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**Regis University
Regis College
Master of Development Practice**

Advisor/Final Project Faculty Approval Form

Master's Candidate: **Emily Weber**

Capstone Title: **Ending 'Period Poverty': A Holistic Proposal to Address Menstrual Hygiene Management for People Experiencing Homelessness in Denver, Colorado**

Presented in the MDP Community Forum on: **Tuesday, April 19th 2022**

I approve this capstone as partial fulfillment of the requirements for the Master of Development Practice.

Advisor Signature

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Date: 6/2/22

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Date: 6/10/22

**Ending 'Period Poverty': A Holistic Proposal to Address Menstrual Hygiene Management for
People Experiencing Homelessness in Denver, Colorado.**

By
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Master of Development Practice
Regis University

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April 27, 2022

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Personal Statement

I believe that access to safe, clean, and dignified menstrual hygiene management (MHM) is a basic human right. Menstruating is not a choice and I believe people should never have to choose between buying food and buying menstrual products. Through this project, I hope to bring a feminist lens to the fields of development and water, sanitation, and hygiene (WASH), which have historically been male-dominated fields. The intersection between gender and development is becoming increasingly popular. Throughout my three years in the Master of Development Practice program, my colleagues and I have learned the importance of approaching all development projects with a gender lens and have practiced completing gender analysis of a wide variety of development projects. I am also interested in explicitly addressing MHM because it is a topic that is too often left out of important development decisions due to deeply ingrained taboos and misogyny. I hope that this work will ultimately contribute to combating the stigma associated with menstruation.

I, like most menstruators, have found myself in situations where I have not had immediate access to MHM when I needed it. From having to figure out how to wash my hands and dispose of a tampon while on a camping trip, to simply realizing I got my period in the dressing room at the mall and forgot to put a pad in my purse before heading out for the day, these commonplace situations can be truly humiliating and even panic-evoking. In these situations, I have learned that it is extremely difficult to do anything else if you do not look and feel clean and dry. It's Maslow's Hierarchy of needs at its finest: lower order needs must first be achieved before higher order needs. It trumps your next plans, your hunger, and any other thoughts until you can figure out a way to temporarily stop the flow of blood.

Throughout this project, I have challenged myself to recognize my own biases and privileges and how my positionality may impact my research and its outcomes. I recognize that the situations I have experienced are in no way comparable to the experience of menstruating while experiencing homelessness. I recognize the immense privilege of never having to worry about where I will sleep at night or whether I have the financial security necessary to buy pads and tampons without a second thought. I have never experienced homelessness, and thus I cannot fully understand the complexity of the lived experience of the intended beneficiaries of this project. Further, I acknowledge my privilege as a cisgender female menstruator. Transgender, transmasculine, nonbinary, gender fluid, and gender non-conforming persons do not fit the stereotypical mold of what people associate menstruation with, and their experiences are often dismissed.

Finally, there is a massive power imbalance between those who are working on this issue, who have all the power, and those experiencing homelessness, who have very little power. I hope to disrupt that power imbalance and ensure that people experiencing homelessness in my community have access to clean and dignified MHM, and ultimately, an improved quality of life.

Executive Summary

This proposal is for a holistic, community-based approach to MHM, with a specific focus on people experiencing homelessness in Denver, Colorado. The proposal culminates in a holistic set of recommendations, including both actionable items and systems- and policy- level suggestions, to improve access to clean and dignified MHM for the intended beneficiaries.

The goals of this proposal are to: 1) Increase community collaboration on addressing MHM; 2) Provide equitable access to MHM products for all people experiencing homelessness; 3) Reduce the stigma associated with MHM; 4) Provide safe, private, and clean spaces for dignified MHM in Denver; and 5) Create systems-level change that will sustainably improve access to MHM. Recommended activities to meet these goals include creating barrier-free systems to distribute menstrual products, increasing street outreach efforts, securing grant funding, training staff working with people experiencing homelessness on equitable access to MHM, and improving public restroom facilities. Additionally, systems-level recommendations include passing legislation to include menstrual products in public assistance programs, eliminating taxation on menstrual products, and addressing the root cause of the issue through a housing-first model.

Literature Review

Introduction

Menstrual hygiene management (MHM) refers to the need to ensure that all people who menstruate have access to clean menstrual products, privacy to change the materials as often as needed, soap and water for washing the body as required, and access to facilities to dispose of used materials (Maroko et al., 2021). Menstrual products can include pads, tampons, menstrual cups, and reusable products. In the United States, the term “feminine hygiene” was coined by the birth control industry in 1924 as a legal loophole to the Comstock Act, which made it illegal to sell “obscene” materials or advertise products related to sex (Nemeth, 2019). The term feminine hygiene is still widely used across the globe. One of the first formalized usages of the label “MHM” was at the Oxford Roundtable hosted by the United Nations

Children's Fund (UNICEF) in 2005. Since then, the term MHM has increasingly appeared in peer-reviewed publications and social media, and is now widely used across many sectors, perhaps for the neutrality of the word “hygiene,” or due to the academic predilection for acronyms (Sommer, 2015). MHM has traditionally been perceived to be a responsibility of the global water, sanitation, and hygiene (WASH) sector, but it is increasingly being addressed by scholars, scientists, researchers, engineers, human rights advocates, and experts, emerging as its own small but robust field of international study (Weiss-Wolf, 2017).

Not all people who menstruate are female and not all menstruators identify as female. The notion that menstruation only applies to cisgender females is not inclusive and is extremely harmful to other people who menstruate (Crays, 2020). The term “people who menstruate” is becoming more common in an effort to include all genders who may menstruate, including cisgender women and transgender, transmasculine, nonbinary, gender fluid, and gender non-conforming persons. This rhetoric detaches sex (body) from gender (social identity). Throughout this paper, I will use the term “people who menstruate” or “menstruators” to ensure the inclusion of all people who menstruate. However, there are instances where I directly quote others, in literature, interviews, or informal conversation, using terms such as “women” or “female” to refer to people who menstruate.

MHM Globally

Around the globe, on any given day, more than 800 million people are menstruating, at least 500 million of whom lack adequate resources, including supplies, education, and facilities, for managing their periods (Weiss-Wolf, 2017). Menstruation has gained global attention in the

past decade as both a critical public health and human rights issue (Gruer et al., 2021). While the United Nations' Sustainable Development Goals for 2030 do not specifically mention menstruation, two indicators imply a global recognition of the importance of MHM: "ensure universal access to sexual and reproductive health" and "achieve access to adequate and equitable sanitation and hygiene for all.... paying special attention to the needs of women and girls and those in vulnerable situations" (2021). In the fields of public health and medicine, significant research exists on the health challenges of inadequate MHM. Many reports have suggested links between MHM and urinary or reproductive tract infections, severe pelvic pain, breast pain, dysuria, and toxic shock syndrome (House et al., 2013). When combined with extreme poverty, limited health education, and a lack of clean, safe toilets, the problem of MHM is "dire, if not downright deadly" (Weiss-Wolf, 2017).

Much of the literature that exists on MHM focuses on people who have been displaced by humanitarian emergencies. For the estimated 60 million people around the world displaced by war, conflict, or natural disasters, managing menstrual hygiene is particularly severe (Weiss-Wolf, 2017). Dr. Marni Sommer, Associate Professor at Columbia University's Mailman School of Public Health, is one of the world's preeminent researchers on MHM and authors much of the literature, both in the United States and global contexts. Sommer is the lead author of a 94-page guide called "A Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response," which is the most comprehensive MHM resource I found in my research. Through direct discussions with menstruators living in emergency contexts, the toolkit identifies six prominent MHM challenges for this population: 1) lack of sanitary materials, including underwear; 2) lack of private, female-friendly toilets and bathing spaces; 3) lack of

knowledge on menstruation; 4) anxiety and embarrassment around leakage and discomfort; 5) overcrowding and severely diminished privacy; and 6) cultural taboos and restrictions related to MHM.

Another leading voice in the field of MHM is Jennifer Weiss-Wolf. She is the author of the book *Periods Gone Public: Taking a Stand for Menstrual Equity* (2017), which explores many solutions to the challenge of MHM around the world. In recent years, the MHM challenges facing schoolgirls in the context of low-income countries have gained global attention, and thus, much of the available literature is focused on this population. Weiss-Wolf's book serves as a comprehensive literature review of the MHM issues faced by schoolgirls across the globe. For example, in Sierra Leone, more than two in 10 girls are reported to skip school during menstruation; in Nigeria, where one toilet accommodates every 600 students at some schools, 77% of girls report having no private place for MHM; in rural Kenya, girls are reported to engage in transactional sex or seek out boyfriends to buy them menstrual products; and nearly half of girls in Iran are so lacking in education about menstruation that they believe it to be a disease (Weiss-Wolf, 2017). Although schools are a logical starting place to address MHM because of the potential for providing facilities and pads alongside education on the topic, this focus has excluded many other vulnerable groups of people, such as those out of school and those experiencing homelessness.

Global Solutions

The focus to date on MHM has largely been on the provision of menstrual products (Geertz et al., 2016), which Weiss-Wolf suggests is motivated by the satisfaction of raising funds

for a tangible solution (2017). Many other solutions to MHM are led by small-scale entrepreneurs who create innovative, low-cost solutions to provide menstrual products to those in need (Geertz et al., 2016). For example, in Tamil Nadu, India, a man named Arunachalam Muruganantham spent six years inventing a simple machine that could produce disposable, quality pads out of pulverized sheets of wood fiber. Muruganantham faced immense ridicule and ostracization by his community, who could not understand why a man was concerned with menstrual hygiene. More than a decade later, hundreds of women's groups, rural nonprofits, and job training organizations use the machine, and Muruganantham was named one of the world's 100 Most Influential People by TIME Magazine in 2014. Not only did this invention create affordable pads, it also created jobs, as most of the machines are managed and staffed by women who make and sell the pads to others in their community (Weiss-Wolf, 2017).

In Columbia, Diana Sierra designed underwear with a secret mesh pocket that can be filled with any available absorbent material, like cloth or mosquito netting. Sierra sells the products commercially and employs a donation model that enables her to distribute them for free in ten countries, including Rwanda, Tanzania, and Malawi (Weiss-Wolf, 2017).

Another promising example of small-scale entrepreneurship is the world's first "Dignity Vending Machine," created by Australian Rochelle Courtenay. At the press of a button, the vending machines dispense a free period pack that includes six tampons and two pads. The machines are programmed to wait ten minutes between dispensing packs to deter any one person from emptying the machine. Since 2016, more than 265 Dignity Vending Machines have been installed in community centers, public bathrooms, healthcare centers, homeless service centers, and "homeless hubs" across Australia. Each Dignity Vending Machine costs

approximately \$18,000 USD to build, install, and maintain for four years with supplies (Share the Dignity, n.d.). The benefits are certainly worth this cost, as the free products enable menstruators to spend money on other necessities like food. Menstruators can also save time and costs associated with transportation to buy menstrual products at stores. Many studies recommend continuing to support market-based solutions to distribute low-cost, high-quality menstrual products at scale (Geertz et al., 2016).

MHM innovation goes beyond the provision of menstrual products. Globally, menstrual health education and awareness programs are increasingly becoming common interventions for addressing poor MHM. However, awareness programs and curricula vary significantly depending on the resources available and context of the program, and there are limited formal evaluations describing the effectiveness of these interventions (Geertz et al., 2016). There is also a growing interest in the effectiveness of cash transfers to support vulnerable populations in acquiring menstrual supplies, rather than giving them out directly (Sommer, 2017). Cash increases choice and can be one option to enable access to goods or services, however the use of cash transfer programming for addressing MHM is in need of more research.

Given the current global momentum on menstrual health coupled with significant need, there is an immediate opportunity for the field of MHM to improve the effectiveness of existing efforts (Geertz et al., 2016). The Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response, designed to support a range of humanitarian actors involved in the planning and delivery of emergency response, is one of the only resources that adopts a holistic approach to MHM in global contexts. The toolkit was funded by Columbia University and the International Rescue Committee and is authored by Dr. Marni Sommer in partnership with

Oxfam, USAID, Plan International, Women's Refugee Commission, WaterAid, and other prominent actors in the field of humanitarian aid and global development. In many emergencies, MHM is perceived to be a WASH responsibility. Recognizing that a holistic MHM response was a relatively new concept for many local and international staff, the toolkit was created as a resource for cross-sectoral MHM coordination (Sommer et al., 2018).

The toolkit presents three essential components of a complete MHM humanitarian response: 1) MHM materials and supplies; 2) MHM supportive facilities; and 3) MHM information (Sommer, 2017). The toolkit was piloted among 12 organizations working in three camps hosting Burundian and Congolese refugees in Northwest Tanzania. The pilot revealed that across sectors and organizations, there was consensus on the need for introducing structured guidance on MHM into response operations. Practitioners also noted the value of having MHM guidance tailored for emergencies, as one WASH actor explained: "In the past, we never had any sort of toolkit. Last year, we were using puberty resources and they weren't tailored for the emergency; it was for development work" (Sommer, 2018). The pilot demonstrated that like any new concept, there needs to be a long-term plan to ensure meaningful utilization of the toolkit. In addition to widespread training and dissemination of the toolkit, this would require advocacy for higher-level coordination to integrate MHM into humanitarian organizations and responses (Sommer, 2018). The authors of the toolkit state that uptake of the toolkit at the global and organizational levels would be interesting to explore further (Sommer, 2018).

Currently, there are only a small handful of foundations that focus explicitly on menstruation for its own sake, almost exclusively in the global health and development sector.

The most well-known among those rare funders is the Bill & Melinda Gates Foundation, which is the second largest charitable foundation in the world. A 2016 report commissioned by the Bill & Melinda Gates Foundation in Indonesia, Ethiopia, Ghana, Nigeria, Kenya, and India cautioned that despite rising momentum in the field of MHM among governments, researchers, and funders, efforts are “too often disparate and siloed” (2016). The report recommends better collaboration to avoid unnecessary duplication of efforts and keeping the price of menstrual products low while ensuring that access remains high, which are suggestions that I later discuss should be replicated in the United States.

