

Citation (author & year)	Purpose	Research Design/ Level of Evidence	Methodology	Findings	Conclusion/ Implications	Use?
American Nurses Association. (2015). <i>Code of ethics for nurses</i> . American Nurses Publishing.	Establishes the ethical standard for the nursing profession and acts as a guide to use in ethical analysis and decision making	Guideline. Level VII	No methodology.	There are 4 main principles that are part of the nursing code of ethics. They are... Autonomy Beneficence Justice Non-maleficence	A guide for “carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.	Use as guideline throughout the whole project process.
Barile, J., Pruitt, A., and Parker, J. (2019). Identifying and understanding gaps in services for adults experiencing homelessness. <i>Journal of Community & Applied Social Psychology</i> , 30. https://doi.org/10.1002/casp.2440 .	This study identified which social services individuals experiencing homelessness used, which services they still needed, what barriers prevented them from accessing services, how they found out about services, and what service agency characteristics were most important to them.	Survey. Level VI	<p>-Face-to-face surveys were conducted at eight locations, including service agencies, meal sites, emergency shelters, and transitional housing programs</p> <p>- Six hundred and three (603) adults were surveyed.</p> <p>- Of the 603 surveys, 577 were completed, with 26 questionnaires unusable due to duplication. The respondents (N = 577) were overwhelmingly single (93%), male (83%), African-American (88%), and middle-aged (45–54 years of age; 42%). The majority of respondents (61%) had experienced homelessness multiple times in the previous 3 years, suggesting they moved in and out of homelessness, unable to maintain permanent housing. Additionally, almost half of the sample (46%) had experienced homelessness for 1 year or longer</p>	This study found that individuals differ in their use and continued need of services depending on the reasons they identified as contributing to their homelessness. The majority reported that they learned of services through word of mouth, had difficulty accessing services due to limited transportation options, and were most likely to use services that were in convenient locations that fulfilled their needs and where they were treated with respect.	These findings have implications for developing coordinated intakes and the development and dissemination of services aimed at assisting individuals experiencing homelessness.	It shows the gaps between homeless individuals and the resources available to them.

<p>Batko, S., Oneto, A. D., & Shroyer, A. (2020). <i>Unsheltered homelessness: Trends, characteristics, and homeless histories</i>. Urban Institute. https://www.urban.org/research/publication/unsheltered-homelessness-trends-characteristics-and-homeless-histories</p>	<p>Discusses the number of people experiencing homelessness overall and those enduring unsheltered homelessness declined after 2009; however, unsheltered homelessness increased sharply from 2015 to 2019, erasing some decreases from earlier years. These recent increases were driven predominantly by individuals who were not experiencing chronic homelessness.</p>	<p>Statistic report. No research design.</p> <p>Level VII</p>	<p>Report on unsheltered homelessness: trends, characteristics, and homeless histories.</p>	<p>People enduring unsheltered homelessness are more likely than people experiencing homelessness in sheltered locations to experience homelessness for longer periods, probably reflecting the challenges they face accessing and affording housing in the private rental market and accessing homeless assistance and other assistance programs.</p>	<p>Unsheltered homelessness devastates people's lives and costs localities millions of dollars to manage. This report uses publicly available data to describe trends in unsheltered homelessness and reviews what research has found about the characteristics and experiences of the people enduring it.</p>	<p>It provided background information on different trends regarding homelessness.</p>
<p>Basit, H., Wallen T. J., and Dudley C. (2021) Frostbite. <i>StatPearls</i>. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK536914/</p>	<p>The purpose of this source is to identify the epidemiology of frostbite, summarize how to assess a patient for frostbite, offer treatment and management options, and describe strategies to improve care, communication and coordination.</p>	<p>Educational source. No research design.</p> <p>Level VII</p>	<p>Education source. No methodology.</p>	<p>-Risk factors of frostbite include winter season, high wind chill factor, prolonged duration of exposure or exposure to wet conditions, altered mental status, alcohol or drug use, malnutrition, homelessness, and presence of medical disorders. -Frostbite can cause injuries by damaging the tissues, dehydration, formation of ice crystals that leads to alteration in electrolytes and lipid layers, thrombus formation and ischemia, and reperfusion injury. -There are three zones of frostbite -There are four degrees or four grades of frostbite. -discusses treatment/management, prognosis, and complications</p>	<p>-Frostbite can cause numerous health concerns. It is important to identify risk factors and treatment options to reduce complications.</p>	<p>This source will be used to help develop the frostbite guideline</p>
<p>Belzak, L., & Halverson, J. (2018). Evidence</p>	<p>The purpose of the study was to identify what is</p>	<p>Literature Review.</p>	<p>-Reviewed all public-facing opioid-related surveillance or epidemiological reports</p>	<p>-As of 2016, apparent opioid-related deaths and hospitalization rates were highest in the western provinces of</p>	<p>This report identifies gaps in evidence and areas for further investigation to improve our</p>	<p>It provides statistics on the effects of opioid</p>

<p>synthesis - The opioid crisis in Canada: a national perspective. <i>Health Promotion and Chronic Disease Prevention in Canada</i>, 38(6), 224–233. https://doi.org/10.24095/hpcdp.38.6.02</p>	<p>currently known about the Canadian opioid crisis with respect to opioid-related deaths and harms and potential risk factors as of December 2017.</p>	<p>Level VI</p>	<p>published by provincial and territorial ministries of health and chief coroners' or medical examiners' offices. -Reviewed publications from federal partners and reports and articles published prior to December 2017. -Authors synthesized the evidence by comparing provincial and territorial opioid-related mortality and morbidity rates with the national rates to look for regional trends.</p>	<p>British Columbia and Alberta and in both Yukon and the Northwest Territories. Nationally, most apparent opioid-related deaths occurred among males; individuals between 30 and 39 years of age accounted for the greatest proportion. Current evidence suggests regional age and sex differences with respect to health outcomes, especially when synthetic opioids are involved. However, differences between data collection methods and reporting requirements may impact the interpretation and comparability of reported data.</p>	<p>understanding of the national opioid crisis. The Public Health Agency of Canada will continue to work closely with the provinces, territories and national partners to further refine and standardize national data collection, conduct special studies and expand information-sharing to improve the evidence needed to inform public health action and prevent opioid-related deaths and harms.</p>	<p>overdose among homeless individuals in Canada.</p>
<p>Boston Health Care for the Homeless Program. (2018). <i>Opioid overdose preparedness & response in congregate housing & shelters</i>. https://www.bhchp.org/sites/default/files/OD%20Preparedness%20and%20Response%20Guidelines%20Feb%202018%20MGMT.pdf</p>	<p>Developed by the Boston Health Care for the Homeless Program for the management of congregate housing and shelters, and one for front-line staff.</p>	<p>Case report with no research design explanation or a section. Educational source. Level VII</p>	<p>No methodology.</p>	<p>-Teaching algorithms for administering Naloxone -Shows statistics on homelessness -Shows Statistics on opioid use related to homelessness</p>	<p>-Response guide for opioid overdose in housing and shelters</p>	<p>This source can be used as a guiding tool for teaching volunteer staff about overdose response and drug safety specifically for shelters similar to the Warming Center</p>
<p>Centers for Disease Control and Prevention. (2020). <i>Avoid spot treat: Frostbite & hypothermia</i>. https://www.cdc.gov/cpr/infographics/ast-frostbite.htm</p>	<p>This source is an infographic explaining how to avoid, identify, and treat frostbite.</p>	<p>Website. Educational source. No research design. Level VII</p>	<p>Educational source. No methodology.</p>	<p>-It is important to dress properly to avoid hypothermia and frostbite. -Signs and symptoms of frostbite include redness or pain in any area of the skin, white or grayish-yellow skin area, skin that feels unusually firm or waxy, and numbness -Signs and symptoms of hypothermia include shivering, exhaustion, confusion, fumbling hands, memory loss, slurred speech, drowsiness, bright red/cold skin, and low energy. -Treatment includes seeking medical attention, getting into a warm room or shelter, removing wet clothes, warming under dry layers or blankets/clothing, and placing affected</p>	<p>-It is important to identify ways to avoid, spot, and treat frostbite to prevent complications.</p>	<p>This source will be used to guide the creation of a frostbite guideline</p>

