



Rapid Scoping Review: What is known about the role of public health in working with shelters serving people experiencing homelessness?

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Executive Summary

Background

Shelters serving people experiencing homelessness may be an important setting for public health practice, given this group's public and population health needs. A variety of opportunities exist for public health to partner with shelters as a site where public health services could be delivered. An understanding of ways that public health has worked with shelters may be of value for public health practitioners and decision makers seeking to provide support for people experiencing homelessness.

This rapid scoping review, produced to support public health decision makers, seeks to identify and summarize the major areas in which research evidence on this topic exists, to support evidence-informed decision making. This rapid review was produced through a collaboration between the National Collaborating Centre for Methods and Tools (NCCMT) and the National Collaborating Centre for Infectious Diseases (NCCID).

This rapid scoping review includes evidence available up to July 11, 2022, to answer the question: What is known about the role of public health in working with shelters serving people experiencing homelessness?

Key Points

- Evidence on public health working with shelters for people experiencing homelessness (n=52; 11 syntheses and 41 single studies) described a variety of models of care for public health/shelter partnerships, and a variety of public health topics, including dental care, COVID-19, sexually transmitted and blood borne infections (STBBIs), tuberculosis (TB), other infectious diseases, mental health and substance use, and health promotion.
- Public health approaches included prevention, screening, testing, health promotion and education, harm reduction, infection prevention and control (IPAC), outbreak management, immunization, treatment, capacity building, and policy development.
- The nature of the partnerships described varied in terms of the level of collaboration, from one-time and limited relationships in which public health simply worked with a shelter to recruit participants in a project to co-created programs arising out of multipartner initiatives with public health, shelters, other community partners, and individuals experiencing homelessness.
- Although the body of evidence concerns people experiencing homelessness, the studies included in this review do not provide adequate evidence for the experiences of specific populations who live with social and structural inequities, such as Indigenous or racialized communities. Further research is required to ensure the representation of these populations for decision making.

Overview of Evidence and Knowledge Gaps

- Evidence that specifically described models of care in which public health and shelters
 work together emphasized collaboration between organizations, and often collaboration
 with individuals experiencing homelessness. Some partnerships included a wide range
 of community organizations, such as community health centres, housing and social
 service organizations, Indigenous advisory groups, hospitals, and academic centres.
 Often these models of care have been developed through formal coalitions or task
 forces.
- There is a sizeable body of evidence on dental/oral health care (n=9) provided in partnership with shelters. These programs may provide oral health assessment, referral, treatment and/or education. Although the dental care providers may not be formally identified as public health dentists, the public health role they are playing makes this evidence relevant to the present scoping review.
- Partnerships between public health and shelters related to infectious diseases (n=25) (including COVID-19 (n=9), STBBIs (n=6), tuberculosis (n=6) and others (n=4)) are described in the evidence. Public health approaches included IPAC measures, outbreak management, screening, immunization, treatment, and/or education.
- Evidence related to mental health and substance use (n=5) provided examples of ways
 that public health can be involved in partnerships with shelters, community agencies,
 and researchers, focusing on treatment, education, shelter policy and/or shelter staff
 capacity building. Three of these studies focused on tobacco cessation, including one
 that described public health working with shelter staff to build capacity related to
 smoking cessation programming.
- Other areas of partnership included vision care screening (n=1) and nutrition education (n=1).
- Most single studies were observational (n=27), including descriptions or evaluations of programs and approaches. Some experimental trials (n=14) were identified, with specific interventions implemented and studied for research and learning purposes.
- This scoping review uses broad inclusion criteria for 'public health'. The evidence varied in terminology, such that 'public health' may mean publicly-funded health care rather than public and population health, and a 'community health centre' may or may not encompass public and population health. For the purposes of this scoping review, to reflect the greatest breadth of possible public health and shelter partnering, roles that could be included in the sphere of public and population health have been included, even if the nature of the role was not clearly articulated as public health-specific. For example, IPAC interventions may or may not have been delivered by public health agencies, but because the topic is within the sphere of public health, IPAC-related partnerships of community agencies with shelters have been included. Similarly, nurseled interventions on public health topics may or may not have been delivered by public health nurses, or community-based dentistry may or may not have been delivered by public health dentists. Still, these examples were included as relevant examples of public health and shelter partnering.

Glossary of Terms

- Infection Prevention and Control (IPAC): Measures to prevent and control infectious diseases
- Model of care: Descriptions of ways in which public health and shelters work together to address the service needs of individuals experiencing homelessness
- Sexually transmitted and blood borne infections (STBBIs): Screening, prevention, and harm reduction of various STBBIs, including Hepatitis A Virus (HAV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Group A Streptococcal Disease (iGAS).

Methods

Scoping reviews are used to map the concepts underpinning a research area and the main sources and types of evidence available. Scoping review methodology as described by Arksey and O'Malley was used to guide this rapid scoping review (Arksey & O'Malley, 2005).

Research Question

What is known about the role of public health in working with shelters serving people experiencing homelessness?

Search

On July 11, 2022, the following databases were searched using key terms shelter, respite center*/program*, soup/food kitchen*, free meal*, meal center*, drop in centre*, public health, vaccine*, screen*, immuniz*, test*, disease*, infection*, illness*, surveil*, oral, dental, health promotion, sexually transmitted disease*/infection*, blood borne*, prevention*, treatment*:

- MEDLINE database
- Ovid Emcare
- Sociological Abstracts

A copy of the full search strategy is available in Appendix 1.

Study Selection Criteria

English-language, peer-reviewed sources and sources published ahead-of-print before peer review were included. Expert opinion sources were included as relevant to the question. Sources reporting surveillance of disease prevalence were excluded. Grey literature from organizations suggested by experts was also searched, although no relevant sources were identified.

