Integrating Social Justice, Equity, and Trauma-Informed Frameworks in Research Programs to Support for Women, Trans, and Non-Binary People from Diverse Communities

Evaluation Report

Prepared for Women's Health in Women's Hands Community Health Centre

WOMEN'S HEALTH IN WOMEN'S HANDS COMMUNITY HEALTH CENTRE
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About this report

This report presents findings from an evaluation of health interventions and research programs delivered by the Research Department of Women's Health in Women's Hands Community Health Centre.

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Executive Summary

Women's Health in Women's Hands Community Health Centre (WHIWH CHC) provides health services to African, Caribbean, Black, Latin American, and South Asian women, trans, and non-binary individuals. This evaluation assesses the integration of equity, social justice, and trauma-informed frameworks into WHIWH's research programs and health interventions. Given the persistent health inequities faced by these communities, this study aims to identify best practices and recommend strategies for strengthening culturally responsive and inclusive care. The integration of equity, social justice, and trauma-informed frameworks is crucial for addressing the unique health challenges faced by WHIWH's diverse service users. This evaluation provides actionable recommendations that can strengthen WHIWH's research priorities, intervention strategies, and long-term sustainability in addressing health disparities. By implementing these findings, WHIWH can enhance the impact, accessibility, and inclusivity of its programs and research initiatives.

Objectives

The primary objective of this evaluation is to inform WHIWH CHC's Research Department in establishing new research priorities that reflect the lived experiences and needs of its service users. This study seeks to answer the following questions:

1. What are the primary health needs and concerns of WHIWH's service users?
2. How can interventions better incorporate equity and social justice principles?
3. How can trauma-informed care frameworks be more effectively integrated?
4. What best practices exist for community-based research?
5. What metrics should be used to assess the success of interventions?

Methods

A qualitative approach was used, consisting of:

- Four focus groups with WHIWH service users (n = 19), exploring their health concerns and experiences participating in research programs and health interventions.

- Two focus groups with WHIWH service providers (n = 2), assessing their thoughts on intervention design and implementation.
- Survey of community leaders and researchers (n = 24), analyzing best practices in community-led program design and evaluation metrics.

Key Findings

1. Service Users emphasized challenges related to mental health access, chronic disease management, and barriers to culturally responsive care. Participants also reported inconsistent communication about programs and difficulty accessing virtual and in-person services due to financial or technological constraints.
2. Service Providers highlighted systemic barriers, funding constraints, and the need for more trauma-informed training to ensure culturally appropriate interventions. Staff turnover and inconsistent training were identified as major issues.
3. Community Leaders & Researchers called for expanded policy advocacy, intersectional equity frameworks, and standardized evaluation metrics to measure long-term program impact.

Recommendations

Short-Term (0-12 Months)

1. Strengthen digital outreach and program visibility.
2. Expand outreach to underserved communities (e.g., 2SLGBTQ+ populations, geographically remote clients).
3. Provide proactive accessibility accommodations for neurodiverse and disabled clients.
4. Standardize trauma-informed care training across WHIWH staff.

Mid-Term (1-3 Years)

1. Adopt human-centered design for program development, ensuring community involvement.
2. Broaden therapeutic modalities (e.g., EMDR, somatic therapies, peer support).
3. Develop a unified evaluation framework to measure intervention success.
4. Integrate culturally responsive chronic disease management strategies.

Long-Term (3-5 Years)

1. Use research findings for policy advocacy and systemic change.
2. Expand funding mandates to increase program inclusivity for diverse racialized communities.
3. Scale up community-based peer support initiatives to foster social connection and empowerment.

Background

In Canada, there is growing interest in addressing the systemic and structural health inequities faced by equity seeking groups including women, non-binary and trans people of African, Latin, and South Asian descent (2, 32). The persistent health disparities and adverse health outcomes experienced by these communities highlight the necessity for research frameworks that incorporate equity, social justice, and trauma-informed principles (33). Although these approaches have not been extensively studied in Canada, valuable insights can be gleaned from their application in other research and community-based settings (31). By adapting these frameworks to the Canadian context, more inclusive approaches to health equity can be implemented to effectively address the unique health needs of these communities.

Equity and Social Justice Frameworks

Equity and social justice and frameworks in health research emphasize addressing the systemic and structural inequalities that impact equity-seeking groups (3). These frameworks advocate for the redistribution of resources to support equitable access to healthcare and the dismantling of discriminatory practices from clinicians and allied health workers in the healthcare system (29). They are typically grounded in anti-racist and anti-oppression theories.

Anti-Racism

Anti-racism frameworks explicitly address and challenge racism in all its forms (28). When informed by Critical Race Theory (CRT), anti-racism frameworks examine how race and racism intersect with other forms of social stratification to impact social outcomes (6). These frameworks seek to decenter whiteness and elevate the perspectives of racialized communities (5). When applied in a health context, they highlight the importance of addressing structural racism and provide the language to discuss overall well-being and the interactions of racism and rates of morbidity and mortality across various health conditions (6). They also seek to make use of participatory methods that involve communities of colour in every stage of the research process (5).

Anti-Oppression

Anti-oppression frameworks focus on identifying, challenging, and changing the values, structures, and behaviours that perpetuate oppression (4). The key features include an emphasis on reflexivity and promoting researchers' awareness of their own positionality and biases (15). In health settings, it involves advocating for systemic changes to promote equity and justice and ensuring that healthcare practices do not perpetuate oppression (4).

For example, intersectional feminism in research addresses the experiences of oppression faced by axes for example race, gender, sexuality, class, religion, (dis)ability, age, immigration status and other categories that interact simultaneously to colour experiences in various institutions (1, 18). Intersectional feminism encourages understanding the complexity of lived experiences and the use of intersectional analysis to inform research design and interpretation (17).

Trauma-Informed Care Frameworks

Trauma-informed care (TIC) frameworks prioritize understanding, recognizing, and responding to the effects of all types of traumas (21). TIC aims to avoid re-traumatization of all stakeholders, which include an organization's leadership, staff, clients, and their support networks (21). In addition, this framework promotes a culture of safety, empowerment and healing as defined by the clients being served (21).

Harm Reduction

The harm reduction framework incorporates community-driven public health strategies to empower people who use drugs (PWUD) to live self-directed lives (27). These strategies include prevention, risk reduction and health promotion (27). In research, applying harm reduction principles involves designing interventions that meet individuals where they are, without the demand for abstinence (27). Needle exchange programs and access to supervised injection sites, often led and supported by peers, exemplify these principles (35). However, PWUD also need access to clinical healthcare services such as wound care and safer supply programs (13). Therefore effective harm reduction programs are properly educated healthcare professionals (13).

A review of current American medical school curricula revealed that undergraduate and graduate clinical education programs lack foundational knowledge of harm reduction principles (Smith et al) . To reduce further harms, healthcare professionals are adequately equipped to provide quality, holistic care to PWUD (13).