				<p>areas in warm-to-touch water.</p> <ul style="list-style-type: none"> -Do not use a heating pad, fireplace, heat lamp, etc for warming. -Do not rub or massage areas with frostbite. 		
<p>Centers for Disease Control and Prevention. (2022). <i>Death rate maps & graphs</i>. Drug Overdose. https://www.cdc.gov/drugoverdose/deaths/index.html</p>	<p>Provided statistics with maps and graphs illustrating drug overdose deaths in America.</p>	<p>Website. Educational source. No research design.</p> <p>Level VII</p>	<p>Educational source. No methodology.</p>	<p>More than 932,000 people have died since 1999 from a drug overdose. In 2020, 91,799 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000).</p>	<ul style="list-style-type: none"> -Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths. 82.3% of opioid-involved overdose deaths involved synthetic opioids. -Opioids were involved in 68,630 overdose deaths in 2020 (74.8% of all drug overdose deaths). -Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement 	<p>This website provides statistics on opioid opioid related deaths in America and its prevalence.</p>
<p>Centers for Disease Control and Prevention. (2017). <i>Developing and using a logic model</i>. [PDF]. https://www.cdc.gov/dhdsp/docs/logic_model.pdf</p>	<p>-The guides are intended to offer guidance, consistent definition of terms, and aid skill building on a wide range of general evaluation topics and selected specific topics</p>	<p>Guideline. No research design.</p> <p>Level VII</p>	<p>Educational source. No methodology.</p>	<p>Logic models are tools for planning, describing, managing, communicating, and evaluating a program or intervention. They graphically represent the relationships between a program's activities and its intended effects, state the assumptions that underlie expectations that a program will work, and frame the context in which the program operates.</p>	<p>A logic model is often used to guide evaluation planning. It can help you:</p> <ul style="list-style-type: none"> -Determine what to evaluate. -Identify appropriate evaluation questions based on the program. -Know what information to collect to answer these questions—the indicators. -Determine when to collect data. -Determine data collection sources, methods, and instrumentation. 	<p>For development and use of logic model for this project.</p>
<p>Centers for Disease Control and Prevention. (2021). <i>Understanding the epidemic: Drug overdose</i>. https://www.cdc.gov/drugoverdose/epidemic/index.html</p>	<p>To provide an overview of the opioid epidemic in the United States</p>	<p>Website. Educational source. No research design.</p> <p>Level VII</p>	<p>Educational source. No methodology.</p>	<ul style="list-style-type: none"> -The number of drug overdose deaths has increased over the years -There have been three waves of opioid overdose deaths (prescription overdose, heroin overdose, synthetic opioid overdose) -Discusses the Overdose Data to Action plan which funds health departments for surveillance and prevention efforts -Efforts include better tracking of drug overdoses and enhancing access to care for people who are at risk for 	<ul style="list-style-type: none"> -Opioid use is an epidemic in the United States -Efforts are underway to help address this issue 	<p>This source will be used to highlight how prevalent opioid use is in the United States.</p>

				opioid overdose or opioid use disorder		
CHUM.(n.d.). <i>About us.</i> https://www.chumduluth.org/aboutus1.htm	To provide information on the Churches United in Ministry (CHUM) organization.	Website. Educational source. No research design. Level VII	Educational source. No methodology.	- Serve more than 8,000 people each year to help provide for the homeless and the hungry - Founded in 1973 - 44 member congregations and provides emergency shelter, food, support, advocacy, and street outreach to people in Duluth - Divided into three areas: stabilization services, distributive services, and congregational outreach, advocacy, and community organizing	- This source offers a background on the clinical project location	This source will be used to provide information regarding the organization and location of the project.
CHUM. (2017). <i>2017-2019 CHUM strategic plan.</i> https://www.chumduluth.org/strategicplan.htm#:~:text=The%20CHUM%202017%2D2019%20Strategic.homelessness%2C%20hunger%2C%20and%20marginalization.	To discuss the organization's strategic plan.	No research design. Level VII	No methodology.	-Discusses the programs and services the organization provides -Reviews the current state of the organization using a SWOT Analysis -Explains how there is a growing inequality and need for services -Provides their vision and plan for the future ("A future where every person has food, shelter, dignity and hope; where racial disparities are eliminated, and everyone lives in a just and compassionate society") -Provides a table of their goals, strategies, and action steps to reach their vision	-CHUM plans to create the infrastructure that is needed to build the programming it has strived for in the past. -They plan to engage stakeholders to address homelessness in the city.	This source will be used to help align project goals with agency goals.
Clark, A. K., Wilder, C. M., Winstanley, E. L. (2014). A systematic review of community opioid overdose prevention and naloxone distribution programs. <i>Journal of Addiction Medicine</i> , 8(3), 153–163. https://doi.org/10.1097/adm.0000000000000034	This study describes the current state of the literature on OOPPs, with particular focus on the effectiveness of these programs.	Systematic Review. Level V	Used systematic search criteria to identify relevant articles, which we abstracted and assigned a quality assessment score. Nineteen articles evaluating OOPPs met the search criteria for this systematic review. Principal findings included participant demographics, the number of naloxone administrations, percentage of survival in overdose victims receiving naloxone, post-naloxone administration outcome measures, OOPP characteristics, changes in knowledge pertaining to	Community-based opioid overdose prevention programs (OOPPs) that include the distribution of naloxone have increased in response to alarmingly high overdose rates in recent years.	Studies suggests that bystanders (mostly opioid users) can and will use naloxone to reverse opioid overdoses when properly trained, and that this training can be done successfully through OOPPs.	It provides evidence that people are more likely to use naloxone to reverse opioid overdose when they know how.

			overdose responses, and barriers to naloxone administration during overdose responses.			
Cochran, A., and Morris, S. E. (2017). Cold-induced injury: Frostbite. <i>Elsevier: Total Burn Care 5th ed</i> , 30, 403-407. https://doi.org/10.1016/B978-0-323-47661-4.00038-1	Provides an overview of the history, pathophysiology, and treatment recommendations for frostbite.	Expert Opinion. Educational source. No research design. Level VII	No methodology.	Although the cases of frostbite that occur in intoxicated, mentally ill, and homeless individuals are truly preventable only through broader social interventions, simple techniques exist for those who sustain frostbite secondary to involvement in cold-weather wilderness activities. Frostbite prevention measures in planned cold-weather wilderness activity include, but are not limited to, wearing appropriate clothing, which may include layers and wicking fabrics; keeping that clothing dry; responding appropriately to changing environmental conditions	Thrombolytic therapy has shown promise for digital salvage when patients present early following frostbite, but effective therapies for delayed presentations of frostbite remain elusive at this time.	This source will provide significant information regarding frostbite that can be used for this project.
Drug and Alcohol Research and Training Australia. (2020). <i>Alcohol and hypothermia</i> . https://darta.net.au/wordpress-content/uploads/2020/01/ALCOHOL-AND-HYPOTHERMIA-FINAL-2020.pdf	Provides an overview about the relationship between alcohol and hypothermia.	Educational source. No research design. Level VII	No methodology.	-Alcohol can increase the risk of hypothermia because it causes a person's blood vessels to expand which causes heat loss. Also, the body's shivering mechanism is reduced by alcohol. Finally, when people drink they may not make great choices and are less likely to recognize the dangers of being in a cold environment. -it is important to dress appropriately and try to avoid cold or wet environments when drinking.	People who consume alcohol can be at a higher risk of developing hypothermia	This source will provide information about the relationship between alcohol and hypothermia.
The City of Duluth (2020). <i>Fiscal year 2019 community needs assessment</i> . https://duluthmn.gov/media/5637/fy19-needs-assessment-summary.pdf	To identify community priorities within the constraints of eligible uses of federal community development funds.	Qualitative Study. Level VI	- Used an online survey, a focused group, and a community meeting. - Survey respondents were asked about HOME Investment Partnership (HOME) and Community Development Block Grant (CDBG) funds. The survey did not include Emergency Solutions Grant (ESG) funds because there is little flexibility in how those funds	Critical findings regarding housing, economic development, public services, public facilities, and homelessness. -Survey respondents identified Single Family Rehab as the most pressing need for HOME funding and would be willing to fund new construction at lower levels in order to increase funding for rehab. -The majority of survey respondents	Homelessness -Places for people experiencing homelessness to get out of unsafe weather (heating and cooling shelters) hygiene facilities (bathrooms, showers, laundry) -Lockers for people to safely store their belongings -Supportive services for people dealing with mental health issues and addiction	This source will provide information regarding the homeless population needs of Duluth, MN.

			<p>can be used. To identify the need for ESG funds, Community Planning staff conducted a focus group with community advocates who have been involved in developing the Homeless Bill of Rights. At the community meeting, attendees were asked to identify community needs in four broad categories that touch on all sources of HUD funding.</p> <ul style="list-style-type: none"> - Survey was available for 4 weeks and had 143 responses. - The focus group meeting had 7 participants. - Community meeting had 10 attendees. 	<p>(60%) identified Affordable Housing as the most pressing need, followed by Economic Development (18%) and Public Services (15%). Only 7% of respondents identified Public Facilities as the most pressing need for CDBG funds.</p> <p>-Survey respondents identified Affordable Housing as the most pressing need for CDBG funding and would be willing to fund Public Facilities at lower levels in order to increase funding for Affordable Housing.</p>	<p>while homeless facilities and supportive services for families experiencing homelessness</p>	
<p>Fox, A. M., Mulvey, P., Katz, C. M., and Shafer, M. S. (2016). Untangling the relationship between mental health and homelessness among a sample of arrestees. <i>Crime and Delinquency</i>, 62(5), 592–613. https://doi.org/10.1177/0011128713511571</p>	<p>This study tests the relationship between mental health problems and homelessness in a sample of arrestees, questioning whether this relationship is mediated by other factors, such as victimization, alcohol use problems, or illegal substance use problems</p>	<p>Cross-sectional / Perspective study.</p> <p>Level IV</p>	<ul style="list-style-type: none"> -The data for the current study come from the Arizona Arrestee Reporting Information Network (AARIN), from the second quarter of 2007 to the fourth quarter of 2008. -Data are collected quarterly at all facilities; interviews are conducted during a 2-week period each quarter. During data collection periods, interviews are conducted with arrestees who are randomly selected based on the time they were booked and processed. -Arrestees who had been in custody longer than 48 hr were ineligible for participation in AARIN because of time limitations associated with urinalysis testing. Over the study period, nearly 90% of the approached adult arrestees 	<p>-Relationship between mental Health and homelessness, in a sample of arrested persons, is almost entirely mediated by drug use, alcohol use, and violent victimization.</p>	<p>These findings suggest three significant policy implications. 1. The first policy consideration comes from the finding that the association between mental health problems and homelessness can potentially be interrupted if more attention is paid to the issues stemming from poor mental health, specifically substance abuse and victimization. By treating these two risk factors for persons with mental illness, we may in fact also be treating homelessness. 2. Drug problems and especially alcohol problems are important predictors in the path between mental health problems and homelessness. 3. Homelessness is frequently associated with being arrested for a property offense. One possible explanation for this finding is that those who were homeless were often engaging in</p>	<p>This source will provide significant information regarding the different risks for homelessness.</p>