	Inclusion Criteria	Exclusion Criteria
Population	People experiencing homelessness who use shelters (not necessarily those who are vulnerably housed; specifically looking at shelters) People involved in shelters, either providing or using the service, including staff, medical personnel, volunteers	
Concept	Partnerships and relationships between shelter staff or organizations and public health personnel or organizations; Opportunities for partnerships to improve health and public health outcomes. Possible interventions and opportunities for shelter/public health partnerships could include, but are not limited to: • Best practices for providing diagnostics and testing • Identification, prevention, and treatment of infections, including understanding what is done to manage or mitigate an outbreak • Screening for chronic illness, including cardiovascular disease, diabetes, and mental health • Oral and dental health • Trauma-informed care and screening • Women's health • Vaccine preventable diseases • Opportunities / missed opportunities for partnerships between shelters and public health • Public health core competencies and how they apply and need to be modified for shelters • Data gathering and usage • Pet/animal companion health, as it relates to mental health support	 Prevalence of diseases Mathematical models Shelter-in-place Surge capacity and coping with disasters
Context	Shelters	Animal shelters
	Shelter programs run outside of shelters, e.g., through street outreach	Shelter hospitals Programs run through
	Preference given to studies conducted in high-income countries	hospitals or clinics

Screening

Title/abstract screening was facilitated by using Artificial Intelligence (AI) on the DistillerSR reference screening platform. Records were screened manually by one reviewer using a reranking function that reprioritizes relevant references to appear at the top of the screening list. After manually screening 60% of records, AI predicted that 98% of relevant records had been identified. AI screening was then used to screen the remainder of the references. References identified as potentially relevant through AI screening were manually screened before moving to full text.

Data Extraction and Synthesis

Data relevant to the research question, such as study type, setting, location, population characteristics, type of public health approach, type of program or intervention, and details of partnerships between public health and shelters, were extracted when reported. Results were summarized narratively to provide an overview of trends in the included literature.

Study type was categorized in the following ways:

Syntheses

- **Systematic review:** Review with a systematic search; must include a methods section with a description of the search, including sources searched and terms used, and some description of screening for eligibility.
- Realist review: as identified by the author
- Scoping review: as identified by the author
- Non-systematic review: a literature review that more generally discusses the subject with references to the literature, but no systematic search for sources to include

Single Studies

- **Experimental** a specified intervention is managed by the researchers/investigators
- **Observational** description or evaluation of a program, intervention, partnership, or interaction that was observed in the real world

The quality of included studies was not assessed, as this scoping review reports on trends in evidence and does not report study findings.

Findings

Summary of Evidence

A total of 52 sources were identified in the scoping review. The findings are summarized in tables organized by major topic (see topic list below). Syntheses (n=11) are presented first for each major topic, followed by single studies (n=41), as available.

Major Topic	# Syntheses	# Single Studies
Model of care for public health/shelter partnership	4	7
Dental health	3	6
COVID-19	1	8
STBBIs	1	5
Tuberculosis	1	5
Other infectious diseases	1	3
Mental health and substance use	0	5
Health promotion	0	2
TOTAL	11	41

Table 1: Model of Care: Syntheses

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
O'Shaughnessy, B.R., & Michelle Greenwood, R. (2020). Empowering Features and Outcomes of Homeless Interventions: A Systematic Review and Narrative Synthesis. American journal of community psychology, 66(1-2), 144–165.	2020	Systematic review	Worldwide	Individuals experiencing homelessness	Varied (e.g., supported housing, transitional housing, shelters, mobile outreach, drop-in services)	n/a	Prevention, health promotion, treatment	Empowering homeless interventions included supported housing, case management, educational and occupational programs, and mutual / peer support.	Collaborative interventions, in which homelessness service users work with providers
Weber J.J. (2019). A systematic review of nurse-led interventions with populations experiencing homelessness. Public health nursing, 36(1), 96–106.	2019	Systematic review	Worldwide	Individuals experiencing homelessness	Varied (e.g., healthcare clinics, drop-in centres, homeless and emergency shelters, street outreach)	Varied (e.g., HIV/AIDS, TB, drug rehabilitation, mental health, smoking cessation, general health)	Models of care (including health promotion, education, treatment)	Nurse-led interventions, in which nurses' main roles included managing care as primary contacts and delivering education and group therapy.	Nurses partnering with shelters and other homelessness service providers
Coles, E., Themessl-Huber, M., & Freeman, R. (2012). Investigating community-based health and health promotion for homeless people: a mixed methods review. Health education research, 27(4), 624–644.	2012	Systematic review	Worldwide (USA, UK, Australia)	Individuals (≥ 16 years old) experiencing homelessness	Varied (e.g., mobile / street outreach, homeless and emergency shelters)	Varied (e.g., oral health, sexual health, smoking cessation, mental health)	Health promotion / education	Community-based health promotion programs	Multi-partner health promotion programs for people experiencing homelessness. The review concluded that effective community-based health promotion programs involved collaboration between housing, health and social care sectors, as well as involvement of individuals experiencing homelessness in tailoring interventions.

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
O'Campo, P., Kirst, M., Schaefer-McDaniel, N., Firestone, M., Scott, A., & McShane, K. (2009). Community-based services for homeless adults experiencing concurrent mental health and substance use disorders: a realist approach to synthesizing evidence. Journal of urban health, 86(6), 965–989.	2009	Realist review with a systematic search	USA	Individuals experiencing homelessness and concurrent disorders	Varied (e.g., drop- in centres, mobile / community outreach, group homes, independent housing)	Mental health and substance use disorders	Treatment	Community-based or community-linked programs, offering a variety of interventions including assertive community treatment, provision of housing, integrated mental health and substance use treatment, and/or holistic, non-restrictive support.	Community-based health programs partnering with homelessness service users (e.g., providing client choice in treatment decision making).

