



Pop-up Events to Enhance Access to Primary Healthcare: An Implementation Guide

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## Introduction

The Pop-up guide provides detailed information about how this intervention evolved in one setting over 5-years. Through this description, we illustrate the ways in which the Collaboration for Spread approach can be used to guide design, implementation, and evaluation of community-based participatory research. By sharing our experiences, we aim to support similar interventions in other settings. The Guide will be relevant to all stakeholders involved in implementing pop-up health and social service events in primary healthcare settings, but it is specifically designed for researchers or innovators who are supporting and monitoring the intervention the express intention of learning from the process.

This guide is part of the Collaboration for Spread Handbook. The Handbook provides a detailed description of the Collaboration for Spread approach as well as two guides that illustrate specific examples of the approach (i.e., the Community Health Volunteer Guide, and the Pop-up Guide). In the guides, we share what we learned through the experience of designing, implementing, and evaluating two community-based participatory interventions as part of the IMPACT program of research (2013-2018).

## Welcome & Background

### Aims of this guide

The aims of this guide are to:

- Illustrate the Collaboration for Spread approach through this concrete example
- Provide an overview of Key Concepts and processes for developing Pop-up health and social services events
- Share some of the tools and resources that supported our work
- Share what we learned about what works and some of the common roadblocks that we encountered.
- Support others to implement similar, contextually relevant, interventions in collaboration with local communities.
- Provide a foundation for building on lessons learned across contexts as people implement pop-up interventions.

## How to use this guide

As outlined in the accompanying Handbook, the Collaboration for Spread provides an overarching description of an approach that supports implementing interventions beyond their original settings. In this Pop-up Guide, we use the same format that was introduced in the Handbook.

In the following sections we describe how each component of the Collaboration for Spread approach applies to design and implementation of a Pop-up with examples from initial implementation in Lethbridge, Alberta. The Collaboration for Spread approach is illustrated in this diagram. In this Guide, we will describe each component in the approach.

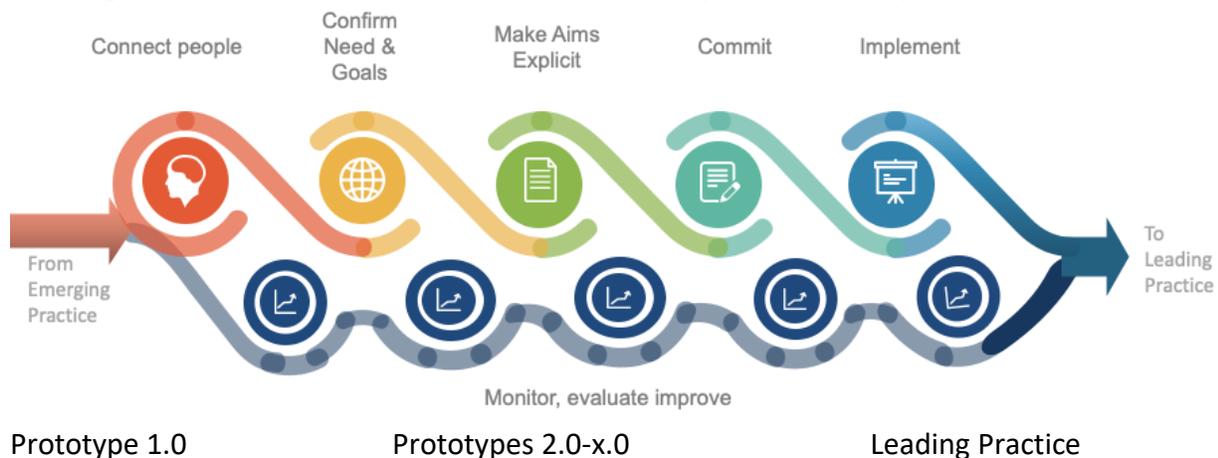


Figure 1. Collaboration for Spread: From Emerging (prototype 1.0) to Leading Practices through multiple iterations of Promising practices

Each section contains: a general overview of one component of the process as it “played out” in the original context; questions to Consider to guide decisions; decision points that support transitioning to the next components of the collaborative research process; monitoring, evaluation, and improvement strategies that were used to guide each component of the collaborative process with a summary section to discuss monitoring and evaluation of the intervention; and tools and resources that supported us to achieve our aims.

If, at any point, you would like more general information about key concepts that underpin the Collaboration for Spread approach, refer to the Handbook (e.g., what do we mean by *collaboration and partnership*; what are the *principles* that underpin successful collaborative research; how do we define *emerging, promising, and leading practices*).

## Emerging Practice: Pop-Up Health and Social Service Events

### Brief Overview

The Innovative Models Promoting Access-to-Care Transformation (IMPACT) research program was a five-year (2013-2018), CIHR funded, initiative aiming to co-create models of care that enhance access, specifically for vulnerable populations. Set in three Australian states (New South Wales, South Australia and Victoria) and three Canadian provinces (Alberta, Ontario and Québec), Local Innovation Partnerships (LIPs) were formed to support communities with complex challenges to the delivery of primary healthcare (PHC). Although there was funding and support for design and evaluation phases of this research, the expectation from the beginning was that resources for the local intervention would be generated locally.

Over a five-year period, the research team worked with members of the community to design, implement, and evaluate a novel approach to primary healthcare service delivery that responded to local needs. The Pop-up health and social services events that emerged from this process illustrate the power of community engagement to guide research to support meaningful local change. Results generated from the experience in Lethbridge, indicated that this was an emerging practice worth replicating. This guide reflects our commitment to building a knowledge base for further replication in other settings.

The Pop-up health and social service intervention described in this guide was developed in southern Alberta, in the city of Lethbridge. In Lethbridge, there was long-standing appreciation of inequities in primary healthcare services delivery for the region of North Lethbridge. Prior to the IMPACT intervention, members of the local community had been planning to be part of province-wide implementation of a new model of primary healthcare (i.e., Family Care Clinics). When the provincial government withdrew support for this approach, the community was primed to continue to explore alternative models.

### What is a Pop-up?

A pop-up is, just as it sounds, an event where services “pop-up” in different locations for defined periods of time. In this case, service providers came together in one location at one time, for 4-5 hours to offer a variety of health and social services. In Lethbridge, service providers had the opportunity to learn about one another and apply new strategies to improve communication, connection, and collaboration while delivering services.

This guide is based on the original Pop-up Planning Guide that described detailed timelines and activities undertaken to plan and run a pop-up health and social services event. The IMPACT team in Lethbridge, Alberta ran a series of seven pop-ups over two years. Through a process of continual feedback, the intervention was modified over time. The information contained in this Guide represents lessons learned from the final iteration of the pop-up model as implemented in Lethbridge and was used to guide subsequent implementation of a Pop-up in Melbourne, Australia. Further insight into the lessons that were learned in Lethbridge is available from the following publications <insert refs to AB IMPACT papers & Melbourne publication>

### Collaboration: What and why

Based on prior experience with proposed implementation of Family Care Clinics in Lethbridge, community members had already committed to a collaborative, cross-sectoral approach to enhance local health and social services. Community members recognized the need for a collaborative approach given their understanding of the complexity of local needs.

While there was clear commitment to collaboration, there was also hesitance to have any one local agency take a lead role. There was a perception that a project led by an external research program that was part of an international research team, would neutralize local power dynamics and facilitate collaboration among local organizations. For example, there was evident hesitance to have the local health authority assume administrative ownership as it was perceived that there would be more administrative “hoops” to overcome and more constraint on what could be done.