			<p>agreed to participate in the study; more than 92% of those who were interviewed also consented to providing a urine specimen. While a total of 3,997 arrestees participated in the survey and provided a urine sample, 162 (4.2%) participants were excluded from the study because of missing data, resulting in a sample of 3,885 for the present study.</p>		<p>crime as a consequence of being homeless as other studies have found</p>	
<p>Gerrard, M. D., Shelton, E., Owen, G., Sales, R., Nelson-Dusek, S., & Pittman, B. (2019). <i>Characteristics and trends among Minnesota's homeless population: Initial findings from face-to-face interviews conducted in 2018</i>. Wilder Foundation. https://www.wilder.org/sites/default/files/imports/2018_HomelessStudy_CharacteristicsFactSheet_5-19.pdf</p>	<p>To provide findings regarding characteristics and trends among the homeless population through face-to-face interviews with people experiencing homelessness.</p>	<p>Face-to-face interviews and a count of people experiencing homelessness.</p> <p>Level VI</p>	<ul style="list-style-type: none"> - Wilder Research and partners conducted 4,279 face-to-face interviews with people experiencing homelessness on October 25, 2018. - They interviewed adults and unaccompanied children in emergency shelters, domestic violence shelters, transitional housing, hot-meal programs, encampments, and other drop-in service sites. 	<ul style="list-style-type: none"> - The homeless population is staying outside of formal shelters more often - 1/3 of homeless adults are employed - Availability and access to affordable housing is a critical issue - The majority of homeless individuals have chronic physical or mental health conditions - Homeless individuals often had adverse childhood experiences, and abuse and violence often continue even past childhood. Especially for women who are homeless. - American Indians, African Americans, and youth who identify as LGBTQ are over-represented among the homeless population 	<ul style="list-style-type: none"> - Wilder Research counted 10,233 people who experience homelessness in Minnesota, which should be considered the minimum since they cannot count everyone in one day. - The percentage of people who are homeless increased by 10% - Homeless youth represented almost half of the homeless population (46%), which is similar to the count in 2015 - There was a 5% decrease in families who experience homelessness - There was a 25% increase in homeless adults - There was a 62% increase in homeless individuals not staying in formal shelters 	<p>This study can be used to provide information about the homeless population within Minnesota.</p>
<p>Intellectus Statistics [Online computer software]. (2022). Intellectus Statistics. https://analyze.intellectusstatistics.com/</p>	<p>Simple-to-use statistics application.</p>	<p>No research design.</p> <p>Level VII</p>	<p>No methodology.</p>	<p>This application automatically draft a written interpretation of the statistical output. Students, faculty, and researchers can conduct analyses and interpret statistical output without requiring statistician-level training.</p>	<p>Intellectus entirely replaces clunky legacy programs and finally makes the conducting, interpreting, and reporting of analyses accessible to non-statistician users.</p>	<p>This source will to analyze project data.</p>
<p>Pearson, A., Weeks, S., and</p>	<p>This is a “toolkit” on synthesizing</p>	<p>No research design.</p>	<p>No methodology.</p>	<p>It helps readers to expand understanding of the basis of</p>	<p>Change barriers must be identified and managed.</p>	<p>Clearly describes the role of</p>

<p>Stern, S. (2013). <i>A strategy for strengthening the translation of evidence into action across JBI programs</i>. Joanna Briggs Institute (JBI). https://nursing.lsuhsu.edu/JBI/docs/JBI_Books/JBI_Model.pdf</p>	<p>evidence for healthcare decision-making and for translating evidence in action in both policy and practice.</p>	<p>Level VII</p>		<p>evidence-based healthcare and brings together an international range of contributors to describe, discuss and debate critical issues in the field.</p>	<p>“A clear and united focus is needed to truly develop an organization providing care based on the best available evidence”</p>	<p>stakeholders and their importance when it comes to implementing quality improvement project.</p>
<p>Kivunja, C. (2018). Distinguishing between theory, theoretical framework, and conceptual framework: A systematic review of lessons from the field. <i>International Journal of Higher Education</i>, 7(6), 45-53.</p>	<p>Articulate differences between theory, theoretical framework and a conceptual framework for a proposed research project</p>	<p>Systematic Review of descriptive studies. Level V</p>	<p>This paper uses experiential methodology to draw upon the author’s experience in practice, and systematic literature review methodology to call upon supporting scholarly literature by leaders in the field. Also, to add to existing knowledge on the meaning of these concepts, and to differentiate between them.</p>	<p>The author answers five questions: 1. What does each of these terms mean? 2. When and how should each be used? 3. What purposes does a theoretical framework serve? 4. How do you develop a theoretical framework for your research proposal or thesis? 5. What does a good theoretical framework look like?</p>	<p>-Theoretical frameworks are drawn from the existing theoretical literature that is reviewed about a research topic. -A conceptual framework is a broader concept that incorporates, basically all aspects of the research -The theoretical framework should emerge from a literature review. This is significantly different from a conceptual framework, which encompasses the person’s own thinking, about the different components of their research</p>	<p>Provides information on the difference between theory, theoretical frameworks, and conceptual frameworks.</p>
<p>Leininger, M. (2002). Cultural care theory: A major contribution to advance transcultural nursing knowledge and practices. <i>Journal of Transcultural Nursing</i>, 13 (3), 189-192.</p>	<p>Provides description of the major features of Culture Care Diversity and Universality theory as a central contributing theory to advance transcultural nursing knowledge and to use the findings in teaching, research, practice, and consultations.</p>	<p>Informational article. No research design. Level VII</p>	<p>No methodology.</p>	<p>This theory is one of the “oldest, most holistic, and most comprehensive theories to generate knowledge of diverse and similar cultures worldwide. The theory has been a powerful means to discover largely unknown knowledge in nursing and the health fields.”</p>	<p>This theory “provides a new mode to assure culturally competent, safe, and congruent transcultural nursing care.”</p>	<p>Used as the middle range theory guideline throughout the project.</p>
<p>Los Angeles County Department of Public Health.</p>	<p>This report provides information on the</p>	<p>Comprehensive report.</p>	<p>-Identify homeless deaths and population denominators -Identify causes of death</p>	<p>-The overall mortality rate among PEH rose only slightly in 2019 compared to the previous year.</p>	<p>The data shows a critical need for systems of care and support for homeless individuals to include</p>	<p>This source helps show the impact of drug</p>

<p>(2021). Center for health impact evaluation of recent trends in mortality rates and causes of death among people experiencing homelessness in Los Angeles County. <i>Google Scholar</i>. Accessed February 8, 2021. Retrieved from http://publichealth.lacounty.gov/chie/reports/HomelessMortality2020_CHIEBrief_Final.pdf</p>	<p>trends in mortality rates and causes of death among homeless individuals in Los Angeles County.</p>	<p>Level VII</p>	<p>using codes found on state death records -compare mortality rates among the homeless sub-groups and between the homeless population and general population -analyze the drug type for overdose deaths -death counts and causes of death for the homeless population from January to July of 2020.</p>	<p>-The rate of drug overdose deaths continued to increase substantially among homeless individuals in 2019 - Drug overdose has been the leading cause of death among homeless individuals since 2017. - From 2017-2019, homeless individuals were 36x more likely to die of an overdose than people in the general population of LA County.</p>	<p>focusing on preventing premature death. Recommendations -Enhance and expand Substance Use Disorder and other Health Care Treatment and Related Housing Services for people experiencing homelessness. -Protect people experiencing homelessness from COVID -Protect people experiencing homelessness from violence -Policy and Systems change -Data and Other Information to Inform Services, Policies and Systems Change</p>	<p>overdose among the homeless population and provides recommendations to prevent early death.</p>
<p>MARCR Career Professionals. (2021). <i>7 stage model of change</i>. Ronald Lippitt. Marcr. https://marcr.net/marcr-for-career-professionals/career-theory/career-theories-and-theorists/7-stage-model-of-change-ronald-lippitt/</p>	<p>Provides an overview of Lippitt's 7 stage model of change.</p>	<p>No research design. Level VII</p>	<p>No methodology.</p>	<p>The seven stage model of change includes: -Diagnosing the problem and developing need for change -Change relationship and assess motivation and capacity for change -Diagnosing the client system's problem -Establishing alternative routes -Transforming intentions into actual efforts to change -Stabilizing change -Terminating the relationship</p>	<p>This change theory describes how to implement change within a client/system.</p>	<p>This change theory can help guide our project since it is a quality improvement project.</p>
<p>Marshall, J. R., Gassner, S. F., Anderson, C. L., Cooper, R. J., Lotfipour, S., and Chakravarthy, B. (2019). Socioeconomic and geographical disparities in prescription and illicit opioid-related overdose deaths in Orange County, California, from 2010-2014.</p>	<p>(1) estimate the rates of opioid-related overdoses (2) estimate the association of benzodiazepine co-ingestion with opioid-related deaths (3) estimate associations between socioeconomic status and</p>	<p>Ecologic study. Level VI</p>	<p>Researchers studied all opioid-related deaths from 2010 to 2014 found in the Orange County database. The rates of opioid overdose, benzodiazepine co-ingestion prevalence, and associations with socioeconomic status in the residential and homeless communities were calculated.</p>	<p>-Of the 1205 deaths involving opioids, 904 involved prescription-type opioids, 223 involved heroin, 39 involved both, and 39 were not stated. -973 of the overdoses were classified as unintentional overdoses, 180 were suicides, and 52 were undetermined. -49% of cases involved benzodiazepines. -Males, age group 45-54, and Caucasian race had the highest rate of opioid mortality. The highest rates of death were seen in homeless adults.</p>	<p>There is a disproportionately high rate of opioid overdose deaths in the homeless population. However, the burden of prescription-type opioid-related deaths affects all demographics and levels of socioeconomic status.</p>	<p>This study shows how prevalent opioid overdoses are.</p>

