested incorporating services not previously offered, such as psycho-social supports or non-healthcare related services such as personal care (e.g. nail care) or child care. Importantly, providers also discussed their own benefits to participating in these events such as learning about other services and networking. These could be helpful factors for event organizers to consider when asking providers to participate in future events.

The recommendations we included in this report can be applied to future events to improve accessibility, attendance, effectiveness of services, and allow for continued evaluation and improvement.

## Definitions

**Homelessness** – there is no universally agreed upon definition of homelessness, but we will use the definition provided by the Canadian Observatory on Homelessness, which states "Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate

prospect, means and ability of acquiring it” (Gaetz et al., 2012). This definition is inclusive of those who live unsheltered, in emergency shelters, and provisionally accommodated, or are at risk of homelessness.

**Women** – an inclusive term that refers to anyone who identifies as a woman.

**Gender diverse** – a term used to describe people who experience gender outside of binary system. This may include people who identify as gender-nonconforming, non-binary, genderqueer, and many other identities (Gender Spectrum, 2019).

# Introduction

## Overview and Scope

The Greater Hamilton Health Network (GHHN) is an Ontario Health Team dedicated to integrating health care providers and providing more connected care for patients. GHHN involves partnerships between patients, families, care partners, primary care, local organizations and the community. One GHHN initiative is Women's Health Days (WHD), which are events aimed at providing healthcare services to unhoused women and non-binary persons. There have been five WHD events since the summer of 2021, generally occurring every 3-4 months (August 2021 – Willow's Place; December 2021 – YWCA/CAP; March 2022 – YWCA/CAP; July 2022 – Good Shepherd; and November 2022 – Sex Worker Action Program).

GHHN approached McMaster University's Research Shop in Spring 2022 to assist with a process and outcome evaluation for the July 2022 WHD. The results of the evaluation summarizes key process and outcome performance measures, as well as recommendations for future evaluation methodologies (Pahwa et al., 2022). This report builds on this previous evaluation by applying a revised methodology to evaluate the WHD event in November 2022.

## Research Objectives

The objectives for this project are twofold:

1. Update methods, including data collection material, for the process and outcomes evaluation of the Women's Health Days event in November 2022 based on recommendations from the July 2022 event.
2. Conduct a process and outcomes evaluation of the Sex Workers Action Program health event in November 2022. The evaluation will be structured by the evaluation questions, indicators, and methods used in the previous WHD evaluation with modifications to the approach based on recommendations from the previous research team.

The following research questions, as outlined in the July WHD evaluation, are the basis for completion of these two objectives.

The two process evaluation questions and their indicators are:

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 are:

3. 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
4. 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

## Report Organization

This report is divided into two sections based on the two primary objectives. The first section will provide updated methods and data collection materials for the WHD evaluation. The second section will contain the evaluation of the WHD event which took place during November 2022. Recommendations are provided at the conclusion of each section.

## Background

According to a Community Homelessness Report from the City of Hamilton, between April 2020 and March 2021, 2738 people experienced homelessness for at least one day and 1420 people experienced chronic homelessness, defined as experiencing homelessness for at least six months in the past year. It can be difficult to fully capture everyone experiencing homelessness within these statistics, because much of homelessness is hidden (e.g., sleeping on a friend or families couch, but not having their own home). Women and gender diverse people are also often underrepresented in homelessness statistics. This is because women are more likely to seek provisional

housing instead of accessing established supports such as shelters; this can include staying in abusive relationships or exchanging sex for housing (Schwan et al., 2020). Thus, women and gender diverse people are an at-risk population with unique needs.

Unsurprisingly, health and homelessness are linked in many ways. A study from Toronto found that homeless people were more likely than the general population to have unmet healthcare needs (Hwang et al., 2010). Further, single women, and women with a dependent experiencing homelessness reported more unmet healthcare needs (Hwang et al., 2010). Multimorbidity, or the presence of two or more long term health care health issues, is also common in this population. When addressing health and homelessness, both people with lived experience and health professionals rank women, families, and children as a high priority population (ranked first and second, respectively)(Shoemaker et al., 2020). The COVID-19 pandemic increased challenges in providing services against the backdrop of job loss and increased domestic violence (Yakubovich & Maki, 2022). It is clear from the research that health among women and gender diverse folks experiencing homelessness can be challenging to address, but is important. One study of women with lived experience of homeless concludes that integrated health care is an important approach for this population (Whitzman, 2006). This approach involves interagency coordination and co-location of services, two important aspects of WHD. Further, having services located together can reduce stigma in a highly stigmatized population, as attendance at a general location does not identify which service(s) people are there to access.

