IMPROVING PATIENT ENGAGEMENT AMONG HOMELESS VETERANS THROUGH OPEN-ACCESS INTERDISCIPLINARY CARE AND OUTREACH: AN INTEGRATIVE REVIEW

by

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A Major Paper Submitted in Partial Fulfillment

of the Requirements for the Degree of

Master of Science in Nursing

in

The School of Nursing

Rhode Island College

2020

Abstract

Approximately 14% of the homeless population in the United States is comprised of veterans. Despite the services available to veterans in both the private sector and through government organizations such as the Department of Veterans Affairs, homeless veterans face unique challenges in regard to health care engagement. This integrative review was conducted to examine research that explores the effectiveness of open-access interdisciplinary care and outreach in engaging homeless veterans in health care. The literature review was reduced to ten studies which addressed these factors in order to gain a better understanding of how they contribute to ongoing health care engagement and self-advocacy among homeless veterans. Data collection was organized using the 2009 PRISMA flow diagram, then once reduced to ten studies was critiqued using critical appraisal tools adapted from Polit & Beck. The literature reviewed for this study provided substantial evidence for the benefits of open-access clinics, an interdisciplinary team, and outreach for the sustainability of engaging homeless veterans in health care. The advanced practice nurse plays a valuable role in this process as there is need for enhanced program and policy development to meet the needs of this population as well as the demand to disseminate population-specific education to the interdisciplinary team with the advanced practice nurse in a leadership role. Future research on this topic should include expanded geographic areas as well as more data on veteran health care outside of the VA.

Acknowledgements

First and foremost, I would like to thank my husband and daughters for all their support throughout my academic journey. Even in light of recent family challenges, they have cheered me on to continue working toward my goals. I would like to express sincere gratitude to my first and second readers, Dr. Joanne Costello, and Dr. Carol Shelton. They have helped me in so many ways and have shown unwavering support, encouragement, and mentorship. I would also like to thank my third reader, Maureen Bouris, M.Ed, RN, for being my "life advisor" as I once stated it. With all the academic advice and insight she provided me, as well as being such a great professional role model, I could not have selected a better person to be my third reader. Lastly, every professor that I have worked with and learned from at Rhode Island College has played a role in helping me to recognize and achieve my academic goals. Thank you.

Table of Contents

Improving Patient Engagement Among Homeless Veterans Through Open-Access Interdisciplinary Care and Outreach: An Integrative Review

Background/Statement of the Problem

The purpose of this integrative review is to examine research that explores the effectiveness of open-access interdisciplinary care and outreach in engaging homeless veterans in health care. Open-access care means allowing patients, or a specific population of patients, to access care on demand rather than scheduling appointments in advance as is typically done in ambulatory care settings. Open-access care can take place during the entire time the establishment is open or during a specific day or window of time. Interdisciplinary care refers to the multiple disciplines that may be involved in the care of the patient including services of physical and occupational therapy, social workers, doctors, nurses, or others based on the patient's needs. Incorporating the interdisciplinary care team into an open-access model allows the patient to access multiple providers or disciplines to meet the patient's needs during the time s/he presents.

In 1988, the Institute of Medicine described homeless-related health problems as three pronged: health problems caused by homelessness, health problems that cause homelessness, and health conditions that are difficult to treat because of homelessness (Institute of Medicine Committee on Health Care for Homeless People, 1988). Homelessness is not commonly defined as a health problem, yet it is both an etiologic factor and outcome of multiple health issues, directly and indirectly. Homeless persons are more likely to have comorbid conditions, poorer health outcomes, and decreased access to health care than other population subgroups (Parker & Dykema, 2013). As many homeless persons are uninsured or underinsured, any problems accessing care are

further exacerbated by the fact that a relatively small number of health care systems in the United States are designed to provide consistent care for these persons (Parker & Dykema, 2013). The care homeless persons receive is often based in emergency departments (EDs), and these patients do not receive chronic care management or preventative services in this setting (O'Toole, et al., 2013).

Recent estimates suggest that approximately 14% of the nation's homeless population is comprised of military veterans. Risk for homelessness among veterans has been attributed to a number of possible factors including substance abuse, serious mental illness, exposure to childhood trauma, and combat-related post-traumatic stress disorder (PTSD). Socioeconomic factors such as poor overall health, unemployment, and disability have also been associated with homelessness among veterans (Creech, et al., 2015). Evidence among a large sample of veterans who served at the time of the most recent conflicts indicated that the veteran's pay grade at the time of military discharge, substance abuse issues**,** and psychiatric disorders were associated with an increased risk of becoming homeless. Among veterans who deployed to the conflicts in Iraq or Afghanistan, PTSD was also a significant predictor of homeless risk (Creech, et al., 2015). Given the unique needs and experiences of the homeless veteran population, the VA began an initiative to tailor care to meet these needs and increase healthcare engagement among this population.