Table 2: Model of Care: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Doran, K., & Doede, M. (2021). An interdisciplinary street outreach program to engage vulnerable neighbors in care. Public health nursing, 38(2), 141–144.	2021	Observational	Baltimore, MD, USA	Vulnerable individuals accessing a community outreach center (many are currently or have recently experienced homelessness)	Community outreach centre	n/a	Crisis and prevention services	Street outreach program to promote full range of center services and to build trust and rapport with the community.	Partnership between a community outreach center and a local university, including public health nursing, medical and social work students.
Firestone, M., Syrette, J., Jourdain, T., Recollet, V., & Smylie, J. (2019). "I feel safe just coming here because there are other Native brothers and sisters": findings from a community-based evaluation of the Niiwin Wendaanimak Four Winds Wellness Program. Canadian journal of public health, 110(4), 404–413.	2019	Observational	Toronto, ON, Canada	Urban Indigenous populations experiencing or atrisk of homelessness or living in poverty	Community health centre	n/a	Collaborative service delivery model	The Niiwin Wendaanimak Four Winds Wellness Program provides culturally safe, relevant, and sustainable housing supports and mental health services. It also aims to improve primary and harm reduction services and identify / develop pathways to care.	This program was launched by a community health centre for homeless individuals, under the guidance of an Aboriginal Advisory Council comprised of service providers, Elders, Indigenous service users, and other community leaders.
Minnich, M., & Shirley, N. (2017). Enhancing a public health nursing shelter program. Public health nursing, 34(6), 585–591.	2017	Observational	USA (Midwestern metropolitan community)	Individuals experiencing homelessness	Outreach clinic, providing care to area homeless shelters	n/a	Treatment, health promotion / education	The Shelter Nurse Program provides nursing care (e.g., acute and chronic health care, first aid and injury care), health education, and referrals to other healthcare providers and community agencies. The shelter nurses act as health liaisons between clients, shelter staff, community agencies, and health care providers.	Partnering between shelter nurses, a public health nursing agency, and public health nursing consultants at a local university.

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Parry I. (2008). Sheltered housing: building bridges between nurses and housing staff. British journal of community nursing, 13(6), 278–279.	2008	Observational	UK	Older adults	Sheltered housing (i.e., rental housing)	n/a	Model of care (e.g., housing)	Model in which health staff are encouraged to involve shelter housing staff in assessments and support arrangements.	Partnership between sheltered housing staff and other health and social care agencies.
O'Connell, J.J., Mattison, S., Judge, C.M., Allen, H.J., & Koh, H.K. (2005). A public health approach to reducing morbidity and mortality among homeless people in Boston. Journal of public health management and practice, 11(4), 311–316.	2005	Observational	Boston, MA, USA	Individuals experiencing homelessness (specifically, "rough sleepers", those who typically avoid shelters and hostels)	Mobile / street outreach, overnight rescue van (i.e., transportation from hospitals to shelters, from streets to detoxification centers and emergency departments), detoxification centers, shelters	Premature death (i.e., unattended, preventable "street death")	Prevention, treatment	A special public health task force established a more integrated system of care (i.e., "web of services"). This included increased hours for outreach support, an overnight rescue van, restricting late-night hospital discharges, late-night detoxification centers, dedicated shelter beds for individuals discharged from hospital, mobile primary / episodic care, and cold weather amnesty at shelters.	The task force, led by Public Health, included representation from state agencies (mental health, public health, welfare, housing, corrections), the Emergency Shelter Commission, academic medical centers, detoxification units and recovery programs, homeless advocates, individuals experiencing homelessness, health care clinicians, police (state, city, metropolitan transit authority), emergency medical services, shelter providers and street outreach workers, downtown neighborhood associations, and university researchers and evaluators.

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Dahl, S., Gustafson, C., & McCullagh, M. (1993). Collaborating to develop a community-based health service for rural homeless persons. The Journal of nursing administration, 23(4), 41–45.	2008	Observational	(unknown)	Individuals experiencing homelessness	Rural health services centre	n/a	Prevention, treatment, health promotion	A nurse-led health services center, providing nursing outreach (located in existing shelters), health clinic and referral services (located at a local Salvation Army center), and a substance-abuse program.	A community coalition, initiated by public health nurses, involving hospital and community health administrators, physicians, dentists, nurses, pharmacists, local government officials, community business leaders, advocates for the homeless, shelter providers, social workers, and individuals experiencing homelessness developed a formal program and an advisory board that focused on gaining ongoing support and participation from public and private sectors.
Self, B., & Peters, H. (2005). Street outreach with no streets. The Canadian nurse, 101(1), 20–24.	2005	Observational	Interior British Columbia, Canada	Street-involved or otherwise marginalized client populations (e.g., illegal drug users, sex trade workers)	Street / mobile outreach in rural and northern settings	n/a	Prevention, testing, treatment, health promotion / education	Program provides mobile healthcare services (e.g., STI / pregnancy testing, chlamydia treatment, etc.) to clients at locations convenient to the client.	The rural street nurse collaborates with public health nurses and other care providers (e.g., mental health workers, social workers, etc.) for collegial advice and support, making and receiving referrals, and mutually assisting each other.