# Objective 1: Updated Process and Outcomes Evaluation Methods

## Updated Methodology

We collected data to support the process and outcome evaluation from participants and providers in several ways, as described below. In this section, we explain each method, summarize previously identified limitations, and make recommended updates.

### Participants

#### *Dotmocracy*

Like the previous evaluation, we used the dotmocracy tool to collect sensitive health information from WHD attendees. For this evaluation, we identified two areas for improvement were identified to be incorporated into future evaluations. First, we asked participants what services were not available that they needed. In the previous evaluation the category option for both the questions “what services did you use that you do not usually receive” and “what services are missing” were the same. Instead of offering suggested categories for the second question, we recommend using an open-ended question format and providing an opportunity for participants to write in any services they need. This provides an opportunity for participants to identify services, healthcare or otherwise, that may not usually be included in WHD and thus would potentially offer a broader range of feedback. Future event facilitators should consider that writing in responses may create a barrier for some participants, so they should consider strategies to prevent this (e.g. allowing participants to place a dot next to written responses they agree with or having a staff member available to help complete this question if needed).

#### *Passport*

In the previous evaluation, the research team used participant “passports” to track the services each participant accessed at the event. The previous research team identified a number of issues with this method, however. First, many participants did not hand in their passport after the event; of the 98 individuals who participated in the July 2022 WHD event, only 32 submitted their passport. Collected information was also limited by the size of the passport: the research team had to collapse the 21 available services into 12 categories (e.g., health and wellness”), which made it difficult to interpret the findings.



Due to the issues raised in the previous evaluation, and the duplication of this data through the provider passport (explained below), we excluded participant passports as a data collection tool. It may be relevant to consider an alternate purpose for the passport, such as a health record for participants and thus a tool for them to keep.

## Providers

### *Passport*

The previous research team designed provider passport to mirror the participant passport and as a way to validate information from participants (see Appendix B). The research team identified that the main challenge with this tool is lack of clarity when filling it out. For instance, providers may have double counted participants by marking down if participants both talked about and received a service, whereas these categories should be mutually exclusive. Providers were also confused about what stickers they should be using, creating confusion about the responses.

Despite these challenges, the previous research team suggested this tool may serve as a more accurate and reliable source of data about service use for these events. As such, we recommend that for future events, the provider passport be used as the primary tool to collect service use data, as opposed to using both participant and provider passports.

To mitigate the challenges with the tool as identified above, we recommend that event organizers send providers instructions prior to the event via email, as well as verbally shortly before the event begins. We created an instruction sheet to be used in conjunction with the passport and can be sent in advance and can be referenced by providers during the event for clarity (Appendix B). We also updated the labels on the provider passport to ensure clarity (see Appendix C).

### *Interview*

The final data collection method is interviews with the providers. Event organizers or the research team will ask the following questions:

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 questions address staff perceptions on whether they reached participants at this event that they would not reach in their traditional practice setting (Q3). Interviews are brief, with most lasting under 5 minutes.

These interviews provided useful insights into the WHD setting as a way to provide care and how this can be optimized during future events. These interviews play an important role towards event improvement and are recommended by this team to be used during future evaluations.

## Recommendations

In summary, the following are our recommendations towards the improvement of data collection for the process and outcome evaluation of future WHD events. Moreover, we incorporated these recommendations into our evaluation of the SWAP event in November 2022, which we detail in the next section.

### Dotmocracy:

- Change the question of what services were not offered to be open ended, with accommodations for those who may not be able to write in a response themselves such as having a provider or peer support worker to help write the response
- Add symbols to response options to increase accessibility for those with limited English reading ability

### Passports:

- Remove the participant passport as a data collection tool
- Provide improved instructions on tool use to providers, including through communication prior to the event, verbal instructions before the event, and written instructions during the event

## Objective 2: Process and Outcome Evaluation of SWAP Health Day

As described above, the GHHN runs Women's Health Days several times each year in conjunction with local health and social service providers. In November 2022, GHHN ran a Women's Health Day event at the Sex Workers' Action Program (SWAP) Hamilton. This location was chosen by GHHN to the pre-existing relationship with its clientele. Given the relationship between sex workers and homelessness (as discussed previously in the report background), SWAP serves as a bridge to reach this already marginalized population and provide health and social supports. The Research Shop team aimed to conduct a process and outcome evaluation of the event in line with the recommended changes to the evaluation methods we outlined in the previous section.

## Methodology and Limitations

### Methodology

Data were collected by a Research Assistant from this event in three ways: participant responses on the dotmocracy, provider passports, and qualitative interviews with providers.