The homeless medical home initiative, known at the Veterans Health Administration (VHA) as the Homeless Patient Aligned Care Team (HPACT), is a national program launched in 2011 as part of the Ending Homelessness Among Veterans Initiative. The intent was to integrate and coordinate health and social service care for

homeless veterans with a focus on the highest risk, highest need veterans unable or unwilling to access traditional health care. The program's goals are to assist the patient to be engaged in health care, be stabilized clinically, be provided with needed social services and programs, and be expedited in housing placement (O'Toole, Johnson, Aiello, Kane, & Pape, 2016). A depiction of the model can be seen below in Figure 1.

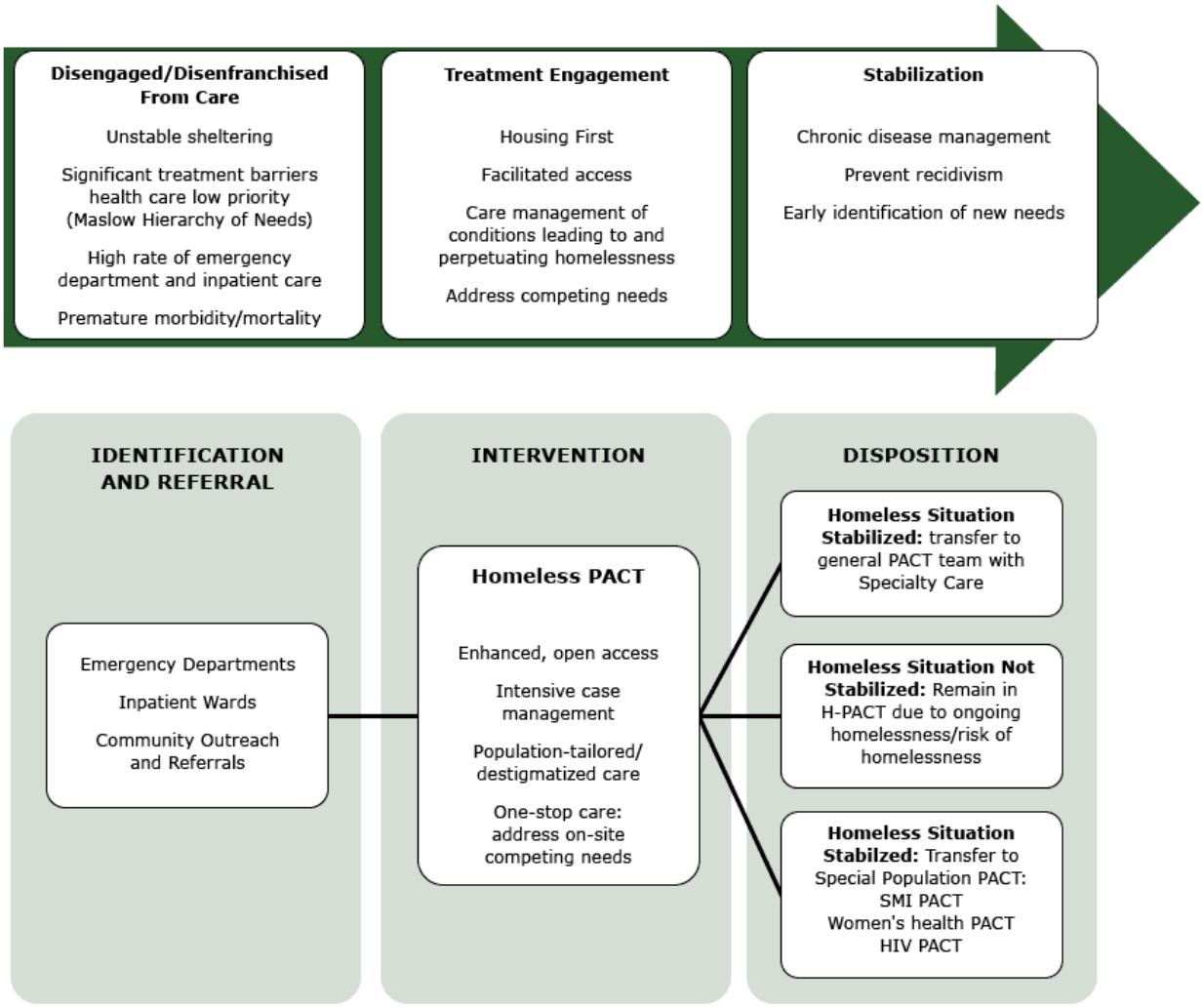

*Figure 1.*Homeless patient aligned care team model for treatment engagement. Abbreviations: PACT, patient aligned care team, SMI, serious mental illness; HIV, human immunodeficiency virus (O'Toole, et al., 2016).