MHM in the United States

While there is a significant amount of literature on addressing MHM in developing countries, there is a limited amount of literature in the United States. Documentation of the challenges around menstruation faced by people experiencing homelessness are more prevalent in media than in peer reviewed literature in the U.S. (Maroko et al., 2021). Media and policy attention on this subject has focused on the “period tax,” which I explore further as a theme of access and affordability in the Community Context section. The literature that does exist on MHM and homelessness tends to focus on qualitative and anecdotal experiences of people experiencing homelessness, rather than on solutions to the issue. Some scholars point out that this population has been severely overlooked and underserved because people who are experiencing homelessness are often not part of a specific institution that is tasked with ensuring enforcement of their menstrual justice rights, such as schools or correctional facilities (Crays, 2020).

There has been increasing recognition that certain vulnerable populations in the United States struggle to meet their menstruation-related needs, including people experiencing homelessness. The International Journal of Environmental Research and Public Health reported that “persons experiencing homelessness in the United States experience significant barriers to self-care and personal hygiene, including limited access to clean showers, laundry, and hand washing facilities. While the obstacles to personal hygiene associated with homelessness may increase risk of infectious disease... personal hygiene has also been identified as a positive contributor to mental health among persons experiencing homelessness” (Leibler et al., 2017).

Many scholars have argued that the MHM challenges for people living in developing countries or emergency contexts are comparable to those of people experiencing homelessness in the United States. In the Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response, Sommer says that “managing menstruation in resource-poor settings is often challenging, especially when away from home all day” (2017). People experiencing homelessness are by definition away from a home all day, every day. Sommer further describes the experiences of emergency contexts: “upon fleeing their homes, they are oftentimes unable to bring many important personal belongings, including menstrual materials” (2017). In addition to a lack of materials, living in camp situations or informal settlements during humanitarian crises can intensify MHM challenges for girls and women. Finding water for cleaning oneself and safe, private spaces for changing are difficult when living in tents, encampments, or communal spaces. This can result in girls and women heading off into alleyways, forests, or other places in search of private spaces to discreetly change, which can create safety concerns such as being robbed or sexually assaulted (Sommer, 2017).

Kuhlman (2019), reported that “despite living in a wealthy country such as the United States, low-income women in St. Louis face many of the same menstrual hygiene challenges as women living in low-resource countries.” Durfor (2015), also notes the similarities between those living in emergency contexts and those experiencing homelessness: “for people experiencing homelessness, their environment mirrors that of developing countries of the environment following disasters.” Both the Centers for Disease Control and Prevention and the World Health Organization have provided guidelines regarding the self-management of personal hygiene post-disaster emergencies, which were similar challenges for chronically unsheltered homeless women, and include a lack of running water for bathing and hand washing, safe places to sleep, and adequate human waste disposal (Durfor, 2015).

The findings about the major issues related to MHM and homelessness in the United States fall into three themes: 1) inadequate toilet and bathing facilities for those who live on the street and in shelters, 2) access and affordability issues around menstrual products, and 3) menstrual stigma.

Inadequate Facilities

A consistent theme in the literature is a reported lack of access to WASH services that are necessary for MHM. The overall quality of the public toilet facilities, including cleanliness, privacy, safety, and accessibility, is an essential component of MHM (Marokol et. al, 2021). Women experiencing homelessness are at significantly higher risk for assault, and studies show that safety concerns, especially fears of being robbed and raped, inhibit some people experiencing homelessness from using public restroom facilities during the night (Durfor, 2015).

Another study showed that women often went 12 to 14 hours overnight without using a toilet or changing their pad or tampon until they could get to a safe location during daylight hours (Kuhlman, 2019).

In a study of public toilets in New York City, quantitative analyses revealed insufficiently provided, maintained, and resourced public toilets for managing menstruation in high-needs areas. Findings also suggested that toilets with more MHM-related resource availability, such as menstrual products and toilet stall disposal bins, were more difficult to access; only 24% of restrooms had disposal bins within stalls, a mere 12% had menstrual product vending machines, and none provided free menstrual products. Overall, 17 of the 25 (68%) restrooms had no MHM-specific resources at all (Maroko et. al, 2021). Informants also complained about the limited numbers of public toilets throughout the City and their restricted hours of operation, such as those located in parks (Maroko et al., 2021). In the Community Context section, I provide comparable statistics of the public restroom facilities in Denver.

Access and Affordability of Menstrual Supplies

The “period tax,” “tampon tax,” and “pink tax” have become increasingly common terms in the United States. The “pink tax” is not actually a tax, but a system of discriminatory pricing where products marketed to women cost more than the same ones for men (Hoffman, 2021). The “period tax,” or “tampon tax,” is a value-added tax or sales tax charged on menstrual products. By taxing menstrual products as non-essential items, the tampon tax places an additional burden on people who menstruate and discriminates against them by making items crucial for everyday life unaffordable for some (Rodriguez, 2021). Menstrual products are often

not tax-exempt because they are considered a luxury, yet there does not seem to be a clear definition of what defines something as a luxury. Weiss-Wolf meticulously combed through tax codes and compiled a list of things that are tax exempt by the same states taxing tampons: California: Pop-Tarts; Idaho: chainsaws; Rhode Island: golf club memberships; Nebraska: zoo and aquarium admissions; Wisconsin: gun club memberships (Weiss-Wolf, 2017, p. 144). What constitutes these items as tax-exempt over menstrual products is undoubtedly perplexing to menstruators and non-menstruators alike. By treating menstrual products as luxuries, it reinforces the notion that menstruation and its management is abnormal and shameful (Crays, 2020). I discuss specific tax legislation in more depth in the Community Context section.

Researchers in several United States cities have conducted research on access to MHM for people experiencing homelessness. One of the largest studies was of 184 women experiencing homelessness in St. Louis, Missouri in 2019. The goals of the study were to: 1) identify and document women's needs and preferences regarding menstrual hygiene, 2) understand barriers to adequate menstrual hygiene, and 3) assess what local community organizations were currently doing to address these needs (Kuhlman et al., 2019). Participants were recruited from community service organizations, and the study found that nearly half of women (46%) could not afford to buy both food and menstrual hygiene products during the past year. Most women (89%) purchased their own menstrual hygiene products, but 63% had relied on donations from community service organizations. In addition to the lack of money to buy menstrual hygiene supplies, the women faced three main challenges: 1) difficulty managing heavy flow and the need to use higher absorbency products; 2) difficulties with transportation (time and cost) to reach stores that sell larger quantities of sanitary products at more affordable

prices; and 3) concerns about safety, security, and sanitation during menstruation (Kuhlman et al., 2019). Another qualitative study in New York City in 2021 of 22 individuals experiencing homelessness and 15 staff from relevant government agencies and service providers reported similar barriers to those in St. Louis (Gruer et al., 2021). The overarching finding of both studies was that people experiencing homelessness face formidable obstacles to consistently accessing menstrual products.

It is important to note that the study in St. Louis recruited women already receiving support from community service organizations, potentially resulting in a conservative estimate of unmet menstrual hygiene needs among women experiencing homelessness and a limited representation of the sample (Kuhlmann et al., 2021). The New York City study, on the other hand, which partnered with both shelters and street outreach providers to recruit participants, found differences in the challenges reported by those living in shelters and those living on the street or those who are chronically unsheltered. The U.S. Department of Housing and Urban Development (HUD) defines chronically unsheltered persons as “a homeless individual that has been continuously homeless for a year or has had at least four episodes of homelessness in the past three years (HUD, n.d.). While both populations described barriers to accessing products, those in shelters were more likely to be able to purchase menstrual products or access free products at their shelter, while those living on the streets were more likely to have to resort to “panhandling, theft, or using makeshift materials in place of menstrual products” (Gruer et al., 2021).

Across both populations, participants described barriers to accessing free products at shelters and service providers. A consistent barrier was a system of distribution that relied on

“gatekeepers,” where products were only available upon request. Shelters and service provider staff also described challenges providing menstrual products, including inconsistent supply (Gruer et al., 2021). Beyond the gatekeeper barrier, participants described only receiving a few pads or tampons at a time, which were insufficient for an entire menstrual period. In addition to an insufficient quantity, participants reported inadequate quality of menstrual products and the lack of availability of their preferred type of product (Gruer et al., 2021). Similarly, several community service organizations noted that their clients preferred brand name products to generic brands, regarding these to be of better quality and higher absorbency (Kuhlman et al., 2021).

Durfor (2015) also notes that studies exploring MHM of chronically unsheltered homeless women are absent from the literature, leaving a significant gap of knowledge specific to this population, despite being identified as a particularly vulnerable subgroup of the homeless population. To address the gap, Durfor completed a study in Southern California in 2015 to better understand the context and process of chronically unsheltered homeless women as they strived to maintain or improve personal hygiene self-management, including MHM. Initial recruitment took place at a women’s homeless clinic, then further recruitment took place by the two initial women recruited. This snowball sampling method resulted in 10 total participants. Consistent with previously discussed studies, lack of access to menstrual products was a barrier for women in this study. Some noted it was easier to get mittens or socks from donations than menstrual pads, leading them to use the clothing items to absorb blood flow. Once soiled, the sock was thrown away and replaced with a new sock (Durfor, 2015). Participants in the Southern California study reported only spending money on menstrual

products if absolutely necessary. If they were not able to obtain pads, tampons, or socks as donations, they would create makeshift pads out of pieces of fabric, clothing, or rags (Durfor, 2015).

Several participants also expressed a preference for pads over tampons, due to ease and safety. Women expressed a fear of changing tampons outdoors with dirty hands, which could put them at risk for infections, as well as concern of toxic shock syndrome. Participants reported that they preferred pads instead of tampons if they were unable to gain access to a public bathroom because “pads could be changed quickly behind a tree or bush or inside a dumpster enclosure, leaving the women less exposed and reducing their vulnerability to assault. Participants also reported being prepared to ask another woman for a tampon or pad if caught without menstrual supplies (Durfor, 2015). Finally, this study illuminated an aspect of MHM that I did not see covered in other studies: participants reported that when they experienced menstrual cramps and did not have the money for medication, they either shoplifted the medicine or had to “tough it out” (Durfor, 2015).

Menstrual Stigma

Historically and cross-culturally, menstruation has been tied to religious and cultural taboos. The Bible and the Koran have injunctions against contact with menstruating women, and in many cultures, the process of menstruation itself is seen as a pathological disorder (Roberts and Waters, 2004). Despite the fact that menstruation is a healthy biological process, in many cultures across the world it is often seen as dirty and unclean, therefore transferring that notion and stigma to the person who is menstruating (Crays, 2020). The idea that

menstruation is something to hide and be ashamed of is the underlying basis for social practices regarding menstruation, and each month people who menstruate go to great lengths to conceal blood from being seen on their body, clothes, or furniture.

There are around five thousand euphemisms used for menstruation around the world (Weiss-Wolf, 2017), and this widespread avoidance of talking about menstruation upholds its stigmatization. Further, the American taboo on menstruation may be related to a broader stigma about sanitation itself. While other countries say “toilets,” Americans use the euphemisms “bathrooms” or “restrooms.” Hygiene is an incredibly important aspect of homelessness, yet an analysis of nearly 70 articles about homelessness produced by Metro Denver news organizations since July 2020 revealed that only 35% mentioned water, sanitation or hygiene, and only two of those articles discussed the issue in depth (Feldman et al., 2021).

Inadequate MHM can exacerbate mental health concerns such as stress, fear, embarrassment, and social exclusion (Boden et al., 2021). Maroko et al. (2021) writes that “an absence of adequate enabling factors for MHM contributes to anxiety, embarrassment, and shame for those who menstruate, especially given ongoing menstrual stigma and taboos. This hinders their ability to participate successfully in school, work, and other aspects of daily life, and contributes to perpetuating a gender inequitable society.” Sommer et al (2020) reflects this as well, reporting that menstruation can create feelings of shame and embarrassment and hinder the ability to attend to the daily activities of living, including seeking out services and participating in job training opportunities. Further, the “gatekeeper” system of distribution described above necessitates the disclosure of one’s menstruating status to shelter staff, which often led to feelings of shame or embarrassment. Additionally, when male staff were

responsible for distributing menstrual-related products within shelters, the embarrassment around requests was found to be compounded” (Gruer et al., 2021).

Menstrual stigma also creates a constant pressure to “pass,” both “as someone who was not homeless in order to enable increased access to toilets, and as someone who was not menstruating, in order to engage in the activities of daily living” (Sommer et al., 2020). People experiencing homelessness often have to “pass” to be able to access private sector facilities, like stores or restaurants, a move given added urgency because blood flow cannot be ‘held in’ until a toilet can be accessed (Sommer et. al, 2020). These difficulties are further exacerbated for nonbinary and transmasculine people for a myriad of reasons. Crays (2020), points out that “for transgender men specifically, often there are not garbage cans inside of restroom stalls to dispose of menstrual products” and that “it can be extremely harmful for transgender men to deal with their menstruation when the systems they live in are not supportive and neither is the society.” Further research and robust scientific evidence are needed on the impact of poor MHM on the mental and psycho-social wellbeing of women, girls, and transgender and nonbinary people (House et al., 2013).

Disposal and Environmental Concerns

Another important theme present in the literature is the disposal of used menstrual products. Most women will use between 7,000 to 10,000 pads or tampons in their life, and on average, a menstruator throws away 275 to 350 pounds of tampons, pads, and applicators in their lifetime (House et al., 2013). Weiss-Wolf (2017) points out that this is especially important for rural areas where there is no system in place to manage garbage collection. There are also

often no systems in place to manage garbage collection for people experiencing homelessness, especially those living in encampments. Again, the literature on this issue tends to focus on developing countries. For example, a farmer in India created a low-cost incinerator that does not require electricity and can discreetly burn up to twenty used pads at a time, turning them into ash without spreading smoke or odors. The ash that is produced is then mixed with soil and used to grow local plants (Weiss-Wolf, 2017). While environmental sustainability is an important aspect of MHM, a full analysis of the possibilities of menstrual product disposal and landfill capacity for such products is beyond the scope of this project.