The harm reduction approach also includes a sex-positive lens (19) . The principle “nothing about us without us”, guides work done in the field of HIV care and emphasizes a commitment to supporting the participation of communities, including sex workers, in research (35). Sex workers experience social stigma and criminalization, limiting their access to health services (24). Applying community-based research principles can facilitate their safe and meaningful inclusion in the research process (35). This involves collaboratively engaging sex workers as community members, ensuring their full participation, and fostering reciprocal learning among all research team members (35). The focus should be on balancing research with action to empower sex workers and increase agency over their lives (35). A peer-to-peer intervention led by sex workers in an urban setting enhanced their empowerment, increased their health knowledge and, built their capacity to navigate the healthcare system (35).

Cultural Responsiveness

Cultural responsiveness in healthcare refers to the capacity of providers and systems to integrate patient experiences and health perceptions shaped by their distinct cultural contexts (39). This approach shifts the focus from traditionally paternalistic perspectives of healthcare professionals, which may be attached to harmful unconscious biases rooted in systemic oppression (39). Embracing cultural responsiveness involves recognizing the structural barriers that diverse patients encounter when accessing health services instead of focusing on their individual health behaviours (38).

Within the ACB community, this can involve designing interventions that respect and incorporate their cultural beliefs, norms, and values (38). For example, providing sexual health information in various languages can increase the sexual health literacy of ACB people who do not speak English as their first language (37). In other settings, designing health promotion programs for older ACB people that avoid the use of slang or innuendos that apply to ACB youth may increase their engagement in HIV prevention programs, given the sexually conservative culture amongst this group (37).

Gender Responsive Approaches

Gender inequalities contribute to vulnerabilities to poor health outcomes and access to health services for women, trans, and non-binary communities (9) . As a social determinant of health, gender and gender-specific experiences include the enforcing of gender norms, roles, and power differentials in hetero-normative relations (9). This ultimately impacts access to health resources and quality of life across the life span (9). For example, in South Asia, life expectancy is lower in women than in men, and there is an increased mortality rate among girl children in the first five years of life (2). Many of these poor outcomes can be attributed to a lack of autonomy to make their own health decisions, especially those relating to sexual and reproductive health (12). As such, it is important to adopt a gender-responsive approach in health research which actively confronts gender biases and discrimination and addresses these disparities (14).

For trans and non-binary individuals, gender-responsive health research is critical to understanding and mitigating their unique health challenges (11). This includes addressing barriers such as discrimination, lack of access to gender-affirming care, and inadequate health service provision (14). Incorporating their voices and experiences in the research process ensures that interventions are relevant and effective (12). This approach promotes equity, improves health outcomes, and enhances the overall well-being of these communities by ensuring that health services are inclusive and responsive to their specific needs (14).

Methods

The purpose of this evaluation was to identify and establish new research priorities for the WHIWH CHC Research Department. By engaging service users, service providers, community leaders and researchers, the evaluation aimed to understand the best practices for integrating equity, social justice, and trauma-informed care frameworks into health interventions. These interventions are designed and implemented by the Department to support the wellbeing of African, Caribbean and Black, Latin American, and South Asian women, non-binary, and trans individuals.

Theoretical Frameworks

This study was designed using formative and collaborative evaluation design principles. Given the diverse populations and the specific health needs of the communities served by Women's Health in Women's Hands Community Health Centre (WHIWH CHC), it was essential to integrate multiple theoretical frameworks to ensure a comprehensive evaluation. The frameworks guiding this study are equity, social justice, and trauma-informed care.

Study Design

This evaluation presents a qualitative approach to assessing the mechanisms by which equity, social justice, and trauma-informed frameworks are incorporated into health interventions. The study design was informed by a committee of 7 service providers from various WHIWH departments. The study was completed in three phases for the three distinct study populations. The first phase involved an assessment by service users of WHIWH using focus groups; the second phase involved an assessment of service providers at WHIWH using focus groups; and the third phase involved an assessment by researchers and community leaders working at the intersections of health and equity in the Greater Toronto Area.

Research Questions and Hypotheses

This evaluation was designed to answer the following questions:

RQ1. What are the primary health needs and concerns of women, trans, and non-binary individuals from African, Caribbean, and Black, Latin American, and South Asian communities?

RQ2. How can interventions be designed to better incorporate principles of equity and social justice to support the health of women, trans, and non-binary individuals from African, Caribbean, and Black, Latin American, and South Asian communities?

RQ3. How can trauma-informed care frameworks be more effectively integrated into health interventions to support the wellbeing of women, trans, and non-binary individuals from African, Caribbean, and Black, Latin American, and South Asian communities?

RQ4. What best practices do community-based researchers follow to incorporate equity, social justice, and trauma-informed frameworks into their research programs and health interventions?

RQ5. What metrics should be used to assess the success of these interventions at addressing the needs of women, trans, and non-binary individuals from African, Caribbean, and Black, Latin American, and South Asian communities?

Data Collection

Recruitment and Eligibility

Participants were recruited using purposive sampling from Women's Health in Women's Hands Community Health Centre. Firstly, participants from past interventions from the CHC were contacted to join the evaluation. Secondly, flyers were distributed using print and digital means and guided participants on how to express interest in participating in the study.

Participants who were service users met the following inclusion criteria: 1) self-identified as African, Caribbean or Black, Latin American, or South Asian; 2) self-identified as a women, non-binary, or trans individual; 3) were 18 years of age or older; 4) have participated in a program or service at WHIWH CHC in the last 5 years.

Participants who were service providers met the following inclusion criteria: 1) self-identified as African, Caribbean or Black, Latin American, or South Asian; 2) self-identified as a women, non-binary, or trans individual; 3) were 18 years of age or older; 4) have worked in the research department at WHIWH CHC for a minimum of 12 months out of the last 5 years.

Participants who were community-based researchers met the following inclusion criteria: 1) were 18 years of age or older and 2), led or informed research for women, non-binary and trans individuals from African, Caribbean, and Black, Latin American, and South Asian communities in the Greater Toronto Area in the last 5 years.

Before enrolling participants in the study, the consultant reviewed the purpose of the study, all study activities, and the identified risks and benefits with participants. Participants who agreed to participate in the study provided their informed consent prior to engaging in any study activities. Participants were given a unique study ID and thus, are not identifiable in any transcripts, analysis, or materials produced from this evaluation. All study materials, including signed consent forms, questionnaire responses, focus group transcripts and analyses were stored in password-protected Google Drive files accessible to the lead researcher only. Participants received compensation of $50 after either participating in either a focus group or completing a survey.

Phase I: WHIWH Service Users

Firstly, a series of four focus groups were conducted with service users (n = 17) to gain an understanding of their health needs and experiences accessing health interventions at WHIWH. The focus group guide for service users included questions relating to their lived experiences as women, trans, or non-binary individuals from African Caribbean and black, Latin American, or South Asian communities. The focus group questions centred around their participation in health interventions developed by WHIWH.