Through a concerted effort at the federal, state, and local levels to increase opportunities for veterans to access permanent housing, the number of veterans experiencing homelessness in the United States (U.S.) on any given day was reduced by an estimated 46% between 2010 and 2017. During that time, the number of veterans experiencing unsheltered homelessness was reduced by an estimated 50% (United States Interagency Council on Homelessness, 2018). Street outreach, defined as meeting individuals on the streets to increase access to services, is a prime method of directly engaging homeless individuals and providing them access to the housing and health care services they need. Street outreach can be time-consuming and difficult, particularly in reaching people who have been chronically homeless, and with whom outreach staff need to develop rapport and use specialized client-centered approaches (Tsai, Kasprow, Kane, & Rosenheck, 2014). While there is adequate literature on the homeless veteran population, limited research exists which combines the processes of open-access interdisciplinary care and outreach and the effects these interventions have on engaging homeless veterans in healthcare.

Literature Review

Veteran Homelessness

Homeless veterans were defined by the Stewart B. McKinney-Vento Homeless Assistance Act as veterans lacking a fixed, regular, and adequate nighttime residence, whose primary nighttime residence is a car, park, abandoned building, bus or train station, airport, or camping ground, or who are staying in a shelter or transitional housing facility, as well as those veterans in unstable doubled-up arrangements (U.S. Department of the Interior, 2019).

Healthcare Engagement

Gelberg, Andersen & Leake conducted a study in 2000 to present the Behavioral Model for Vulnerable Populations. They tested the model in a prospective study designed to define and determine predictors of the course of health services utilization and physical health outcomes within the homeless adult population. This study used a community-based probability sample of 363 homeless individuals. Each participant was interviewed and examined for four health conditions which included high blood pressure, functional vision impairment, skin/leg/foot problems, and positive TB skin test. Any participant with at least one of these conditions was followed longitudinally for up to eight months. The hypotheses for this study were as follows: 1) the homeless will be more likely to seek services for conditions that lead to a more immediate impact; 2) predisposing and enabling vulnerable domains will be important to predisposing and enabling traditional domains in explaining the use of services by homeless persons; 3) as in the general population, the health needs of the homeless that relate to specific study conditions will be important factors in explaining their use of services for those conditions; 4)

predisposing and enabling vulnerable domains will be relatively more important in explaining the use of health services for conditions with less apparent consequences than for conditions with immediate impact; 5) predisposing and enabling vulnerable domains will be important supplements to predisposing and enabling traditional domains in explaining outcomes for the study conditions; 6) homeless people receiving health services for their conditions will experience better outcomes than those not receiving services (Gelberg, Andersen, & Leake, 2000).

Study findings supported some, but not all, of these hypotheses. Contrary to the first hypothesis, findings suggested that homeless persons will be more likely to seek care for conditions that have a less immediate, but longer-term, effect and that are of greater salience in the mind of the general public. Overall, this study demonstrated that homeless persons will seek care if they regard a condition as serious. It also implies that homeless persons can be motivated to seek medical care even if they have mental illness, are abusing substances, or lack permanent housing. Utilization of services did not consistently lead to better health outcomes. It is possible that existing health services are not sufficient to overcome the major influences and barriers created by the extreme deprivation of the homeless living conditions and lifestyle (Gelberg, et al., 2000). The study found that having a community clinic or private physician as a regular source of care was a predictor of improved health status.

In a 2014 study by Linton and Shafer, the Behavioral Model for Vulnerable Populations was used to conceptualize factors associated with hospital, mental health, and substance abuse service utilization among a sample of 260 unsheltered, chronically homeless individuals in a large southwestern metropolitan area. Approximately one fifth

of these participants identified themselves as veterans. The study was designed to address gaps in current knowledge of health status, health care access, and utilization among this unique population: predisposing, enabling, and need factors. A structured survey questionnaire was designed to capture information on the physical health, mental health, and substance abuse status of individuals and their use of these services. The Behavioral Model for Vulnerable Populations was applied as an analytical model for this study, and survey items were conceptualized accordingly as predisposing, need, enabling, and outcome factors. Consistent with the Behavioral Model for Vulnerable Populations, predicting, enabling, and need factors are associated with health service utilization among an unsheltered, chronically homeless population. Health insurance, an enabling factor, was significantly associated with use of health care services. Results were the same among sheltered homeless populations which suggests that lack of health insurance is a critical factor in understanding health service utilization among both the sheltered and unsheltered homeless populations. This provides tentative support for policies that promote the expansion of health insurance for vulnerable people as it may improve the likelihood that they will access some type of health care (Linton & Shafer, 2014).