Recommendations

Although additional research is needed to better understand the menstrual experiences and needs of a broader range of individuals experiencing homelessness, the researchers and practitioners discussed in this section suggest a few actionable items that could improve MHM for people experiencing homelessness. To address the issue of inadequate facilities, Schmitt et al. (2021) writes that a “critical component of an MHM response includes the construction and maintenance of WASH facilities, improved quality and accessibility of bathrooms for sheltered and chronically homeless, and expedited access to bathing and laundering, especially during COVID.” Overall, I found a lack of literature addressing access laundry for people experiencing homelessness, even though this is an essential component of MHM.

To address issues of access and affordability, recommendations include increasing free product distribution in locations and re-thinking distribution strategies in shelters and at other service providers (Gruer et al., 2021). To address menstrual stigma, recommendations include

training shelter and service provider staff to improve their comfort providing MHM services (Gruer et al., 201). The Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response also includes actionable ways to address MHM in humanitarian aid contexts, which can also apply to the context of homelessness based on parallels between these two contexts that I have previously discussed, including reduced access to WASH facilities, limited funds for buying menstrual supplies, and reduced social support networks (Sommer, 2017). The toolkit acknowledges that there is no universal approach to addressing MHM, as strategies for managing menstruation, taboos, and restrictions vary greatly across countries and cultures. Understanding cultural sensitivities and social norms, collecting feedback, and establishing best practices around stigma-free MHM in the beneficiary population is crucial for developing an appropriate response (Sommer, 2017).

The literature also recommends policy as a solution. For example, a successful New York City legislative bill guarantees access to menstrual products for Department of Homeless Services shelter residents (Gruer et al., 2021). While eliminating the “period tax” is not specifically targeted towards people experiencing homelessness, removing the tax on menstrual products is often the first step many policy makers take towards menstrual justice, as it is a tangible step forward to increase equity for all people who menstruate (Crays, 2020). There have been successful initiatives to make menstrual products tax free across the globe, including in Scotland, Australia, India, Malaysia, and South Africa. I discuss taxation and legislation within the United States more in depth in the Community Context section.

Conclusion

The global issue of MHM and resulting conversations, innovations, and solutions, have provided some comparative context on how to start to address the issue in the United States. What can we learn from the examples of machines that create pads out of wood fiber in India, free vending machines in Australia, and underwear with built-in pockets in Columbia? How might these global innovations influence solutions for people experiencing homelessness in Denver? The first step in fostering this type of innovation domestically is recognizing that even though Denver is a metropolitan city in a high-income, developed country, people experiencing homelessness face many of the same MHM challenges as those living in low-income countries and humanitarian crises. A recognition of the issue of MHM was essential for these global innovations to flourish, and this recognition has focused on global contexts rather than our own backyard. The United States lacks any coordinated effort among foundations to fund research or programs that address MHM domestically (Weiss-Wolf, 2017). There is no United States equivalent of the Bill & Melinda Gates Foundation, and the Foundation's work in North America is focused on K-12 and post-secondary education. Further, according to the Women's Philanthropy Institute, only 15% of all philanthropic contributions raised in the United States go toward initiatives that aim to directly impact the lives of women and girls (Weiss-Wolf, 2017). To enact lasting change, we must apply a menstrual lens to philanthropic giving, and foundations must embed menstruation into the grants they award, the research they fund, and the solutions they implement (Weiss-Wolf, 2017), which will have great potential for organizations in the United States to create innovative solutions customized to local contexts, as has happened in other countries (Geertz et al., 2016).

As discussed in this literature review, access to clean and dignified MHM for people experiencing homelessness is a multifaceted challenge, and a holistic MHM response will require a range of strategies. More research on MHM for vulnerable populations in the United States is needed, and scholars point out that this lack of information is a critical part of the story. In the words of Weiss-Wolf, a leading voice for equitable menstrual policy in America, “identifying a solution is exponentially harder to do when the problem itself is so hidden, so invisible – because it is entrenched in shame, dismissed as a ‘female matter,’ or otherwise disregarded – that any discussion of it has been off-limits” (2017). Finally, it is important to note that most of the published literature took place before the onset of the COVID-19 pandemic due to the lengthy nature of the peer-review process. The pandemic undoubtedly exacerbated MHM challenges for people experiencing homelessness, and the impacts of this will continue to unfold for years to come.

Community and Context

For this project, I will focus on access to MHM for people experiencing homelessness in Denver, Colorado. This section offers a brief overview of the population experiencing homelessness in the United States, then provides specific context of homelessness and MHM in the Denver community.

National Context

Approximately 580,466 people experienced homelessness in the United States on a given night in the United States in 2020 (HUD, 2021). The HUD defines homelessness as

“individuals or families living without stable or adequate housing” (2021). Although there were steady reductions in the overall number of people experiencing homelessness from 2010 to 2016, homelessness increased in the following four years (HUD, 2021). Of the overall homeless population in the United States in 2020, people of color were considerably overrepresented. Almost four of every 10 people experiencing homelessness were Black or African American (39%) and 23% were Hispanic or Latinx. Together, American Indian, Alaska Native, Pacific Islander, and Native Hawaiian populations account for one percent of the United States’ population, but five percent of the homeless population (HUD, 2021). Over 60% of the homeless population identify as male, however, experts assume that the number of women experiencing homelessness is underestimated in the data (Boden et al., 2021). Fewer female shelter beds, safety concerns, being less likely to sleep outdoors, or more likely to temporarily stay with friends were some of the reasons homeless women were less visible than homeless men (Durfor, 2015).

Denver Context

According to the most recent United States census, the population of Denver was 715,522 in 2020. This is a 19% increase since the 2010 United States census. The HUD requires each city to conduct a Point-in-Time count one night in January each year to count the number of sheltered and unsheltered people experiencing homelessness. Data from the 2020 Point-in-Time count indicates that within the City and County of Denver, 4,171 people were experiencing homelessness on a given night. The 2021 count was canceled due to the COVID-19 pandemic, and data from the 2022 count is currently being compiled and will be available in

summer 2022. The 2020 data is up from 3,943 in 2019, and it is estimated that the number of people in Denver who reported experiencing homelessness for the first time nearly doubled in 2021 compared to 2020 (Rubino, 2022). The Point-in-Time count is likely an underestimation, as it only counts people living in shelters, transitional housing, or in observable locations on the street. It does not include those who may be in hidden outdoor locations, sleeping on a friend's couch, or people in hospitals, mental health or substance abuse centers, or jails with nowhere to go upon release (Robinson and Westbrook, 2019). Consistent with national findings, people of color are overrepresented in the population experiencing homelessness in Denver; 23% identified as Black, more than 4.4 times greater than the percentage of Black people in the Metro Denver population at large (Rubino, 2022).

A recent report by the University of Colorado Denver in collaboration with Denver Homeless Out Loud declared that there is a “homelessness crisis” in Denver (Robinson and Westbrook, 2019). The largest contributing factor to this crisis is a lack of affordable housing. Due to rapidly escalating housing prices, Denver is among the top 10 cities in the nation with the fastest decline in housing affordability (Robinson and Westbrook, 2019). There are only 27 affordable housing units available to every 100 low-income households (defined as earning below 30% of an Area's Median Income—about \$27,865 in Denver in 2019), which makes Colorado the fifth worst state in the nation in this category (Aurand et al., 2019). Further, while average wages have only increased 11.4% since 2011, Denver rents have increased by more than 50% (Robinson and Westbrook, 2019).

Of the 4,171 individuals experiencing homelessness in 2020, 996 were unsheltered and 1,212 were experiencing chronic homelessness (Feldman et al., 2021). In addition to these two

groups, there are many different experiences of homelessness, including living in a vehicle, staying at a motel, and couch surfing. There are many reasons besides lack of affordable housing that can cause a person to experience homelessness, including the inability to earn a living wage, disabling medical conditions, medical bankruptcy, and domestic violence (Robinson and Westbrook, 2019). In fact, approximately 50% of all women who are homeless report that domestic violence was the immediate cause of their homelessness (Colorado Coalition for the Homeless, 2019). Further, there are a myriad of situations that may prevent a person from using a homeless shelter. In addition to an inadequate number of shelters to meet the need, shelters do not always serve particular homeless populations, such as youth, couples, people with pets, and those with mental or physical disabilities (Robinson and Westbrook, 2019). Many people prefer to live on the streets than in a shelter due to strict shelter rules that do not accommodate everyone, such as those who cannot pass a drug test, those who need food during the night, those who cannot get down on the floor to sleep on a mat, those who have insomnia, those whose work late nights that conflict with shelter hours, those who prefer the privacy of a tent rather than sharing a shelter with hundreds of other people, and countless other unique needs, identities, and contexts (Robinson and Westbrook, 2019).

Denver has more homeless people sleeping on the streets on any given night than there are available shelter beds, in part due to the inadequate Point-in-Time count that does not capture the full picture of homelessness (Robinson and Westbrook, 2019). Despite the lack of affordable housing and shelter space, Denver, like many cities, has chosen to criminally punish people living on the street through anti-homeless laws. The City of Denver passed a “camping ban” in 2012, which voters upheld in 2019. The camping ban is one of the harshest

anti-homeless laws in the state. The law prohibits people experiencing homelessness from utilizing any type of makeshift “shelter” from the elements, including “any tent, tarpaulin, lean-to, sleeping bag, bedroll, blankets, or any form of cover or protection from the elements” (Denver Municipal Code Section 38-86.2). In other words, it is illegal for a person experiencing homelessness to use anything other than their clothing to protect themselves against the elements, even in Colorado’s cold and snowy winters. The camping ban has been used to justify “sweeps” of homeless encampments throughout Denver. During the sweeps, which homeless advocates refer to as “forcible displacements,” Denver Human Services workers, Parks and Recreation workers, police, and even state troopers arrive at encampments around five o’clock in the morning and confiscate survival gear like tents, blankets, and sleeping bags, and often personal belongings like backpacks containing medications and ID cards. During the first six months of 2021 alone, 56 sweeps occurred, and it is estimated that each sweep costs the City \$21,000, including overtime and hazard pay for police and City workers (Haythorn, 2021). Denver also enforces a “Sleep-Sit Ordinance,” which makes it illegal for anyone to sit or lie down on sidewalks or streets in the downtown area (Robinson and Westbrook, 2019).

Police often enforce these laws by requesting people to “move along,” or subjecting them to a warning, ticket, or arrest (Robinson and Westbrook, 2019). A University of Colorado study of 484 people with recent experiences of homelessness found that 74% of survey respondents have been asked to “move along” by police and 44% have been ticketed or arrested after police contact for a “quality of life” crime violation (Robinson and Westbrook, 2019). All people, including people experiencing homelessness, must engage in activities like sleeping or sitting down in order to survive. Yet these harmless, unavoidable behaviors are

treated as criminal activity under Denver's laws and expose people experiencing homelessness to constant police harassment. This criminalization of acts of survival is part of a larger societal attitude that faults individuals for homelessness, rather than the system.

Supporters argue that these laws are "tough love" approaches to get homeless people off the streets and into services. For example, proponents claim that restriction on use of blankets or other shelter, even on cold nights, is meant to *force* homeless individuals to move off the streets and into indoor services. These claims are not supported by evidence (Robinson and Westbrook, 2019). Denver's Department of Public Health and Environment cites "significant public and environmental health risks due to ongoing unsafe and unhealthy conditions" to justify the sweeps (McCormick-Cavanagh, 2020). However, when people are being forced to "move along," and cannot always access a shelter, they reestablish their encampments farther away from Denver, taking their "unsafe and unhealthy" living conditions with them. This blatant prioritization of the health of certain populations (housed individuals) over others is indicative of the City failing to fulfill its duty to provide access to sanitation and hygiene for every member of the Denver community. The Colorado Coalition for the Homeless and the Colorado American Civil Liberties Union (ACLU) have argued that in reality, "these laws do not help people experiencing homelessness connect to woefully inadequate services," but instead push people into hidden, less safe locales, making it harder to stay healthy, go to school, or get a job (Robinson and Westbrook, 2019). The United States' Interagency Council on Homelessness, Department of Justice, and Department of Housing and Urban Development have all argued that such laws are cruel and counterproductive to the goal of reducing homelessness or improving the quality of life for people experiencing homelessness.

The City of Denver has responded to community anger over the sweeps by launching the Safe Outdoor Spaces (SOS) initiative in July 2020. SOS provides several temporary, managed campsites that include bathrooms, sinks, drinking water, shower, laundry, electricity, and internet at no cost to people experiencing homelessness (Feldman et al., 2021). While this is a positive step and does include consideration for WASH needs, there are not enough sites to meet the demand and the issue of access remains significant. The SOS initiative is discussed further in the Stakeholder Analysis section.

Denver Context: Restroom Facilities

Denver residents experiencing homelessness face serious difficulties accessing bathroom facilities to attend to personal hygiene, including MHM. This lack of access to bathrooms, showers, or even running water has significant public health consequences and undermines the mental health of homeless residents (Robinson and Westbrook, 2019). The University of Colorado study of 484 people with recent experiences of homelessness found that 54% of survey respondents noted it was “difficult” or “nearly impossible” to find a place to use the bathroom when needed. Bathrooms in private locations, such as grocery stores, office buildings, or restaurants, are even harder to access; 83% of all respondents had been denied the use of a bathroom in a private business location while 63% had been denied access to water (Robinson and Westbrook, 2019)

During the summer of 2021, Dr. Emily Van Houweling and Dr. Renee Botta led a graduate course focused on homelessness and WASH in Denver called the Platte River Sanitation Project, which I had the privilege of taking. The Platte River winds through downtown Denver along a

trail that provides easy access for walking and recreation. It is also a popular location for people experiencing homelessness to live in encampments. According to David Hetiz, a Denver journalist who has experienced homelessness, “homelessness was by far the worst days of my life...hanging out along the Platte made it a little more bearable” (2021).