#### *Dotmocracy*

GHHN prepared dotmocracy charts and placed in an unobtrusive area at the event. Research shop associates helped participants respond to the questions. At the end of the event, Research Shop associates took photos of the completed questions and physical copies of the dotmocracy were retained by GHHN for future use.

#### *Provider passports*

Providers were given instructions on how to complete the passports via email ahead of time and with onsite training from the organizing staff from GHHN and the Research Shop team. We asked providers to assign one sticker per individual they served, and categorize the visit as one of three options: 1. They discussed the service with the individual; 2. They provided a service to the individual; or 3. They provided a service to an individual receiving this service for the first time. At the end of the event, Research Shop associates collected passports and used them to analyze the number and types of services accessed.

### *Provider interviews*

A Research Shop associate interviewed all providers at the end of the event to collect information on their perception of reaching participants, what worked well, and what should be improved for future events. We recorded participant audio and transcribed it directly using the Otter.ai mobile application. All providers provided verbal consent at the onset of the interview. We analyzed all interview data using conventional qualitative content analysis (Elo & Kyngäs, 2008; Erlingsson & Brysiewicz, 2017)

### Limitations

This Women's Health Day event took place in November 2022 and was held at Sex Workers' Action Program (SWAP) Hamilton office located in downtown Hamilton. The event had very few attendees (4 individuals), and only 2 individuals accessed services at the event. Previous WHD events held had participants numbers ranging from 40-80 participants/event and these low numbers were not expected. As such, our analysis will focus on provider feedback and experiences. We will also consider possible explanations for the lack of participation through provider feedback.

## Findings

### Participant results

Using the dotmocracy tool, the two participants who received services at the SWAP WHD event indicated they had never attended a WHD event before. They both found the quality of services provided to be "excellent" and both felt "very comfortable" accessing services at the event. Neither indicated that they had accessed services that they don't normally access, however they accessed vaccination as a service that they do not normally use. Finally, both participants felt that the services offered met their needs.

### Provider results

#### *Provider passports*

While use was minimal given the low participant turnout, provider passports appeared to be used correctly. Specifically, Indigenous Supports - Traditional Medicine was accessed by two individuals who received the service for the first time. The only other service accessed during the event was the vaccination services, which was accessed by 5 individuals for the first time and by 3 individuals who had received vaccinations before. Note, these records exceed the total number of participants at the event (i.e.,

inside the SWAP building) as the vaccination service providers exited the SWAP building and provided their service to passersby on the street.

### *Provider interviews*

The research assistant conducted interviews with 11 providers at the SWAP WHD event, eight of whom consented to be recorded and three of whom declined recording but consented to notes being taken and used in this analysis. The three main themes of the interview were: 1. challenges of the event; 2. positives of the event; and 3. what improvements could be incorporated for future events (for full questions, see page 8).

#### A. Challenges of the event

The main challenges listed by providers was difficulty in recruiting participants (n=6; 55% of interviewees) and in advertising the event (n=2, 18% of interviewees). Exemplifying this, Participant 2 stated that, “So we had a colorful range of different organizations here and it's just a shame that there weren't that many participants because I think people could have benefited from it”.

Another challenge mentioned by participants (n=2, 18% of interviews) is difficulty with neighbours. Neighbours to SWAP Hamilton have expressed strong negative responses to SWAP's presence in the community, even going so far as to deter clientele. As such, this may have been a contributing factor to the low turn-out. “Also, we did have a few participants, I was worried that we might not have any considering the context of where we are in the city and also some of the difficulties we have faced with our neighbors and the discrimination of our [...] service users” (Participant 7).

#### B. Positives of the event

Providers identified a number of positives from the event, despite the low participant turnout. Specifically, providers were very positive about the services provided (n=5, 45% of interviewees). For example, Participant 6 stated, “for those participants that did come in, being able to provide them with the [services] that they needed [was a positive]”.

Further, they found the event to be a very positive networking experience with other service providers (n = 4, 36% of interviewees). Participant 4 stated: “I think it's always a great networking opportunity for me to meet other care providers, service providers in the community, you know, we sort of have a common goal of serving a priority population. And so it's, I think it's a good networking opportunity for me to meet other care providers.”

Finally, providers found that a positive of the event was raising community awareness (n=3, 27% of interviewees). Participant 7 stated: "Today's success included the fact that the media took up our event very strongly promoted it and television promoted it by having a reporter come and do a video interview of the events with the healthcare providers. We had the community notice: there was a lot of people looking into this space as the event was occurring." Future improvements

We classified improvements for the next event in three main areas: advertising/recruitment, space improvements, and services to add.