Homelessness is associated with significant health care needs and health complications often characterized by very high rates of emergency department use and inpatient hospitalizations combined with an underutilization of ambulatory care services. Often, instead of traditional preventative care, the care provided to this population is reactive to acute issues. In 2015, O'Toole, Johnson, Boriga, and Rose conducted a multi-center prospective, community-based two-by-two randomized controlled trial of homeless veterans. The study took place within the Providence, Rhode Island VA's

HPACT and the HPACT at the New Bedford, Massachusetts Community Based Outpatient Clinic (CBOC). The researchers measured the receipt of primary care within four weeks of enrollment. This study tested whether an outreach intervention that included a personal health assessment and brief intervention as well as a clinic/health system orientation separately and in combination would increase health seeking behavior and receipt of health care. This study demonstrated significant benefits from a low-intensity outreach effort to engage homeless veterans in primary care. Findings suggested that engagement in primary care was sustained and resulted in care being provided across the continuum of needs specific to this population (O'Toole et al, 2015). This is an example of how homeless outreach can improve health care engagement among this population.

A 2018 study by Jones, et al. used multivariable multinomial regressions to estimate homeless versus nonhomeless patient differences in primary care experiences reported on a national VHA survey. The sample included survey respondents from non-HPACT facilities (homeless: n = 10,148; nonhomeless: n = 309,779) and HPACT facilities (homeless: n = 2022; nonhomeless: n = 20,941). The survey questions included measures of negative and positive experiences with access, communication, office staff, provider rating, comprehensiveness, coordination, shared decision-making, and self-management support. Results of this study demonstrated that homeless patients reported more negative and fewer positive experiences than nonhomeless patients in non-HPACT facilities. The patterns of homeless versus nonhomeless differences were reversed in HPACT facilities in the domains of communication, comprehensiveness, shared decision-making, and self-management support. Potential factors that affect homeless patients'

use of primary care services were found to be their negative perceptions of the healthcare environment and concerns about how they will be treated by health care providers and staff. Persons who are homeless reported feeling unwelcome in healthcare settings and perceived discrimination from providers and staff because of being homeless. Homeless patients also reported more negative healthcare experiences than nonhomeless patients potentially contributing to inequities in health services use and health outcomes. This study concluded that VHA facilities with HPACT programs appear to offer a better primary care experience for homeless versus nonhomeless veterans, reversing the pattern of relatively poor primary care experiences often associated with homelessness (Jones, et al., 2018).

Homeless Outreach

A 2014 retrospective review by Tsai, Kasprow, Kane, and Rosenheck reviewed data from the Department of Veterans Affairs (VA) Homeless Operations Management and Evaluation System (HOMES) to determine the importance of outreach as a valuable tool in helping to engage homeless veterans in health care and helping to link them with permanent housing. The study used client-level data from April 2011 to November 2012. The total sample included 120,840 veterans across 142 sites across the US. This study focused on the 70,778 (58.57%)veterans within the sample who VA homeless staff documented as literally homeless (Tsai et al, 2014). “Literally homeless” referred to veterans who were without any type of shelter such as friends’ homes, transitional housing, or traditional shelters. These were people who typically sleep on the streets, on benches, or wherever they may find a spot. Slightly over one of ten literally homeless veterans was engaged with VA homeless services through street outreach, with the

majority engaged through provider referral and self-referral. Many of those engaged through street outreach had extensive histories of homelessness and may have been without health care for many years. These individuals were more likely to have been disenfranchised from and to be distrustful of conventional social services, so study findings suggest that street outreach should incorporate careful, sensitive approaches to engaging these individuals. Street outreach staff have often emphasized the importance of first cultivating a non-treatment-focused relationship with homeless individuals and creating a welcoming community before trying to engage them with formal services (Tsai et al., 2014).

Open-Access Interdisciplinary Care for Homeless Veterans

A 2010 retrospective cohort study by O'Toole, et al. of homeless veterans enrolled in a population-tailored primary care clinic matched to a historical sample in general internal medicine clinics was conducted. The intent of the study was to determine whether a population-tailored approach to how primary care is organized and delivered to homeless veterans is associated with better health care and utilization outcomes. The results of this study demonstrated that homeless veterans accessing a population-tailored open-access primary care model had significantly more primary care visits and medical admissions than did those homeless persons attending a traditional general internal medicine clinic. In this study, the population-tailored open-access care model is specific to homeless veterans, allowing them on-demand access to their primary care team during clinic hours. Homeless veterans using the open-access primary care model also recorded greater improvements in LDL, blood pressure, and HbA1c levels. The implications were that to optimize any clinical arrangement, it is essential to address the specific predisposing, enabling, and illness-based needs of homeless people that drive their health-seeking behavior, as well as their need to secure shelter, food, clothing, or other sustenance needs that may take precedence over accessing health care (O'Toole, et al., 2010).