More specifically, a pop-up is designed to bring together diverse service providers to create a new approach to service provision to enhance access to health and social services for people who struggle to connect with existing services. This requires that participating service organizations commit to collaborative ways of working. See the *Collaboration for Spread Handbook* for more information about establishing a collaborative approach.

## Principles

Early conversations about the IMPACT program of research in Lethbridge included conversations about the principles on which the intervention would be based and key ingredients that would guide development of the intervention. The principles that guided the pop-up in Lethbridge were confirmed through deliberative dialogue (to be discussed later).  
[insert text box]

### Principles – Box 1

In Lethbridge, initial principles that would guide each pop-up were developed through a deliberative forum held early in the planning process.

- Work together differently
- Meet people where they are
- Prioritize meaningful relationships
- No one is turned away

These principles and key ingredients continued to evolve as community conversations continued. Once confirmed among key stakeholders, principles are used to guide development and implementation of the pop-up. They become a touchstone to guide the way that the pop-up is implemented. *The following more detailed representation of the principles may assist you in considering principles that are important for your context:*

- **Bringing People Together:** Bringing PHC service providers together to offer services in one location, at one time does not necessarily lead to enhanced access to care or professional practice change but it is a first step. Improving access to care requires creating opportunities for people to meet one another to consider how service providers, and service recipients can better relate and understand one another.
  - When we initially brought service providers together prior to the pop-up, we didn't provide enough time for them to get to know each other. Over time, and at the request of the providers, we built more "exchange" time into the pre-pop-up rehearsals. This one change made a big difference to how easily providers were able to refer clients to one another (i.e., warm handoffs).
- **Connection:** mutual trust, respect and understanding among service providers and service recipients guided the approach to connection and were at the heart of practice change. Connection with members of the broader community created a web of support beyond the traditional health service organizations (e.g., community leaders that helped to mobilize resource and facilitate access to the pop-up locations (e.g., senior's centre, schools, community associations).
  - During initial implementation in Lethbridge, there was an 'aha' moment when we discovered how connection improved the service provision experience for people who

are accessing care and service providers alike and it shifted our approach to access. One method for facilitating connection was to ask service providers to participate in discussion about their approach and experiences of providing care with vulnerable populations and to reflect on one another's experiences. What we learned was the pop-ups were not only about improving connection between service providers and service recipients, but also among service providers.

- We propose that efforts to initiate practice change to improve the provision of care build on a foundation of connection that supports providers to spend quality time with people who need services, valuable dialogue, and openness to new ideas and experiences.
- We argue that you cannot enhance access to quality primary healthcare without improving connections among providers and between providers and service recipients.
- **Openness:** willingness of service providers to give up power, control, and habits from previous systems is required to support access to the type of care that is needed.
  - In Lethbridge, with encouragement and support, service providers were willing to find different ways of working, in a new setting, with patients they may not otherwise meet. This type of openness is about removing barriers between people trying to connect. Service providers showed they were ready to be open by delivering care in a way that was unfamiliar and where the outcomes were unpredictable.
- **Dialogue:** Dialogue among community stakeholders helped to identify initial priorities (i.e., creating an engaging, approachable service model) and informed ongoing improvement of the intervention. During the pop-ups, an environment encouraging vulnerability and connection created openings for meaningful conversation, in addition to traditional consultation.
  - Service providers in Lethbridge reported that the pop-ups gave them time to speak and connect with service recipients, an opportunity described as a rarity in other care settings. Patient-provider partnerships emerged based on commitment to shared decision-making.
- **Time:** it takes time to create a practice environment that encourages openness, fosters connection, and provides space for meaningful dialogue.
  - Through the Lethbridge Pop-up, we learned that shifting the focus of service provision from time allotment per patient to meaningful connection is an important consideration for providing care. It is worth considering how opportunities for connection can be maintained in other settings where there are more constraints placed on time.

## Key Concepts for a Pop-up

(See Appendix A - Checklist of Key Ingredients)

- **An ecological approach:** using an ecological model that focuses on “skill acquisition in natural environments” (King, 2012, p. 326) to guide design and implementation facilitated improvement by shifting focus from physical space requirement to relational changes required to improve practice
- **Service provision:** the focus of a pop-up is on service provision not just the provision of information (i.e., it is not a service fair but a new service provision model).
- **Location, location, location:** situating the pop-up in locations that are easy to reach for people who need access to services. This includes locations where service recipients already congregate or locations that are on public transportation routes.
- **Working together differently:** through deliberative processes, community members are engaged in establishing the access priorities for the intervention.
  - In Lethbridge these priorities were: to design and intervention that was approachable and engaging for *people to who had limited access to, or struggled to connect with*, primary healthcare services. Specific practices that facilitated approachable, engaging service provision included:
    - How’s Your 5? - getting deeper than the “how are you” “I’m fine” exchange (Mercy Family Centre, 2023)
    - Where you stand – not behind the desk, step forward to greet people
    - Plain language – no professional jargon (on signs, in brochures, in speech)
- **Rehearsals:** one strategy for improving understanding and creating connections among providers is the “rehearsal” for the pop-up.
  - In Lethbridge, prior to each pop-up, usually the week before, the providers who were going to be part of the pop-up would gather to introduce themselves to one another, tour the facility, decide on the physical layout for the pop-up, share their experiences, and discuss how they were going to approach service provision at the next pop-up (e.g., sharing how they were adapting their signage and how they could support each other better).
- **Navigation:** As service providers begin to understand the services that each provider is offering at the pop-up, each service provider takes on a navigation role. Through conversation with people who are accessing service, a service provider might identify another service that could address their needs. Because they understand what others do, they can make a direct, and often immediate, connection for the service recipient with another provider.
  - One tool that was used in Lethbridge was the service passport. Each service recipient received a passport when they entered which included a list of all services at the pop-up. They were asked which services they wanted to receive and were guided to those services first.
- **Warm handoff:** a warm handoff is the way in which service providers introduced service recipients to the next service provider.
  - Rather than pointing across the room or down the hallway to the next service provider, each provider asked people which providers they would like to see next,

walked them across to the next provider, and introduced them to one another. If the next service provider was busy with someone, a different service provider might be identified or the service recipient would be encouraged to sit at an activity table, pick up a snack, or tour the pop-up until their preferred provider was available.

- **Physical layout:** the physical layout of the pop-up was an important part of making navigation and the general flow of the pop-up smoother. Maps (*See Appendix B – Pop-up set up*) of the layout were developed in consultation with providers at the rehearsal and provided to each service provider and to each person who came to the pop-up to access care. Physical layout considerations included where each service provider was located, what type of physical space was required (e.g., increased privacy for visits with physicians and nurse practitioners), what resources were needed for services (e.g., water for dental hygiene services, power outlets), and generally how to make the pop-up appear more welcoming (i.e., not having a “reception desk” but having greeters available to gather initial information and support people to find their first service provider). As providers learned more about each other and more actively facilitated connections between service recipients and other providers, they made suggestions about where they should be located. Service providers that were frequently referring people to a specific service were located more closely together.
- **Practices** The following practices became core elements of each pop-up. Further information on some of these is provided in the following powerpoint slides which were used guide the rehearsals.
  - Common approach to greeting attendees - How’s your 5?  
<https://www.mercy.net/service/community-mental-health/>
  - Plain language communication at each service provider table
  - Provision of services, not just information
  - Coming out from behind tables
  - Spending time and meaningful interactions
  - Everyone is a navigator
  - Warm handoffs
  - Commitment to collaboration and networking
- **Data collection:** as the pop-ups evolved, we shifted from using cumbersome data collection tools (i.e., long surveys) to simple tracking tools that didn’t impede the flow of the pop-up. Each service provider was responsible for collecting the information that they needed to provide and track service provision. In addition to the information required by their organization, the following approaches were used for the pop-up.
  - **Passports:** this document was designed to provide each service recipient with a list of available services and to allow them to track the services that they received. We asked them to indicate which services they came to the pop-up to receive. Service providers signed their initials on the passport each time they provided services. Using this tool, we were able to track the difference between what people intended to receive and what services they actually received by taking a copy of the passport before people left.