<p><i>Substance Abuse</i>, 40(1), 80-86. https://doi.org/10.1080/08897077.2018.1442899</p>	<p>opioid-related deaths (4) map the distribution of fatal overdoses in Orange County, California.</p>					
<p>McFarland, M. R., and Wehbeh-Alamah, H. B. (2019). Leininger's theory of culture care diversity and universality: An overview with a historical retrospective and a view toward the future. <i>Journal of Transcultural Nursing</i>, 30(6), 540-557. https://doi.org/10.1177/1043659619867134</p>	<p>To provide an overview of Leininger's Theory of Culture Care Diversity and Universality and the evolution of the Sunrise Enabler. Provide descriptions of the theory purpose, goal, tenets, basic assumptions, major core constructs, and orientational definitions.</p>	<p>Systematic Review. Level V</p>	<p>Books, articles, and book chapters discussing the use of the theory published between the years of 2014 to 2019 were cited as relevant exemplars that enhance understanding of the theory's major core constructs.</p>	<p>The purpose of this theory is to "help researchers and clinicians discover, document, know, and explain the interdependence of care and cultural phenomena while noting the differences and similarities between and among cultures. The theory was designed to help guide the nurse researcher in discovering new meanings, patterns, expressions, and practices related to culture care that have influenced the health and well-being of individuals, families, and cultural groups. In the discovery process, both similarities (commonalities) and diversities (differences) can be identified as culture-specific modalities to provide culturally congruent care related to the desired goal of health or well-being"</p>	<p>"Proposed future directions encompass using the CCT to guide research of discovery and translational research projects for evidenced-based nursing practice; develop culture-care based courses and nursing curricula to prepare culturally competent nurses; guide future culturally competent administrative and leadership policies and procedures; inform public policy related to cultural diversity and underserved populations; promote grant writing initiatives to enhance cultural diversity in hiring nursing staff, supervisors, and faculty; and aid in the admission of nursing students from underserved and/or diverse backgrounds."</p>	<p>This article helps to provide information on one of the theories guiding this project.</p>
<p>McIntosh, S. E., Freer, L., Grissom, C. K., Auerbach, P. S., Rodway, G. W., Cochran, A., Giesbrecht, G. G., McDevitt, M., Imray, C. H., Johnson, E. L., Pandey, P., Dow, J., and Hackett, P. H. (2019). Wilderness medical society clinical practice guidelines for the prevention and treatment of frostbite: 2019 Update. <i>Wilderness Medical Society</i></p>	<p>To provide clinical practice guidelines for the prevention and treatment of frostbite.</p>	<p>Expert Practice Guideline. No Research Design. Level VII</p>	<p>No methodology.</p>	<ul style="list-style-type: none"> -There are 4 phases of frostbite: pre-freeze, freeze-thaw, vascular stasis, and late ischemic -There are four degrees of frostbite. -Prevention includes maintaining peripheral perfusion, exercise, and protection from cold -Avoid refreezing tissues that have been thawed -Therapeutic options include treatment of hypothermia, hydration, low molecular weight dextran, and ibuprofen -Discusses immediate medical therapy in the hospital. 	<p>-Frostbite is a complicated injury. It is important to know how to identify stages of frostbite to provide proper treatment.</p>	<p>This source will be used for the creation of the frostbite guideline.</p>

<p><i>Clinical Practice Guidelines, 30(4), 19-32.</i> https://doi.org/10.1016/j.wem.2019.05.002</p>						
<p>McLaughlin, M. F., Li, R., Carrero, N. D., Bain, P. A., & Chatterjee, A. (2021). Opioid use disorder treatment for people experiencing homelessness: A scoping review. <i>Drug and Alcohol Dependence, 224</i>. https://doi.org/10.1016/j.drugalcdep.2021.108717</p>	<p>To synthesize the literature surrounding the current gaps and disparities in opioid use disorder treatment among homeless individuals.</p>	<p>Scoping Review. Level V</p>	<p>The authors conducted a scoping review of the literature from multiple databases. Studies were included that described treatment-related outcomes specific to homeless individuals and articles that assessed opioid use disorder treatment interventions. The relevant findings were then “compiled via thematic analysis and narratively synthesized”.</p>	<p>-60 articles met inclusion criteria -Homeless individuals do not engage with opioid use disorder treatment as much as they should -programs should provide pharmacotherapy for homeless individuals rather than just providing detox alone -flexible and innovative treatment options are needed to help homeless individuals to receive treatment</p>	<p>Homeless individuals have decreased access to evidence-based opioid use disorder treatment and medications. They require specific approaches to improve engagement and retention. Innovative treatment models are crucial to get rid of the opioid-related morbidity and mortality that homeless individuals experience.</p>	<p>This source can help provide information regarding the difficulty people who experience homelessness may face when trying to access treatment for opioid use.</p>
<p>MedlinePlus. (n.d). <i>Homeless health concerns</i>. https://medlineplus.gov/homelesshealthconcerns.html</p>	<p>To identify the causes of homelessness, the link between homelessness and health, and common health problems that the homeless population experience</p>	<p>Expert Opinion. Educational source. No research design. Level VII</p>	<p>Educational source. No methodology.</p>	<p>- Common causes of homelessness include unemployment, mental and substance abuse disorders, domestic violence, disabilities, and lack of affordable housing. - Links between homelessness and health include decreased access to health care, violence, exposure to severe weather, and unsanitary living conditions. -Common health problems include wound and skin infections, malnutrition, mental and substance use problems, and HIV/AIDS.</p>	<p>- The causes of homelessness are complex. Furthermore, health and homelessness go hand in hand. Health concerns can contribute to homelessness while homelessness can contribute to health concerns. - The source concludes by advising people to reach out to their local homelessness services to obtain help and access to food and shelter.</p>	<p>This source can help provide information on the causes of homelessness and health concerns people who experience homelessness may face.</p>
<p>Michael, J., and Mckee, P. (2015). Frostbite in homeless patients: Case report review. <i>The Northern Ohio Foot and Ankle Foundation Journal, 1(2), 1-7</i>. Retrieved from https://www.nofafo</p>	<p>Provides a case report to discuss examples of frostbite seen in homeless individuals which resulted in deep frostbite, gangrene, and amputation.</p>	<p>Case report with no research design explanation or section. Educational source. Level VII</p>	<p>No methodology.</p>	<p>The case report discusses a situation with an African American male who arrived to the ED for frostbite. He was homeless and also suffered from schizophrenia, depression, and substance use (alcohol, tobacco, cocaine and opioids). Ultimately, he had to partial amputate some of his toes.</p>	<p>-Frostbite is commonly seen among the homeless population -the sooner the intervention/treatment, the greater chance for the person to experience a better outcome -It is important to identify and address underlying substance use and mental illness within this population</p>	<p>This case gives a real life example on the effects of frostbite on the homeless population.</p>