A 2013 study by Kertesz, et al. presented a survey-based comparison of homeless-experienced (either recently or currently homeless) patients' assessments of their own health care across five federally funded primary care settings which varied in degree of homeless-tailored services. These settings included three VA mainstream primary care settings in Pennsylvania and Alabama, a homeless-tailored VA clinic in California, and a

highly tailored non-VA Health Care for the Homeless Program in Massachusetts. A patient-reported instrument, titled "Primary Care Quality Homeless Survey," was developed specifically for homeless persons. Results of the study supported the hypothesis that care received in settings more tailored to homeless persons have better ratings in regard to patient satisfaction and outcomes. Patient perceptions of cooperation among the various caregivers might be influenced by actual co-location of these services as well as demonstrating to patients that team members communicated with each other in ways that went beyond the medical record. In mainstream settings, homeless patients might feel mistrusted or unwelcome. Tailored clinics might remediate these challenges in part by recruiting providers who wish to work with the homeless population (Kertesz, et al., 2013). Overall, the findings of this study suggest that tailored service delivery matters to homeless patients in ways that are readily measurable.

A 2013 study by O'Toole, et al. performed case-control matching with a nested cohort analysis to compare use of health care services among homeless and non-homeless veterans to determine patterns of use. The stated goal was to identify the demand for care and the use of health services among newly enrolled homeless veterans and factors associated with redirecting that use to ambulatory settings. This study was part of a larger VA Health Services Research and Development study that tested different interventions to enhance treatment engagement among homeless veterans. In this study, the effect of a primary care assignment on subsequent health services use was significantly greater for the homeless cohort, suggesting a greater degree of deferred, delayed, and not-yet-diagnosed medical and mental health conditions in this disadvantaged and disenfranchised cohort. The primary care assignment refers to the

assigned primary care provider as part of the Patient Aligned Care Team (PACT) which includes an interdisciplinary team of nurses, pharmacists, mental health professionals, and social workers. Findings were in contrast to commonly held expectations that homeless health care is defined by high no-show rates and poor continuity of care. High-volume primary care and medical home engagement can significantly reduce reliance on ED care and represents an opportunity to effectively engage individuals in care with a goal of reducing the overuse of ED care in the process (O'Toole, et al., 2013).

A 2016 observational study by O'Toole, Johnson, Aiello, Kane, and Pape describes the development of the VHA's national medical home model which was launched in 2011. The HPACT focuses on integrated care to improve engagement, clinical stabilization, social services, and stable housing among the highest-risk veterans. Five core elements of the HPACT model distinguish it from traditional primary care: 1) enhanced, low-threshold access to care with open-access, walk-in capacity, flexible scheduling, and clinical outreach to homeless people on streets, in shelters, and in community locations; 2) integrated services; 3) intensive health care management that is integrated with community agencies with an emphasis on ongoing, continuous care; 4) ongoing staff training and development of homeless care skills; 5) data-driven, accountable care processes. Findings suggested that high levels of patient engagement in health care, evidenced by enhanced use of health care and social services, were associated with a population-tailored medical home approach for homeless veterans (O'Toole, et al., 2016).

Conclusion of Literature Review

Though various aspects of health care engagement among homeless veterans have been researched, there is not an abundance of literature that encompasses all these topics

together to explore how they interact with each other and how they affect heath care engagement among this population. Homeless veterans are a unique population with specific physical and psychological needs. They are often reluctant to present for healthcare due to various factors including fear of stigma. The literature concludes that engaging this population often requires initial outreach, whether that is through traditional street outreach, visiting shelters, or through printed material in places that these veterans congregate. Homeless veterans, given their transiency and risk factors, seem to have better outcomes in regard to engagement when they can present for care at their own convenience and have the opportunity to address issues with various disciplines as needed. As rapport and trust develop between patient and provider, these veterans are generally more likely to remain engaged and develop a sense of self-advocacy.

Theoretical Framework

The Behavioral Model for Vulnerable Populations was the theoretical framework used for this project. It has been applied in several studies involving the homeless population, more specifically regarding healthcare utilization. In exploring the various theoretical frameworks that could be applied to the research on improving patient engagement among homeless veterans through open-access interdisciplinary care and outreach, this model was the most widely discussed in the literature. Many of the studies reviewed for this paper either made mention of this theoretical framework or directly incorporated it into the research.