Participants felt that advertising to participants needed to be improved in order to increase the number of participants (n=5, 45% of interviewees). Recommendations included: starting promotion earlier for a longer period of time (n=2; 18%), street advertising (e.g., posters)(n=2; 18%), community outreach (n=2, 18%), informing community members about the safety of the event (n=1; 9%), and providing public transit supports in advance to individuals likely to attend the event (n=1; 9%). Participant 1 described some specifics: "With the other woman's days that are coming up, we have opportunity to get the cards out there and get bus tickets out there to those who typically would come to an event like this. And I do believe too, [that] with SWAP [being] such new programming in the city, many people may not be aware of the service if they're not already utilizing it". Participant 7 also provided some examples of how additional promotion time can be used to increase recruitment: "giving a month and half more time for poster distribution at different shelters, word of mouth and then also just like preparing, you know, like mentally having people be aware of an event that's coming up and then letting them know it's safe." Advertising could also take the form of signage ahead of and during the event, as described by Participant 3: "I would just say more street advertising. It took us a while to even find the place. It was kind of like, not very well advertised, like on the streets. So I would say maybe just more posters outside."

Providers felt that changes to the space would improve the access to services for participants. Specifically, providers identified the need for more space (n=2; 18% of interviewees) and for private spaces (n=2; 18% of interviewees). Participant 4 stated: "if I was to see a client having some private space so that I could do a thorough history with the client and it to be sort of confidential." One participant commented that previous events held in the basement of the YWCA offered the best facilities to perform Pap smears and other similar health services (Participant 8). Another participant recommended that future event spaces be chosen based on how regularly the space is accessed by the sex worker population, for example, choosing high traffic spaces that are more familiar to the population (Participant 11).

Finally, providers felt that some services would be beneficial to add. These services fall into two main categories: health services and services to attract participants. Health services to add included psychosocial care (n=4, 36% of interviewees), dental care (n=1; 9% of interviewees), and monkeypox vaccines (n=1; 9% of interviewees). Participant 1 identified specific psychosocial supports: “I have noticed that [...] our city lacks some grief and bereavement counseling. I've noticed that there's not as many services as available for those that are grieving the loss of a loved one and or a person in their life”. Further Participant 7 found that: “if we did an STI test, we offered an instant HIV test, for example, and hypothetically someone came back with a positive result, having a psychotherapist there in that context would probably be a really positive support.” On the added services that would attract participants, providers identified hair and nail care (n=2, 18% of interviewees) and childcare (n=2, 18% of interviewees).

## Discussion

Overall, both participants and service providers felt positively about this WHD event at SWAP Hamilton, with the biggest challenge being the number of attendees. The two participants who accessed services found the experience to be excellent and very comfortable.

As discussed in the provider interviews, there is not one clear answer as to why participation was very limited at this event. Some potential reasons include hostility directed at SWAP Hamilton by neighbours and lack of advertising and signage. To improve participant access, providers had many suggestions. Considering the logistics of location of venue, time of day, transit access, and childcare may allow more participants to attend the event and access services.

**Location.** When choosing a location, it may be important to consider selecting a venue that is already frequently accessed by the target population. Bringing the service providers to the community may help reduce transit barriers. Further, the location itself should have enough space for providers to spread out in order for conversations to remain confidential. As well, private spaces should be available for more sensitive health care services such as Pap smears.

**Services.** Providers found that the existing services at the event were excellent, but did have a few suggestions. One frequent suggestion was adding some form of psychosocial support for participants, whether that be a counsellor or other mental health care professional. These supports may be beneficial in tandem with diagnostic health services, e.g., building a support network after receiving an HIV diagnosis. Other services could also be incorporated to encourage participation. These include services

such as hair and nail care, which can be difficult to access for this community. Further, having temporary childcare at the event may allow more women to access confidential services.

Advertising. A number of providers also mentioned improved advertising in order to encourage more individuals to attend the event. This advertising could take the form of flyers or posters at a variety of locations, both at the venue where the event is being held and in the wider community. The advertising should be focused to places that are frequented by possible participants and include information around the safety and confidentiality of the services provided.

In addition to the WHD events improving participant access to services, providers also identified WHD events as a key networking venue. Providers expressed that, through discussion with other providers, they were able to better understand the needs of the target population and felt inspired to continue outreach work. The event provided a space for conversation between key stakeholders in the event and sparked ideas for future events and outreach possibilities.