- **Attendance records:** each service provider keeping a tally of the number of people they provided services to and the number discrete services they provided (I.e., sometimes they provided more than one service to an individual).
- **Observation:** at each pop-up people were assigned to observe what was happening, how services were flowing, where there were bottlenecks, and generally where we could improve either during each pop-up or for future pop-ups. For example, based on this observational data and After-Action Reviews, we shifted our approach from having designated navigators to making navigation something that all service providers did.
- **After Action Reviews:** after each pop-up, service providers and members of the research and core teams met to quickly respond to the following four questions: what was supposed to happen; what actually happened; why was there a difference; what will we do differently next time? For example, this information combined with observational data was used to improve the way that service providers greeted people (i.e., coming out from behind their tables and using the How'sYour5? communication approach, developing lay versions of their service information).
- **Food and activities:** having coffee, tea, juice and snack available and an arts and crafts table in a central location created a more casual atmosphere and became a place where people who were waiting for services could sit and wait and meet other people.
- **Childcare:** Some people who attended the pop-up came with their children. One of the services that was provided for all attendees was Recreation Services. This station became a place where children could also spend time when their parents or guardians were receiving services.
- **A coordinating hub:** ideally, one organization would take on administration of essential activities (I.e., communication, facility booking, event planning) to ensure coordinated, efficient implementation and allowed service providers to focus on service provision. In the Alberta pop-up, the Research and Core teams supported coordination.

## Box 2: Pop-up Navigation

### Pop-up navigation

Design and redesign continued throughout implementation of all seven pop-ups. During and after each event, the project team sought feedback from all who participated, service providers and service recipients alike. This feedback was used to guide improvements for the next pop-up. One such improvement related to the role of navigation at the pop-up. We initially designed the events to have designated navigators who would greet people, discern their needs, and help connect them efficiently to service providers. We soon learned that this well-intended mechanism for dealing with service complexity actually introduced other layers of complexity and distance between people. In subsequent pop-ups, the role of navigation was distributed across all service providers.

## Connect people

*Connecting with people who will be part of the pop-up is a continuous and iterative process. Maintaining engagement of people who can support the work takes many forms. Formal and informal engagement strategies and structures are essential and may include regular, planned meetings and feedback sessions or less formal opportunities for advice and feedback (e.g., Advisory teams, planning teams, focus groups, after action reviews, one-on-one meetings). Membership in committees and groups will inevitably change which means that the “Connect People” part of this approach requires ongoing attention.*

## Key Concepts

Partnership and Implementation guides were developed for the international IMPACT team in order to ensure some continuity in governance structures across the six sites within IMPACT. This structure informed who the IMPACT team connected with locally and the options for stakeholder participation.

The governance structure was initially to include a research team and core team. The research team was to provide local oversight of the research, alignment with the overarching IMPACT protocol, and share updates from the international program with local stakeholders. The core team was intended to provide local guidance and advice to facilitate connections with local stakeholders and inform design and implementation of the intervention.

Prior to establishment of a core team in Lethbridge, research team members (two of whom were local based and worked in areas related to primary healthcare) committed to purposeful engagement of people from a range of health and service agencies, knowing that this would be essential to the success of primary healthcare intervention for vulnerable populations in Lethbridge (as articulated in the IMPACT research protocol).

While not all stakeholders would be part of the research or core teams, other opportunities to collaborate included participation in deliberative dialogues, provision of services through the intervention, feedback through a range of quality improvement mechanisms (e.g., focus groups, interviews, community consultations). The team remained open to ideas about other mechanisms for engagement. These different options were identified through talking with potential stakeholders.

## Identify potential collaborators

Initially, the research team approached people who were predominantly involved in health services (i.e., regional health authority, primary care network). Through these initial conversations the research team identified community leaders who worked with community and social serving organizations. Advisory meetings were then convened with a range of community representatives before confirming membership of the interprofessional and cross-sectoral core team.

Just as the principles and key ingredients of the intervention evolved over time, collaborators and their roles also continued to evolve. An example of the iterative nature of “connecting with people” and the need for flexibility in stakeholder engagement process came early in the project. A leading family physician from Lethbridge had been a key stakeholder and advocate for the Primary Care Network’s (PCN) participation in IMPACT during the writing and submission of the proposal. He retired about 18 months after initiation of IMPACT in Lethbridge and it was necessary to recruit another representative from the Primary Care Network. This person was an administrator within the PCN and was not able to maintain organisational commitment to the project. From that point forward, while the PCN as an organization did not continue to collaborate, individual physicians from the network who were committed to serving vulnerable populations did continue to provide services and advice.

### Contact and convene potential collaborators

Following initial introductions, one member of the research team was designated to have face-to-face meetings with each stakeholder in one-on-one meetings or small groups. Initially, all members of the research team met jointly with key stakeholders to discuss the research approach and goals. As core team members were recruited, and more general interest began to develop, the decision about who would make initial contact with key stakeholders and the format of the meeting was based on fit (e.g., some people would be very interested in the research, others in the service provision model). We developed a communication and stakeholder engagement guide to keep our activities coordinated and track who we were connecting with, what we were asking them, and which member of the research team was doing the “connecting”.

### Facilitate Conversations

Facilitation strategies varied depending on who we were meeting with and the purpose of the meeting. Initial one-on-one meetings were informal, often over a cup of coffee. Even though they were somewhat unstructured, there was an agenda. For example, we used these conversations to begin to generate ideas about the principles that would guide our work. Research team members were meeting regularly to agree on who we needed to meet and what we needed to learn in order to move forward. When the conversation involved a small group of people, we prepared a presentation and when appropriate, used more formal facilitation strategies to achieve our intended goals. As described in the Collaboration for Spread Handbook, appropriate facilitation strategies were sometimes drawn from [www.LiberatingStructures.com](http://www.LiberatingStructures.com).

Topics for discussion (optional):

- Share the principles and key ingredients from Pop-up 1.0 - which of these resonate for people in your context.
- Share the logic model for Pop-up 1.0 - talk about the outcomes that are important in your context.
- Share information about who you are connecting with – ask each person you meet with to help you add to your list. Begin to develop a sociogram of connections.

You will come back to these when you are focusing on the next stages of the Collaboration for Spread approach. It is never too early to encourage people to think about what they want to achieve and how they want to work together.

### Questions to Consider

- Do we have a communication and engagement plan to guide who we connect with, for what purpose, and when?
- Have we reviewed and revised our plan at each stage of the process (i.e., as we learn more about local needs, the community, and the how the adjustments required to the intervention to meet local needs)?

### Decision Point

Do we have the support of people who can help plan and implement the pop-up?

Have we planned different opportunities for people to participate in the pop-up (i.e., planning, advising, coordinating, providing services, setting up and taking down, etc.)

- If yes, proceed to the Confirm Needs & Goals component of the Collaboration for Spread approach.
- If no, revisit and revise the engagement plan to guide further strategies to Connect People.