Phase II: WHIWH Service Providers

Secondly, one focus group was conducted with service providers (n = 2) to gain an understanding of their experiences designing health interventions and implementing equity, social justice, and trauma-informed frameworks in various departments at WHIWH. The focus group guide for service providers included questions related to their intervention design process, highlighting their considerations for equity, social justice, and trauma-informed care.

Phase III: Community Leaders and Researchers

Lastly, a survey was distributed to researchers and community leaders (n = 24) in the Greater Toronto Area. The survey allowed this group to provide an assessment of their current use of equity, social justice and trauma-informed care frameworks in health interventions and research programs, and the metrics used to measure their impact on the health and social outcomes of equity-seeking communities.

Qualitative Data Analysis

All data from focus groups and prototype feedback sessions were audio recorded and transcribed. Transcribed data was cleaned to remove any personal identifying information captured, and to ensure readability. They were analyzed using thematic analysis in Dedoose, a qualitative and mixed-methods data analysis platform. An initial codebook was developed using the questions from the focus group guides and tested with a sample of transcripts in an iterative process (36). While coding, emerging themes and trends were recorded for further analysis and interpretation (36).

Findings

This section outlines the perspectives, thoughts, and attitudes of service users, service providers, and community leaders and researchers regarding the use of equity, social justice and trauma-informed care frameworks in research programs and health interventions.

Service Users

Program Engagement and Participation

Participants reported varying durations of engagement with WHIWH, ranging from long-term involvement spanning decades to recent introductions. Long-term participants emphasized their deep commitment to WHIWH's mission, appreciating its culturally responsive and community-focused approach to addressing racialized communities' needs.

"I joined the centre about 22 or 24 years ago...I'm always willing to join and participate in all the workshops and focus groups." (P4)

Newer participants, on the other hand, were often drawn by the organization's unique ability to provide healthcare services that are attuned to their cultural and identity-specific needs.

"*I first heard about it...exploring mental health supports...it is important to me to have all my health care practitioners look like me." (P1)*

The programs referenced spanned a wide range of focus areas, including HIV self-testing, hypertension workshops, the Flourish Project (which addresses gender-based violence), and mental health initiatives. Participants described many of these programs as transformative and impactful, providing them with valuable information and support while fostering a sense of community.

"I went to the Flourish Project... it was powerful to hear about the challenges others face and see a mix of men and women sharing." (P8)

"The HIV self-testing program and the stigma workshop were helpful in breaking the silence and self-stigmatization among us." (P9)

Participants learned about these programs through various channels, including social media, the center's email list, and word-of-mouth referrals. These diverse pathways facilitated their access to programming, though some noted room for improvement in communication and outreach efforts to ensure broader awareness and inclusivity.

Barriers to Access

Inconsistent Communication

While some participants learned about programs through various channels, others highlighted the inconsistency of communication, emphasizing the need for more reliable and comprehensive outreach strategies. Many expressed challenges in staying informed about available programs, particularly those who were not physically present at WHIWH to view posted flyers or who did not receive consistent email updates. This gap in communication often led to missed opportunities to engage in potentially beneficial programs.

"It's hard to find information on research programs... I wouldn't have known about the one I did if a friend hadn't shared with me." (P7)

"They don't always communicate electronically... I missed out on a lot of programs because I didn't see an email." (P6)

Accessibility Challenges

Additionally, the centre's single location posed significant challenges for participants who had to travel long distances, often at great financial cost, to access its services. Many identified transportation as a barrier, particularly for clients living in areas with limited transit options.

"[Having only] the one location... people can't even afford to fill up their Presto card and come down." (P1)

For virtual programs, accessibility issues were compounded by technological limitations. Participants with restricted mobile data or unreliable internet connections struggled to participate fully, prompting some to suggest that WHIWH provide subsidies for data, similar to its support for childcare.

“I wish there was a subsidy provided for topping up mobile data... just like they provide childcare.” (P5)

Staff Interactions

Interactions with staff, particularly at reception, were another recurring concern. While many participants appreciated the center’s overall mission and programs, some shared negative experiences with unresponsive or dismissive staff members, which undermined their sense of support and belonging.

“Sometimes the staff are rude... if they returned emails, that would be helpful.” (P8)

“You need help when you’re there... they shouldn’t treat you as if you’re being a bother.” (P11)

Trauma-Informed Care

Participants described having mixed experiences with practitioners. Trauma-informed care varied greatly across practitioners, resulting in inconsistent experiences for participants. While some practitioners were praised for their empathy and understanding, others were perceived as lacking sensitivity, which affected participants’ comfort and trust in the care provided. Participants shared that this variability often depended on individual practitioners' awareness and approach rather than a consistently applied framework within WHIWH.

While one participant shared concerns with practitioner biases impacting care, another expressed feeling safe with another program facilitator.

“There are some biases... one practitioner had gentle hands, but her replacement didn’t seem to care about trauma.” (P7)

“The facilitators were aware and had a good approach in terms of addressing sensitive issues.” (P6)

These contrasting experiences highlight the importance of formal trauma-informed care training to ensure all practitioners adopt a standard of care that consistently addresses trauma in a compassionate and culturally sensitive manner.

Furthermore, participants emphasized the importance of building trust with specific practitioners, particularly for those with trauma histories. Continuity in care was a critical factor in fostering a sense of safety and comfort. However, frequent staff changes or reassignments disrupted these relationships, often leaving participants feeling vulnerable and unsupported.

"Because I know them, they kind of know me... they took extra steps, which made me feel safe." (P5)

Understanding and Integrating Trauma

Participants noted that trauma-informed approaches should be better integrated into WHIWH's programs, especially considering the high levels of trauma experienced by many clients, including immigrant women and racialized communities. Some participants felt that the broader concept of trauma was not always understood or addressed adequately, leading to missed opportunities for meaningful support.

"People don't really understand what trauma is... they're going through it but may not have the words for it." (P8)

Primary Health Needs and Concerns

Mental Health and Access to Culturally Competent Therapies

Mental health emerged as a critical concern, with participants emphasizing the need for therapeutic options that are culturally sensitive and diverse. Many voiced frustrations with the limited scope of traditional talk therapy and the lack of alternative modalities tailored to their unique cultural and individual needs. Suggestions included exploring approaches such as Eye Movement Desensitization and Reprocessing (EMDR) and somatic therapies, which could better address the complex mental health challenges faced by clients.

"There needs to be more mental health research... beyond pills and talk therapy... they need EMDR or somatic therapy." (P7)

Participants also spoke about the importance of culturally competent mental health providers, particularly therapists who understand the nuances of racialized experiences, systemic barriers, and cultural contexts. This feedback highlights a pressing need to expand the scope of mental health services offered by WHIWH to ensure they are both effective and inclusive.

Weight Management and Chronic Disease Support

Weight management and support for chronic diseases such as diabetes and hypertension were identified as key health priorities. Participants noted that dietary advice often failed to account for culturally specific foods, making it difficult to implement recommendations in a meaningful way. This disconnect between generic dietary guidance and cultural dietary practices was a source of frustration.