The Behavioral Model for Vulnerable Populations is a major revision of the Behavioral Model of Health Services Use which was developed in the late 1960's to assist in understanding why people use health services. The original model suggested that people's use of health services was as function of their predisposition to use services, factors which enable or impede use, and their need for care. The model of health services use originally focused on the family as the unit of analysis, because it was believed that the medical care an individual receives is most certainly a function of the demographic social and economic characteristics of the family as a unit. The original model hypothesized that predisposing, enabling, and need factors would have differential ability to explain use, depending on what type of service was examined. In Ronald Andersen's 1995 review of the Behavioral Model of Health Services Use, he states that "the current debate, recent defeat, and continuing directions of so-called 'health care reform' reinforce my belief that studies of equity and efficient and effective access examined from a

comprehensive and systemic perspective will be relevant and important for the indefinite future" (Andersen, 1995).

The Behavioral Model for Vulnerable Populations was introduced in the mid 1990's by Lillian Gelberg and Ronald Andersen. This revision to the Behavioral Model of Health Services Use was designed to include domains especially relevant to understanding the health and health-seeking behavior of vulnerable populations. Vulnerable populations include minorities, undocumented immigrants, children and adolescents, persons who are disabled or mentally or chronically ill, the elderly, and impoverished and homeless persons (Gelberg, et al., 2000). The original Behavioral Model included Predisposing, Enabling, and Need components which predict health practice. The Behavioral Model for Vulnerable Populations expands to include health status utilization as it relates to health status outcomes. Health status is viewed as both an outcome as well as a determinant of use. A depiction of the model is seen below in Figure 2.

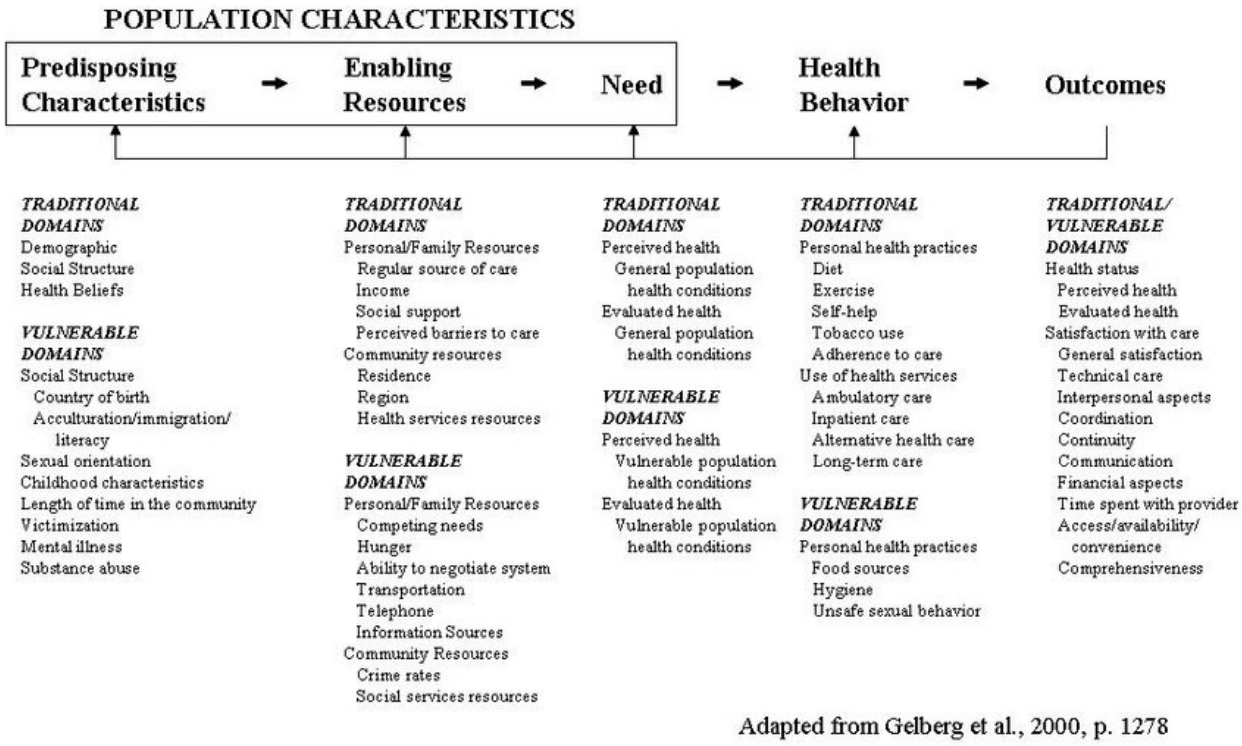

Figure 2. The Behavioral Model for Vulnerable Populations (Gelberg, Andersen, & Leake, 2000).