STI: Sexually Transmitted Infection

Table 3: Dental Health: Syntheses

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Beaton, L., Humphris, G., Rodriguez, A., & Freeman, R. (2020). Community-based oral health interventions for people experiencing homelessness: a scoping review. Community dental health, 37(2), 150–160.	2020	Scoping review with a systematic search	UK, USA, Ireland, Canada, Australia	People experiencing homelessness	Community based programming including: - Drop-in centres - Shelters Mobile programming	Dental	Dental health promotion and treatment via community partnerships	Various dental health promotion and/or dental treatment	Partnerships between community dental services and services for people experiencing homelessness on program development and delivery.
Goode, J., Hoang, H., & Crocombe, L. (2020). Strategies to improve access to and uptake of dental care by people experiencing homelessness in Australia: a grey literature review. Australian health review, 44(2), 297–303.	2020	Systematic review	Australia	People experiencing homelessness	Varied community organizations and local health units	Dental	Dental health promotion and treatment via community partnerships	Free dental care, in-reach strategies (located at community centres), outreach strategies (service referral to dental clinics)	Dental care providers partnered with homeless support agencies and shelters to provide dental services
Goode, J., Hoang, H., & Crocombe, L. (2018). Homeless adults' access to dental services and strategies to improve their oral health: a systematic literature review. Australian journal of primary health, 24(4), 287-298.	2018	Systematic review	UK, USA, Australia, Canada, Ireland, and Sweden	Homeless adults	Homeless support agencies	Dental	Literature review	Barriers and Facilitators to access to and uptake of dental care among homeless adults	Dental care providers partnered with homeless support agencies to assess access to dental services

Table 4: Dental Health: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Witton, R., & Paisi, M. (2022). Improving access to oral healthcare for people experiencing homelessness is good for public health. Perspectives in public health, 142(1), 10–12.	2022	Observational	London, UK	Individuals experiencing homelessness	Not specified	Dental	Access to oral healthcare	Models of care that improve access to oral health care	Community oral health providers partnering with services for individuals experiencing homelessness.
Tran, C., Lu, T., Doughty, J., Khan, Z., Noctor, A., & Movahedi, S. (2021). Dental public health in action: foundation dentists' delivery of an oral health promotion outreach project for people experiencing homelessness in London. Community dental health, 38(1), 5–9.	2021	Observational	London, UK	Users of homeless service centres	Varied homeless community organizations	Dental	Health promotion	Oral health promotion: - Distribution of toothbrushes and toothpaste - Oral hygiene advice Referrals to dental services	Public health dentists partnered with mobile tuberculosis screening unit to deliver dental services in homeless services centres.
Mago, A., Brondani, M.A., MacEntee, M.I., & Frankish, C.J. (2018). A Model Pathway to Oral Health Care for Homeless People. Journal of the Canadian Dental Association, 84, i10.	2018	Experimental	Vancouver, Canada	People >19 experiencing homelessness	Two homeless shelters and one outreach centre	Dental	Healthcare Pathway Model development	To develop healthcare pathway through qualitative data collection from participants	Community dental health partnering with shelters
Stormon, N., Pradhan, A., McAuliffe, A., & Ford, P.J. (2018). Does a facilitated pathway improve access to dental services for homeless and disadvantaged adults?. Evaluation and program planning, 71, 46–50.	2018	Experimental	Brisbane, Australia	Community services users >18	Varied homeless community organizations	Dental	Treatment and Evaluation	Intervention to assess oral/dental health and refer to dental care through a facilitated pathway.	Partnering between the School of Dentistry and a health service, researchers and homeless community service organizations.

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Abel, S., Kowal, H.C., Brimlow, D., Uchin, M., & Gerbert, B. (2012). A collaboration to enhance oral health care for survivors of domestic violence: women's domestic violence shelters and Nova Southeastern University's College of Dental Medicine. Journal of dental education, 76(10), 1334–1341.	2012	Observational	Florida, USA	Survivors of Domestic Violence	Shelters to support survivors of domestic violence	Dental	Treatment and Education	Program to assess patient needs, provide dental services and support dentists' education. Included implementing dental clinics at shelter sites	Partnership between a college of dental medicine and community organizations that support survivors of domestic violence
Daly, B., Newton, J.T., & Batchelor, P. (2010). Patterns of dental service use among homeless people using a targeted service. Journal of public health dentistry, 70(1), 45–51.	2010	Observational	London, UK	People experiencing homelessness	Open access drop- in centres for people experiencing homelessness; homeless hostels	Dental	Treatment	Full range of free dental services and treatment	Partnering between fixed-site dental clinic in day centres and outreach clinics in day centres and homeless hostels

Table 5: COVID-19: Syntheses

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Mohsenpour, A., Bozorgmehr, K., Rohleder, S., Stratil, J., & Costa, D. (2021). SARS- Cov-2 prevalence, transmission, health- related outcomes and control strategies in homeless shelters: Systematic review and meta-analysis. Clinical Science, 38, 101032.	2021	Systematic review	Worldwide	People experiencing homelessness	Institutions, outreach events, sleeping on streets and shelters	COVID-19	IPAC	IPAC measures: universal rapid testing, expansion of noncongregate housing, and inshelter measures (bed spacing, limited staff rotation, reduction in number of residents)	IPAC interventions in shelters and other homelessness service settings

Abbreviations:

IPAC: Infection Prevention and Control

Table 6: COVID-19: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
IPAC									
Lashley, M., & Stoltzfus, K.D. (2022). Protecting persons experiencing homelessness through a global pandemic. Public health nursing, 39(2), 456–463.	2022	Observational	Baltimore, Maryland, USA	People experiencing homelessness	Homeless service and residential recovery organization	COVID-19	IPAC	An infectious disease outbreak response protocol was developed for identification, mitigation, and containment of infectious disease threats. • On-site vaccination clinic • New protocols and procedures for admission intake processes, testing and monitoring. • Guidelines for managing staff, vendors, and volunteers.	Partnership with community health, health department, local hospitals and homelessness service.
Wang, C.Y., Palma, M.L., Haley, C., Watts, J., & Hinami, K. (2021). Rapid Creation of a Multiagency Alternate Care Site for COVID-19- Positive Individuals Experiencing Homelessness. American journal of public health, 111(7), 1227–1230.	2021	Observational	Chicago and Cook County, IL, USA	Medically- complex adults experiencing homelessness and confirmed COVID-19	Temporary medical respite shelter	COVID-19	IPAC	Low-barrier, medically monitored COVID-19 isolation housing for individuals from shelters and congregate settings that did not offer inhouse isolation. Other services offered: care coordination, primary care, behavioral health, and addiction medicine services.	Partnership on a rapid citywide, multiagency public health response to homelessness and COVID-19 including city agencies, a health care organization, and other community organizations.
O'Shea, T., Bodkin, C., Mokashi, V., Beal, K., Wiwcharuk, J., Lennox, R., Chong, S. (2021). Pandemic Planning in Homeless Shelters: A Pilot Study of a Coronavirus Disease 2019 (COVID-19) Testing and Support Program to Mitigate the Risk of COVID-19 Outbreaks in Congregate Settings. Clinical infectious diseases, 72(9), 1639–1641.	2021	Experimental	Hamilton, Ontario, Canada	People experiencing homelessness	Congregate- living shelter	COVID-19	IPAC	Shelter restructuring to allow physical distancing, testing, and isolation, PCR testing of staff who failed daily symptom screening	Partnership between health, social service agencies, the municipality and homeless shelters

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Baggett, T.P., Racine, M.W., Lewis, E., De Las Nueces, D., O'Connell, J.J., Bock, B., & Gaeta, J.M. (2020). Addressing COVID-19 Among People Experiencing Homelessness: Description, Adaptation, and Early Findings of a Multiagency Response in Boston. Public health reports, 135(4), 435–441.	2020	Observational	Boston, Massachusetts, USA	People experiencing homelessness	Congregate- living shelter Boston Health Care for the Homeless Program	COVID-19	IPAC	Symptom screening at shelter front doors, expedited testing at pop-up sites, isolation, and management venues for symptomatic people under investigation and for people with confirmed disease, quarantine venues for asymptomatic exposed people, and contact investigation and tracing	Partnership among city and state public health agencies, municipal leaders, and homeless service providers
Tobolowsky, F.A., Gonzales, E., Self, J.L., Rao, C.Y., Keating, R., Marx, G.E., Kay, M. (2020). COVID-19 Outbreak Among Three Affiliated Homeless Service Sites - King County, Washington, 2020. Morbidity and mortality weekly report, 69(17), 523–526.	2020	Observational	Seattle, Washington, USA	People experiencing homelessness	Congregate- living shelter One 24-hr shelter and 2 day-shelters which turned to 24-hr shelters as well	COVID-19	IPAC	Proactively testing all residents and staff members and transporting symptomatic and residents with confirmed disease to isolation housing. Additional measures included limiting movement in and out of the shelter (e.g., by providing on-site showers), encouraging physical distancing, and making infection prevention and control recommendations such as masking and sanitizing	Local public health and community service departments, community health care providers, and federal partners.

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Aranda-Diaz, A., Imbert, E., Strieff, S., Graham-Squire, D., Evans, J.L.,Kushel, M. (2022). Implementation of rapid and frequent SARS-CoV2 antigen testing and response in congregate homeless shelters. PloS one, 17(3), e0264929.	2021	Experimental	San Francisco, California, USA	Residents and staff of congregate-living shelters.	Congregate- living shelters	COVID-19	Screening	Program to offer frequent, rapid antigen-based tests.	Public health, local Homelessness and Housing Initiative, the Department of Homelessness and Supportive Housing developed and implemented the shelter pilot. Public Health expanded and maintained testing after the end of the pilot.
Immunizations									
Morrone, A., Buonomini, A.R., Sannella, A., Pimpinelli, F., & Rotulo, A. (2022). <u>Unequal Access to Testing and Vaccination Services for the Homeless and Undocumented Population During COVID-19 Pandemic</u> . <i>International journal of public health</i> , <i>67</i> , 1604851.	2022	Experimental	Rome, Italy	People experiencing homelessness and undocumented persons	Drop-in centre	COVID-19	Screening and Immunization	COVID-19 screening and vaccination through drop-in centre	Public health and other social service agencies partnered with drop-in centre to provide screening and vaccination program administration
Paudyal, V., Racine, M., & Hwang, S.W. (2021). COVID-19 vaccination amongst persons experiencing homelessness: practices and learnings from UK, Canada and the US. Public health, 199, e2–e3. Abbreviations:	2021	Observational	UK, Canada, USA	People experiencing homelessness	Shelters, congregate- living shelters, homeless encampments	COVID-19	Immunization	Vaccination in shelters with support of community outreach workers	Local and regional health authorities partnering with shelter workers and outreach staff to administer vaccination programs

IPAC: Infection Prevention and Control

Table 7: STBBIs (sexually transmitted and blood borne infections): Syntheses

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Hengel, B., Jamil, M.S., Mein, J.K., Maher, L., Kaldor, J.M., & Guy, R.J. (2013). Outreach for chlamydia and gonorrhoea screening: a systematic review of strategies and outcomes. BMC public health, 13, 1040.	2013	Systematic review	Australia, Netherlands, USA, UK, South Africa, Canada & Philippines	Individuals diagnosed with chlamydia and gonorrhea Youth, men who have sex with men, community centre clients, shelter clients, travellers in budget hostels, settlement dwellers, sex workers	Non-clinical outreach setting (Social venue, community service venue, sex venue, street, or community area)	STBBI Chlamydia and gonorrhea	Screening	Screening activity was primarily focused on increasing access to STI testing among populations at risk for STI	Outreach programs partnering with community settings including homeless shelters

Abbreviations:

STBBI: Sexually transmitted and blood borne infection

STI: Sexually Transmitted Infection

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Table 8: STBBIs (sexually transmitted and blood borne infections): Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Screening									
Geringer, W.M., & Hinton, M. (1993). Three models to promote syphilis screening and treatment in a high risk population. Journal of community health, 18(3), 137–151.	1993	Experimental	Philadelphia, Pennsylvania, USA	Individuals with syphilis	On street; Off-site (homeless shelters, soup kitchens, drug treatment centers, and community fairs)	STBBI Syphilis	Screening, referral, and outreach centers	These models consisted of (1) street-based outreach and referral to community health clinics for free sexually transmitted disease screening and treatment, (2) off site syphilis screening at high-risk locations and referral for free treatment, and (3) off-site syphilis screening and referral at high-risk locations with monetary incentives offered for obtaining test results and seeking treatment if required	Public Health and homeless services including shelters
Prevention									
Pichon, L.C., Rossi, K. R., Chapple-McGruder, T., Krull, L.J., Kmet, J., & Carswell, A. L. (2021). A Pilot Outreach HIV Testing Project Among Homeless Adults. Frontiers in public health, 9, 703659.	2021	Experimental	Memphis, Texas, USA	Adult (over 18 years) and sleeping in homeless shelter/had no place to sleep	Emergency and transitional housing establishments	HIV	Testing	On-site, rapid HIV testing, HIV test acceptance and factors associated with a history of HIV testing	Local health department, a federal faith-based health centre and an academic university with shelters and homeless individuals
Turner, S. (2020). Numerous outbreaks amongst homeless and injection drug-using populations raise concerns of an evolving syndemic in London, Canada. Epidemiology and infection, 148, e160.	2020	Observational	London, ON, Canada	Individuals experiencing homelessness (or underhoused) and injection-drug users	Outreach, prevention site, clinics held at shelters	HCV, iGAS, HIV, HAV	Prevention, harm reduction, immunization	Care pathways were mapped to identify system gaps and resource constraints and to improve collaboration between agencies for case management. A Temporary Overdose Prevention Site, HIV outreach team, immunization clinics, and various harm reduction measures (e.g., clean needle and equipment distribution program) were established.	An HIV leadership group was created, comprising leadership of agencies involved in the care and management of patients with HIV (e.g., public health, hospitals, HIV advocacy agencies, addictions support, community health center).

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Tyler, D., Nyamathi, A., Stein, J.A., Koniak-Griffin, D., Hodge, F., & Gelberg, L. (2014). Increasing hepatitis C knowledge among homeless adults: results of a community-based, interdisciplinary intervention. The journal of behavioral health services & research, 41(1), 37–49.	2014	Experimental	Los Angeles, CA, USA	Adults experiencing homelessness	Mobile outreach (*Participants were recruited from homeless encampments / shelters and substance abuse rehabilitation shelters)	Hepatitis (A/B/C), HIV	Education, outreach	Delivered hepatitis and HIV education, encouraging completion of a three-series hepatitis A/B immunization program. It also provided coordinated case management, risk factor identification and reduction techniques education, referrals to local mental health providers, and information on and referral to local homeless health care clinics.	Interdisciplinary team of nurses, physicians, psychologists, public health specialists, and community stakeholders; directors of homeless encampments / shelters assisted with recruitment.
Cabral, R.J., Cotton, D., Semaan, S., & Gielen, A.C. (2004). Application of the transtheoretical model for HIV prevention in a facility-based and a community-level behavioral intervention research study. Health promotion practice, 5(2), 199–207.	2004	Observational	USA	Women at risk for or infected with HIV	Counseling in clinics, shelters, drug treatment centers; street outreach, community mobilization	HIV	Prevention	Multisite programs to increase condom and contraceptive use through individual counseling and community-level interventions.	CDC's Division of STD/HIV Prevention and the Division of Reproductive Health partnering with homeless shelters and others

Abbreviations:

HAV: Hepatitis A Virus HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus iGAS: Group A Streptococcal Disease

STBBI: Sexually transmitted and blood borne infection STD: Sexually Transmitted Disease

Table 9: Tuberculosis: Syntheses

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Heuvelings, C.C., Greve, P.F., de Vries, S.G., Visser, B.J., Bélard, S., Janssen, S., Grobusch, M.P. (2018). Effectiveness of service models and organisational structures supporting tuberculosis identification and management in hard-to-reach populations in countries of low and medium tuberculosis incidence: a systematic review. BMJ open, 8(9), e019642.	2018	Systematic review	UK, Portugal, Spain, Germany, Italy, USA, Switzerland, Israel	Hard-to-reach populations, including migrants, people experiencing homelessness, individuals who use illegal substances, individuals who are incarcerated, sex workers, people living with HIV and children within vulnerable and hard-to-reach populations	Where hard-to- reach populations with TB resided (could include shelters)	ТВ	Screening and treatment	Health education, promoting TB screening, and organizing contact tracing.	TB clinic community health workers from the same migrant community, street teams and peers partnering with people experiencing homelessness and others

Abbreviations:

TB: Tuberculosis

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Table 10: Tuberculosis: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Treatment									
Salem, B.E., Klansek, E., Morisky, D.E., Shin, S.S., Yadav, K., Chang, A.H., & Nyamathi, A.M. (2020). Acceptability and Feasibility of a Nurse-Led, Community Health Worker Partnered Latent Tuberculosis Medication Adherence Model for Homeless Adults. International journal of environmental research and public health, 17(22), 8342.	2020	Experimental	California, USA	Homeless men and women with latent tuberculosis infection (LTBI)	Community agency for homeless	ТВ	Treatment	Short-course treatment (3HP) latent tuberculosis infection (LTBI) adherence model for a high risk, LTBI positive, homeless population.	Partnership among nurses, community health workers, and homelessness services
IPAC									
Muloma, E., Stewart, R., Townsend, H., Koch, S., Burkholder, S., Railey, S., Caine, V. (2022). Multipronged Approach to Controlling a Tuberculosis Outbreak Among Persons Experiencing Homelessness. Journal of public health management and practice, 28(2), 199–202	2022	Observational	Marion, County, Indiana, USA	People experiencing homelessness or with a direct link to a shelter or a person experiencing homelessness diagnosed with TB	In general- congregate-living shelters	ТВ	IPAC Outbreak control	Long-term activities include regular TB testing for shelter residents, coordination meetings of all service providers for persons experiencing homelessness, and infection control practices at shelters, shorter-course regimens for TB infection.	Public Health Department with shelter staff
Centers for Disease Control and Prevention (CDC) (2012). Tuberculosis outbreak associated with a homeless shelter - Kane County, Illinois, 2007-2011. Morbidity and mortality weekly report, 61(11), 186–189.	2012	Observational	Kane County, Illinois, USA	People experiencing homelessness who were diagnosed with TB who stay in shelters	Congregate-living shelter	ТВ	Screening, outbreak control, transmission	Housing support, food, transportation, and treatment for TB disease by directly observed therapy.	Public health officials with shelter staff

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Mayo, K., White, S., Oates, S.K., & Franklin, F. (1996). Community collaboration: prevention and control of tuberculosis in a homeless shelter. Public health nursing, 13(2), 120–127.	1996	Observational	Charleston, SC, USA	Individuals experiencing homelessness	Large urban homeless shelter with a federally- funded, co-located nursing center	ТВ	Prevention, control	Collaborative shelter program for the prevention and control of TB, including mass screening, case identification and treatment, and health education provided by on-site nurse practitioners.	Collaboration between local health department, homeless clinic nurse practitioners, and Nursing faculty and students, and shelter staff
Nazar-Stewart, V., & Nolan, C.M. (1992). Results of a directly observed intermittent isoniazid preventive therapy program in a shelter for homeless men. The American review of respiratory disease, 146(1), 57–60.	1992	Experimental	Seattle, USA	Middle age and elderly men experiencing homelessness who were exposed to TB during outbreak	Homeless shelter	ТВ	Outbreak control/ prevention control of TB after an outbreak	TB treatment program	Department of Public Health and homeless shelter

Abbreviations:

IPAC: Infection Prevention and Control LTBI: Latent Tuberculosis Infection

TB: Tuberculosis

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Table 11: Other Infectious Diseases: Syntheses

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Approach	Program/ Intervention	Partnership Details
IPAC									
Badiaga, S., Raoult, D., & Brouqui, P. (2008). Preventing and controlling emerging and reemerging transmissible diseases in the homeless. Emerging infectious diseases, 14(9), 1353–1359.	2008	Non- Systematic Review	Not specified	People experiencing homelessness	Homeless shelters	Infectious diseases STI, skin diseases, airborne diseases	IPAC	Infectious disease prevention and treatment programs include: tailored education; distribution of free condoms; implementation of a syringe and needles prescription program for HIV and HCV; systematic chest radiography for TB screening in shelters and directly observed therapy for TB; improvement of personal, clothing, and bedding hygiene; implementation of systematic vaccination schedules	Some studies could include public health partners; specific partners not identified

Abbreviations:

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus IPAC: Infection Prevention and Control STI: Sexually Transmitted Infection

TB: Tuberculosis

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Table 12: Other Infectious Diseases: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Approach	Program/ Intervention	Partnership Details
IPAC									
Jones, E., Loomis, M., Mealey, S., Newman, M., Schroder, H., Smith, A., & Wickline, M. (2019). Development of a comprehensive infection control program for a short-term shelter serving trafficked women. Public health nursing, 36(1), 53–61.	2019	Observational	Seattle, Washington, USA	Women experiencing homelessness who have also experienced sex trafficking	Homeless shelters that serve women who have experienced sex trafficking	Infectious disease	IPAC	Develop and implement public health programming for infectious disease control, including needs assessment, tool development, and staff training to implement infection control program at shelters	Nonprofit organization partnered with a university nursing program and local shelters
Immunizations									
Washington-Brown, L., & Cirilo, R. W. (2020). Advancing the health of homeless populations through vaccinations. Journal of the American Association of Nurse Practitioners, 33(10), 824–830.	2020	Observational	South Florida, USA	People experiencing homelessness	Various homeless shelter environments and clinics	Vaccine preventable diseases: -Influenza -Hepatitis -Tetanus -Rubella	Immunization	Regional vaccination catch-up for people experiencing homelessness	Partnership between local health units, Jackson Memorial Health System, and homeless shelter clinics to provide immunizations to people experiencing homelessness
Metcalfe, S.E., & Sexton, E.H. (2014). An academic-community partnership to address the flu vaccination rates of the homeless. Public health nursing, 31(2), 175–182. Abbreviations:	2014	Observational	USA	People experiencing homelessness	Shelters, drop-in centres	Influenza	Immunization	Develop educational vaccination campaign program; assess barriers to and improve uptake of flu vaccination in populations experiencing homelessness	Partnership between undergraduate nursing cohort, local health department, and homeless service organizations