“Weight management is a major one... culturally, there are certain foods that are central in our diet, so standard advice doesn’t always help.” (P6)

The intersection of chronic disease management with cultural competency is an area requiring further focus. Participants suggested more tailored interventions and greater awareness among practitioners about how to adapt recommendations to meet diverse cultural needs.

Disability and Neurodiversity Support

The lack of resources and inclusivity for neurodiverse and disabled individuals was another major concern. Participants highlighted how marginalized identities compounded the difficulty of accessing adequate care, leaving many feeling unsupported within existing programs.

“There’s not a lot of resources... and even less when you’re marginalized.” (P5)

Impact of and Satisfaction with WHIWH Programs

Community Support and Sister Circles

Informal support networks, particularly sister circles, were widely regarded as one of the most effective and meaningful aspects of WHIWH's programs. These gatherings fostered a sense of camaraderie, mutual understanding, and collective empowerment among participants. For many, the sister circles created a safe and supportive environment where they could openly share experiences and feel validated by others facing similar challenges.

"*What's working is sister circles... we show up for each other." (P1)*

The emphasis on peer support highlights the importance of maintaining and expanding these community-driven spaces, as they play a vital role in addressing the emotional and social needs of participants while complementing WHIWH's formal interventions.

Need for Feedback and Program Impact Visibility

Participants expressed a strong desire for greater transparency and follow-up regarding the outcomes of research programs and interventions. Many felt uncertain about the long-term impacts of their contributions, noting that the lack of visible changes or updates diminished their sense of engagement and satisfaction. Providing regular updates on research findings and integrating these outcomes into patient care were identified as critical improvements.

"I didn't see any changes or updates post-program... it would be helpful if results were shared and integrated into patient care." (P6)

Mixed Perceptions of Program Effectiveness

While many participants appreciated the opportunities provided by WHIWH, some —particularly long-term attendees—voiced concerns about the consistency and relevance of program impact. They questioned whether certain initiatives truly addressed their needs or were designed more for networking and showcasing rather than delivering substantive outcomes.

“Sometimes I wonder if I’m benefiting or just going for networking... there are times I feel the programs are just for show.” (P8)

Suggestions for Program Improvement

Improved Communication for Program Awareness

Participants identified gaps in communication and program visibility, recommending enhanced outreach through consistent email updates and increased use of social media platforms. While some participants relied on word of mouth or sporadic emails to learn about programs, others were unaware of WHIWH’s online presence, signaling a missed opportunity to connect with a broader audience.

“It would be easier for people to get info if you email them...I always check my emails...I didn’t even know they were active on social media.” (P1)

Strengthening communication strategies, including targeted digital campaigns and streamlined email distribution lists, could significantly improve program accessibility and participation rates.

Longer Therapy and Structured Follow-Ups

A recurring concern was the abrupt conclusion of therapy programs, which left participants feeling unsupported in their healing journey. Many advocated for extended therapy sessions and consistent follow-ups to ensure long-term impact and sustained progress.

“Healing is a process... space needs to be held properly.” (P4)

Participants emphasized that therapy requires continuity and care beyond the standard session limits. Establishing follow-up mechanisms and longer-term support systems would better align with the complex and ongoing nature of mental health challenges.

Proactive Disability Accommodations

Participants stressed the importance of proactively addressing accessibility needs rather than relying on clients to disclose them. This approach would foster inclusivity and demonstrate a deeper commitment to equitable care for individuals with disabilities.

“There should be proactive offers for accessibility needs, not just waiting for clients to disclose them.” (P5)

Suggestions included offering accommodations such as large print materials, interpreter services, and accessible event venues as standard practice, ensuring all clients feel welcomed and supported.

Transparent Program Development

Participants voiced a desire for greater involvement in the program development process to ensure services align with their lived experiences and actual needs. They expressed frustration with programs that appeared disconnected from their realities or seemed designed without sufficient consultation.

“We are people, not numbers... meet our needs first before you decide to add a new program.” (P8)

Incorporating client feedback at every stage of program planning would not only improve satisfaction but also enhance the relevance and effectiveness of WHIWH’s interventions.

Community-Specific Needs and Recommendations for Future Research

Holistic Health and Alternative Care Approaches

Participants showed strong interest in exploring community-based and alternative health practices, such as nature-based therapies, group exercises, and holistic approaches to mental health. These activities were viewed as valuable complements to traditional healthcare services, fostering wellness and reducing stress through accessible, community-driven initiatives.

“[I would like to see] nature walks, group exercise… those kinds of things would be good long-term research.” (P6)

Integrating these holistic approaches into WHIWH’s programming could provide clients with diverse tools to support their physical and mental well-being.

Culturally Inclusive and Age-Specific Programs

Participants emphasized the need for WHIWH to tailor its programs to the diverse cultural and identity-based needs of its clients. They also pointed out a gap in engagement for younger clients, advocating for more youth-friendly initiatives that reflect the unique challenges faced by younger demographics.

“*[We should] include everyone, not just African women… expand to bisexual, trans women, and others.” (P8)*

<u>Research on Long-Term Medication Impacts</u>

Participants communicated the importance of conducting research into the long-term effects of medication, particularly for clients managing chronic conditions like HIV. They called for greater transparency and access to information about alternative treatment options, such as injectables, to empower clients in making informed decisions about their health.

“I’ve been on medication for over 10 years on [ART] medication…what are the implications?” (P6)

Service Providers

Roles and Responsibilities of Service Providers

Diverse Roles

Service providers highlighted a wide array of responsibilities within WHIWH, spanning direct client support and administrative functions. Peer workers emphasized their engagement in outreach activities, workshops, and creating digital content to reach diverse audiences. Administrative roles often included project coordination, financial oversight, and strategic planning.

"*As a peer, it was a lot of outreach... creating workshops and facilitating [social media campaigns] and podcasts." (P18)*

"*My responsibilities include project management, site coordination, tracking budgets, drafting work plans, and reviewing strategic plans." (P19)*

Evaluation Involvement

While some service providers engaged indirectly with program evaluations, they often relied on external evaluators for formal assessments. This limited their involvement in shaping or interpreting evaluation outcomes, potentially creating gaps in understanding how their work impacts broader program goals.

"*I had to coordinate with the third-party evaluator but wasn't directly involved in the evaluation as a coordinator." (P18)*

Primary Health Needs and Concerns

Access and Systemic Barriers

Service providers identified systemic barriers as a major obstacle for clients, including long wait times, transportation challenges, and the lack of culturally appropriate services. Insurance coverage was also cited as a key factor limiting access to essential healthcare, particularly for marginalized communities.

“The bottlenecks around utilization are often systemic… waiting times, lack of youth-friendly spaces, and the need for culturally appropriate services.” (P19)

“A lot of clients do lack insurance coverage, and this affects access to services like cervical cancer screening and mental health support.” (P18)

Specific Health Needs

Reproductive health, chronic illness, and mental health were noted as primary concerns for the communities served. Service providers emphasized the need for culturally relevant education and interventions to address these issues effectively.