undation.org/user/files/pdf/Frostbite-of-the-Foot.pdf						
Minnesota Department of Health. (n.d.). <i>Fishbone diagram</i> . https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/fishbone.html	Provides an overview of fishbone diagrams	No research design. Level VII	No methodology.	-Fishbone diagrams help to visualize the root causes of a problem, which helps to diagnose the problem instead of just focusing on the symptoms -provides steps on how to construct a fishbone diagram (problem statement, categorization, contributing factors, ask why, deeper causes, and test for root causes) -provides an example of a fishbone diagram, along with links to other resources	-A fishbone diagram is a useful tool to identify the root causes of a problem. This helps to tackle the problem at the foundation instead of the symptoms	This source will be used to help guide the proper creation of a fishbone diagram.
Moore, G., Manias, E., & Gerdtz, M. F. (2011). Complex health service needs for people who are homeless. <i>Australian HealthReview</i> , 35(4), 480–485. https://doi.org/10.1071/AH10967	To explore the experiences and perceptions of homeless individuals in the context of their health needs and the service providers involved in their care.	Qualitative study. Level VI	A purposive sampling approach was undertaken with a thematic framework analysis of semi-structured interviews. Interviews were completed with 20 homeless individuals who used the emergency department at a hospital in Melbourne, Australia along with 27 service providers involved in hospital and community care.	Six themes were identified: -complexity of care needs -respect for homeless people and co-workers -engagement as a key strategy in continued care -lack of after-hour services -lack of appropriate accommodation -complexity of services.	The findings identified the complex and diverse nature of health concerns among the homeless population. The demand on hospitals continues to increase. Government policies need to take into consideration the psychosocial demands of this vulnerable population or else the efforts to divert hospital demand will continue to fail.	This source will help show the impact of the homeless population on the hospital system and providers.
National Academies of Sciences, Engineering, and Medicine. (2016). <i>Understanding stigma of mental and substance use disorders: Ending discrimination against people with mental and substance use disorders: The evidence for stigma change</i> (pp. 33-52). Washington, DC: The National	An article that discusses the stigma associated with mental and substance use disorders and how this has become a norm in society. This is part of a national effort to understand and change attitudes, beliefs, and behaviors that can lead to stigma and discrimination. The goal was to	Case-Control study. Combination of 1. <i>Formative research</i> to assist in developing interventions and tailoring them for the target audience 2. <i>Intervention research</i> to assess implementation and outcomes of the specific	The Committee of this study held both closed and open sessions, as well as two workshops, and commissioned eight background papers to address a wide range of research questions after an extensive literature review. They then offered sets of conclusions and recommendations relating to the purpose of the study.	-Evidence found that there is a greater risk of violence in people with mental health illnesses than in those without mental health illnesses. The risk of violence is greater for people with schizophrenia, bipolar disorder, re-occurring substance use disorder, crime victimization, early life trauma, and living in a neighborhood with a high crime rate. -Of the 28 million Americans in 2013 who needed treatment for a problem related to alcohol and drugs, fewer than 1 in 10 received any treatment.	Evidence-based strategies to reduce stigma. -Education, such as mental health literacy campaigns. -Protest and advocacy. -Programs that facilitate social contact between people with and without behavioral disorders -Contact-based education programs, which combine contact with educational content designed to raise public awareness of selected issues or increase public knowledge about mental and substance use disorders. -Media campaigns delivered over a range of platforms, including traditional and newer social media,	This offers recommendations in the areas of communications science and stigma research. It also offers recommendations about successful stigma change campaigns, how best to encourage people to seek treatment and supportive services for

<p>Academies Press. https://doi.org/10.17226/23442.</p>	<p>review and discuss evidence on 1.The change in behavioral health norms needed to support individuals with mental and substance use disorders to seek treatment and other supportive services. 2. Discrimination, negative attitudes, and stereotyping faced by individuals with mental or substance use disorders, and 3. Public knowledge about behavioral health, including how to seek help with such disorders.</p>	<p>interventions 3. <i>Monitoring trends</i> over time in attitudes, beliefs, knowledge, and behaviors toward people with behavioral disorders at the structural, public, and individual levels. Level IV</p>			<p>and peer programs in which people who have disclosed their conditions offer their experience and expertise to individuals and families, programs that range from informal peer-led programs to peer specialized services in health services systems.</p>	<p>themselves or others and research needed to inform and evaluate these efforts in the United States.</p>
<p>National Alliance to End Homelessness. (2019). <i>Minnesota</i>. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/minnesota/</p>	<p>To provide homelessness statistics for the state of Minnesota, along with each county in the state</p>	<p>Educational source. Background information. No research design. Level VII</p>	<p>Educational source. No methodology.</p>	<p>-There are 7,243 homeless individuals statewide in Minnesota on a given night -There are 425 homeless individuals in the Duluth/St. Louis County area on a given night -76% of homeless individuals live in sheltered conditions, while 24% live in unsheltered conditions</p>	<p>- Homelessness in Minnesota is a continuing problem. - There are many people who experience homelessness, especially in the Duluth/St. Louis County area.</p>	<p>This source can help provide statistics that will be useful for the scholarly paper</p>
<p>National Alliance to End Homelessness. (2021). <i>State of homelessness: 2021 edition</i>. https://endhomelessness.org/homelessn</p>	<p>To provide an overview of the state of homeless from a point-in-time count from January 2020. This count</p>	<p>Educational source. Background information. No research design. Level VII</p>	<p>Rates of homelessness compare point-in-time counts to state, county, and city population data from the Census Bureau’s Population Estimates Program. Data on homeless</p>	<p>-In January 2020, there were 580,466 people experiencing homelessness in America. Most were individuals (70 percent), and the rest were people living in families with children. -Policymakers and practitioners at every level of government have focused special attention on specific</p>	<p>-In the last 5 years, the unsheltered population has surged by 30 percent, almost wiping out nearly a decade of previous gains. The number of people currently living unsheltered is virtually as high as it was in 2007.</p>	<p>This is helpful with providing the most recent facts and statistics about homelessness in the United States.</p>

<p>ess-in-america/homelessness-statistics/state-of-homelessness-2021/#:~:text=The%20Basics,the%20diversity%20of%20our%20country.</p>	<p>occurred right before the COVID-19 pandemic.</p>		<p>assistance, or bed capacity of homeless services programs on a given night, are reported annually by CoCs along with point-in-time counts. These data are compiled in the Housing Inventory Count (HIC).</p> <p>Data on at-risk populations are from analyses by the National Alliance to End Homelessness of the Census Bureau’s 2019 American Community Survey 1-year Estimates.</p>	<p>subpopulations.</p> <ul style="list-style-type: none"> -Decision-makers are often concerned about children and young people due to their vulnerability. People in families with children make up 30 percent of the homeless population. Unaccompanied youth (under age 25) account for six percent of the larger group. -People experiencing “chronic homelessness” belong to another group that is often singled out for attention. These individuals have disabilities and have also: 1) been continuously homeless for at least a year; or 2) experienced homelessness at least four times in the last three years for a combined length of time of at least a year. Chronically homeless individuals are currently 19 percent of the homeless population. -Males are far more likely to experience homelessness than their female counterparts. Out of every 10,000 males, 22 are homeless. For women and girls, that number is 13. Gender disparities are even more evident when the focus is solely on individual adults (the most significant subgroup within homelessness). The overwhelming majority (70 percent) are men. 	<p>-Ending homeless is an ongoing challenge throughout America. However, the severity of the challenge varies by state and community. Locating the areas experiencing the most significant challenges, and directing additional attention and possibly new resources towards them could result in meaningful reductions in homelessness.</p>	
<p>National Coalition for the Homeless. (2017a). <i>Homelessness in America</i>. https://nationalhomelessness.org/about-homelessness/</p>	<p>To provide reasons for homelessness and the types of homelessness. This source also discusses the demographics and geography of homelessness.</p>	<p>Educational source. Background. No research design.</p> <p>Level VII</p>	<p>Educational source. No methodology.</p>	<ul style="list-style-type: none"> - Reasons for homelessness include lack of affordable housing and employment opportunities, a decrease in available public assistance, a lack of affordable healthcare, domestic violence, mental illness, and addiction. -Types of homelessness include chronic, transitional, and episodic - Homelessness occurs in both urban and rural areas - People living in poverty are more likely to become homeless. Furthermore, demographic groups who are more likely to experience poverty are also more likely to be homeless. 	<ul style="list-style-type: none"> - There are many factors that go into why people may experience homelessness. - Some people may be homeless for long periods of time, while others may experience homelessness due to a catastrophic event. 	<p>This source can be used to help describe some of the reasons why the population for the project may be experiencing homelessness. It can also help provide statistics on the demographics and geography of homelessness.</p>