IPAC: Infection Prevention and Control

Table 13: Mental Health & Substance Use: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Treatment									
Pratt, R., Xiong, S., Kmiecik, A., Strobel- Ayres, C., Joseph, A., Rose, S., Okuyemi, K. (2022). The implementation of a smoking cessation and alcohol abstinence intervention for people experiencing homelessness. BMC public health, 22(1), 1260.	2022	Experimental	Upper Midwest, USA	People experiencing homelessness	Urban homeless shelters	Tobacco and Alcohol use	Treatment	Provision of shelter-based nicotine replacement therapy and counselling for smoking and alcohol use cessation	Partnership between public health researchers and two shelters
Education									
Nyamathi, A., Morisky, D., Wall, S.A., Yadav, K., Shin, S., Hall, E., & Salem, B.E. (2022). Nurseled intervention to decrease drug use among LTBI positive homeless adults. Public health nursing, 39(4), 778–787.	2022	Experimental	Los Angeles, California, USA	People experiencing homelessness (anyone who spent the previous night in a public or private shelter, or on the streets) who are active substance users and who have latent tuberculosis infection	In general- shelters, tent areas, or on the streets	TB & Substance use	Education and support for substance use reduction	Drug reduction education and support program with people experiencing homelessness and with a latent tuberculosis infection.	Partnership between nurses and community health workers with homelessness services and individuals experiencing homelessness
Vijayaraghavan, M., Guydish, J., & Pierce, J.P. (2016). <u>Building Tobacco</u> <u>Cessation Capacity in</u> <u>Homeless Shelters: A</u> <u>Pilot Study</u> . <i>Journal of</i> <u>community health, 41(5),</u> 998–1005.	2016	Experimental	San Diego, California, USA	Shelter staff	Homeless shelters	Tobacco use	Education/ Capacity building	Capacity building education for shelter staff to administer smoking cessation programming	Partnership between public health researchers and shelters

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Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Vijayaraghavan, M., Hurst, S., & Pierce, J.P. (2016). <u>Implementing</u> <u>Tobacco Control</u> <u>Programs in Homeless</u> <u>Shelters: A Mixed-</u> <u>Methods Study</u> . <i>Health</i> promotion practice, 17(4), 501–511.	2016	Observational	San Diego, California, USA	People experiencing homelessness using shelters	Homeless shelters	Tobacco use	Education and policy	On-site smoking cessation programming and referrals to smoking cessation programming; Tobacco cessation program and smoke-free policies	Partnership between public health researchers and shelters
Model of Care									
Weinstein, L.C., Lanoue, M.D., Plumb, J.D., King, H., Stein, B., & Tsemberis, S. (2013). A primary carepublic health partnership addressing homelessness, serious mental illness, and health disparities. Journal of the American Board of Family Medicine, 26(3), 279–287.	2013	Observational	Philadelphia, PA, USA	Individuals experiencing homelessness and serious mental illness	Supportive housing	Mental illness	Model of care (housing, treatment)	This program provides immediate access to permanent supportive housing and intensive community-based interdisciplinary supports and treatments, access to a personal physician and coordinated care, and an effective local public health monitoring system.	Partnership between public health and a Housing First agency.

Abbreviations:

TB: Tuberculosis

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Table 14: Health Promotion: Single Studies

Reference	Date Released	Study Type	Setting	Population	Shelter Type	Disease/ health condition	Public Health Approach	Program/ Intervention	Partnership Details
Eye care Slomovic, J., Hanna, V., Chaban, Y., Rafael, J., Popovic, M.M., Arjmand, P., Lichter, M. (2021). Delivering eye care to homeless and marginally housed populations during the COVID-19 pandemic: a pilot study. Canadian journal of ophthalmology, S0008- 4182(21)00325-2. Epub ahead of print.	2021	Experimental	Toronto, ON, Canada	Individuals experiencing homelessness and marginally housed populations	Shelters and other outdoor homeless locations	Vision health	Screening	Offered free eye examinations, free reading glasses, prescription for ocular medications, and referrals for care when indicated. (This specific tent-based clinic model was also chosen to limit exposure during the COVID-19 pandemic.)	Community-based ocular screening clinics.
Nutrition Koh, K.A., Bharel, M., & Henderson, D.C. (2016). Nutrition for homeless populations: shelters and soup kitchens as opportunities for intervention. Public health nutrition, 19(7), 1312–1314.	2016	Observational	Greater Boston area, MA, USA	Individuals experiencing homelessness	Varied (e.g., shelters, soup kitchens)	Nutrition	Health promotion, education	Shelters and soup kitchens can be leveraged for nutrition interventions, including providing food education. The main barriers to accessing healthy foods included budget and space constraints.	Various partners including municipal, government, nutritionists with shelters and soup kitchens.

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Arksey H. & O'Malley L. (2005). <u>Scoping studies: towards a methodological framework</u>. *International Journal of Social Research Methodology: Theory and Practice, 8*(1), 19–32.

Badiaga, S., Raoult, D., & Brouqui, P. (2008). <u>Preventing and controlling emerging and reemerging transmissible diseases in the homeless</u>. *Emerging infectious diseases*, *14*(9), 1353–1359.

Baggett, T.P., Racine, M.W., Lewis, E., De Las Nueces, D., O'Connell, J.J., Bock, B., & Gaeta, J.M. (2020). <u>Addressing COVID-19 Among People Experiencing Homelessness: Description, Adaptation, and Early Findings of a Multiagency Response in Boston</u>. *Public health reports, 135*(4), 435–441.

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Centers for Disease Control and Prevention (CDC) (2012). <u>Tuberculosis outbreak associated</u> <u>with a homeless shelter - Kane County, Illinois, 2007-2011</u>. *Morbidity and mortality weekly report, 61*(11), 186–189.

Coles, E., Themessl-Huber, M., & Freeman, R. (2012). <u>Investigating community-based health and health promotion for homeless people: a mixed methods review</u>. *Health education research*, *27*(4), 624–644.

Dahl, S., Gustafson, C., & McCullagh, M. (1993). <u>Collaborating to develop a community-based</u> <u>health service for rural homeless persons</u>. *The Journal of nursing administration, 23*(4), 41–45.

Daly, B., Newton, J.T., & Batchelor, P. (2010). <u>Patterns of dental service use among homeless</u> <u>people using a targeted service</u>. *Journal of public health dentistry, 70*(1), 45–51.

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