“There’s a lack of information around diabetes and hypertension… especially for racialized women…mental health support is also something that comes up, particularly youth-friendly programming.” (P19)

Equity and Social Justice in Program Design

Incorporating Equity Frameworks

Efforts to integrate equity and social justice frameworks into program design were noted, though the extent of implementation often depended on Funder flexibility. Programs such as the IPF incorporated equity training to help providers better address client needs.

“We learned to make sure that we don’t mirror the supports we offer through our lens, but offer space for clients to tell us what they need.” (P18)

“The We Matter project has the flexibility to adapt to various needs… yet, [in terms of] LGBTQI+ representation, [there] remains a gap.” (P19)

Limitations Due to Funding

Funding constraints frequently dictated the scope of target populations, which limited the inclusivity of programs and excluded other racialized groups who could benefit.

“Sometimes the funding restricts us to ACB communities, but other racialized groups could benefit.” (P18)

“We’re trying to be inclusive, but funder specifications often dictate target groups.” (P19)

Providing Trauma-Informed Care

Understanding and Applying Trauma-Informed Care Principles

Service providers recognized trauma-informed care as a critical approach, focusing on creating safe, supportive, and client-centred environments. However, the application of trauma-informed principles varied due to inconsistent training across roles.

“Trauma-informed means ensuring clients feel safe, respected, and that they’re in control of what they share or don’t share…some training was provided on how to create a safe space, but concrete trauma-informed care training would be beneficial.” (P18)

Strategies and Gaps in Trauma-Informed Care

Collaborations with external organizations helped integrate trauma-informed care into certain programs, but service providers noted the need for more structured and comprehensive training to address sensitive topics effectively.

“Collaborators like Black Women in Motion helped us incorporate trauma-informed principles, but more training is needed, especially for programs with sensitive topics.” (P19)

Evaluation and Metrics

Funder-Centric Evaluations

Service providers expressed concerns that evaluations driven by funder requirements often failed to capture the full scope of program impacts. This gap highlighted the need for WHIWH to establish its own evaluation frameworks to better reflect client outcomes and organizational goals.

“Most evaluations are donor-oriented and this creates a gap in understanding our programs’ impact beyond funder expectations.” (P19)

“Each event has pre- and post-surveys, but feedback is inconsistent. In the future, evaluations could be more structured to help us capture long-term impacts.” (P18)

Recommendations for Improved Metrics

Staff recommended consistent metrics across programs, focusing on indicators such as mental health improvement, social support, and healthcare access. They also emphasized the importance of leveraging research findings for policy advocacy.

“If we could integrate program outcomes and indicators consistently, we’d have a stronger evaluation plan… beyond the funder’s expectations…there should be a focus on what happens next, especially in influencing policy.” (P19)

Challenges in Program Design and Outreach

Limited Representation in Program Development

Participants noted that peers were often excluded from the early stages of program design, limiting the relevance and effectiveness of interventions. They suggested involving a broader range of voices to bring fresh perspectives and improve program alignment with client needs.

“Peers are usually brought in after projects are finalized; we rarely get input in the proposal stage.” (P19)

“It becomes repetitive with the same people designing projects. Fresh perspectives could bring new insights.” (P18)

Outreach Limitations and Target Population Overlap

Service providers noted that WHIWH often engaged the same groups across multiple projects, leading to participant fatigue and limited reach. Expanding outreach efforts to include underserved areas and populations was suggested.

“We’re often working with the same groups who are aware of WHIWH programs, but other marginalized groups remain unaware.” (P19)

“Events that are limited to downtown Toronto sometimes hinder access for those in areas like Scarborough or Etobicoke.” (P18)

Recommendations for Future Research and Program Development

Enhanced Monitoring and Evaluation Systems

Service providers emphasized the need for a unified evaluation strategy that integrates all programs, enabling WHIWH to track long-term outcomes and refine its interventions.

“We need a concrete monitoring and evaluation plan that integrates all projects to ensure WHIWH’s long-term goals are met.” (P19)

Community-Based Program Development

Service providers recommended involving clients and peers in program design to ensure interventions are responsive to community needs.

“Design with end users, not for them. It’s important to consult those who will directly benefit from the programs.” (P19)

Strategic Use of Existing Data

Staff highlighted the potential of WHIWH’s existing data for longitudinal studies, which could provide deeper insights into health outcomes and inform future programming.

“There’s a wealth of data available... using this to track health trends could help tailor future programs more effectively.” (P19)

Dissemination Beyond KT Events

To maximize the impact of research, service providers suggested using findings to advocate for policy changes through briefs and ongoing advocacy efforts.

“The KT event should be the start, not the end. We need policy briefs and ongoing advocacy to bring real change.” (P19)

Community Leaders and Researchers

Sociodemographic Characteristics

This sample represents a diverse cross-section of community leaders and researchers with professional backgrounds in community-based services. The survey was completed by 24 respondents (n = 24).

Age, Gender, and Ethnicity

The majority of respondents (33%) were aged 26–35 years, followed by 36–45 years (21%) and 46–55 years (21%). A smaller proportion were aged 18–25 (8%) or 56+ (13%).

Most participants (71%) identified as cis-women, with smaller groups identifying as trans women (13%), non-binary (4%), and non-gender conforming (4%). Regarding sexual orientation, 79% identified as heterosexual and 17% as queer.

In terms of ethnicity, the majority identified as African (42%) or South Asian (29%). The rest of the respondents identified as Caribbean (13%) 8 Black (8%) and Latin American (4%).

Education, Work Experience, and Disability Status

30% of respondents reported having a college diploma, while 25% reported having a university bachelor’s degree.

The majority of respondents described their current professional role as working in the community as outreach workers or program coordinators (38%). The remaining respondents described their current professional role as community-based researchers (17%) or community leaders (25%).

60% of respondents indicated working with community-based organizations such as AIDS service organizations, immigrant support services, and housing services. They reported working with diverse groups, from several underserved populations including, African, Caribbean, and Black (ACB) women, youth, and elders; Queer ACB youth and adults; Black Francophone and Afro-Indigenous communities; South Asian women, youth, and elders; and Latin American women and trans clients.

Nearly equal proportions identified as having a disability (38%) or not (38%), with additional responses indicating experiences of episodic disability (13%).

Access to Services

Community leaders and researchers identified mental health, chronic diseases, and access to culturally responsive care as the primary health concerns for African, Caribbean and Black, Latin American, and South Asian women, non-binary and trans people. They further identified a lack of culturally responsive care, limited availability of care, language barriers, financial constraints, and experiences of discrimination and/or stigma as the most significant barriers to health care for these communities.

To address these health concerns, respondents emphasized the need for improved access to culturally competent health services. Common suggestions included creating more community health programs tailored to the unique needs of diverse populations and ensuring services are easily accessible to marginalized groups.

"*We need more programs that are not just accessible but also culturally sensitive to our needs." (P35)*

Some advocated for mobile health clinics to reach underserved areas while others saw the potential for the use of digital tools to enhance access to services.