<p>National Coalition for the Homeless. (2017b). <i>Substance abuse and homelessness</i>. https://www.va.gov/HOMELESS/ncha/resources/docs/mental-health/substance-abuse/Substance-Abuse-and-Homelessness-508.pdf</p>	<p>To provide information on how substance abuse and homelessness are connected.</p>	<p>Fact sheet. No research design.</p> <p>Level VII</p>	<p>Fact sheet. No research design.</p>	<p>-Substance abuse often leads to homelessness. Addictive disorders disrupt relationships with family and friends and can cause job loss. For people struggling to pay their bills, the onset or exacerbation of an addiction may cause them to lose their housing.</p> <p>-Motivation to stop using substances may be low. For many homeless people, survival is more important than personal growth and development, and finding food and shelter takes a higher priority than drug counseling.</p> <p>-Many homeless people have also become estranged from their families and friends. Without a social support network, recovering from substance addiction is extremely difficult.</p> <p>-Many treatment programs focus on abstinence-only programming, which is less effective than harm reduction strategies and does not address the possibility of relapse.</p>	<p>Substance abuse occurs with mental illness. People with untreated mental illness use street drugs as a form of self-medication. Homeless people with both substance use disorders and mental illness can experience additional challenges to recovery, such as the increased risk for violence and victimization and frequent cycling between the streets, jails, and emergency rooms. Finding treatment facilities that are able to help them is difficult.</p>	<p>This provides important statistics on the prevalence of substance abuse and its relation to homelessness. It supports the fact that substance abuse can lead to being homeless among other things.</p>
<p>National Health Care for the Homeless Council. (2019). <i>Homelessness & health: What's the connection?</i> https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf</p>	<p>To provide information on how health and homelessness are connected. It also explains why housing is healthcare.</p>	<p>Fact sheet. No research design.</p> <p>Level VII</p>	<p>Fact sheet. No research design.</p>	<ul style="list-style-type: none"> - 1.5 million people a year experience homelessness, other estimates find up to twice this number of people are actually without housing in any given year. - People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population. - The loss of employment due to poor health then becomes a vicious cycle: without funds to pay for health care (treatment, medications, surgery, etc.), one cannot heal to work again, and if one remains ill, it is difficult to regain employment which can lead to housing problems. - Homelessness creates new health problems and exacerbates existing ones. - Living on the street or in crowded homeless shelters is extremely stressful and made worse by being exposed to communicable diseases 	<ul style="list-style-type: none"> - While healthcare providers do all they can to mitigate the effects of the streets, no amount of healthcare can substitute for stable housing. - Stable housing is a key “social determinant of health” that directly impacts health outcomes. - Communities that invest in affordable housing incur lower public costs, achieve better health outcomes, and work to prevent and end homelessness. 	<p>This fact sheet provides a lot of good information and statistics about understanding the connection between being homeless, and bad health, which can be alleviated with stable housing.</p>

				<p>(e.g. TB, respiratory illnesses, flu, hepatitis, etc.), violence, malnutrition, and harmful weather exposure.</p> <ul style="list-style-type: none"> -Behavioral health issues such as depression, alcoholism, or other substance use disorders can develop and/or are made worse in such difficult situations, especially if there is no solution in sight - Recovery and healing are more difficult without housing. The best, most coordinated medical services are not very effective if the patient's health is continually compromised by street and shelter conditions. Even inpatient hospitalization or residential drug treatment and mental health care do not have lasting impacts if a client has to return to the streets or shelters upon discharge. 		
<p>National Health Care for the Homeless Council. (2016). <i>Shelter health: Opportunities for health care for the homeless projects.</i> https://nhchc.org/wp-content/uploads/2019/08/shelterhealth-1.pdf</p>	<p>To discuss different opportunities for healthcare professionals with helping the homeless population</p>	<p>Literature Review.</p> <p>Level VI</p>	<p>The authors used multiple evidence-based studies on Tuberculosis, Infestation, Asthma, Nutrition & Hunger, and Trauma and its relationship with the homeless population.</p>	<p><u>Tuberculosis</u></p> <ul style="list-style-type: none"> -Over the last couple of decades the rate of tuberculosis in the United States has declined but individuals experiencing homelessness have consistently comprised 5-7% of active cases. -In addition to crowded shelter conditions, risk factors for TB infection include substance use disorders and compromised immune systems, factors that are also prevalent among homeless populations. <p><u>Asthma</u></p> <ul style="list-style-type: none"> - Data from 2015 Health Center UDS reports found that 49,627 of 890,283 (5.6%) individuals who received care at Health Care for the Homeless projects had a primary diagnosis of asthma which resulted in 96,625 primary care visits. -Studies report asthma in 28-40% of children experiencing homelessness compared to less than 9% of children in the general population. <p><u>Hunger and Nutrition</u></p> <ul style="list-style-type: none"> - Meals at shelters are often high in fat and low in fiber, lack adequate 	<p>Recommended Opportunities</p> <p><u>Tuberculosis</u></p> <ul style="list-style-type: none"> - Conduct outreach to minimize delays in case detection and treatment. - Conduct TB screenings for shelter residents and staff. - Encourage shelters to adopt environmental control measures. - Provide case management - Educate state Medicaid agencies of the state option to enroll TB infected individuals into the Medicaid program. <p><u>Asthma</u></p> <ul style="list-style-type: none"> - To assist Health Care for the Homeless providers in supporting patients diagnosed with asthma, the National Health Care for the Homeless Council developed adapted clinical guidelines. <p><u>Hunger and Nutrition</u></p> <ul style="list-style-type: none"> - Educate stakeholders about improved nutrition options at shelters. - Encourage shelters to use nutritional guidelines in meal 	<p>Provide a number of ways health care professionals can help the homeless population. Some interventions and guidelines may be able to use at the Warming Center.</p>

				<p>nutritional properties and generally aim to address hunger rather than improvements in health.</p> <ul style="list-style-type: none"> - In a report from the U.S. Conference of Mayors' Task Force on Hunger and Homelessness, a significant number of emergency shelters (76%) and food pantries (57%) in surveyed cities turned individuals and families away due to limited capacity and resources. <p><u>Trauma</u></p> <ul style="list-style-type: none"> - In a study assessing trauma and PTSD in women experiencing homelessness, investigators found that two-thirds of their study participants had experienced intimate partner violence and two-thirds had been raped. Half of the women screened for trauma had experienced six or more traumatic events in their lifetime. - In a study of homeless mothers, over 90% reported physical or sexual assault in their lifetime. - In a study of 239 homeless men, 68% experienced childhood physical abuse, 71% experienced adulthood physical abuse, 56% experienced childhood sexual abuse, and 53% experienced adulthood sexual abuse. - Homelessness itself comes with the trauma of significant loss and constant stress. 	<p>planning</p> <p><u>Trauma</u></p> <ul style="list-style-type: none"> - Encourage the systemic implementation of a trauma-informed framework. - Raise awareness of your health center's services that can assist individuals who have experienced trauma 	
<p>New York Department of Health and Mental Hygiene. (2021). Fifteenth annual report on deaths among persons experiencing homelessness (July 1, 2019 – June 30, 2020). Google Scholar. Accessed March 6, 2022. https://a860-gpp.nyc.gov/concern/nyc</p>	<p>Report done in NYC to gain an understanding of the health of the homeless population in the area.</p>	<p>Report. No research design.</p> <p>Level VII</p>	<p>Death statistics of homeless individuals are gathered from different entities such as the City's Department of Health and Mental Hygiene and the Office of the Chief Medical Examiner. Single individuals or families with no minor children, and single adults experiencing homelessness are included. These exclude single individuals or families under the age of 18 who may be experiencing homelessness.</p>	<p>Among sheltered persons, 66% (n=98) of external deaths were due to accidental drug overdose versus 43% (n=30) among non-sheltered persons. All deaths due to exposure to excessive natural cold were among non-sheltered persons (n=4; 2%), the same number as FY19. Proportions of death due to suicide, homicide, and motor vehicle accidents were similar in FY20 compared to FY19.</p> <ul style="list-style-type: none"> -Majority of deaths occurred among persons aged 45 to 64 years. -Majority were male -Leading caused of deaths were drug 	<ul style="list-style-type: none"> - 613 deaths among person's experiencing homeless in NYC in 2020 which was an increase of 52% in the overall number of death compared to 2019. <p>Causes of deaths among the homeless individuals in New York varied somewhat between sheltered and non-sheltered which included accidental overdose, covid19 related health issues, and other external causes of death such as motor vehicle accidents, railway accidents, homicide, and non-transportation accident.</p>	<p>Such information can provide critical insight into serious health problems and is essential for understanding the health challenges faced by the homeless population.</p>

government publications/pz50gz035				<p>related.</p> <p>-The number of accidental overdose deaths increased by 25 (29% increase) from 103 in 2019.</p> <p>-Second leading cause was covid19.</p>		
<p>Pietrusza, L. M., Puskar, K. R., Ren, D., and Mitchell, A. M. (2018). Evaluation of an opiate overdose educational intervention and naloxone prescribing program in homeless adults who use opiates. <i>Journal of Addictions Nursing</i>, 29(3), 188-195. https://doi.org/10.1097/JAN.0000000000000235</p>	<p>implement an opiate overdose training and routine naloxone prescribing program for patients at a Health Care for the Homeless clinic.</p>	<p>Quality improvement project.</p> <p>Level VI</p>	<p>Education was provided about overdose signs, risk factors, and response plan. Education was also provided about naloxone administration. Knowledge was measured using a pre-and post-test. Naloxone was prescribed for each person who received the education, and prescription fill rates were tracked 1 week after the clinic visit.</p>	<p>There was a significant increase in knowledge levels and the naloxone fill rate was 33%</p>	<p>Education on opioid overdose can effectively be given in a homeless medical clinic. More research is needed about barriers to naloxone fill rates.</p>	<p>This study is similiar to this project.</p>
<p>Reavy, K. (2016). <i>Inquiry and leadership: A resource for the DNP Project</i>. F.A. Davis.</p>	<p>Focuses on quality and rigor for successful completion of a DNP project.</p>	<p>Textbook.</p> <p>Level VII</p>	<p>No methodology.</p>	<p>The textbook is divided into four sections:</p> <ul style="list-style-type: none"> -Foundations (preparation for planning and implementing a DNP project) -Inquiry (investigation and creativity) -Leadership (planning and implementing EBP recommendations) -Looking forward (professional responsibility for scholarly activities in practice) 	<p>Lessons learned in this text book should be used in professional practice of DNP educated nurses because they are qualified to fill the research to practice gap. DNP educated nurses should continue to search for best evidence which can help gain and retain trust of colleagues and patients.</p>	<p>It provided a lot of information used for our project such as literature synthesis, key stakeholders, and information about inclusion and exclusion criteria.</p>
<p>Rooney, M. K., Santiago, G., Perni, S., Horowitz, D. P., McCall, A. R., Einstein, A. J., Jagsi, R., & Golden, D. W. (2021). Readability of patient education materials from high-impact</p>	<p>Evaluate the readability of patient education materials published in medical journals and compare finding to readability recommendations.</p>	<p>Systematic Review.</p> <p>Level V</p>	<p>Evaluated 2585 patient education materials published in high-impact medical journals from 1998 to 2018. Compared the findings to readability recommendations from national groups.</p>	<ul style="list-style-type: none"> -Mean readability grade levels ranged from 11.2 to 13.8 by various metrics. -Fifty-four (2.1%) materials met the AMA recommendation of sixth grade reading level. -215 (8.2%) met the NIH recommendation of eighth grade level. -General medical education materials from Annals of Internal Medicine were the most readable. (79.8% met the eighth grade level) 	<ul style="list-style-type: none"> -Efforts are needed to incorporate readability into the standardize publication practice with the evaluation during the review process. This may improve patients' understanding of their medical history and treatment options -This can help patients from diverse backgrounds and varying levels of education to better 	<p>This article provided information on how to clearly write the education materials for this project.</p>