As a component of this project, my colleagues created an interactive Denver Public Restrooms and Water Sources Map. This turned out to be the only comprehensive resource of its kind in Denver. The map was published in an op-ed in the Colorado Sun and had been viewed nearly 3,000 times as of March 2022. To collect the data, my colleagues physically visited 140 public restrooms in the City and County of Denver, as listed by the Denver Department of Parks and Recreation and the Colorado Department of Public Health and Environment. The facilities included porta potties, park bathrooms, government building bathrooms (including libraries), and public business bathrooms. None of the public restrooms were open 24/7 and the vast majority of the facilities were ranked as having an overall poor level of cleanliness with no running water, soap, hand sanitizer, toilet paper, child changing table, sharps container, or menstrual hygiene products. Of the 140 public restrooms, only five facilities had menstrual products available, four of which came at cost (Feldman et al., 2021). To reiterate, there is only ONE public restroom in the entire City and County of Denver with free menstrual products and it is not open every day or after hours. Regardless of the abysmal fact that only one public restroom had free menstrual products available, those fortunate enough to obtain their own menstrual products would still likely not have the adequate toilet paper or water needed for handwashing to have clean and dignified MHM. It is a positive development that Denver recently developed a pilot program to provide three well-maintained mobile restrooms in

high-use locations across the City, and officials are evaluating how the program might be expanded and made permanent (Robinson and Westbrook, 2019). However, it is not clear from the City and County of Denver website if the mobile restrooms will include MHM supplies (2022).

Taxation and Legislation

As discussed in the literature review, pads and tampons are not accessible or affordable. States are estimated to profit \$150 million annually from the purchase of period products (Period Equity, 2019). On average, a person who menstruates in the United States spends roughly \$70 each year on tampons or pads alone, and over \$2,000 in a lifetime (Crays, 2020). People with low to no income often must make emergency purchases rather than buying in bulk, costing them an additional \$3,000 over a lifetime (Colorado Coalition for the Homeless, 2019).

In the United States, women are 35% more likely to live in poverty than their male counterparts (Weiss-Wolf, 2017). It follows logically, then, that women are also primary participants in the largest public assistance programs. However, period products are ineligible for purchases made with public benefits like the Supplemental Nutrition Assistance Program (SNAP), commonly known as food stamps, or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Menstrual products are also not covered by health insurance or Medicaid or included in Flexible Spending Account allowances (Weiss-Wolf, 2017).

Tax legislation, or the “period tax,” discussed in the Literature Review is another significant factor in the cost of menstruation. In the United States, there are 19 states that do

not tax menstrual products. However, five of those states do not have any sales tax (Montana, Oregon, Alaska, Delaware, and New Hampshire), so there are really only 14 states that have passed legislation to eliminate the tampon tax: California, Connecticut, Florida, Illinois, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Utah, Washington, and Washington DC (Period Equity, 2019). The City of Denver eliminated the tampon tax on July 1, 2019, but a similar measure in the state legislature was postponed indefinitely in 2017. In 2019, Colorado high school senior Caitlin Soch pushed for House Bill H20-1131 to create a free menstrual hygiene product accessibility program in schools in 2020. The bill failed, but Denver School Board Director Tay Anderson helped get free menstrual products into Denver Public Schools (DPS). They are now paid for by the DPS general fund, just like toilet paper (Asmar, 2021).

A recent piece of federal legislation, HR-1882, or the “Menstrual Equity for All Act of 2019” would “increase the availability and affordability of menstrual hygiene products for individuals with limited access.” The last action taken on this bill was in May of 2019 when it was referred to the subcommittee on crime, terrorism, and homeland security. The bill is currently only sponsored by Democrats. Bipartisan support is needed to make legislation around menstrual equity a priority in the United States (Crays, 2020).

Stakeholder Analysis

Although the issue of homelessness in Denver has received considerable attention, MHM has been largely overlooked. There is only one organization in Denver that explicitly focuses on menstruation, a volunteer-run nonprofit called Period Kits. The other stakeholder

organizations have a broader scope to their work. The selection of the stakeholder organization presented in the table below was guided by the goal of involving a wide range of stakeholders, from three distinctive groups: 1) homeless service providers (nonprofits), 2) community-based organizations such as neighborhood associations, and 3) public authorities/ city agencies. The list was generated from research findings from the Platte River Sanitation Project, as well as my own research into Colorado-based organizations working in the fields of WASH and homelessness.

The first column lists each organization and links to their website, and the second column briefly describes each organization's work or mission. Some have special focuses on vulnerable populations, such as youth, women, and transgender people. The third column describes specific ways that the organization could engage in a project aimed at improving access to clean and dignified MHM for people experiencing homelessness. The fourth column describes potential incentives, motivations, and risks the organization may face by engaging in such a project. While the nonprofit and community-based organizations will presumably be motivated to engage in a project related to MHM for people experiencing homelessness due to alignment with their missions and values, the competing priorities of government agencies may make them less inclined to engage with this topic. The final column describes my proposed strategy for engaging with each stakeholder.

Organization	Short description	Relationship to project	Incentives, motivations, risks	How to engage
<u>Period Kits</u>	Provides kits with period products to those experiencing extreme poverty	Potential partner to work with to increase their capacity	Special interest in serving women and people who menstruate	Learn about services and gaps in services

	and homelessness		Leader in Denver	Needs assessment
<u>Urban Peak</u>	Shelter and services for homeless LGBTQ+ youth experiencing homelessness	Potential partner for distributing MHM products	Special interest in LGBTQ+ youth may lead to interest in MHM May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Showers for All</u>	Provides mobile trailers with showers and laundry services	Potential partner for laundry services and distributing MHM products	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Safe Outdoor Spaces</u>	Provides staffed, resource and service-rich sanctioned encampments for people experiencing homelessness	Potential partner for distributing MHM products, laundry services, and education	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Denver Rescue Mission</u>	Provides emergency services, rehabilitation, and transitional programs	Potential partner for education and information dissemination	Not focused on people who menstruate	Learn about services and gaps in services Needs assessment
<u>The Gathering Place</u>	Daytime drop-in center that serves women, transgender individuals, and their children	Potential partner for distributing MHM products and education	Special interest in serving women and people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Samaritan House</u>	Overnight shelter for men and	Potential partner for	Not focused on people who	Learn about services and gaps in

	women	distributing MHM products and education	menstruate May not have capacity to engage	services Needs assessment
<u>The Delores Project</u>	Overnight shelter for unaccompanied women and transgender individuals	Potential partner for distributing MHM products and education	Special interest in serving women and people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Bayaud Enterprises</u>	Provides a mobile laundry truck, employment support, and resource navigation	Potential partner for distributing MHM products, laundry services, and education	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Grace Upon Grace Project</u>	Provides diapers, wipes, and period products to under-served families in northern Colorado	Potential partner for distributing MHM products and education	Focus on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Colorado Coalition for the Homeless</u>	Provides housing and healthcare resources and navigation.	Potential partner for distributing MHM products and education	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>The Reciprocity Collective</u>	Provides employment services and community resource navigation	Potential partner for distributing MHM products and education	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Headwaters Protectors</u>	Provides water and trash services to	Potential partner for	Not focused on people who	Learn about services and gaps in

	people experiencing homelessness	distributing MHM products and education	menstruate May not have capacity to engage	services Needs assessment
<u>Denver Homeless Out Loud</u>	Advocates for dignity, rights, and choices for people experiencing homelessness	Potential partner for distributing MHM products, education, and advocacy	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Curtis Park Neighborhood Association</u>	Stewardship group of neighbors that work with the City; worked to provide restroom facilities in Curtis Park	Potential partner for distributing MHM products, education, and advocacy	Not focused on people who menstruate May not have capacity to engage	Learn about services and gaps in services Needs assessment
<u>Department of Public Health and Environment (DDPHE)</u>	Divisions include Environmental Quality and Public Health Investigations	Manages public health initiatives, potential partner for City buy-in	Risks of working with bureaucratic system; risk of if they are not knowledgeable about the situation; may not be honest due to other priorities and incentives	Learn about services and gaps in services Needs assessment
<u>Department of Transportation and Infrastructure (DOTI)</u>	Focused on increasing mobility and safety while reducing congestion and fighting climate change	Manages some WASH services, potential partner for City buy-in	Risks of working with bureaucratic system; risk of if they are not knowledgeable about the situation; may not be honest due to other priorities and incentives	Learn about services and gaps in services Needs assessment
<u>Department of Housing Stability (HOST)</u>	Invests in resources, creates policy, and	Works directly with people experiencing	Risks of working with bureaucratic system; risk of if	Learn about services and gaps in services

	partners with organizations to keep people in the homes they already live in, to quickly resolve an experience of homelessness, and to connect people to affordable housing opportunities	homelessness, potential partner for City buy-in	they are not knowledgeable about the situation; may not be honest due to other priorities and incentives	Needs assessment
N/A	People who menstruate and are experiencing homelessness; subgroups include cisgender and transgender individuals, people living in shelters, people living in encampments, and chronically unsheltered people	Will be paramount to making sure program design is meeting a real need	Risks: challenges in working with a vulnerable population	To be determined; learn the best way to engage during interviews with service providers and experts

Needs Assessment

To assess the MHM needs of people experiencing homelessness in Denver, I completed a series of semi-structured, key-informant interviews with people who work at various nonprofits that serve people experiencing homelessness in the City. The overall intent of the interviews was to gather perspectives from those who understand the issue and have expertise in developing and implementing solutions.

I invited 19 people from various organizations listed in the Stakeholder Analysis section above who I felt would be key informants for interviews. Of those that I invited, nine responded and were ultimately interviewed, and the other ten did not respond to the original interview

invitation email. One interview declined to participate in the interview but chose to respond to my interview questions via email instead. All nine respondents were representatives of nonprofit organizations. My outreach included four government agencies, none of which responded to my inquiry. I intentionally invited a mix of both men and women to interview. While I did not ask interview participants to disclose their gender, six presented as female and three presented as male.

I interviewed the Founder of Period Kits, the Executive Director of Period Kits, the Founder and Executive Director of Grace Upon Grace Project, the Public Relations Manager at Denver Rescue Mission, the Director of Development and Communications at The Delores Project, the Board Chair at The Reciprocity Collective, the Manager at Safe Outdoor Spaces, a member of the Curtis Park Neighborhood Association, and the Founder and CEO of Dignity Project, which runs a project called Showers for All.

The interviews were conducted via Zoom, and the audio was recorded, transcribed, and stored in the password-protected software Descript. Interviewees were informed that our conversations would be recorded and transcribed, and their identities would be kept anonymous. I then re-affirmed their voluntary participation in the interview and obtained verbal consent to record on camera before proceeding with the interview. The length of interviews ranged from 30 minutes to one hour.

In each semi-structured interview, I used a series of questions to guide the conversation. The interviews were conducted in an open discussion format, and some interviews deviated from initial questions as the conversation proceeded. The interview questions were designed to gather information on each individual's perspective of the MHM challenges faced by people

experiencing homelessness. A complete list of the interview questions can be found in Appendix A. I informed the interviewees that the ultimate goal of this project is to create something that is tangible and can be implemented to help address the issue, and that I would be happy to share the final project with them so that they could use it in their work and share within their respective organizations.

After conducting the interviews, I completed a thematic analysis of the perspectives, opinions, information, and recommendations provided by the interviewees. First, I re-listened to each interview and re-read the transcripts of the conversations. I then identified the key concepts in each conversation and divided the key concepts from all the interviews into umbrella categories with groupings of key concepts in each.

MHM Challenges for People Experiencing Homelessness

One interviewee compared the issue of homelessness in Denver to that of a humanitarian aid crisis, which is a theme I discussed in the Literature Review. The interviewee said: “Without the City viewing this as a humanitarian crisis, it is difficult to provide the short-term services that are needed. We should be addressing this as if Denver had a major earthquake and we lost whole blocks of our neighbors’ homes. The City and state would respond immediately with an encampment to provide humanitarian aid.” Other themes that emerged in the interviews are consistent with the three categories of challenges revealed in the Literature Review and Community Context sections: inadequate public restroom facilities, access and affordability of products, and menstrual stigma.

Many of the interviewees reported that access to free public restrooms is an issue, which is consistent with my findings in the Community Context section. One interviewee said, “people living on the streets don't have access to toilets or showers or clean clothes,” and another said, “there's an issue here in Denver with equitable and fair and easy access to bathrooms for people experiencing homelessness.” Interviewees also described issues of menstruation leading to people experiencing homelessness missing work and having to choose between paying a bill and buying menstrual products. One interviewee said, “if you can't buy period products, you don't get paid and lose your job, and the cycle continues.” Additionally, themes of menstrual stigma and safety were present in many of the interviewees, as seen by this quote: “[people experiencing homelessness] are often dependent on their own limited resources, being forced to choose between buying food, paying high prices for menstrual products, finding safe and clean restroom facilities, or risking unsanitary choices.” One interviewee shared that they had experienced period poverty throughout their life and that “when you don't have access to proper hygiene, it really creates disengagement from feeling like you're a part of society.” Another interviewee acknowledged that “male-identified or non-binary people who menstruate face obstacles to accessing the necessary products and spaces to address their MHM.” Most of the organizations were very aware of menstrual stigma and reported intentional methods of trying to address this. One interviewee described a system of “frontline staffers, case managers, and guest service coordinators who greet everyone one-on-one as they come in and assess where they're at and what their needs are. Most of the time those greeters and frontline staffers are able to foster those relationships and make those individuals a little more comfortable.”