"*A mobile clinic would make it easier for those who can't travel far." (P23)*

These solutions align with equity principles by extending healthcare access beyond traditional clinical settings and reducing geographical barriers for marginalized populations.

“Digital platforms can connect us to doctors without the need to commute. Digital health tools could help bridge gaps for those who can't access physical clinics.” (P27)

Equity and Inclusion

All survey respondents emphasized that equity and inclusion should be foundational principles in health interventions to address the root causes of health disparities. One respondent noted,

“*Programs need to tackle the root causes of health inequities, not just the symptoms. Inclusive care means considering all aspects of identity.” (P23)*

Survey respondents also highlighted the need for policy changes involving the use of social justice principles in health programs to address systemic disparities and ensure inclusive care for women, non-binary, and trans individuals from diverse backgrounds.

“Communities need advocacy through policies for accessibility. Advocating for better policies is essential.” (P24)

Finally, respondents also highlighted the importance of cultural responsiveness in programming to reflect the identities and values of community members.

“Centre the voices of these populations - nothing for us, without us. Use language, imagery, and approaches that resonate with their identities and values and address overlapping factors like race, gender, and socioeconomic status.” (P27)

Trauma-Informed Care

The need to integrate trauma-informed care frameworks into health interventions was emphasized by this sample of participants. They specified a framework that included recognizing the impact of past trauma on health behaviors and outcomes and providing mental health support, while prioritizing safety and empathy.

"*It's not just about physical health—mental health support is critical, especially for those who've experienced trauma." (P36)*

For respondents with experience providing trauma-informed care, the approaches used involved creating safe spaces for community members and allowing opportunities for trust to be built as they seek care and support.

"I use a trauma-informed approach by creating a safe and supportive environment where clients feel heard and validated. I prioritize building trust, recognizing the impact of systemic and personal trauma, and tailoring interventions to meet clients where they are. This includes empowering them to make decisions, practicing cultural humility, and integrating mindfulness to help regulate emotions and foster resilience." (P31)

Respondents emphasized the need for standardized trauma-informed training, given the diverse educational and professional backgrounds of staff working with marginalized communities.

"*Training for staff on trauma sensitivity is essential to make everyone feel safe." (P26)*

Community Engagement and Program Evaluation

Finally, survey respondents commented on the importance of incorporating participant feedback in designing and evaluating health interventions. Respondents highlighted the value of involving participants in research design and using focus groups and community consultations as effective evaluation tools.

“Listening to the community through regular feedback sessions ensures programs stay relevant. They should be part of the research, not just the subjects. For example, using Participatory Action Research where the community members are included in the research design, data collection and analysis would ensure cultural relevance.” (P21)

Respondents agreed that community members should be actively involved from the earliest stages of program and research design, rather than being consulted later in the process.

“One major issue we face around health interventions is the investment and design phase. I think we need to re-think evaluation, and look at the bigger challenge on the creation of interventions, as we don't have many coordinated spaces and services to support the infrastructure of interventions.” (P28)

Respondents also agreed on providing compensation to community-members for their involvement in research activities, as a way to recognize their time and labour as significant contributions to projects.

“Compensation! Money for time and labour given! Community members are very involved and should be honoured so that projects are sustainable and ongoing.” (P22)

Respondents suggested using clear and transparent evaluation metrics to measure program success and.

“Success metrics should include both health outcomes and participant satisfaction; if participants return to the programs, this reflects their trust in [service providers] and the relevance of the intervention to their health. It also helps to see progress when clear indicators are used.” (P33)

Furthermore, respondents suggested the use of “community-driven” metrics, not just clinical outcomes, to evaluate the impact of health inequities in marginalized communities.

“We measure success by using key metrics to track impact and relevance. Cultural relevance is assessed through community feedback during development and post-program surveys to ensure services align with participants’ needs. Community engagement is measured by attendance, participation in co-creation, and qualitative insights. Client satisfaction is tracked through surveys and interviews, focusing on accessibility and overall experience. Health outcomes like mental health improvements or stress reduction are measured using pre- and post-intervention data. Lastly, access to services is evaluated by tracking new users, retention rates, and feedback on barriers like stigma or cost. These metrics show what’s working and guide adjustments.” (P35)

Discussion

The findings from our evaluation offer a view of how equity, social justice, and trauma-informed care frameworks are experienced across WHIWH's research programs and health interventions. Overall, the evaluation reveals strengths in the centre's culturally responsive approach while also highlighting key areas for improvement.

Service User Perspectives

Service users consistently expressed deep appreciation for WHIWH's commitment to addressing the unique health needs of marginalized communities. Long-term participants conveyed a sense of loyalty and validation in the center's culturally attuned services, whereas newer users were attracted by the promise of care that acknowledged their identity-specific challenges. This engagement was evident across diverse programs—from HIV self-testing to the Flourish Project addressing gender-based violence—demonstrating the transformative impact of tailored interventions.

However, the data also underscore critical barriers that undermine these positive experiences. Inconsistent communication emerged as a recurrent theme, with participants noting that sporadic email updates and limited digital outreach hindered access to potentially beneficial programs. Additionally, structural barriers such as transportation challenges and technological limitations for virtual programming further impeded participation, particularly for those residing outside of the center's primary location. These challenges, coupled with mixed experiences of trauma-informed care—where inconsistent practitioner sensitivity occasionally disrupted trust—suggest a pressing need for standardized, proactive approaches across all levels of service delivery.

Insights from Service Providers

Service providers highlighted the complex interplay between systemic barriers and program design. While many staff members are deeply committed to WHIWH's mission, they identified significant challenges such as long wait times, inadequate insurance coverage, and funding restrictions that narrow the scope of target populations. Providers also noted the variability in trauma-informed care training, which leads to uneven client experiences. The reliance on external evaluators for program assessments further limited their ability to iterate on intervention designs.

Despite these challenges, providers offered constructive recommendations. They advocated for the adoption of unified evaluation frameworks and community-driven metrics that go beyond funder-centric outcomes. Emphasizing the value of early-stage involvement, they called for the inclusion of diverse voices—especially those of peers and clients—in the design and implementation of programs. These suggestions underscore the need for WHIWH to invest in both enhanced training and broader outreach strategies that are sensitive to the varied cultural and structural contexts of its service users.

Perspectives of Community Leaders and Researchers

Community leaders and researchers reinforced the importance of embedding equity and inclusion at the heart of health interventions. They identified the lack of culturally responsive care as a fundamental barrier, noting that language differences, financial constraints, and systemic discrimination often compound health inequities. Their recommendations resonated with those of service users and providers: creating more community-specific programs, leveraging digital tools to extend access, and implementing trauma-informed care with standardized training. Notably, respondents emphasized the critical role of policy advocacy. They urged WHIWH to use its research findings not only to refine its programs but also to inform broader policy reforms that can systematically address the root causes of health disparities. Furthermore, the call for meaningful compensation for community members involved in research activities highlights the need for ethical engagement practices that respect and value community expertise.