### Monitor, Evaluate, Improve

Options for consideration:

#### **Approach - Sociogram**

This pictorial image of the people and organizations that you are connecting with, and their interconnections, can help to identify new opportunities for connections and gaps in your engagement plans. It is a fun conversation starter when you are meeting people for the first time.

**Purpose** – to strengthen communication and engagement plans

#### **Approach – Fieldnotes**

Maintain fieldnotes capturing feedback from conversations. Synthesize fieldnote as you proceed (e.g., perception of need in the community, principles that are important, perception of key ingredients of a pop-up, outcomes that are important, interest in participating, available resources). These will help the core team in planning for future conversations and next steps.

**Purpose** – Gauging community and organisational readiness

#### **Approach – Meeting notes and decision log**

Maintain and share brief notes from each meeting to ensure transparent communication.

When possible, capture the rationale behind decisions. A decision-log provides a summary of decisions and can be used as a reference as new people join the planning process.

**Purpose** – to capture key discussion and decisions

**Approach – After Action Review (AAR)**

Conduct an AAR immediately after meetings or events to continuously improve your engagement and communication plans. Include any stakeholder who played an active role in planning and implementation of the event (see Collaboration for Spread Handbook for more detail).

**Purpose** – Continuous Improvement

**Box 2 - After Action Review**

This strategy involves asking 4 questions and should only take 10-15 minutes. We encourage you to do this after any activities or events throughout the Collaboration for Spread approach to continuously capture what you are learning and improve.

- What was supposed to happen?
- What actually happened?
- Why was there a difference? (i.e., What worked, what didn't work, and why?)
- What will we do differently? [including stopping] (Collison & Parcell, 2004)

## Confirm Need & Goals

*Initial collaborators confirm there is a need in the community that could potentially be addressed by the emerging practice (i.e., pop-up health and social service event(s)). It is important to compile local data and information to demonstrate this need exists and to confirm that the proposed intervention would fill a gap in existing services (i.e., that there is no similar service currently being provided). This can be used to demonstrate to potential collaborators that: 1) there is a need that is not being met by existing services; and 2) the need could be addressed through a pop-up health and social service events.*

*In addition to confirming both the need in the community and the need for this specific intervention, it is also valuable to confirm the overarching goal for implementation of a pop-up (e.g., to improve care for people who have limited access to, and struggle to connect with, primary health care services).*

## Key Concepts

### Evidence from local context

The *environmental scan* that was conducted in Lethbridge included data from interviews with local stakeholders (see Connect People); information generated from previous environmental scans and local reports; and publicly available data sources. We were fortunate to be able to build on information that had been gathered when planning was underway for a Family Care Clinic. We updated existing information using publicly available data sources and conducting interviews with local stakeholders.

### Engagement and Dialogue

Our commitment to a community-engaged approach was reflected in our commitment to engagement and dialogue with local stakeholders throughout the project. We outlined a few of our strategies the Connect People section. In addition to those strategies, our approach also involved engaging community organization leaders, services providers, and community residents in deliberative dialogues to identify the barriers faced by residents of North Lethbridge, to prioritize the access issues that any intervention would address, and to identify an intervention that would meet the identified needs of the community.

Three events were held in easy to reach locations between November 2014 and November 2017. The specific purposes of the events, in chronological order, were to: 1) identify the access issues that were to be prioritized in this intervention; 2) decide on the form of the contextually relevant intervention; and 3) develop a plan for sustainability.

Service providers and residents from North Lethbridge were invited to attend the deliberative forums. The invitation was open to anyone who was interested in supporting planning an intervention to address access to primary healthcare in North Lethbridge. Recruitment strategies included invitational emails sent to community service providers, direct communication with service providers (i.e., members of the core team inviting specific attendees), public notices posted at community organizations.

Agendas and facilitation strategies for each forum were developed by the core team and were designed to achieve the specific purpose of the forum. Background information about the purpose and agenda were shared with registered participants prior to the forum. Facilitation strategies focused on ensuring all attendees actively participated in discussion and decision-making (Lipmanowicz & McCandless, 2013)

Following each forum, information and decisions were summarized and sent to all attendees. Between forums, the research and core teams completed activities required to inform subsequent forums and create the foundation for implementing the intervention. For example, between the first and second forum, the research team conducted reviews of the literature and participated in an International IMPACT research project to summarize literature on interventions that met criteria set at the first forum (i.e., address approachability and ability to engage; focus on outreach, physical building/space, colocation, and public transportation) (Welch, publication pending). Deliberative processes were not limited to these discrete events but also involved ongoing deliberation through governance structures at local, national and international levels.

What we learned from these different strategies confirmed the need in the population (i.e., that there was one geographic region within Lethbridge where people had limited access to primary healthcare services and struggled to connect with existing services) and that some form of outreach was required to meet this need. At the time of the intervention, there was readiness in the community and among service providing agencies to work together to address the need. While creating a new collaborative space or using a mobile van were proposed solutions, there were no resources to make these options feasible. Based on this knowledge of the community, it was agreed that we would focus first on a collaborative service delivery model which would bring services providers together, in one place, at one point in time to provide services. If we were able to create such a model, we agreed that it could be used in a new location if such a space were available.

### Questions to Consider

- Is there an unmet need that could be addressed by a pop-up health and social service intervention?
- What do they want to achieve by implementing this initiative?
- What will be different when it is implemented?
- Is there readiness to support this intervention at the community level? among service providing organizations?

### Decision Point

Have we demonstrated the need in the community and the need for this specific intervention?  
Do we have a clear goal for implementing this intervention?

- If yes, proceed to the next step “make aims explicit”.

- If no, gather additional local data and information and engage with local stakeholders to deepen your understanding of the local context.

### Monitor, Evaluate, Improve

In addition to After Action Review, sociogram, fieldnotes, meeting notes, and decision log, additional options include:

#### **Approach - Peer debriefing**

Schedule review and feedback discussions to critically appraise your environmental scan approach and findings. Ask peers to identify gaps and work with your team to address them.

**Purpose** – Continuous improvement, quality assessment

#### **Approach – Elevator speech**

Summarize your statements of need and goals including the evidence that you have gathered to confirm the need and goals. Write it in a way that you can share with others who know little about the proposed intervention. Gain feedback from them about the clarity of your statements.

**Purpose** – clarifying need and goals; transparent, consistent communication

### Tools and Resources

- Environmental scan
  - We learned about readiness for implementation through the environmental scan and engagement processes.
  - This included gaining a better understanding of health system readiness, readiness for working together, readiness among community agencies for working together, and readiness of the Project team to undertake the work that was required (e.g., knowledge and skills related to engagement, facilitation, implementation, evaluation)
- Deliberative dialogue – <https://sedl.org/policy/insights/n09/index.html>
- Map partner resources and needs – what can people bring to the table (See *Collaboration for Spread Handbook*)

## The IMPACT Pop-ups

The Alberta project team identified the region of north Lethbridge where people are underserved by, and struggle to connect with, primary healthcare services. Working closely with stakeholders, members of the Alberta LIP identified engagement with, and approachability of, PHC services as key access issues that should be addressed by an intervention. The team designed and implemented a series of pop-up health and community services events that brought together PHC service providers to different locations in North Lethbridge.

Given unlimited resources, our community partners said the best way to address the needs of north Lethbridge residents would be to put a clinic in an easy-to-reach location in north Lethbridge. They suggested this clinic could also house service providers from non-health sectors, such as foodbanks, newcomer services agencies, and other social services organizations. However, the research program did not have unlimited resources for the intervention nor were there sufficient community resources to acquire a dedicated space.