Systems of Distribution

A consistent barrier revealed in the Literature Review was systems of distribution that relied on “gatekeepers,” where products were only available upon request. This theme appeared in most of my interviews as well. Only one of the nine organizations reported that menstrual supplies were visible and available for anyone to take without having to ask. One organization said that “the [menstrual] products are there and visible and you have to request them. This is not meant to shame people, it’s more that if we leave them out, people have a tendency of taking more than they need.” Another interviewee said: “The products are available at our shelter. But they’re not just out in the bathroom for anyone to come and grab. They have to ask us. And sometimes it’s hard for someone to ask. So, I think having some sort of vending machine or easier way to distribute these to people who do come into the shelter would be really cool. They could have a code or something where they can get so many tampons in a day or something like that.” When I asked this interviewee if they were familiar with Australia's vending machine model discussed in the Literature Review, they said they were not, but were interested in learning more.

Lack of Variety and Quality of MHM Donations

Many of the studies in the Literature Review showed that if participants did have access to menstrual products, many faced challenges in acquiring their preferred type of product, enough for their entire menstrual period, and high-quality and high-absorbency products. Many of the service providers I spoke to recognized that this was a challenge for the people they

served as well. One interviewee said: “Do we have enough products? Yes. Do we have a product that people would prefer? I'd say not all.” A weakness of the systems of distribution mentioned above is that when people have to ask for supplies, they are often not able to get a month's worth of supplies at one time. Another interviewee said, “a lot of people donate the cheapest products,” and “they might just all be donating regular pads and tampons, but not super or super plus.” Beyond the issue of being able to provide a variety of sizes, one interviewee mentioned that they are often unable to provide products to people with special needs or severe skin allergies.

Street Outreach

As revealed in the Literature Review, finding ways to engage the chronically unsheltered homeless population is one of the most significant challenges facing service providers (Durfor, 2015). This challenge is present in Denver as well. One interviewee said, “for people who don't come into the shelters and individuals spending the night at encampments, we need a way to have these items [menstrual products] available to them as well, so they have access to that if they don't feel comfortable coming into the shelter.” Another interview said they are trying to figure out a way to “reach folks in encampments in a way that’s not intrusive, that’s not walking into people’s homes.” A third cited a need for menstrual hygiene kits to hand out on the street, “to people who are either service resistant or can't access shelter services for any reason.” Only one organization I spoke with said that their primary focus is on street outreach, an effort that materialized in response to the pandemic.

Lack of Funding

Several of the nonprofit organizations I spoke to partner with Period Kits. This allows them to provide a variety of menstrual hygiene products at no cost to the beneficiaries or the nonprofit. Period Kits receives most of its menstrual products from individuals in the community donating the items, and the organizations that do not currently partner with Period Kits often rely on philanthropic in-kind donations, which means that there are multiple organizations soliciting the same donations from the Denver community. There are challenges with relying on in-kind donations, and as one interviewee stated, “There’s definitely an ebb and flow of donations, especially menstrual products. There’s an increase in donations overall during the winter holidays. So, I think that that's one of the biggest issues that we run into: making sure that we are stocked up on those products to be able to continually meet a growing demand.”

Some of the organizations reported buying menstrual products themselves when they did not have enough from community donations. Virtually all of the organizations said something similar to this quote from an interviewee: “Nonprofits operate on pretty tight budgets, so we don't have a lot of capital to spend on this.” Some organizations reported buying the products in bulk to save money and one interviewee reported that they occasionally get some menstrual products donated for free from Walmart, but only a few packs at a time. The same interviewee said they have tried applying to receive in-kind donations from some menstrual hygiene brands, but without much luck. Further, organizations cited increased challenges of fundraising during the pandemic.

Beyond needing funding for menstrual products, interviewees cited the need for general operating and capital funding to continue to meet the need in the community and increase their

impact. One interviewee said, “people don't want to donate money to cover the space, but this is needed.” Several organizations said they have a handful of monthly donors, and a few said they receive small grants. Interviewees reported “what we don’t have is a menstrual hygiene grant or anything like that” and “we could use help figuring out how to secure grant funding.” One interviewee reported a need for a manual to guide the grant writing process that their staff could use, as this would have a longer-term impact than writing a single grant.

Lack of Capacity

In addition to funding challenges and a need to offset the costs of products, a consistent theme in the interviews was a lack of staff capacity to fully address the issue. This is not unique to MHM or homelessness; it is a consistent theme in the nonprofit sector. Further, several of the organizations I spoke to are 100% volunteer-run. One interviewee reported “without City resources to support a volunteer effort, you just can’t manage it. It’s beyond the scope of a small group of volunteers.” Another interviewee felt that the lack of staff capacity meant that resources in the community were going untapped, stating “there are many businesses who are willing to donate, but part of the problem is that we have limited bandwidth to reach out and coordinate those donations.” While many of the issues were consistent, the needs of each specific organization often varied. For example, one organization expressed that storage capacity is an issue, stating that “if you showed up with a truck load of pads and tampons, we wouldn’t have anywhere to store them.” Another organization rents a large warehouse, which is bursting at the seams, but only has the volunteer capacity to run one distribution day per

month, leading those in need to have to drive through to pick up products, creating significant access barriers for folks without access to their own transportation.

Community Collaboration

Some of the organizations I interviewed praised Denver's collaboration on addressing MHM for people experiencing homelessness, while others stated that this was an area with room for improvement. One interviewee said: "we have had success in connections and community buy-in to show that the more people and the more organizations that can come together, the better we can support our folks." Another shared: "I think that the homeless service providers do a really good job of communicating some larger-level best practices, like our sheltering practices during cold weather, for instance. But I think sometimes things like this [MHM] get overlooked. So, I think taking all of that data and making it accessible to all service providers would be something that would be super helpful." One of Period Kit's biggest needs is to find out what each partner organization needs so they can fill the gap. They were providing kits to one service provider organization who turned out to be breaking down the kits and distributing the supplies individually.

Another prominent theme that emerged during stakeholder interviews was gaps in communication between all of the stakeholders working on this issue. Interviewees who work for organizations that provide services expressed a frustration with the lack of communication with the public, such as not knowing when an encampment is in need of services or when sweeps are scheduled and having to "rush to help." One interviewee suggested that City partners and nonprofits should collaborate better to access funding and spaces to provide MHM

services, which would undoubtedly require increased communication and collaboration among stakeholders.

Systems-Level Solutions

The final, and arguably most important, theme that emerged in the interviews was that addressing MHM for people experiencing homelessness is a part of a larger issue, and addressing the issue requires a systems-level approach. One interviewee said “products are a short-term solution; a long-term solution is systems level. [Menstrual products] need to be covered under SNAP, and we need to eliminate taxation.” Several interviews also pointed to housing as the root of the issue. One interviewee said: “getting people housed creates stability in the long-term and makes MHM a lot easier to address.” Other interviewees cited the importance of ensuring there is political will to address the issue and that our decision-makers need to recognize the importance of MHM being included in support services.

Perhaps the most disheartening theme that re-occurred in interviews as an intense frustration with the City of Denver’s handling of community members experiencing homelessness. When asked about funding, only one of the nine interviewees mentioned Denver’s Department of Housing Stability (HOST) providing funding opportunities. I would have expected more of the stakeholders to refer to HOST, considering that one of the first sentences on the HOST website reads “We invest resources, create policy, and partner with organizations... to quickly resolve an experience of homelessness and to connect people to affordable housing opportunities” (City and County of Denver, 2022). The disconnect between this statement and reality experienced by organizations in need of partnership and funding

shows that unfortunately, the City of Denver is delivering empty promises. Essentially, all the stakeholders expressed the sentiment “if the City isn’t going to do it, we have to.” It is important to note that none of the government agencies I reached out to (DDPHE, DOTI, and HOST) were willing to engage in my project. This is indicative of the lack of responsibility taken by any City agency on this issue. One interviewee said: “The City does what they typically do, which is take a couple of token actions and point them out like they’re something. It’s an ongoing fight. We’re going to keep fighting until the City takes some action.” Another said: “All we can do as everyday citizens is to push our elected officials as hard as we can to advocate for these logical solutions.”

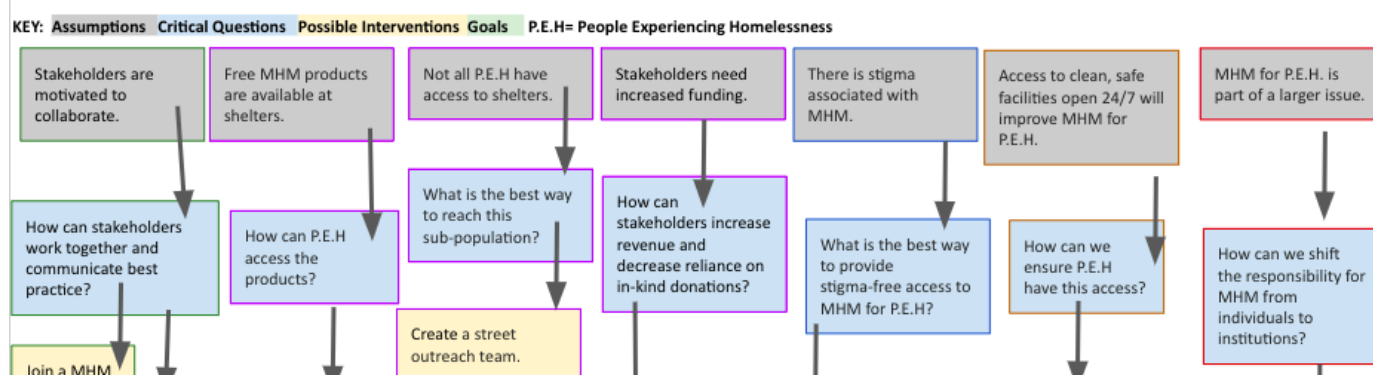
Limitations

When I originally created my list of stakeholders, equipped with knowledge from the Literature Review and Community Context sections, I set out to speak with stakeholders working “on the ground” with people experiencing homelessness. Through the conversations of the Needs Assessment, I learned of the need for systems-level change, which requires advocacy and coalition-building rather than service provision. While I did include one advocacy organization, Denver Homeless Out Loud, in my initial outreach, I learned of another important advocacy stakeholder called Red Equity. The mission of Red Equity is to serve as a guiding organization for people or entities passionate about ending period poverty, the stigma around menstruation, and promoting menstrual equity. Red Equity has branches in Nevada, California, Oklahoma, Washington D.C., and Colorado (Red Equity, n.d.). In Colorado, Red Equity created a Menstrual Equity Coalition, which is comprised of educators, legislators, nonprofits, product companies, and many other advocates for menstrual equity. If I were to complete the Needs Assessment again, I would interview a representative from Red Equity. Additionally, I may have

had more success in engaging with all of the organizations, including the City agencies, in the stakeholder list with a larger time window for conducting interviews.

Finally, I recognize the massive power imbalances between those who are working on this issue, who have all the power, and those experiencing homelessness, who have very little power. I acknowledge the importance of speaking to and learning from people who are experiencing homelessness and engaging this population as stakeholders throughout the entire project. The more that stakeholders are involved in creating and implementing the programs designed to support them, the more likely it is their needs will be adequately met (Weiss-Wolf, 2017). In the context of MHM, this means asking people experiencing homelessness about what kinds of products are used, preferred methods for accessing products, and concerns around safety, cleanliness, and dignity. Due to the ongoing COVID-19 pandemic and an injury that limited my mobility, I was unable to engage with people experiencing homelessness during the Needs Assessment. The Literature Review revealed many effective processes for recruiting and interviewing participants, including compensating people for their time through gift cards or bus passes. If I were to continue the Needs Assessment in the future, it would be paramount to directly include the voices of people experiencing homelessness. The Program Design section of this proposal includes active participation and leadership opportunities for people experiencing homelessness.

Theory of Change



Problem Statement: People experiencing homelessness in Denver face barriers to accessing clean and dignified MHM.

Intervention: The primary intervention of this program is a holistic set of recommendations, including both actionable items and systems- and policy- level suggestions, to improve access to clean and dignified MHM for the intended beneficiaries. The recommendations will be presented at a MHM stakeholder meeting, which will convene various actors in the MHM and homelessness ecosystems in Denver. Stakeholders will then be empowered with the resources to implement these recommendations by joining Red Equity's already-established Menstrual Equity Coalition.

Overall goal: Create opportunities for safe and dignified MHM for people experiencing homelessness in Denver.

Theory of Change Narrative

The Theory of Change includes several assumptions and critical questions. This section describes possible interventions to address those questions, and the forthcoming Program Description section provides specific activities and recommendations to implement each intervention.

The first assumption is that stakeholders will be motivated to collaboratively work on improving MHM for the target population. The Needs Assessment identified a pressing need for all of the organizations working on this issue to be able to work together more efficiently, communicate best practices, streamline community organizing, and strategically share data without creating more work for already overworked staff. The critical question here is, assuming

that stakeholders are indeed willing to engage in this work, how can they work together more efficiently and communicate best practices? There are two possible interventions to address this question, which are interrelated: participate in a MHM stakeholder meeting and join a MHM coalition. The goal of these interventions is to increase community collaboration on MHM.

The second assumption is that free menstrual products are available at service provider organizations and shelters. The critical question here is how can all people experiencing homelessness, including transmasculine, transgender and gender nonconforming people, access these products without having to ask for them? A possible intervention is to create barrier-free systems to distribute menstrual products. An assumption within this intervention is that people will only take the products that they need. If this becomes an issue, it may be necessary to re-think this intervention and create a new intervention that still enables easy access while ensuring people do not take all of the menstrual products at once.

The third assumption is that not all people experiencing homelessness have access to shelters. The critical question here is what is the best way to reach this sub-population of people who are service-resistant, can't access shelter services, or are chronically unsheltered? Finding ways to engage this sub-population is one of the most significant challenges facing service providers. A possible intervention is to create a street outreach team.