Implications for Practice and Policy

Collectively, the findings suggest that while WHIWH's commitment to equity and culturally responsive care is yielding meaningful benefits, several systemic and operational challenges remain. Enhancing digital outreach, ensuring consistent and proactive disability accommodations, and extending trauma-informed care training across all staff are critical steps toward mitigating these challenges. Moreover, adopting a unified evaluation framework that captures both clinical and community-driven outcomes will be essential for monitoring long-term impacts and guiding continuous improvement.

Limitations

Evaluation Scope

These findings are limited by our reach of participants, as we were unable to achieve a representative sample. While we spoke with a good number of ACB cis-women, South Asian, Latin American, and queer and trans participants were underrepresented in our sample. While we were able to hear about the health needs of ACB cis-women, we were limited in our ability to evaluate the impact of the Research Department's reach to these additional communities. It was additionally revealed that a greater number of research was being conducted with and for ACB communities, while South Asian and Latin American women were more likely to attend clinical services at the centre.

Our work is further limited by the small number of research programs and health interventions attended by participants. Given that our primary goal was to evaluate the inclusion of equity, social justice, and trauma informed in these interventions, we were limited in our ability to comment on the greater impact of interventions not accessed by focus group participants.

Qualitative Analysis

There are also some limitations to our qualitative analysis. Firstly, participants in this evaluation represent only a small segment of WHIWH's research projects and health interventions, and thus our findings may not reflect the views of all program participants. Secondly, participant bias may have impacted both the decision to participate and the nature of their responses. Thirdly, our qualitative analysis may have been influenced by social desirability and researcher biases; participants might have provided responses they believed were expected, and the process of thematic coding may have introduced subjectivity in interpreting the data. Additionally, the dynamics of focus groups or interviews, where more vocal participants can dominate discussions, may have skewed the range of perspectives captured.

Recommendations

Short-Term (0 - 12 Months)

These recommendations focus on immediate actions that WHIWH can implement within the first year to improve accessibility, visibility, and inclusivity of research programs and health interventions.

1. Strengthen digital outreach and program visibility.

We found that many participants were unaware of programs due to inconsistent communication, particularly if they did not frequently visit WHIWH in person. Some participants reported not receiving email updates or being unaware of WHIWH's social media presence. Strengthening digital outreach through consistent emails, targeted social media campaigns, and regular updates can improve program visibility and accessibility. Tailoring messaging to emphasize equity-focused and trauma-informed care initiatives can further engage underserved communities. Enhanced communication will ensure that a broader range of clients can access and benefit from WHIWH's offerings.

2. Expand outreach to underserved populations and geographic areas.

Participants noted that WHIWH's programs often served the same groups, leaving other marginalized populations unaware or underserved. Additionally, events centralized in downtown Toronto hindered access for individuals in areas like Scarborough or Etobicoke. Expanding outreach to underrepresented populations and geographically underserved areas will ensure a more equitable distribution of services. Efforts to engage 2SLGBTQ+ individuals, youth, and other racialized groups can further broaden the program's reach, aligning with WHIWH's commitment to equity and social justice.

3. Provide proactive accommodations for clients with disabilities and neurodiverse needs.

Participants emphasized the importance of proactive accommodations rather than relying on clients to disclose their needs. Currently, there is a gap in ensuring that accessibility is a standard offering. Proactively providing accommodations such as interpreters, accessible materials, and adaptable programming will foster an inclusive and equitable environment. This approach demonstrates a commitment to removing barriers for all clients, particularly those with intersecting marginalized identities.

4. Standardize trauma-informed care training for all staff.

Trauma-informed care principles were inconsistently applied across WHIWH programs due to variability in staff training. Participants appreciated practitioners who created safe and supportive environments but noted that not all staff were equally equipped to handle trauma-sensitive situations. Standardizing trauma-informed care training for all staff will ensure a consistently safe and empathetic environment for all clients. Collaboration with external trauma specialists can further strengthen trauma-informed care integration into WHIWH's services.

Mid-Term (1 - 3 Years)

These recommendations focus on programmatic expansions and enhancements that require planning, resource allocation, and staff training.

5. Adopt a human-centred design approach for program development.

Service providers and participants highlighted the need for more inclusive program development processes. Peers and clients are often excluded from early stages of program planning, which limits the relevance and effectiveness of interventions. Involving end-users in co-designing programs ensures that services align with the lived experiences and needs of the communities served. This approach can improve program satisfaction and impact, while also reinforcing equity and social justice principles.

6. Develop a unified evaluation framework to measure long-term program impacts.

WHIWH's current evaluation processes are largely funder-driven, which limits the ability to assess the broader impacts of its programs. Developing an internal, unified evaluation framework can ensure consistent metrics across all programs, focusing on outcomes like mental health improvement, social support, healthcare access, and equity-related impacts. This approach will help WHIWH demonstrate its value to clients and stakeholders while informing continuous improvement.

Long-Term (3 - 5 Years)

These recommendations focus on systemic changes, policy advocacy, and sustainable program expansion.

7. Leverage research findings for policy advocacy and systemic change.

Participants expressed a desire for WHIWH to use research findings to influence policy and systemic inequities. Developing policy briefs and advocacy campaigns based on evaluation outcomes can extend WHIWH's impact beyond individual programs. This approach ensures that research findings are not only disseminated but also translated into actionable change at the systemic level.

8. Increase inclusivity in program goals and funding mandates.

Funding constraints often restricted WHIWH programs to specific groups, such as ACB women, which excluded other racialized or marginalized populations. Expanding funding mandates to include broader demographic groups will ensure more inclusive services. WHIWH can advocate for flexible funding that aligns with its equity-focused mission and allows for broader outreach and impact.

9. Scale up community-based initiatives.

Participants consistently highlighted the value of peer support, which offered camaraderie and shared understanding. Scaling up these initiatives can address emotional and social needs in a culturally affirming way. Expanding informal community-driven spaces will complement WHIWH's formal interventions and foster a stronger sense of connection among clients.

Research Priorities

The outlined research priorities have been designed to address key areas of health inequity as expressed by service users from African, Caribbean and Black, Latin American, and South Asian Women, non-binary, and trans communities in Toronto.

By leveraging targeted interventions, community engagement, and culturally relevant approaches, WHIWH can drive sustainable improvements in mental health, chronic disease management, women's health, disability support, and HIV care.

Research Priority 1: Innovations in Mental Health Support

Research Priority 2: Chronic Disease Management

Research Priority 3: Women's Health

Research Priority 4: Support for People with Disabilities

Research Priority 5: Investigating the Long-Term effects of ART for People Living with HIV

Research Priority 1: Innovations in Mental Health Support

Goal: To evaluate the effectiveness of culturally tailored mental health interventions, including alternative therapeutic modalities.

Objectives

- Implement a range of therapeutic approaches (e.g., EMDR, somatic therapies, nature-based therapies, and group exercises).
- Standardize trauma-informed care training for all staff and establish structured follow-up sessions.
- Enhance digital outreach through consistent emails, targeted social media campaigns, and community partnerships.
- Adopt a human-centered design approach by engaging clients and end-users in co-designing programs.