Therefore, a “bricks and mortar” solution was not feasible. There were, however, other ideas for enhancing access identified by our community partners that were feasible.

Our community partners clearly identified the need for the intervention to have services located in North Lethbridge, with a broad range of services being offered in one place at the same time. We were also told that the most vulnerable often lack trust in healthcare services due to previous experiences feeling less than welcomed, respected, or cared about when accessing services. Therefore, we knew that any intervention had to bring PHC services to where people were and ensure any services provided were approachable, welcoming, and engaging. Our partners also said that being welcoming meant that no one should be turned away if they needed services. We therefore purposely did not target specific populations or groups and welcomed anyone wanting to attend the pop-ups.

## Make aims explicit

### Key Concepts

To achieve and maintain clarity and commitment among project team members and with community stakeholders, it is vital for everyone to understand why individuals and organizations want to be part of achieving a collaborative aim. Conversations about aims may focus both on how you want to work together and the reasons for working together.

### Aims (individual, organizational, collaborative)

By this point, a collaborative aim is starting to crystallize. Based on that aim, people and organizations have indicated an interest in being part of a collaborative effort to implement the pop-up. When individual and organizational aims are aligned with the collaborative aim it is much easier to overcome hurdles to achieve progress. When aims are not made explicit, there is risk of undermining the successful implementation by working at cross purposes.

The value of making aims explicit and facilitating alignment among differing aims includes clarifying whether some expectations can (or cannot) be met through this collaboration, and ensuring people are working on aspects of the intervention that are most relevant to them. Some benefits of making aims explicit are illustrated with the following examples.

- Individual whose aim is to meet new people – knowing this, encourage them help with community and organizational engagement
- Organization whose to learn a new approach – knowing this, determine if there is information that you could be gathering that will benefit planning of the pop-up and help organizations determine whether this form of outreach will work for them on an ongoing basis

### Questions to Consider

To gain clarity and commitment, it is important to facilitate conversations that uncover answers questions such as:

- Is addressing this need a common aim among stakeholders?
- Do participating organizations agree with the collaborative aim?
- Have individuals and organizations voiced their aims?
- Is there a high likelihood that the aims of individuals and organizations will be addressed through collaboration?
- What are the stakeholder boundaries and overlapping interests?
- Are there competing interests? If yes, how will these be addressed?
- Why are individuals interested in working on this project?
- Why is an organization willing to commit to working on this project?
- What is the overarching aim that everyone shares in relation to this project?
- How do we want to work together to achieve our collaborative aim?

## Decision Point

- “Can enough of the organizational and individual aims be met to support commitment of key stakeholders to addressing the collaborative aim?”
  - If yes, by most organizations, then you’re ready to commit.
  - If no, not everyone will continue but others might join. You may need to revisit *Connect People* again in a more targeted way (in view of the individual and organizational aims). You may still proceed to Commit with the organizations that are prepared to move forward.
    - Are there different ways for some people to continue to participate?

## Monitor, Evaluate, Improve

### Approach - Aims Log

- Capture individual, organisational and collaborative aims in one document. Use this in conjunction with your project plan to ensure that, wherever possible, people are involved in ways that address their individual and organisational aims.
- Share this with all participants to be used as a communication tool and to support developing a shared understanding of what everyone hopes to gain through implementation of the pop-up

**Purpose** – support clear, transparent communication; clarify expectations and assumptions; and support planning and resource allocation.

## Tools and Resources

**Crucial conversations** - there are many resources available for supporting crucial conversations. This link provides a concise overview of the approach.

- <https://brocku.ca/vp-academic/wp-content/uploads/sites/65/Crucial-Conversations-Resources.pdf>

**Facilitation** – like crucial conversations, there are many tools to inform your approach to facilitation. It is vital to match facilitation strategies to the purpose of facilitation. These links to Liberating Structures and Gamestorming resources outline approaches that we used in IMPACT.

- <https://www.liberatingstructures.com/>
- GameStorming – provides a number of facilitation tools that have been co-created by innovators around the world. <https://gamestorming.com/>

## Commit

### Key Concepts

#### Governance

As discussed in the “Connect People” section, guidance about governance structures was provided to the international IMPACT team provided. In Lethbridge, governance remained quite stable with the research team playing the lead decision making roles and the Core team providing local advice and support.

While the initial structure included the research team and Core Team, as the intervention evolved, and more community stakeholders were engaged, a community coalition emerged (see more detail under “Confirm section”). This mechanism for community engagement proved to be important to sustaining the IMPACT intervention beyond the life of the grant. As we write this in 2022, local members of the research team and community coalition are continuing to plan for pop-ups within the southern Alberta region.

#### IMPACT’s core team

In Lethbridge, we had a Core Team that included representatives from the municipality, local service providing organizations, the regional health service authority, and members of the community. This team provided important advice about where to hold each pop-up, which service providers to invite, and how best to let the community know about upcoming pop-ups. The existing relationships this core team had in the community enabled them to access and leverage resources and facilitated success of the pop-ups.

#### Roles & responsibilities

Planning and execution for pop-ups in Lethbridge was managed and directed by a variety of groups and individuals in different roles. This same structure is not necessary, but we encourage others to consider who will be responsible for what tasks before embarking on a pop-up planning journey. The <Aims Log> developed in the previous component of the approach will be a valuable tool for matching people and roles. It may also be helpful to have the same groups and individuals involved from one pop-up to the next.

Title	Role
Administrative Coordinator	A person who takes the administrative lead for the project: managing meetings, taking notes, keeping things moving forward.
Working Group	A core group that is responsible for the concrete planning and execution of the pop-up.
Volunteers	People external to the project provide support in the planning stages and on the day of the pop-up. Check with local students and volunteer organizations.
Venue	Representative from the location that will host the pop-up (may vary from one event to the next).
Project Lead	Someone with the final say on matters related to planning, budget, etc. This may be someone on the Working Group or Administrative Team, depending on how the pop-up is being managed.
Service Providers	Those who attend the pop-up to provide services to attendees.
Administrative Team	If needed, a core group manages administrative aspects of the project in conjunction with the Administrative Coordinator. May also provide guidance to the Working Group and support to the Project Lead as needed.
Communications Specialist	Someone who will focus on marketing the pop-up to potential attendees, including poster & postcard design & distribution, website, traditional and social media outlets.

**Additional Commitments**

In addition to gaining commitment to governance structure and roles and responsibilities, it will save time and energy if you seek explicit commitment related to how you work together and what is done on behalf of the collaborative. While you may have discussed some of these at earlier stages in the <Collaboration for Spread> approach, this is the point where these commitments are made explicit to everyone involved. The following are areas were commitments on which we focused but you may identify others.

They include commitment to:

- Addressing the need within the community
- Achieving a collaborative aim and supporting alignment with individual and organisational aims
- Implementing the pop-up intervention to address the need in the community
- Essential elements of the intervention in your context
- Responsibilities and resource sharing
- Communication and decision-making plan and approach
- Conflict resolution strategies
- Monitoring and evaluation approaches

### Questions to Consider

- Have we gained commitments from individuals and organisations in all key areas that are essential to successful implementation?
- Do we have sufficient time and resources to implement this intervention?

### Decision Point

Do we have the knowledge, skills, resources, and commitment to continue? Is there organisational and community readiness for this intervention?

- If yes, it is time to start implementing the intervention.
- If no, revisit your engagement strategy and reach out to additional stakeholders to address gaps that limit implementation. Use the Collaboration for Spread approach to ensure that you gain the commitment required to proceed to implementation.