The fourth assumption is that stakeholders will need increased funding to provide equitable access to MHM products for all people experiencing homelessness. The Needs Assessment revealed that it is not enough to simply rely on community donations of menstrual products, as people often do not donate high-quality products or a variety of sizes. This makes

securing other sources of funding essential, so organizations have the purchasing power to buy the products the target population needs and wants. The critical question here is how to decrease reliance on community donations and increase stakeholders' revenue? A logical intervention is to offer opportunities for grant seeking, which would increase the stakeholders' ability to provide menstrual products. These three possible interventions (creating new distribution systems, street outreaching, and seeking grant funding) all complement one another and work towards the goal of providing equitable access to MHM products for all people experiencing homelessness.

The fifth assumption is that menstrual stigma is deeply ingrained in American culture, and that even stakeholders who have a positive view of menstruation and are willing to work towards the goal of improving access to MHM may have unconscious biases that impact how they interact with people experiencing homelessness who menstruate. The critical question here is what is the best way to provide stigma-free access to MHM for people experiencing homelessness? A possible intervention to train all stakeholders, including those who do not menstruate, on equitable MHM best practices. The goal of this intervention is to reduce the stigma associated with MHM.

The sixth assumption is that improved access to clean, safe, MHM-resourced public restroom facilities that are open 24/7 will improve MHM for people experiencing homelessness. The Community Context and Needs Assessment sections show that Denver's infrastructure of public restrooms is not meeting MHM needs. The critical question is how can the City ensure people experiencing homelessness have this access? The most logical intervention is to improve

public restrooms, including male, female, and gender-neutral facilities, in Denver with the goal of providing safe, private, and clean spaces for dignified MHM.

The final assumption is that addressing MHM for people experiencing homelessness is a part of a larger, complex issue. The critical question here is how can we shift the responsibility for MHM from individuals to institutions? There are many possible approaches and interventions to address this question. The three that I will focus on for this project include passing legislation to include menstrual products in public assistance programs, eliminating the period tax, and addressing the root cause of homelessness through a housing-first model. The goal of these interventions is to create systems-level change that will sustainably improve access to MHM.

Program Description

For many development projects, a tangible program with participants and scheduled activities is the best way to address an issue. In this case, where the issue is multifaceted and the solution will require a systems-level approach, creating a program from scratch is not the best approach. Rather, I have chosen to approach this section as a holistic set of recommendations tailored to stakeholders in Denver, as well as broader systems-level policy recommendations. I acknowledge that there are many different experiences of homelessness, such as living in a shelter, living in a sanctioned encampment, living on the street, and temporarily living in a motel, in a vehicle, or with a friend. People experiencing homelessness also represent a diverse range of backgrounds, cultures, races, ethnicities, languages, genders, and sexualities. Each person's experience of MHM while experiencing homelessness is

influenced by their particular living situation and intersectional identities, and a solution for one person experiencing homelessness may not work for another. The holistic approach of this proposal does not address specific experiences of homelessness, and implementation will require nuanced attention to individuals' experiences and identities.

The recommendations will be presented at a MHM Stakeholder Meeting, which will convene representatives from all of the organizations listed in the Stakeholder Analysis, a representative from Red Equity's Menstrual Equity Coalition, and representatives from the Denver Police Department and Denver Parks and Recreation, as these two groups are active in enforcing the camping bans and sweeps that negatively impact people experiencing homelessness' access to overall sanitation and hygiene. The MHM Stakeholder meeting will also include at least two community members with lived experiences of MHM and homelessness. The goal is to have a wide variety of stakeholders present at the meeting, including service providers, public officials, City agency representatives, and community members. The two-hour Stakeholder Meeting will be hosted at the Posner Center for International Development in Denver. The meeting will take place in the Posner Center's Global Classroom, which will allow for participants to join in-person or virtually.

The theme of coming together to increase the well-being of people experiencing homelessness will be the main incentive for stakeholders to participate in the meeting. Nine of the 19 stakeholders I reached out to were willing to engage in a 30-minute to one-hour interview with me to discuss this issue. It is safe to assume that those individuals are invested and passionate enough about this issue to also attend a two-hour stakeholder meeting. Recruiting representatives from the remaining 10 stakeholder organizations to attend and be

receptive to the information presented may be more challenging. A combination of emails, phone calls, flyers, and social media posts should be used to recruit participants. Lunch and beverages will also be provided to incentivize participation and thank people for their time.

The stakeholder meeting will be led by at least one, and preferably two, facilitators with experience in the fields of MHM, homelessness, or community development who also have experience facilitating large meetings. At least two community members with lived experience of homelessness and menstruation will also be invited as stakeholders. The stakeholder organizations should be involved in recruiting these individuals, as they already have established relationships with people experiencing homelessness. For example, initial recruitment can take place at a women's shelter, then further recruitment can take place by the initial people recruited. This snowball sampling method is an effective way to reach chronically unsheltered or service-resistant people (Durfor, 2015).

The MHM stakeholder meeting will start with 10 minutes of introductions from the facilitators and all invited guests. Representatives from stakeholder organizations will briefly describe the missions of their organizations, their individual roles, and what they hope to learn or gain from participating in the meeting. The facilitators will then give a 20-minute presentation of the MHM challenges faced by people experiencing homelessness, as outlined in the Literature Review and Community Context sections. The community members with experiences of homelessness will be invited to share their stories and experiences of MHM homelessness for approximately 30 minutes. It is important to note that only one stakeholder organization, Period Kits, has a specific focus on MHM. The other organizations have broader

focuses related to homelessness. The goal of this portion of the meeting is to raise awareness of the importance of MHM and back this claim up with research and testimonials.

To start the second hour of the stakeholder meeting, the facilitator will lead a group discussion on specific challenges that stakeholder organizations face for approximately 20 minutes. The themes identified in the Need Assessment can be used as discussion items: systems of distributing menstrual products, lack of variety and quality of MHM donations, street outreach, lack of funding, lack of capacity, community collaboration, and systems-level change. The goal of the group discussion is to enable organizations to understand shared missions and values, what challenges their peers are facing, overlaps in services offered, and how stakeholders can work together. The community members with lived experience of homelessness will also be active participants in all aspects of the meeting and be encouraged to share their experiences accessing MHM products and services. This is also an opportunity for the representatives of the Menstrual Equity Coalition to share their work and learn about specific challenges in the Denver community.

The facilitator will then deliver a 30-minute presentation and discussion on the five goals listed below and the recommendations to reach those goals. Essentially, the forthcoming 'Goals and Objectives' and 'Activities and Recommendations' sections of this paper can be adapted into presentation format for the stakeholder meeting. Questions and discussions will be encouraged throughout the presentation. The goal is not to lecture, but to facilitate learning and dialogue. As a component of this discussion, stakeholders will work as a group to identify which recommendations seem most feasible and energizing, and which recommendations should be prioritized moving forward. Stakeholders should also work together to identify ways

for people experiencing homelessness to lead this work. Representation at the stakeholder meeting is an important first step, and continued leadership and prioritization of beneficiaries' voices should be emphasized throughout the implementation phase.

The stakeholder meeting will end with a dedicated 10 minutes for participants to complete a survey, described further in the Evaluation section. After the MHM stakeholder meeting, all the resources provided in the Activities and Recommendation section, as well as the contact information of all participating organizations and individuals, will be compiled in a Google Document and shared with all of the stakeholders after the meeting.

Goals and Objectives

The overarching goal of this proposal is to create opportunities for safe and dignified MHM for people experiencing homelessness in Denver. The primary intervention to equip stakeholders with the tools and resources to meet this goal is a MHM stakeholder meeting, which will convene important actors in this space and present the following sub-goals and recommendations:

Goal #1: Increase community collaboration on addressing MHM.

Recommendations to meet this goal:

- Participate in the MHM Stakeholder Meeting
- Partner with Red Equity's Menstrual Equity Coalition

Goal #2: Provide equitable access to MHM products for all people experiencing homelessness.

Recommendations to meet this goal:

- Create barrier-free systems to distribute menstrual products

- Increase street outreach efforts
- Seek grant funding opportunities

Goal #3: Reduce the stigma associated with MHM.

Recommendation to meet this goal:

- Train service providers and street outreach staff on equitable access to MHM

Goal #4: Provide safe, private, and clean spaces for dignified MHM in Denver.

Recommendation to meet this goal:

- Improve public restroom facilities

Goal # 5: Create systems-level change that will sustainably improve access to MHM.

Recommendations to meet this goal:

- Pass legislation to include menstrual products in public assistance programs and eliminate the period tax
- Address the root cause of the issue through a housing-first model

Activities and Recommendations

A holistic MHM response will require several different strategies. Objectives to meet the first four goals include actionable recommendations for all of the stakeholder organizations. Objectives to meet the fifth goal include broader, systems-level change. Advocating for these changes may be outside the scope and capacity of these specific nonprofit organizations, but are important to consider in a holistic response and can be adopted by any community members who are interested in creating lasting change.

Recommendation to reach Goal #1: Partner with the Colorado Menstrual Equity Coalition

The first goal is to increase community collaboration on addressing MHM. Coalitions are intended to solve problems that cannot be handled without collaboration or alignment of multiple entities (Harvard Business Review, 2022). As discussed in the Needs Assessment, an advocacy organization called Red Equity created a Menstrual Equity Coalition comprised of educators, legislators, nonprofits, product companies, and many other advocates for menstrual equity. The Coalition serves as a guiding organization for people or entities passionate about ending period poverty, the stigma around menstruation, and promoting menstrual equity. Two of the nonprofits I spoke to, Period Kits and Grace Upon Grace Project, are already members of the Coalition.

Rather than reinventing the wheel, I recommend that all the organizations in the Stakeholder Analysis section join the Menstrual Equity Coalition. Additionally, increasing the number of decision-makers who are members of the Menstrual Equity Coalition will give nonprofits the opportunity to raise awareness of the importance of MHM. Currently, Representative Brianna Titone, Colorado General Assembly, is a member of the Coalition (Red Equity, n.d.). I also recommend that representatives from the City and County of Denver Police Department, Department of Parks and Recreation, Department of Housing Stability, Department of Transportation and Infrastructure, and Department of Public Health and Environment join the Coalition.

After the MHM stakeholder meeting, organizations will identify members to represent their organization in the Coalition and regularly attend coalition meetings. The goal of the

stakeholder meeting is to raise awareness of the importance of MHM and present resources, and the goal of joining the Coalition is for stakeholders to be empowered to take the next steps and have a sustainable space to continue the conversations and collaboration sparked in the initial stakeholder meeting.

Joining the Menstrual Equity Coalition is free and requires attendance of monthly meetings, and reports on ongoing menstrual equity efforts are encouraged from members (Red Equity, n.d.). This time commitment is a reasonable investment for stakeholders with paid staff, as the Coalition will reap many benefits. However, for volunteer-run groups, joining the Coalition may not be a feasible option. I will discuss grant funding options for nonprofits in a subsequent section. Grant funds could be used to offset the costs associated with having staff participate in the Coalition. It is important to recognize that coalitions are built on trust among members rather than on formal contracts or financial incentives, which explains why some coalitions take time to get moving (Harvard Business Review, 2022). Increasing the Menstrual Equity's Coalition membership by even just a few Denver stakeholders who are dedicated to improving MHM will go a long way towards reaching the goals of this proposal.

The Coalition focuses on policy and advocacy work, and stakeholders will be able to lean on and learn from the Coalition for the systems-level work (described further under the recommendations to reach Goal #5). However, the Coalition currently does not necessarily work to address issues specific to Denver identified in this proposal. The stakeholders can use the Coalition as a mobilizing platform to decide which local issues to tackle, how to coordinate resources, and to share best practices on how to provide access to clean, safe, and dignified MHM among Denver's unhoused community.

Recommendations to reach Goal # 2: Create barrier-free systems to distribute menstrual products, increase street outreach efforts, and seek grant funding

The second goal is to provide equitable access to MHM products for all people experiencing homelessness. The three recommended activities in this section will all complement each other and form a holistic approach to meet this goal. Creating barrier-free systems of distribution will ensure that people who access shelter services are able to obtain their preferred quantity and quality of menstrual products, increasing street outreach efforts will ensure that chronically unsheltered people are also included, and seeking grant funding will enable nonprofit organizations to increase their revenue and use their budgets to meet their beneficiaries' MHM needs.

Create Barrier-Free Systems of Distribution

As a start, a variety of brands of high-quality pads, tampons, and washable menstrual products should be provided for free at each service provider's location. They should be available in private areas, like bathrooms, as well as in communal spaces. An effective distribution system will also include dissemination of information to menstruators about available resources and how to access them. This can include informative signs instructing people where they can discreetly pick up products and should encourage people to take what is needed to get them through one menstrual cycle. This model will ensure that people are able to access a sufficient supply of products at one time. Staff members may also need to have personalized conversations with clients to explain the system. This is also an opportunity to ask

for a client’s preferences around menstrual products, including type, brand, and size. Further, “supplies within homelessness services should be provided without needing to ask for them, diminishing the power staff have over service users’ bodies” (Vora, 2020). This is especially important in ensuring that transgender and gender nonconforming people are not excluded from accessing resources.

Another challenge within systems of distribution is how to make sure that people do not take all of the menstrual products at once. This issue emerged in both the Literature Review and the Needs Assessment as a reason why organizations create systems that rely on “gatekeepers” to distribute menstrual products. This matter of distribution is in need of further research. The vending machine model discussed earlier is one possible solution to this challenge. I recommend that the organizations adopt the free, no-questions asked model described here for a trial period of three months, then assess whether this is an issue and discuss potential solutions in the Menstrual Equity Coalition meetings.

A barrier-free system also entails getting the right supplies to the right organizations at the right time based on need. The section on Grant Funding discusses the importance of shifting from a model that relies on community donations to a system of stable funding that gives nonprofits the power to purchase exactly what their beneficiaries say they need.