<p>medical journals: A 20-year analysis. <i>Journal of Patient Experience</i>. https://doi.org/10.1177/2374373521998847</p>				<p>-Readability did not differ significantly over time.</p>	<p>participate as decision makers in their care.</p>	
<p>Rosenkrantz, L. (2022). <i>Mobilizing extreme cold response plans for people experiencing homelessness</i>. National Collaborating Centre for Environmental Health. https://ncceh.ca/content/blog/mobilizing-extreme-cold-response-plans-people-experiencing-homelessness</p>	<p>To explain the importance of extreme cold response plans for the homeless population</p>	<p>No research design. Level VII</p>	<p>No methodology.</p>	<p>-The homeless population faces may risks when being outside in the cold. -Extreme cold weather response plans include: an alert system, opening shelters and warming centers, extending outreach services, and providing health promotion activities.</p>	<p>-Those homeless population faces a disproportionate impact from cold weather for a number reasons including social, physical, economic, and structural factors. -It is unclear whether cold weather response plans are effectively serving the homeless population. -Knowledge gaps continue to remain as to what criteria need to be met to trigger extreme cold response plans. -More research is needed to determine best practices for cold response plans.</p>	<p>This article helped when determining which response guideline to use.</p>
<p>Salhi, B. A., White, M. H., Pitts, S. R., & Wright, D. W. (2017). Homelessness and emergency medicine: A review of the literature. <i>Academic Emergency Medicine</i>, 25(5), 577–593. doi: 10.1111/acem.13358</p>	<p>To synthesize evidence on the prevalence, demographics, clinical elements, and evidence-based management of the homeless population in the emergency department. Also, to identify knowledge gaps and make suggestions for future research</p>	<p>Systematic Review. Level V</p>	<p>- Searched PubMed, Ovid, and Google Scholar for articles that were published between January 1990 and December 2016. -Supplemented the search by cross-referencing bibliographies of the publications - Included studies that were peer-reviewed, written in English, conducted in the United States, and analyzed homelessness within the emergency department setting - Used a qualitative approach to synthesize the literature</p>	<p>- 28 studies were included - Groups the articles into four different categories: 1) sociodemographic characteristics and prevalence of homeless ED visits, 2) utilization of the ED by homeless adults, 3) the clinical characteristics ED visits by the homeless population, and 4) evidence-based management and medical education of homeless ED patients.</p>	<p>- Homelessness can be underrecognized in the emergency department setting - The homeless population often have unique care needs and patterns for utilizing the emergency department - There is a need for further research to discover the characteristics and prevalence of the homeless population in the emergency department - There is also a need to create an evidence-based treatment plan to care for the homeless population.</p>	<p>This source can help identify the issues the emergency department setting faces in regards to helping the homeless population. The hope would be to look at these concerns to identify ways to prevent unnecessary use of the emergency department by homeless individuals.</p>

<p>Shrider, E. A., Kolar, M., Chen, F., and Omega, J. (2021, September 14). <i>United States Census Bureau: Income and poverty in the United States: 2020.</i> Income and Poverty in the United States: 2020 (census.gov)</p>	<p>To present data about income, earnings, income inequality, and poverty in the U.S.</p>	<p>No research design. Level VII</p>	<p>No methodology.</p>	<p>-The national poverty rate in 2020 was 11.4%, which is equivalent to 37.2 million people in poverty, roughly 3.3 million more than in 2019 -Median household income was \$67,521 -The number of people who worked full-time, year-round decreased 13.7 million between 2019 and 2020.</p>	<p>-The rate of poverty continues to increase. -the median household income decreased by 2.8%, which is the first statistically significant decrease since 2011.</p>	<p>This source helps show the prevalence of poverty in the U.S.</p>
<p>St. Louis County. (n.d.). <i>Clarity project.</i> https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/adult-services/clarity-project</p>	<p>To provide an overview of the Clarity Project</p>	<p>No research design. Level VII</p>	<p>No methodology.</p>	<p>-The Clarity Project’s goal is to meet the need for mental health, behavioral health, and substance use services by developing a program, continuum of care, and a physical location -The plan is a build a network of people and organizations across the region to address these needs -The organization will provide on-site services</p>	<p>-The Clarity Project will be a new resource in the region for on-site mental health, behavioral health, and substance use services.</p>	<p>This source helped to provide information about some of the resources available in the area.</p>
<p>Substance Abuse and Mental Health Services Administration. (2021, November 3). <i>Homelessness resources: Housing and shelter.</i> U.S Department of Health and Human Services. https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/housing-shelter</p>	<p>To discuss homelessness resources in regards to mental health issues and substance use disorders</p>	<p>Website. Educational source. No research design. Level VII</p>	<p>Educational source. No methodology.</p>	<p>- Some causes of homelessness include poverty, unemployment, and the lack of affordable housing. - These can then be exacerbated by personal vulnerabilities such as mental and substance use disorders, domestic violence, trauma, justice system involvement, death of a partner, divorce, sudden serious illness, and disabilities - Programs for shelter and housing can help address some of the root causes of homelessness. These include emergency shelters, transitional housing, and permanent supportive housing - Other resources include food support, benefits advocacy, discharge planning for people discharged from institutional care, and case management</p>	<p>- Mental health and substance use disorders can often be causes of homelessness. - This source offers resources to address homelessness for people who experience mental health and substance use disorders.</p>	<p>This source can help provide resources that can be offered to people who suffer from mental health or substance abuse disorders.</p>
<p>The College of St. Scholastica. (2021).</p>	<p>To provide a description of the</p>	<p>No research design.</p>	<p>No methodology.</p>	<p>-Mission: “Shaped by the Catholic Benedictine heritage, The College of</p>	<p>-The College of St. Scholastica used the Catholic Benedictine</p>	<p>This source will be useful to</p>

<p><i>Mission and values.</i> https://www.css.edu/about/mission-and-values/</p>	<p>College of St. Scholastica's mission and values.</p>	<p>Level VII</p>		<p>St. Scholastica provides intellectual and moral preparation for responsible living and meaningful work.” -Values: community, hospitality, respect, and stewardship.</p>	<p>heritage to shape their mission and vision.</p>	<p>identify the common values and mission between the College of St. Scholastica and the project agency</p>
<p>United Nations Office on Drugs and Crime. (2020). <i>UNODC world drug report 2020: Global drug use rising; while COVID-19 has far reaching impact on global drug markets.</i> https://www.unodc.org/unodc/press/releases/2020/June/media-advisory---global-launch-of-the-2020-world-drug-report.html</p>	<p>Press release discussing the impact COVID-19 has had on drug use</p>	<p>No research design. Level VII</p>	<p>No methodology.</p>	<p>-Drug use has increased by 30% from 2009 to 2018. -COVID-19 has caused border and other restrictions which has caused a drug shortage. This has led to increased prices and reduced purity. -Drug shortage also causes people to resort to alcohol, benzodiazepine, or mixing of synthetic drugs. -The rise in unemployment and reduced opportunities make people more vulnerable to drug use. -Drug traffickers have had to find new routes and methods to distribute drugs. -Discusses cannabis use and trends -More than 90% of pharmaceutical opioids were in high-income countries, causing low-income countries to have a shortage. -Poverty, limited education, and social marginalization are risk factors that increase drug use.</p>	<p>-Drug use continues to be an large issue within the United States. -The COVID -19 pandemic has impacted drug use. -There are multiple risk factors that make people susceptible to using drugs.</p>	<p>This source will be useful for identifying the significance of drug use within the United States and describe how COVID-19 has impacted drug use.</p>
<p>United States Interagency Council on Homelessness. (n.d.). <i>Solutions.</i> https://www.usich.gov/solutions/</p>	<p>To offer solutions to end homelessness.</p>	<p>Educational source. Background information. No research design. Level VII</p>	<p>Educational source. No methodology.</p>	<p>-Solutions include providing a foundation through housing, managing chronic health and mental health conditions, providing employment and job training, fostering education, and bolstering crisis response systems</p>	<p>- The United States Interagency Council on Homelessness believes they know what it will take to end homelessness and highlights potential solutions.</p>	<p>This source will be useful in identifying potential solutions that could be implemented for the clinical project</p>
<p>U.S. Climate Data. (n.d.). <i>Weather averages Duluth, Minnesota.</i> https://www.usclimate.com/climate/duluth/minnesota/</p>	<p>To provide an overview of the average weather in Duluth, Minnesota</p>	<p>No research design. Level VII</p>	<p>No methodology.</p>	<p>The average winter temperatures for Duluth range from 2°F to 34°F. The average annual snowfall is 85 inches.</p>	<p>The average winter temperatures for Duluth range from 2°F to 34°F. The average annual snowfall is 85 inches.</p>	<p>This source can help paint a picture for the reader about what the winter weather is like in Duluth,</p>