### Monitor, Evaluate, Improve

#### Approach – Team and resource matrix

This matrix lists the people and organizations that ensure that you have the knowledge and skills, resources required to implement, monitor and evaluate the intervention. Different types of knowledge, skills and resources could include:

- data collection and analysis
- facilitation
- project planning
- community and stakeholder engagement
- deliberative dialogue
- communication

If key skills are missing, develop a plan for filling those gaps as needed on an ad hoc or permanent basis.

**Purpose** - to support effective planning and implementation

### Tools and Resources

- Team and resource matrix

Team member/ organizational name	Resources committed	Notes

## Implement

### Key Concepts

In working through each of the stages of the <Collaboration for Spread> approach, you have created a foundation for implementing a successful intervention. When you are ready to implement, it is assumed that you have achieved confirmation that there is capacity and readiness for the intervention and that you have gained commitment to implement by: connecting with people; confirming the need and goals for the intervention in the new setting; making aims explicit; and, committing to aims, governance, resources and operational strategies.

Key Concepts for the pop-up are described in the first section of this guide. Additional guidance for both early and stable implementation of a pop-up is provided in Appendix A which includes a pop-up checklist, pop-up set up, and draft letters to service providers tools.

Essential resources for implementation will vary from setting to setting do not underestimate the value of clearly defined coordination roles and project management (a skilled project manager will keep the whole thing on track), clear descriptions of processes and procedures, and, ongoing assessment of capacity with commitment to training and development.

### Questions to Consider

Did implementation proceed as planned? What worked and what needs to be improved?

### Decision Point

Does the need for this intervention continue to exist?

Is the intervention addressing the need?

Are we able to sustain implementation?

- If yes, Yahoo!!! You've done everything you needed to achieve successful implementation
- If no, hold onto your commitment to addressing this need. Adapt the intervention or plan for a new intervention using the <Collaboration for Spread> Handbook.

### Monitor, Evaluate, Improve

See the next section for specific evaluation strategies for a pop-up

After Action Review (after rehearsals and each pop-up)

Tools and Resources – see Appendix A

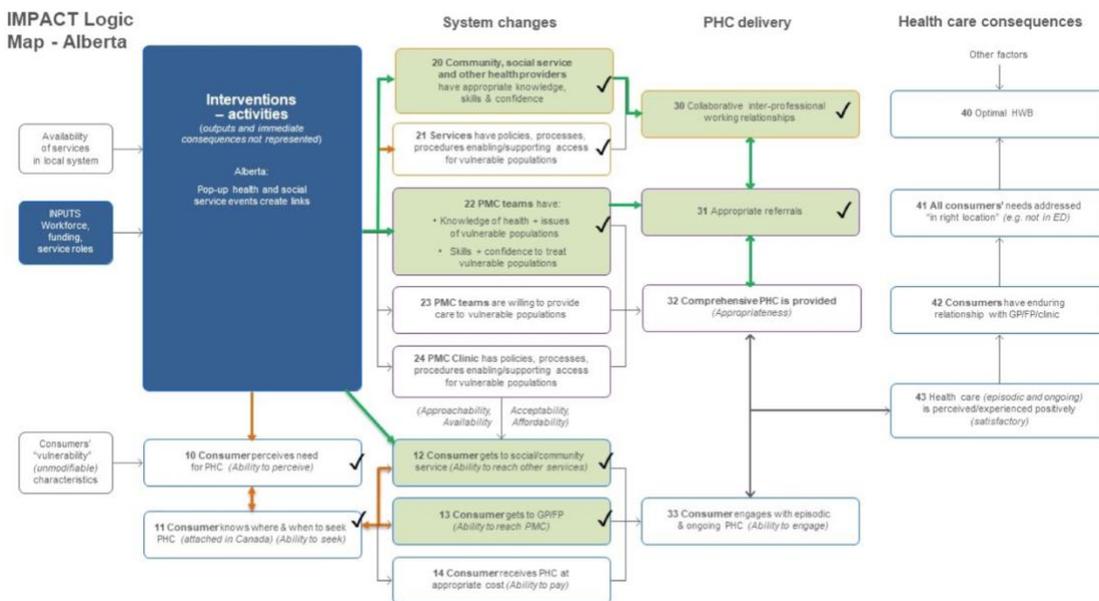
# Monitor, evaluate, improve

## Key Concepts

Your approach to monitoring, evaluation and improvement will vary depending on the pop-up approach and the outcomes that you have prioritized. It is assumed that you have worked with your collaborators to confirm desired outcomes and that you have chosen process and outcome indicators. It is also assumed that you have team members and/or consultants who can guide the evaluation process.

## Outcomes

As described throughout this Pop-up Guide, the team in Lethbridge was committed to continuous improvement to design and re-design an intervention that addressed specific outcomes. In the IMPACT program of research, the outcomes outlined in the logic model are based on the Levesque et al. (2013) Access Model which defines “access” from both supply (health system and service delivery) and demand (people who require services) perspectives. Based on our evaluation data, we were able to demonstrate that, not only did we achieve our desired outcomes, but we also achieved some unexpected outcomes. The intended outcomes are illustrated by the green boxes in the figure below, the outcomes that we achieved have checkmarks. The use of a logic model such as this helped us clearly articulate our desired outcomes, compare outcomes across the IMPACT team, and communicate our intended focus with stakeholders (see Spooner, et al., 2021 for more detail about our use of program logic).



Methods (see Appendix D).

Methods of data collection must be determined with the audience and intervention in mind. By and large, people who attended the pop-up in Lethbridge, were not interested in spending time completing surveys and participating in interviews prior to receiving services. The initial survey instruments and interview guides that were designed as part of the IMPACT protocol were too long and complex to administer with the people who attended the pop-up. As a result, data collection strategy was streamlined after the first pop-up and included: observations, service provider checklist, passports, short surveys and interviews during the pop-up, and follow-up surveys and interviews.

### Questions to Consider

Do we have the right information and enough information to demonstrate that we have achieved our desired outcomes?

Is our data collection process appropriate for the population being served by the pop-up?

### Decision Point

Are we meeting the needs we intended to meet?

Have we demonstrated achievement of our desired outcomes?

- If yes, yahoo! Keep going.
- If no, how do we adjust the intervention and evaluation approach to meet the need and demonstrate desired outcomes?

### Monitor, Evaluate, Improve

#### **After Action Review (AAR) (again)**

The AAR process involves setting aside 10-15 minutes to ask four simple questions:

- 1) What was supposed to happen?
- 2) What actually happened?
- 3) Why was there a difference? (i.e., What worked, what didn't work, and why?); and,
- 4) What will we do differently (including stopping)? (Collison & Parcell, 2004).

### Tools and Resources

Pop-up Monitoring, Evaluation and Improvement framework (Appendix D)

## References

- King, G., Curran, C. J., & McPherson, A. (2013). A four-part ecological model of community-focused therapeutic recreation and life skills services for children and youth with disabilities. *Child: care, health & development*, 39(3), 325-336. doi:10.1111/j.1365-2214.2012.01390.x
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- Mercy Family Centre (2023). How's Your 5? A community resilience and public mental health conversation. Retrieved from the internet on June 21, 2023, at <https://www.mercy.net/content/dam/mercy/en/pdf/how-s-your-5-brochure.pdf>
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## Appendices

### Appendix A - Pop-up Checklist

The planning for a pop-up event should start 3-4 months before the pop-up date. The following table provides a list of decision points and actions from initial planning through to post-event evaluation. An approximate timeline is provided based on how long the action is expected to take and what future activities are dependent on earlier decisions. While the first interaction with service providers is three months out from the pop-up date, we encourage planning teams to begin connecting with local service providers as early as possible, especially at the management level; organizational buy-in will support service providers to participate.