Increase Street Outreach Efforts

As described in the Community Context section, Denver has an inadequate number of shelters to meet the demand for services, and not all people experiencing homelessness feel safe or comfortable accessing shelter services where they may have access to MHM. Further,

shelters have limited hours. At one shelter, showers are only available from 7am until 4:30pm and on a first come, first serve basis. Additionally, service providers are often at full capacity and are forced to turn away people in need. Safe Outdoor Spaces was the only organization that participated in the Needs Assessment that explicitly focuses on people experiencing homelessness who live on the street rather than shelters. Period Kits estimates that 25% of their work is directed towards people living on the streets, while the other 75% is directed towards people who aren't necessarily experiencing homelessness, but may be low-income. Thus, there is an urgent need to connect people experiencing homelessness who are not accessing shelter services to MHM resources.

Again, rather than reinventing the wheel, I recommend that organizations refer to the United States Interagency Council on Homelessness' Core Elements of Effective Street Outreach to People Experiencing Homelessness document, which provides recommendations on implementing systemic, coordinated, and comprehensive street outreach. Recommendations include:

- Utilize a person-centered approach, focused on the individual's strengths and resources, and never make assumptions about what a person might need.
- Street outreach staff receive regular training in evidence-based practices, including trauma-informed care, and are proficient in utilizing such practices.
- Employ outreach staff with lived experience and offer commensurate compensation to all outreach staff.

- Street outreach efforts are respectful and responsive to the beliefs and practices, sexual orientations, disability statuses, age, gender identities, cultural preferences, and linguistic needs of all individuals.
- Street outreach workers provide people experiencing homelessness with multiple opportunities to say ‘no’ and make repeated offers of assistance as necessary throughout the engagement process.
- Street outreach efforts utilize harm reduction principles, including non-judgmental, non-coercive provision of services and resources.
- Street outreach efforts analyze local data regarding racial inequities and disparities among people experiencing homelessness and tailor and customize their efforts to ensure that equity is being achieved within their outreach activities and outcomes.

(U.S. Interagency Council on Homelessness, 2019).

While these recommendations are for homelessness street outreach in general, best practices on how to conduct effective, MHM-specific street outreach should also be addressed among experts in the Menstrual Equity Coalition meetings.

Seek Grant Funding Opportunities

A consistent theme identified in the Needs Assessment was a lack of grant funding. Further, implementing the recommended distribution system and street outreach intervention above will require significant funding and staff capacity. Grant funding generally falls into three categories: project or program funding, general operating funding, and capital funding. Program funding can be used for activities to increase access to MHM and special projects, like creating

mobile showers. General operating funding can be used to pay staff salaries and expenses like rent and utilities. Capital grant funding is often used to build or expand infrastructure, like buildings and vehicles. With more grant funding, nonprofits can hire the people needed to implement the recommendations outlined in this paper, buy menstrual products in bulk, and use their budgets according to their own discretion and expertise.

Please see the Funding section for a list of foundations that may be interested in providing grant funding for MHM projects. It is important to note that submitting “blind” grant applications, without first introducing the organization to the foundation, is not an effective approach to securing grant funding. Rather, organizations should invest time in relationship-building with potential funders and discuss the alignment of their proposed projects with current funding priorities prior to submitting a grant application.

Recommendation to reach Goal #3: Train staff working with people experiencing homelessness on equitable access to MHM

Educating service providers and outreach staff on stigma-free MHM is another important aspect of ensuring equitable distribution of menstrual products to people experiencing homelessness. The individuals working in this field are resilient, talented, and hardworking. They also may hold unconscious biases towards MHM due to deeply ingrained societal stigma around menstruation. The intended audience of the Toolkit for Integrating MHM into Humanitarian Response is a range of humanitarian actors involved in the planning and delivery of emergency responses, including program staff directly delivering services and program supervisors. I have argued that the condition of experiencing homelessness is

comparable to living in a humanitarian crisis. Thus, the Toolkit can be a useful resource for staff in Denver as well. Pages 15 and 16 of the Toolkit are devoted to implementing training, and the entire Toolkit is a useful resource. The Toolkit recommends:

“MHM training should be conducted to sensitize all program staff on MHM and to provide guidance on how to appropriately and confidently discuss it with both the target population and colleagues. Training of more senior staff can help ensure that MHM is mainstreamed into program planning and coordination while training of staff helps to ensure effective day to day programming. Staff at all levels could benefit from MHM training.

An MHM training should make sure to cover a range of key topics related to menstruation and its management. It is important to recognize that some people may never have discussed menstruation openly before. It is essential to become familiar with the local beliefs and taboos surrounding menstruation prior to conducting the sessions. In addition, it is important to become familiar with the language and terms used locally when describing menstruation. This information should be integrated into the training sessions” (Sommer, 2017).

I recommend a train-the-trainer model, where one Menstrual Equity Coalition meeting is devoted to going through the Toolkit and discussing how to apply the recommendations for the Denver context. Then, representatives report back to the staff and volunteers of their organizations. Alternatively, the Coalition could hire the author of the Toolkit, Dr. Marni Sommer, to facilitate the training. It is important that the Coalition uses their expertise to distill the plethora of information in the Toolkit and tailor it to the unique needs of the various

experiences, living situations, and identities of people experiencing homelessness in Denver. While the Toolkit will be a useful starting point to train staff on menstrual stigma, it will be necessary to use a culturally-informed approach to training that encompasses the range of experiences of homelessness in Denver, as well as the larger stigma associated with homelessness and unsanitary conditions in the community. The University of Denver's Center on Housing and Homelessness Research (CHHR) is another community resource that can be utilized for culturally-relevant approaches to training. CHHR provides scientifically supported research, evaluation, training, technical assistance, and community assessments on issues related to housing security and homelessness. CHHR is currently developing a program to provide ongoing professional development and specialized training for practitioners, community leaders, educators, and students on topics related to the health and well-being of people experiencing homelessness (University of Denver, n.d.). The Menstrual Equity Coalition would be a fitting audience for CHHR to pilot this training program.

Combating the stigma associated with menstruation is also essential for systems-level, sustainable change. While the activities outlined above are an important first step to increase comfortability of talking about the issue with Denver's service providers, it will not fully address the centuries-old misogyny that leads to menstrual stigma. Enacting this change will require an enormous societal shift in the attitudes around menstruation.

Recommendation to reach Goal #4: Improve Public Restroom Facilities

MHM not only includes menstrual products, it also includes access to safe and private sanitation facilities. Public restroom facilities in Denver do not meet the needs of people

experiencing homelessness in terms of accessibility, cleanliness, privacy, or resource provision. The City of Denver needs to drastically improve public restroom facilities to meet this need. This issue is beyond the scope of nonprofits and community organizations and will require significant government buy-in and funding. According to the Toolkit for Integrating MHM into Humanitarian Response, the minimum requirements for “female-friendly facilities” includes access to water and soap, adequate privacy, sustainable menstrual waste collection and disposal system, and the provision of light to ensure accessibility at all times. Additional improvements can include a hook or shelf for people to hygienically place their bags and personal items while using the facility and a mirror inside the facility, located at a low position, so that people can check their clothing to confirm there are no blood stains, enhancing their confidence and dignity (Sommer, 2017). Additionally, it is essential to ensure that transgender and nonbinary menstruating communities are not overlooked when improving facilities. Restrooms designated for both males and females should meet these requirements, and the provision of gender-neutral restrooms should become the norm. At the very minimum, the City of Denver’s budget must include funding to ensure facilities that meet these minimum requirements and that public restrooms are regularly cleaned and maintained and are open 24/7 and year-round. This intervention will improve access to safe, clean, and dignified MHM for all Denverites, including those experiencing homelessness.

In addition to restrooms, access to showers and laundry are two important aspects of MHM. In an effort to keep my recommendations succinct, I have chosen to specifically focus on restroom facilities, which was identified as a more pressing need in my research. While showers and laundry have been largely overlooked in the literature on homelessness in the United

States, there are several organizations in Denver doing this work. Bayaud Enterprises provides a mobile laundry truck, Showers for All provides mobile trailers with showers and laundry services, and Safe Outdoor Spaces partners with local laundromats to provide laundry services in its sanctioned encampments. Showers for All currently has two mobile shower and laundry units. According to the organization's calculations, it would take eight of their mobile shower and laundry units to fully meet the community demand. The recommendation of seeking grant funding opportunities could be transformative in acquiring the necessary funding to build out six more units. I recommend that these organizations bring their expertise on this specific area of MHM to the Menstrual Equity Coalition and use this as a space to discuss the prioritization of improving restroom, shower, and laundry facilities.

Recommendations to reach Goal #5: Systems-Level Recommendations

The activities outlined above are an immediate response to the barriers to accessing MHM for people experiencing homelessness in Denver. The main objective of these activities is to get menstrual products into the hands of people in need of them and improve public facilities where people can safely use the products. However, as Sommer et al. (2015) stated, "although having access to clean sanitary materials is of great importance, the narrow focus of this approach to causal responsibility absolves the public sphere of the political responsibility needed to solve the problem." Thus, the activities to meet the fifth and final goal of creating systems-level change that will sustainably improve access to MHM are a set of broad policy-level recommendations that aim to shift the responsibility for MHM from individuals to institutions. These recommendations are in response to the systems-level solutions theme of

the Needs Assessment, where interviewees acknowledged the importance of working to solve the root cause of the issue through advocacy, legislation, and long-term solutions.

Eliminate Taxation and Pass Legislation

Affordability of products is a recurring theme in the Literature Review, Community Context, and Needs Assessment sections. Besides making all menstrual products completely free to the public, which is likely not feasible in a capitalist society, eliminating taxes on menstrual products and including menstrual products in public assistance programs like SNAP and WIC would benefit the greatest number of people. While the City of Denver eliminated the tampon tax in 2019, the state of Colorado has yet to do so. A federal law should be passed down to each state to eliminate the tax on menstrual products. When this decision is left up to the states, lawmakers have the discretion of taxing menstrual products as necessity items. This places an unearned penalty on people who menstruate and can cause immense financial stress, as cited earlier (Crays, 2020).

The federal bill known as the Menstrual Equity for All Act of 2019 would require menstrual products to be made available to "1) public school students, 2) incarcerated or detained individuals, 3) homeless individuals, 4) individuals using health care flexible-spending accounts, 5) Medicaid recipients, 6) employees of organizations with at least 100 workers, and 7) individuals accessing federal buildings" (H.R.1882 - 116th Congress, 2019-2020). The bill would allow homeless service providers to use government grant funds that cover necessities, such as blankets and toothbrushes, to also use that money to purchase menstrual products. The bill is currently stalled and only sponsored by 87 democratic representatives. The bill is

supported by Colorado’s democratic congresspeople Diana DeGette and Joe Neguse, but it is not co-sponsored by any of the state’s republican congresspeople. Thus, the first step to passing necessary legislation is electing officials who are willing to prioritize the issue.

The ACLU’s Menstrual Equity: A Legislative Toolkit is a comprehensive resource for anyone interested in working to advance and policies to ensure safe, equitable MHM. The Toolkit includes a model bill, menstrual equity talking points, advocacy materials, case studies, and letter templates that can be sent to legislators and decision makers.

Sections 5 of the model bill states:

“The sales and use tax shall not apply to consumer purchases of pads, tampons, menstrual sponges, menstrual cups, or other similar menstrual products. These products should be exempted in all cases. Sales and use taxes imposed by localities, including counties and cities, may not apply to the consumer purchases listed above” (ACLU, 2019).

Section 6 of the model bill states:

“The Department [of Health and Human Services] shall make available to: service providers and local administering agencies for service providers a supply of menstrual products sufficient to meet the needs of residents in shelters” and “Menstrual products.... shall be made available free to: service providers, local administering agencies for service providers, and female residents in shelters” (ACLU, 2019).

Jennifer Weiss-Wolf, who has been cited frequently throughout this proposal, is the co-founder of the nonprofit organization Period Equity, which is the nation’s first and only law

and policy institute dedicated to advancing menstrual access in the United States. The Period Equity website has a wealth of resources on leveraging the traditional tools of policy and legal advocacy, along with thought leadership and media strategy, to achieve menstrual equity (Period Equity, n.d.). These resources will serve the Menstrual Equity Coalition and stakeholders interested in broadening the scope of their work to include systems-level change.

Housing-First Model

The most effective way to ensure that people experiencing homelessness can access MHM is by directly tracking the structural causes of homelessness (Vora, 2020). A housing-first model is an approach that prioritizes providing permanent housing to people experiencing homelessness, without requiring that participants meet prerequisites such as sobriety, a negative drug test, minimum income requirements, absence of a criminal record, completion of treatment, participation in services, or other conditions that are arguably unrelated to the state of being unhoused (U.S. Interagency Council on Homelessness, 2019). This approach is guided by the belief that people need basic necessities, including a place to live, before attending to anything less critical, such as getting a job or budgeting (National Alliance to End Homelessness, 2016). It is important to note that housing-first does not mean “housing only.” In addition to rapid access to housing, housing-first best practices include crisis intervention, follow-up case management, and support services (Colorado Coalition for the Homeless, 2012). While a full analysis of the pros and cons of a housing-first model is beyond the scope of this project, significant peer-reviewed literature and research upholds its effectiveness, and I recommend that the City and County of Denver invest resources in a housing first model, rather than

reinforcing the harmful camping bans and sweeps. Each sweep costs the City \$21,000, and it is not hard to imagine re-directing these funds towards more effective approaches to address the root causes of homelessness.

Program Description Conclusion

To reiterate, the previous five subsections on recommendations to meet goals will be adapted into a presentation for the MHM Stakeholder Meeting. All of the resources cited in this section (U.S. Interagency Council on Homelessness' Core Elements of Effective Street Outreach to People Experiencing Homelessness, the Toolkit for Integrating MHM into Humanitarian Response, ACLU's Menstrual Equity: A Legislative Toolkit, the Period Equity website, and funding opportunities presented below) will be stored in a Google Document and shared with all of the stakeholders that participated in the project. The MHM Stakeholder Meeting will be an incubator for stakeholders to meet and begin to form relationships, and the recommendation to join the Menstrual Equity Coalition is intended for stakeholders to be empowered to take the next steps on implementing the recommendations presented in this proposal.