Intended Outcomes

- Improved client engagement and satisfaction with mental health services.
- Enhanced mental health outcomes, particularly for trauma-affected and underserved populations.
- Increased visibility and accessibility of mental health programs.
- More consistent and effective application of trauma-informed practices across services.

Evaluation Metrics

- Client satisfaction surveys and focus group feedback.
- Pre- and post-intervention mental health assessments.
- Rates of staff training completion and competency evaluations.
- Digital outreach analytics (e.g. email open rates, social media engagement metrics).

Sample Interventions

- **Culturally Adapted Cognitive Behavioral Therapy (CA-CBT):** This intervention has been tailored for African, Caribbean, and Black women by integrating discussions around racial trauma, community values, and culturally specific stressors. Studies have shown that CA-CBT improves engagement and mental health outcomes by validating lived experiences and adapting language and examples to the community's cultural context.
- **Culturally Responsive Mindfulness-Based Stress Reduction (MBSR):** Adaptations of MBSR for South Asian communities incorporate traditional meditation practices and culturally resonant narratives. This approach has been effective in reducing stress and anxiety while aligning with the community's spiritual practices.

Research Priority 2: Chronic Disease Management

Goal: To develop and assess culturally responsive chronic disease management programs, for diabetes, hypertension, and weight management.

Objectives

- Develop culturally tailored educational materials and intervention strategies.
- Expand outreach to underserved geographic areas (e.g., Scarborough, Etobicoke) and diverse populations.
- Utilize digital communication tools for regular updates and client engagement.
- Implement a unified evaluation framework to track program effectiveness over time.

Intended Outcomes

- Improved management of chronic diseases among marginalized communities.
- Increased accessibility and participation in health programs across diverse demographics.
- Enhanced understanding of cultural influences on health behaviours.
- Consistent, data-driven insights into long-term health outcomes.

Evaluation Metrics

- Clinical health indicators (e.g. blood sugar levels, blood pressure, weight management progress).
- Participation rates and demographic coverage statistics.
- Client satisfaction and feedback surveys.
- Data from the unified evaluation framework (tracking both short-term and long-term outcomes).

Sample Interventions

- **Adapted Diabetes Prevention Program (DPP):** The DPP has been culturally tailored for Latin American and South Asian populations by modifying dietary recommendations and physical activity guidelines to reflect traditional cuisines and lifestyle patterns. Community health workers (CHWs) from within these communities often lead these programs, which has led to improved adherence and clinical outcomes.

Research Priority 3: Women's Health

Goal: To investigate the prevalence, health disparities, and access to care for autoimmune diseases and reproductive health conditions amongst women, “, and non-binary individuals.

Objectives

- Conduct epidemiological studies and qualitative assessments to document prevalence and disparities.
- Design culturally relevant programs and educational materials tailored to diverse women.
- Expand outreach to underserved populations and geographical areas.
- Engage women in co-designing interventions through participatory methods.

Intended Outcomes

- A comprehensive understanding of health disparities related to autoimmune conditions and reproductive health.
- Improved access to and quality of care for marginalized and racialized women.
- Enhanced program relevance and client satisfaction through participatory design.
- Strengthened community networks and peer support systems.

Evaluation Metrics

- Epidemiological data.
- Rates of program participation across different demographics and regions.
- Feedback from co-design sessions and focus groups.
- Health outcome measures specific to autoimmune and reproductive conditions.

Sample Interventions

- **BETTER Women:** This pilot project aims to reduce cancer and chronic health risk through personalized, community-based support for lifestyle goals. The pilot focuses on South Asian immigrant women aged 40 to 65 and emphasizes culturally safe care, South Asian communities who face systemic barriers to accessing healthcare.

Research Priority 4: Support for People with Disabilities

Goal: To assess barriers to healthcare for individuals with disabilities, with a focus on service accessibility and inclusive program design.

Objectives

- Evaluate existing barriers for clients with various disabilities (e.g., visual, hearing, mobility, chronic pain, developmental, learning, memory, and mental health-related).
- Proactively implement accommodations such as interpreters, accessible materials, and adaptable programming.
- Enhance digital outreach to ensure clients who are less likely to visit in person are reached.
- Involve individuals with disabilities in co-designing accessible services.

Intended Outcomes

- Reduced barriers to healthcare access for people with disabilities.
- Increased utilization of services by clients with disabilities.
- More inclusive and accessible program designs that anticipate needs without relying on self-disclosure.
- Higher levels of client satisfaction regarding service accessibility.

Evaluation Metrics

- Client surveys assessing accessibility and satisfaction.
- Utilization rates of provided accommodations and services.
- Feedback from participatory design and co-creation sessions.
- Digital engagement metrics related to accessibility features such as usability audits.

Sample Interventions

- **Black Youth Diverse Learners Project:** The Black Youth Diverse Learners Project is a collaborative community-based systems mapping project that captures the voices of Black youth diverse learners (age 16-30) at the intersection of Blackness, disability, age, gender, 2SLGBTQ+, and other identities and their complex experiences navigating employment and education within the Halton-Hamilton region.
- **Disability and Reproductive Health During COVID-19:** The Disability and Reproductive Health during COVID-19 project aims to capture the experiences of women and gender-diverse people with disabilities accessing sexual and reproductive health services during COVID-19 across Canada.

Research Priority 5: Investigating the Long-Term effects of ART for People Living with HIV

Goal: To study the long-term effects of ART and other HIV-related medication regimens, with a focus on quality of life, ageing, and health outcomes.

Objectives

- Conduct longitudinal studies to track the long-term impacts of ART and other HIV-related therapies.
- Implement a unified evaluation framework to assess quality of life, aging, and other health outcomes.
- Strengthen digital outreach efforts to improve client engagement and data collection.
- Leverage research findings to develop policy briefs and advocacy initiatives aimed at systemic change.

Intended Outcomes

- Improved quality of life and health outcomes for individuals with HIV.
- A clearer understanding of the long-term effects of HIV treatments.
- Informed policy advocacy leading to systemic improvements in HIV care.
- Greater community engagement and support through enhanced outreach and peer-based initiatives.

Evaluation Metrics

- Longitudinal health assessments and quality-of-life surveys.
- Data collected through the unified evaluation framework.
- Client engagement metrics from digital outreach activities.

Sample Interventions

- SisterLove HIV Prevention and Education Program: This evidence-based initiative, designed for Black women, focuses on HIV prevention, education, and empowerment. It leverages community-based approaches, peer support, and culturally relevant messaging to improve testing, treatment uptake, and overall health outcomes.
- TransAction HIV Prevention and Care Program: Specifically developed for Trans and Non-Binary communities, TransAction offers tailored prevention education, risk reduction counselling, and navigation services for accessing HIV care. Its culturally competent approach addresses both the medical and social dimensions of HIV risk.

Appendix