### Principles

In Lethbridge, principles that guided each pop-up were developed through a deliberative forum held early in the planning process. These principles guided our decisions and actions for the duration of project

- Work together differently
- Meet people where they are
- Prioritize meaningful relationships
- No one is turned away

IMPACT Pop Up Planning Guide checklist		
Task	Notes/Suggestions	Date/Duration
<b>Select date and venue</b>	<ul style="list-style-type: none"> <li>Consider space needed for desired number of service providers, private spaces</li> <li>Check for any major scheduling conflicts with other training or events</li> <li>This is typically done at the Working Group meetings</li> </ul>	3-4 months out
<b>Schedule rehearsal for service providers</b>	<ul style="list-style-type: none"> <li>Select rehearsal date at the same time the pop-up date is chosen if the orientation is to be held at this same venue (this is ideal).</li> <li>Request a three-hour time slot (1 hour for set up, 2 for orientation)</li> <li>Arrange with Working Group</li> </ul>	3 months out
<b>Invite service providers</b>	<ul style="list-style-type: none"> <li>Send a Save the Date to previously participating service providers/managers so they are aware it is coming and can start planning.</li> <li>Go to the list of service providers from the last pop up, send an email to the organizations with highlights and stats from the last event.</li> <li>Discuss service gaps from the last event with the WG</li> <li>New service providers are to be invited by a member of the WG (may want to invite new service provider organizations based on the location selected – so in the school, more of a focus on child- and family-serving organizations)</li> <li>Include the date of the orientation/rehearsal in the email invite.</li> <li><b>*See invite email template</b></li> </ul>	3 months out
<b>Confirm service providers</b>	<ul style="list-style-type: none"> <li>Create a spreadsheet to track who has confirmed</li> <li>Confirm with them what services they will be providing on-site</li> <li>Update the website with confirmed service providers and other organizations (contact Emilie for details on how to edit the website)</li> <li><b>*See confirmation email template below</b></li> </ul>	Ongoing
<b>Begin communications plan</b>	<ul style="list-style-type: none"> <li>Develop this internally or recruit the support of a communications expert from one of your supporting organizations.</li> <li>Identify which one person will give final approval of marketing materials before they are sent to print.</li> </ul>	3 months out

IMPACT Pop Up Planning Guide checklist		
Task	Notes/Suggestions	Date/Duration
Finalize communications plan	<ul style="list-style-type: none"> <li>Approved by designated person</li> </ul>	2 months out
Finalize poster design	<ul style="list-style-type: none"> <li>Order posters (we ordered 200)</li> </ul>	2 months out
Finalize postcard design	<ul style="list-style-type: none"> <li>Order postcards (we ordered 5000 when they were going to be distributed in school backpacks)</li> </ul>	2 months out
Submit Pop Up details to school newsletters	<ul style="list-style-type: none"> <li>If this is an appropriate means of marketing the pop-up, contact the schools or school district to find out when their newsletter is published.</li> </ul>	2 months out
Distribute postcards in schools (to be sent home with students)	<ul style="list-style-type: none"> <li>If this is an appropriate means of marketing the pop-up, contact the schools or school district to find out when would be a suitable time to distribute post-cards</li> </ul>	1.5-1 month out
Begin social media campaign	<ul style="list-style-type: none"> <li>Create a Facebook event</li> <li>Send link to the Facebook event with pre-written tweets and Facebook posts to the service providers.</li> <li>Tweet regularly using an appropriate Twitter account</li> </ul>	1 month out
Confirm food sponsor	<ul style="list-style-type: none"> <li>Approach local grocery stores or other food sponsor for gift card or food donations</li> <li>Seek corporate sponsorship for food donations from local businesses</li> <li>Ask at the working group meetings for other ideas</li> </ul>	1 month out
Host rehearsal	<ul style="list-style-type: none"> <li>Allow time for service providers to introduce themselves and talk about the service(s) they will provide at the pop-up</li> <li>Discuss some of the key strategies for engagement</li> <li>Plan for extra time at the end for discussions to continue.</li> <li>Update presentation from last rehearsal as needed. Include updates on what has changed for the upcoming pop up based on feedback from the last event.</li> </ul>	1-3 weeks out
Create map of service provider tables	<ul style="list-style-type: none"> <li><b>*see template below for a pop-up map</b></li> <li>Get a floorplan from the venue representative to create the map</li> <li>Have space for unexpected service providers who may show up on the day.</li> </ul>	1 week out

<b>IMPACT Pop Up Planning Guide checklist</b>		
<b>Task</b>	<b>Notes/Suggestions</b>	<b>Date/Duration</b>
<b>Purchase sandwiches, cookies, juice from food sponsor</b>	<ul style="list-style-type: none"> <li>• Purchase based on number of attendees from last event</li> </ul>	28-24 hours out
<b>Prepare welcome table materials</b>	<ul style="list-style-type: none"> <li>• Print for service providers: wifi password, venue map, table numbers, photo consent forms as needed.</li> <li>• Bring a scanner or iPad, laptop, extra blank paper and extra copies of forms and maps in labelled folders.</li> </ul>	24 hours out
<b>DAY OF THE POP UP</b>		
<b>Set up tables and chairs with table numbers</b>	<ul style="list-style-type: none"> <li>• Set up based on the venue map created with the services providers</li> </ul>	1 hour prior
<b>Set up a food table</b>		1 hour prior
<b>Set up a welcome table between the service provider space and the food table (ideally)</b>	<ul style="list-style-type: none"> <li>• Have two volunteers at the welcome table</li> <li>• For service providers, remind them about the passports and how they are used.</li> </ul>	1 hour prior
<b>Set up private spaces for service providers who require them</b>	<ul style="list-style-type: none"> <li>• Communal private space that can be available to any service provider throughout the pop-up as required.</li> <li>• Service providers such as physicians may require a dedicated private space</li> </ul>	1 hour prior
<b>Place sandwich boards and other signage outside the venue</b>		1 hour prior
<b>Collect ethics and photo consent forms from service providers</b>	<ul style="list-style-type: none"> <li>• Use the service provider tracking sheet to determine who needs to sign these forms. They only needed to be completed once, not at each pop up.</li> </ul>	1 hour prior/all day
<b>Count attendees</b>	<ul style="list-style-type: none"> <li>• Count attendees at the welcome table and also have service providers keep a tally.</li> </ul>	All day
<b>Enter attendees in the draw (if applicable)</b>	<ul style="list-style-type: none"> <li>• If you have a service provider or sponsor who would be willing to provide a prize for a draw, set up a ballot box near the pop-up entrance.</li> </ul>	All day

<b>IMPACT Pop Up Planning Guide checklist</b>		
<b>Task</b>	<b>Notes/Suggestions</b>	<b>Date/Duration</b>
<b>Photocopy/scan or take a photo of attendees' passport</b>	<ul style="list-style-type: none"> <li>When attendees leave, ask if they are comfortable with their passport being used for data collection. Make a copy by photocopying/scanning/or taking a photo on an iPad, and give them the original.</li> </ul>	All day
<b>Collect notes from service provider debrief discussions</b>	<ul style="list-style-type: none"> <li>Service provider debriefs are executed by welcome table staff/volunteers/working group</li> </ul>	End of day
<b>Tear down and clean up</b>		End of day
<b>AFTER THE POP-UP</b>		
<b>Email a thank you and summary of the pop up with highlights, stories, and stats to the service providers and their managers</b>		Within one month of the pop up
<b>Send a thank you card to the venue</b>		Within one month of the pop up
<b>Summarize notes from service provider debrief discussions</b>	<ul style="list-style-type: none"> <li>Service provider debriefs are executed by welcome table staff/volunteers/working group</li> </ul>	Within one month of the pop up

## Appendix B: Pop-up set up

### Location

Location should be accessible to your target population. Consider things like public transportation routes, parking, mobility issues, and any potential stigma associated with the location. When possible, consider locations where people are already gathered, such as community centres, schools, or libraries. Keep in mind that the overall aim of the pop-up is to bring a range of services to one location, at one point in time, to geographic areas where they are not typically available.