In most of the literature collected for this integrative review, the researchers used the Behavioral Model for Vulnerable Populations as a theoretical framework. Though other theoretical frameworks may prove relevant to the research of improving patient engagement among homeless veterans through open-access interdisciplinary care and outreach, the Behavioral Model for Vulnerable Populations was the most widely referenced and most applicable. This model maintains a multidisciplinary focus and is cited in journals of nursing, medicine, social work, and public health. This model explores the factors that are most influential in health service utilization and health outcomes these include: predicting, enabling, and need based factors. These factors can

be easily explored by nurses and subsequently targeted for population-based care planning. The more that is known about what drives homeless veterans to seek health care, what enables them to do so, and what the most common needs are within this vulnerable population, the more successful nurses can be in helping these individuals understand and engage in their own health care, thus improving self-management and self-advocacy.

Methods

Purpose

This was an integrative review designed to examine research that explores the effectiveness of open-access interdisciplinary care and outreach in engaging homeless veterans in health care. An integrative review is a specific review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or health care problem (Whittemore & Knafl, 2005). As this method did not involve human subjects, IRB approval was not necessary.

Search Strategy

Literature search was conducted through the Adams Library using CINAHL, Cochrane, and PubMed Health databases and keywords: homeless, veteran, healthcare engagement, homeless-tailored care, vulnerable populations. Nursing, Public Health, Social Work, and Medical journals were searched for articles and reviews. Peer reviewed literature dated 2008-present was considered. Both qualitative and quantitative research was reviewed.

Data Collection

Data collected from individual studies included: study purpose, design, and location, total number of participants, homeless versus nonhomeless status of participants, and their engagement in health care. Data collection was organized using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram. PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses (PRISMA, 2009). The PRISMA Flow Diagram can be seen below in Figure 3.