Due to the limited participant pool, it is difficult to evaluate processes and outcomes as laid out in the original report objectives. It appeared that all provider passports were used correctly, so providing the instructions ahead of time and with clear on-site training before the event appeared to improve correct use of the passports. This should be continued for next events. The dotmocracy also appeared to be used correctly, however it was difficult to find an appropriate space for the large pieces of paper. Further consideration should be given to dotmocracy location for future events. Further, as described in Objective 1 above, Research Shop associates developed icons to go with the dotmocracy questions and reworded some of the questions. However, these changes were not made to the posters before the event due to time constraints. Future Research Shop teams should plan for more time before the event to incorporate these changes to the existing posters.

## Recommendations

Based on data collected at the GHHN WHD event held at SWAP Hamilton, the following recommendations are provided for future WHD events.

Recommendations regarding the space and location of the event:

- Having a space large enough for providers to spread out and have confidential conversations
- Having a venue with private spaces for more invasive health services



- Having a commonly frequented location for the venue
- Having a public transit accessible location

Recommendations regarding the services available at the event:

- Adding psychosocial supports (grief and bereavement counselling, psychotherapy)
- Adding services intended to attract participants (hair and nail care, childcare)

Recommendations for future evaluations:

- Finding a space for dotmocracy that is near the exit of the event but that still provides some privacy for participants to answer
- Making accessibility changes to dotmocracy questions

Recommendations for participant access:

- Improving advertising in places where target groups frequent (this could include online/social media areas)

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# Appendices

## Appendix A: Revised Dotmocracy








<b>Have you attended a GHHN Women’s Health Day in the past?</b>	
 Yes	 No



<b>If yes, which event did you attend?</b>			
August 2021 – Willow’s Place	December 2021 – YWCA/CAP	March 2022 – YWCA/CAP	July 2022 – Good Shepherd

<b>What do you think about the <u>quality</u> of services offered today?</b>				
5= Excellent	4= Very Good	3= Good	2= Fair	1= Poor
				

<b>How <u>comfortable</u> did you feel using services at this event?</b>				
5= Very Comfortable	4= Comfortable	3= Neutral	2= Uncomfortable	1= Very Uncomfortable
				

<b>Did you use services today that you <u>don’t usually use</u>?</b>
--

				
Yes		No		
<b>If yes, which ones?</b>				
<b>Reproductive health</b> 	<b>Mental health and addictions</b> 	<b>Vaccinations</b> 	<b>Social and housing support</b> 	<b>Wellness activities</b> 




<b>Did the services offered today <u>meet your needs</u>?</b>	
	
Yes	No

<b>In your opinion, which <u>services were missing</u>?</b>
*open ended question – provide sticky notes or participants can write on the paper*

## HOW-TO: Passports

As a healthcare provider at this event, you will be given a **Provider Passport** to **anonymously** keep track of the number of individuals that have a conversation with you about your service, access your service, or access your service for the first time.

You will also be given three different coloured stickers, each of which **correspond to one of the sections on your passport:**

-  **Blue:** represents an individual that **has a conversation with you about your service**, but does not use your service.
-  **Red:** represents an individual that **uses your service**, but it is **not the first time** that they have accessed your service.
-  **Green:** represents an individual that **uses your service for the first time**.

For example, a participant may want to discuss contraceptive options with a provider offering contraceptive counselling. After discussing their options, they **decide to receive an IUD**. If this is the **first time** they have received an IUD, this will warrant a **green** sticker. If it is **not the first time**, a **red** sticker will be used. If they **discuss their options** with the provider and **choose not to move forward** with any of the options provided, this will warrant a **blue** sticker.

***\*Please only use the stickers provided by the GHHN team, and only use one sticker per participant! This will ensure that the information collected accurately reflects the services provided.\****

Appendix C: Revised Provider Passport

<b>GHHN Health Days Health Service Use Survey (Provider Passport) November 16, 2022</b>		
Health service:		
Provider name:		
Provider organization:		
<p>This Provider Passport that you have been given is used to <b>anonymously</b> keep track of the number of individuals that have had a conversation with you about your service, have accessed your service, or have accessed your service for the first time. Please choose the category that <b>best</b> describes your interaction with each participant. Each participant should be represented by a <b>singular</b> sticker.</p>		
Number of participants who had a <b><u>conversation</u></b> with you about your health service, but who did not receive your health service  <b>(BLUE STICKER)</b>	Number of participants who <b><u>used</u></b> your health service  <b>(RED STICKER)</b>	Number of participants who used your health service for the <b><u>first time</u></b>  <b>(GREEN STICKER)</b>