nited-states/usmn0208						Minnesota.
U.S Department of Health and Human Services. (2018). <i>Health information privacy: Research.</i> https://www.hhs.gov/hipaa/for-professionals/special-topics/research/index.html	Provides an explanation of the HIPAA Privacy Rule.	No research design. Level VII	No methodology.	A covered entity is able to use or disclose health information for research purposes that has been de-identified.	HIPPA institutes the conditions under which health information can be used or disclosed by entities for research.	This source can help explain the HIPPA laws in the IRB section of the paper.
U.S. Department of Housing and Urban Development. (2022). <i>HUD releases 2021 annual homeless assessment report part 1.</i> https://www.hud.gov/press/press_releases_media_advisories/HUD_No_22_022	To provide an annual homeless assessment report for 2021. To discuss the national, state, and CoC-level key findings from the point-in-time count and housing inventory count that were conducted in January 2021.	Press release statistic data from survey study. Level VI	Press release. No methodology.	- More than 326,000 people experienced sheltered homelessness in the United States on a single night in 2021, a decrease of eight percent, from 2020. - Between 2020 and 2021, the number of veterans experiencing sheltered homelessness decreased by 10 percent. - On a single night in 2021, 15,763 people under the age of 25 experienced sheltered homelessness on their own as “unaccompanied youth.” - The number of people staying in sheltered locations decreased by eight percent between 2020 and 2021. While this continues a decline that began in 2015, the drop between 2020 and 2021 was steeper than those in recent years.	Reports suggest that COVID-19 relief had positive impacts on sheltered homelessness	Discussed the initiative to end homelessness by continuing to push for the American Rescue Plan resources and the federal House America initiative to end homelessness. Can be used to see how the Warming Center utilizes part of these resources and for what.
U.S. Food and Drug Administration. (2019). <i>Institutional review boards (IRBs) and protection of human subjects in clinical trials.</i> https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/institutional-review-boards	To provide an overview of institutional review boards.	Educational source. No research design. Level VII	No methodology.	-Under FDA regulations, an Institutional Review Board (IRB) is a group dedicated to review research that involves human subjects both in advance and periodically throughout the study.. -An IRB protects the rights and welfare of the human subjects.	An IRB is important for protecting the rights and welfare of human research subjects. An IRB will review and monitor the research before implementation, as well as, periodically throughout the research.	This source explains the importance of IRBs.

ards-irbs-and-protection-human-subjects-clinical-trials						
<p>Vogel, M., Choi, F., Westenberg, J. N., Cabanis, M., Nikoo, N., Nikoo, M., Hwang, S. W., Somers, J., Schütz, C. G., & Krausz, M. (2021). Chronic Pain among Individuals Experiencing Homelessness and Its Interdependence with Opioid and Other Substance Use and Mental Illness. <i>International journal of environmental research and public health</i>, 19(1), 5. https://doi.org/10.3390/ijerph19010005</p>	<p>The aim of this study was to examine the association between chronic pain and substance use among individuals experiencing homelessness and mental illness.</p>	<p>Cross-sectional / Perspective study.</p> <p>Level IV</p>	<p>The authors analyze cross-sectional data from two studies using bivariate statistics and multivariate logistic regression. Substance use and chronic pain parameters were assessed with the Maudsley Addiction Profile and purpose-designed short instruments. The sample comprised 828 participants. The mean age was 42.4 years and 54% reported chronic pain.</p>	<ul style="list-style-type: none"> - Among participants with chronic pain, daily substance users (50% vs. 22%) and injectors (66% vs. 24%) were more likely to use non-prescribed medication for pain. - Participants with daily substance use were less likely to receive professional treatment (52% vs. 64%) and prescribed pain medication (42% vs. 54%). - Problem substance use, psychiatric disorder, and chronic pain have all been documented as risk factors for overdose deaths among homeless individuals 	<ul style="list-style-type: none"> - The study found that among individuals experiencing homelessness and mental illness, chronic pain is a significant problem that relates more to the severity of substance use (such as daily use and injection use) than to the specific substances. - The findings have implications for treatment and prevention of chronic pain in this population. The assessment of substance use patterns including the type of substance, frequency of use, and route of administration should be part of routine care. - Overall, expanding treatment access and treatment quality for homeless people with chronic pain is of considerable importance. 	<p>This study gives insight into what causes homeless individuals to develop substance use disorders. It discusses the role of having chronic pain and other physical and mental risks relating to substance abuse and homelessness.</p>
<p>WDIO. (2021, December 14). Mayor Larson addresses homeless concern. <i>WDIO-TV, LLC</i>. https://www.wdio.com/archive/mayor-larson-addresses-homelessness-concerns/</p>	<p>To discuss homeless concerns within Duluth, MN</p>	<p>News article. No research design.</p> <p>Level VII</p>	<p>No methodology.</p>	<ul style="list-style-type: none"> -The warming center is at capacity when it is open (60 people) -\$19 million will be used to address housing -Duluth is moving forward with an annual \$600,000 allocation to the Human Development Center to increase the number of outreach workers on the streets to help tackle the issues of chemical and mental health issues 	<ul style="list-style-type: none"> -Homelessness continues to be a concern in Duluth, MN -Efforts are underway to help address homelessness 	<p>Helps identify the issues seen within the homeless population of Duluth.</p>
<p>Zafren, K. and Mechem, C. (2021). <i>Frostbite: Emergency care and prevention</i>. UptoDate. https://www.uptoda</p>	<p>To provide an overview regarding the emergency care and prevention of frostbite.</p>	<p>Educational source. No research design.</p> <p>Level VII</p>	<p>No methodology.</p>	<ul style="list-style-type: none"> -Risk factors include anything that increases heat loss or decreases heat production -Areas most affected by frostbite are: ears, nose, cheeks, chin, fingers, and toes 	<ul style="list-style-type: none"> -Discusses in depth about the classification, presentation, diagnosis, and management of frostbite. -Also discusses pathophysiology and risk factors. -Provides steps for prehospital 	<p>Helps explain the medical implications of frostbite</p>

te.com/contents/frostbite-emergency-care-and-prevention/#H691040214				<p>-bone scan can help predict long-term viability of affected tissues and help guide decisions regarding thrombolytic therapy.</p> <p>-water for rewarming should be 37 to 39 degrees celcius</p>	<p>care such as removing wet clothing and placing the affected area in warm water.</p>	
<p>Zhang, P., Wiens, K., Wang, R., Luong, L., Ansara, D., Gower, S., Bassil, K., & Hwang, S. W. (2019). Cold weather conditions and risk of hypothermia among people experiencing homelessness: Implications for prevention strategies. <i>International Journal of Environmental Research and Public Health</i>, 16(18), 3259. https://doi.org/10.3390/ijerph16183259</p>	<p>To examine the relationship between weather conditions and the risks of hypothermia among the homeless population in Toronto, Canada.</p>	<p>A time-stratified case-crossover design with conditional logistic regression.</p> <p>Level IV</p>	<p>- A retrospective chart review was done to identify events of hypothermia in the homeless population in Toronto, Ontario</p> <p>- Records for the emergency department and coroner's office were reviewed between November 2004 and March 2015 to identify cases of hypothermia and hypothermia-related deaths.</p> <p>- Meteorological data for a weather station was obtained to identify minimum and mean daily temperature, minimum and mean hourly wind chills, and total precipitation for each day.</p>	<p>- The risk of suffering from hypothermia increased 1.64-fold when there was a 9 °F decrease in the minimum daily temperature and 1.10-fold when precipitation increased every 1mm.</p> <p>- However, most cases of hypothermia occurred during low and moderate cold stress.</p> <p>- 72% of hypothermia cases happened when the minimum temperature for the day was warmer than 5 °F.</p>	<p>- Hypothermia is a preventable condition.</p> <p>- It is important for shelters to take preemptive steps to help prevent health concerns such as hypothermia for the homeless population.</p> <p>- A cold weather response plan should be implemented.</p>	<p>This study can be used to provide statistics on hypothermia and help to develop education or a guideline about hypothermia and frostbite.</p>

The link to the website used to determine the level of evidence for each source can be found here: <https://libguides.winona.edu/ebptoolkit/Levels-Evidence>