### Set-up

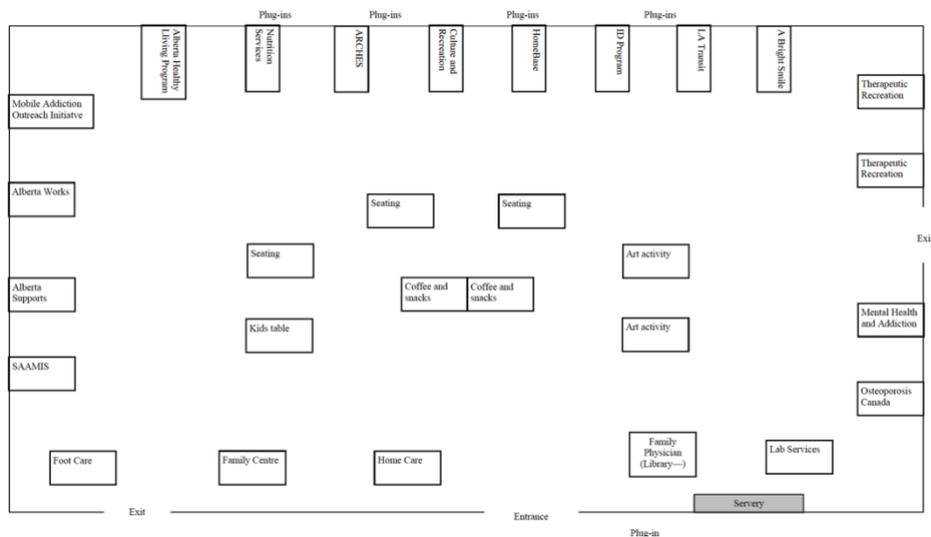
We recommend a large open area where tables can be set up for each service provider. Place the tables along the wall to encourage service providers to stand in front of their tables rather than behind them. Ensure that there are some private spaces available for use should a provider need them. Have a welcome table where people are greeted and provided with information about the pop-up.

### Central waiting/gathering space

In a central area, have refreshments and spaces for attendees to sit. This will become a gathering space for those waiting, as well as an open and inviting environment where service providers can interact with attendees and with each other. Consider a table for children's activities such as colouring, puzzles, or board games, and a volunteer to manage those activities. Consider a shared art project to which all attendees can contribute.

### Passport

Create a map of the space and label the location of each service provider. Provide attendees with the map as well as a passport; in the passport they can track which service providers they saw and record follow-up contact information if needed. If you intend to anonymously track people who attend the pop-ups over time, consider using a unique identifier on to passport.



## Appendix C: Invitation and confirmation e-mails

Each service provider should have an actual service they can perform at the pop-up, above and beyond distributing information. This may include an interactive activity, an assessment or evaluation, registering attendees for programs, etc. Depending on your target population, you may want to tailor the service providers at the pop-up to the specific needs of that population (for example, seniors vs young families may be in need of different services). Have service providers wear name tags at the pop-up for the benefit of attendees and other providers.

### Service Provider Invitation Email Example

Hello all,

I hope you had a restful holiday break and are off to a good start with the New Year. To those of you who participated in the last pop up event held on [date] - thank you so much for your support! With your help, we were able to provide over [number] services to attendees at the event. To those of you who are new to the Pop-up, thank you for reaching out to us, and WELCOME!

To begin, I would like to introduce myself. My name is [insert contact name here], and I am [insert role and organization]. My role is Coordinator with the [name of pop-up event]. I look forward to being in contact with you all and meeting you in person.

### Pop-Up Invite

We are pleased to invite you to participate in the next pop-up event on **[date] from [times]**. For this third event, will be returning to [location]. As we continue to learn what is required to hold a pop-up, we decided to be consistent in the location. We believe that this will allow us to give additional attention to external communications and that we will see increased growth and awareness around our pop-ups. We understand that many of you are interested in seeing this event move to a new location (e.g., a school), and we are pursuing new locations for the upcoming pop-up events.

### Pop-Up Rehearsal

There will be a rehearsal session for all service providers participating in the pop-up on **[date] from [times]** at [location, room]. We find that these rehearsals are critical for service providers to learn about the services offered by others, and to gain a level of familiarity with the processes, principles, and venue - we sincerely hope you can attend!

### Communications

In the communications and marketing for the upcoming pop-up event, we will emphasize that the event is open to all ages, with services provided at no cost. We will also share posters and postcards around [locations] and provide them to relevant service providers and agencies. Thanks to your feedback we have learned about existing information sharing systems, and we are contacting the groups who oversee those systems and working more closely with North side schools. Our communications strategy will also expand our online efforts – a social

media package will be sent out with pre-written Twitter and Facebook posts and photos that we encourage you to share on any social media channels that you have access to.

We invite you to share suggestions, ideas, and feedback that can support the ongoing growth and success of our pop-up events. Returning service providers have valuable experience and insights to share. We also encourage you to reflect on the services you have provided previously and consider if you would like to offer something different or take a new approach to this third pop-up event. This is a learning process and we are open to discussion about how we can collectively refine and improve the pop-up events. Please contact us at [phone] or [\[email\]](#) if you have any other ideas, or if you want printed materials to share with your clients and colleagues.

**We would appreciate hearing from you by [date] to confirm your participation in the pop up and rehearsal session.**

We appreciate your commitment to supporting this initiative. If you have any questions, please do not hesitate to contact me.

Thank you on behalf of the IMPACT team,

## Service Provider Confirmation Email Example

Hello NAME:

Thank you for agreeing to attend our third “pop up” primary health care event, scheduled for [date] from [time] at [location, address]. As you know, the focus of the event is service provision (i.e. it’s not a “Health Fair”), and we are finding that providing services in this innovative way is meeting an unmet and growing need in [location].

In our conversations with you, it is our understanding that the services you are bringing include: [fill in services]

We will have tables and chairs set up throughout the [location], and we also have access to some private spaces should your service require an area for private conversation or assessment. The [location] also has Wi-Fi. You will need to bring:

- Any supplies that you require to provide your service
- Materials to support documentation (intake forms, laptop, etc) and the ability to connect people to your service in the future
- Signage for your service that can be taped or placed in your area so people know who you are (it doesn’t need to be fancy!)

We would also ask that you also attend a pop up rehearsal to be held on site at [pop-up location]. This will take place on [date] from [times] in the [room].

**In your response to this email, could you please “reply all” and:**

1. Confirm how many people you will be bringing to the pop up event.
2. Confirm whether or not you will be attending the orientation session on [date] at [location] ([times]).
3. Confirm if you will require access to private space to deliver some services.

This is the third event of this kind focused on primary health care services for [location]—we appreciate your willingness to join us in this initiative! We know that this third effort will benefit from your participation—we also know that this event gets better each time! **THANK YOU!**

## Appendix D – Pop-up Monitoring, Evaluation and Improvement (MEI) Framework