Sustainability

Based on evaluation results, the MHM stakeholder meeting could become an annual meeting, and eventually expand to a full-day conference for a wider range of stakeholders. The recommendation for stakeholders to join the Menstrual Equity Coalition is so that they can sustainably continue collaborating and implementing the other recommendations presented in this proposal. Engaging people experiencing homelessness as active stakeholders throughout

the MHM Stakeholder meeting, Coalition, and implementation of recommendation is essential to ensuring that beneficiaries' needs are being sustainably met.

Financial sustainability is essential for all of the stakeholders working in this space. Even with securing additional grant funding, it will take a combination of government investment, private resources, and innovative funding streams to fully implement this proposal. I recommend that organizations spend time cultivating relationships with funders to ensure consistent grant funding and leverage those established relationships to gain access to a broader network of funders and supporters. Securing grant funding is also a lengthy process, and efforts can take several years to actualize into funding. Thus, it is important that organizations are able to start adapting the provided recommendations and activities with their existing resources and by sharing resources within the Menstrual Equity Coalition.

The goal of the actionable recommendations of creating barrier-free systems of distribution and increasing street outreach efforts is to provide the highest level of service to the community with the ability to grow along with demand for services. I recommend that organizations approach the implementation of these recommendations through a lens of continual learning, reflection, and adaptation. As people's experiences of homelessness and MHM continue to evolve, so will approaches to addressing these challenges. As discussed in the Evaluation section, it will be important to use a community-informed approach to engage people experiencing homelessness as partners and stakeholders and to seek continuous feedback through surveys to integrate their voice and create the most impactful programming possible.

Finally, the most sustainable change will come from the systems-level recommendations that will hopefully eventually revolutionize the menstrual equity landscape in Denver, Colorado, the United States, and beyond. I have chosen to approach this project holistically, as I believe that the “big-picture” change will best serve all menstruators, including those experiencing homelessness.

Evaluation

Goal	Activity / Objectives	Target Audience	Evaluation Method
Goal #1: increase community collaboration on addressing MHM.	1) Participate in the MHM Stakeholder Meeting 2) Partner with the Colorado Menstrual Equity Coalition	Nonprofit organizations/ service providers Legislators/ decision-makers	1) Post-meeting survey for participants 2) Number of stakeholders that join the Coalition
Goal #2: Provide equitable access to MHM products for all people experiencing homelessness.	1) Create barrier-free systems to distribute menstrual products 2) Increase street outreach efforts 3) Seek grant funding opportunities	Nonprofit organizations/ service providers	1) Product Tracker 2) Surveys for staff 3) Grant Tracker
Goal #3: Reduce the stigma associated with MHM.	Train staff working with people experiencing homelessness on equitable access to MHM	Nonprofit organizations/ service providers	Focus group
Goal #4: Provide safe, private, and clean spaces for dignified MHM in Denver.	Improve public restroom facilities	Users of public restroom facilities	Surveys for beneficiaries

Goal #5: Create systems-level change that will sustainably improve access to MHM.	1) Pass legislation to include menstrual products in public assistance programs and eliminate the period tax 3) Address the root cause of the issue through a housing-first model	Nonprofit organizations/ service providers Advocacy organizations Community members	Policy changes
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Measuring success towards meeting the goals and objectives of this proposal will require several different evaluation strategies. Objectives to meet the first goal of increasing collaboration between community stakeholders include implementing the MHM Stakeholder Meeting and organizations joining the Menstrual Equity Coalition. The final 10 minutes of the Stakeholder Meeting will include a survey where stakeholders can provide their feedback on the meeting and provide feedback on the structure, facilitator(s), content, and participation, and recommend changes. Feedback will be used to address any concerns and improve overall participation. Evaluation of increasing participation in the Menstrual Equity Coalition will be measured by the number of stakeholder representatives that join and actively participate in the Coalition, as measured by the Coalition's internal record-keeping and meeting minutes.

The second goal of providing equitable access to MHM products for all people experiencing homelessness includes three related activities that will require distinct evaluation methods. A simple product tracker that counts how many MHM products are available at the start and end of each day will be useful to learn how many people are accessing products and the necessary supply to meet this demand. If the potential issue of people taking more products

than they need arises, this issue and new solutions can be addressed in the Menstrual Equity Coalition.

Progress towards increasing street outreach efforts can be measured through surveys. Surveys for staff will include Likert-scale and open-ended questions regarding the implementation of street outreach in alignment with the recommendations above, including training in trauma-informed care, employing outreach staff with lived experience, commensurate compensation, and utilizing local data to tailor and customize outreach efforts. At this time, asking chronically unsheltered people to complete a survey on their experiences with street outreach staff seems like an unnecessary burden, considering outreach staff are already spending significant time interacting with these people where they live and potentially encroaching on their privacy. Best practices on evaluating the effectiveness of street outreach should also be addressed among experts in the Menstrual Equity Coalition.

Seeking grant funding can be evaluated through a grant tracker, or a spreadsheet that lists potential funding opportunities and records completed grant submissions, status, and award amounts. Additionally, organizations will be required to share evaluation findings with funding partners through grant reports. In the case that grant seeking efforts do not materialize in increased revenue, organizations may need to re-visit this approach and fundraise for MHM in other ways.

An annual focus group can be used to evaluate the third goal of reducing the stigma associated with MHM. The focus group can include discussions on staff member's comfortability talking about MHM, and overall successes, challenges, and lessons learned of implementing

culturally-informed approaches that encompasses the range of experiences, living situations, and identities of people experiencing homelessness in Denver.

The fourth goal of improving public restroom facilities can be evaluated by increased investment in MHM-resourced facilities. While this is beyond the scope of many of the stakeholder organizations, surveys for beneficiaries of the improved restrooms will measure progress towards meeting the minimum requirements recommended above. Surveys will include Likert-scale and open-ended questions regarding the suggested recommendations, including access to water and soap, adequate privacy, sustainable menstrual waste collection and disposal system, and the provision of light to ensure accessibility at all times.

The fifth goal is to create systems-level change that will sustainably improve access to MHM. Systems-level change requires long-term work which is challenging to quantify and measure. Objectives to meet this goal include eliminating taxation on menstrual products and advocating for state and federal policies that increase access and affordability MHM resources. If successful, these policies will have positive impacts on many people, including people experiencing homelessness, low-income individuals, and others. It is difficult to accurately estimate and evaluate the number of people who will be directly or indirectly impacted by these efforts. However, the importance of making a lasting impact through equitable and sustainable policy change should not be understated. Evaluation can also include contribution to the body of knowledge surrounding MHM and homelessness. In the Literature Review, I found a lack of available research solutions to addressing MHM in the United States. Findings from this paper and outcomes, as well as learnings from the MHM Stakeholder Meeting and the

Menstrual Equity Coalition can be used to publish a paper that would bolster the body of knowledge around MHM for people experiencing homelessness.

Implementation

Timeline

The overarching goal of creating opportunities for safe and dignified MHM for people experiencing homelessness in Denver will take significant time. I recommend that organizations strive to meet the sub-goals and objectives in the following time frames:

Short-Term Objectives (within one year):

- Participate in the MHM Stakeholder Meeting
- Partner with the Menstrual Equity Coalition
- Create barrier-free systems to distribute menstrual products
- Train staff working with people experiencing homelessness on equitable access to MHM

Medium-Term Objectives (within 2-4 years):

- Increase street outreach efforts
- Seek grant funding opportunities
- Improve public restroom facilities

Long-Term Objectives (4+ years):

- Pass legislation to include menstrual products in public assistance programs and eliminate the period tax
- Address the root cause of the issue through a housing-first model

Capacity

The two-hour Stakeholder Meeting will be hosted at the Posner Center for International Development in Denver. The Posner Center's Global Classroom has a maximum occupancy of 50 people. The classroom is equipped with the necessary equipment, resources, and supplies to present and facilitate the meeting.

Most of the stakeholder organizations are likely not funded or staffed at levels that would allow for implementation of the full range of activities and recommendations described in this proposal. The nonprofit organizations are already wearing many hats to provide direct services and (hopefully soon) street outreach and may have limited capacity to engage in advocacy and systems-level work outside the scope of their missions. I recommend that the organizations use general operating grant funds to hire a full-time Grant Writer/Development Officer and a Street Outreach Coordinator to implement the recommendations above.

Further, each stakeholder organization has different organizational structures, staff, and expertise. The Menstrual Equity Coalition will be an invaluable resource for the organizations to share their expertise with each other. I recommend that the stakeholder organization share the resources presented in this proposal with their networks of supporters, encourage volunteers and community members who are interested in creating lasting change to utilize the resources, and collaborate within the Menstrual Equity Coalition on best practices to incorporate a systems-level approach to their work.

Funding

The Posner Center's Global Classroom is available for rent at a rate of \$60 per hour on weekdays and \$80 per hour on weekends. The cost to host the meeting will be either \$120 or \$160, depending on stakeholder's time preference and availability. Compensation for the facilitator(s), marketing materials, lunch, and beverages should also be budgeted for.

The following list of potential funders will be presented at the initial MHM Stakeholder meeting and shared in the Google Document of resources for all stakeholders to access after the meeting. This is by no means an exhaustive list, but an introduction to foundations in the Denver metro area and might be interested in providing grants for MHM. This list of funders can also be used as a starting place to secure funding to host the initial MHM Stakeholder Meeting. Corporate sponsorships from local businesses in the community could also offset the costs of the meeting. It is currently free to join the Menstrual Equity Coalition. The Coalition could consider charging modest membership fees as a way to support this large-scale MHM project past the initial period.

Foundation Funding Opportunities:

A.V. Hunter Trust: Provides grants to Colorado nonprofit organizations offering direct services to assist those in need, including: youth, seniors, disabled, and indigent individuals.

April Fund: A Boulder-based grant making organization with various grantmaking priorities, including health, human services, and civic responsibility. Average grant amounts are \$2,000.

The Colorado Health Foundation: funds impactful work that helps Coloradans live their healthiest lives by advancing opportunities to pursue good health and achieve health equity.

The Denver Foundation: Funds organization in the Denver Metro area. The Foundation has various grantmaking priorities, including Economic Opportunity and Housing and Homelessness. Grant awards typically range from \$20,000 to \$50,000.

Daniel's Fund: provides grants to support nonprofit organizations in Colorado. A priority area includes organizations assisting homeless individuals and families achieve and maintain self-sufficiency without the need for public assistance.

The Gill Foundation: a grant making organization that funds nonprofits working towards equal rights for LGBTQ Coloradans and removing barriers to critical services for the LGBTQ community.

Harris and Frances Block Foundation: provides grants up to \$25,000 to small and emerging nonprofit organizations improving access to reproductive rights

Junior League of Denver: provides grants to nonprofits who positively impact the lives of women and families experiencing systemic poverty.

Kenneth King Foundation: a private, grant making organization located in Denver. The mission is to create opportunity for Coloradoans to reach their fullest potential for self-sufficiency through access to entrepreneurship, meaningful employment, basic needs, and an improved quality of life.

PNC Foundation: Support is given to social services organizations that benefit the health, education, quality of life or provide essential services for low-and moderate-income individuals and families.

Rose Community Foundation: provides grant funding to programs that serve the seven-county Greater Denver community. Additionally, the foundation dedicates funding to organizations

leveraging policy and advocacy efforts to advance inclusive, engaged and equitable Greater Denver community.

YouthRoots: a youth-led foundation for young people to support causes they care about. Youth without houses or homes was a priority area in 2022. Grant sizes typically range from \$1,000-\$5,000.

Zonta Club of Denver: envisions a world in which women's rights are recognized as human rights and every woman is able to achieve her full potential.

Appendix A: Interview Questions

For Context:

As I mentioned in my email, I'm working on a capstone project for my master's in Development Practice. I'm specifically looking to address the gaps in access to menstrual hygiene management resources for people experiencing homelessness in Denver. The project will include a literature review, research on the specific community and context (which is Denver), a needs assessment, and a stakeholder analysis. Then, the final piece will be a program proposal. This will be something that is tangible and can be implemented to help address the issue. For example, it might be a toolkit, or a collective that connects organizations. This interview is a part of the needs assessment. I'm just trying to learn more from people who are on the ground. What I learn from this will inform my program design, which will hopefully be ultimately helpful to you and your organization.

List of interview questions:

1. What is your specific role and experience in this organization?
2. Can you tell me what your organization does in relation to homelessness and/or menstrual hygiene management (MHM)?
3. Do you think that MHM is a problem for people experiencing homelessness? Why or why not?
4. What are the consequences of MHM gaps?
5. Does your organization provide any MHM services? (laundry, handwashing, pads, tampons).
6. Are there any specific issues that LGBTQIA+ individuals experiencing homelessness face in relation to MHM?
7. Have you seen any promising initiatives addressing MHM gaps in Denver or other cities? If so, expand on those.
8. What do you think could be done to meet the needs of people experiencing homelessness for access to MHM in Denver? What do you see as the biggest challenges?
9. What ideas do you have to create access to clean and dignified MHM for people experiencing homelessness if your organization had the money and capacity to do anything?
10. How can I best support your organization to fill this gap? Keeping in mind that I will be devoting significant time and energy to this project over the next several months, what do you think are realistic goals that we could accomplish?
11. What are the biggest challenges I/ we might face during this project?

12. I would love to hear from people experiencing homelessness. Including their voices is important, but I want to be cognizant of how I do this. How would you recommend I go about this? Would I be able to visit your organization in-person to do this?
13. Who else would you recommend I talk to about these issues? What other organizations are you aware of that address these issues?
14. Is there anything else you would like to share?

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