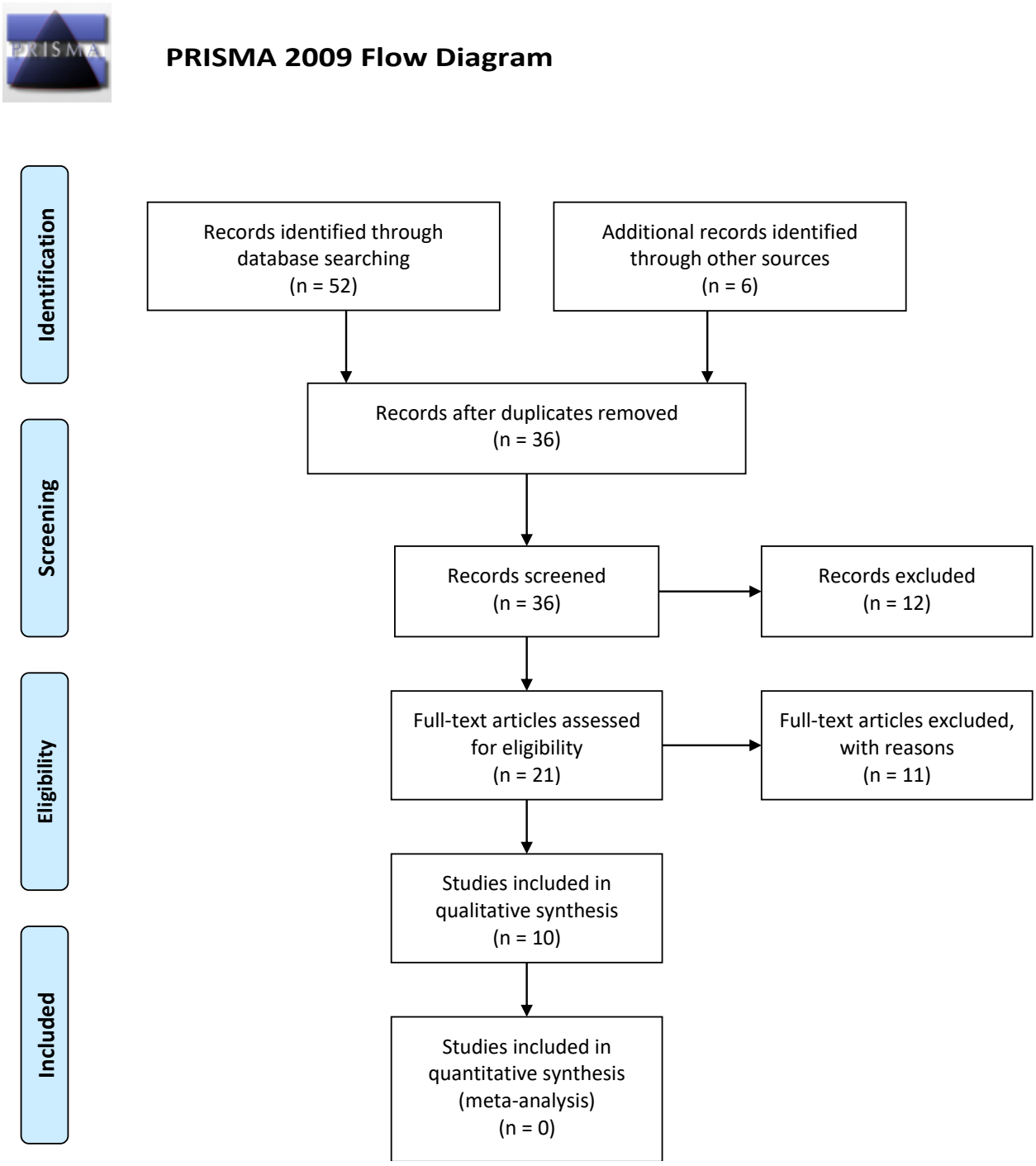

Figure 3. PRISMA 2009 Flow Diagram (PRISMA, 2009).

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visitwww.prisma-statement.org.

Critical Appraisal

Critical appraisal tools adapted from Polit & Beck were used to critique each study. Such critiques are expected to be comprehensive, encompassing various dimensions of a report, including substantive and theoretical aspects, ethical issues, methodologic decisions, interpretation, and the report's presentation (Polit & Beck, 2017). These critiques can be reviewed in appendix A. After presenting a critique of the research, it was synthesized in response to the research question.

Results

Each of the 10 studies selected for this integrative review are further outlined in study-specific data tables which can be viewed in Appendices A and B. Appendix A 1-10 includes a critique table showing critical appraisal for each of the studies. The critiquing guidelines examine the title, abstract, introduction, method, results, discussion, and general issues of each study. Appendix B 1-10 includes data tables which include the purpose, findings, limitations, and suggestions for each study. These tables provide a comprehensive overview of the 10 studies included in this integrative review.

Individual PRISMA Studies

A 2000 study by Gelberg, et al. was conducted to present the Behavioral Model for Vulnerable Populations and to test the model in a prospective study designed to define and determine predictors of the course of health services utilization and physical health outcomes within the homeless adult population. This study used a community-based probability sample of 363 homeless individuals. Each participant was interviewed and examined for four health conditions which included high blood pressure, functional vision impairment, skin/leg/foot problems, and positive TB skin test. Any participant with at least one of these conditions was followed longitudinally for up to eight months. Hypotheses for this study were as follows: 1) the homeless will be more likely to seek services for conditions that lead to a more immediate impact; 2) predisposing and enabling vulnerable domains will be important to predisposing and enabling traditional domains in explaining the use of services by homeless persons; 3) as in the general population, the health needs of the homeless that relate to specific study conditions will be important factors in explaining their use of services for those conditions; 4)

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ED care and represents an opportunity to effectively engage individuals in care with a goal of reducing the overuse of ED care in the process (O'Toole, et al., 2013).

In a 2014 study by Linton and Shafer, the Behavioral Model for Vulnerable Populations was used to conceptualize factors associated with hospital, mental health, and substance abuse service utilization among a sample of 260 unsheltered, chronically homeless individuals in a large southwestern metropolitan area. Approximately one fifth of these participants identified themselves as veterans. The study was designed to address gaps in current knowledge of health status, health care access, and utilization among this unique population: predisposing, enabling, and need factors. A structured survey questionnaire was designed to capture information on the physical health, mental health, and substance abuse status of individuals and their use of these services. The Behavioral Model for Vulnerable Populations was applied as an analytical model for this study, and survey items were conceptualized accordingly as predisposing, need, enabling, and outcome factors. Consistent with the Behavioral Model for Vulnerable Populations, predicting, enabling, and need factors are associated with health service utilization among an unsheltered, chronically homeless population. Health insurance, an enabling factor, was significantly associated with use of health care services. Results were the same among sheltered homeless populations which suggests that lack of health insurance is a critical factor in understanding health service utilization among both the sheltered and unsheltered homeless population. This provides tentative support for policies that promote the expansion of health insurance for vulnerable people as it may improve the likelihood that they will access some type of health care (Linton & Shafer, 2014).

A 2014 retrospective review by Tsai et al. reviewed data from the Department of Veterans Affairs (VA) Homeless Operations Management and Evaluation System (HOMES) to determine the importance of outreach as a valuable tool in helping to engage homeless veterans in health care and helping to link them with permanent housing. The study used client-level data from April 2011 to November 2012. The total sample included 120,840 veterans across 142 sites across the US. This study focused on the 70,778 (58.57%)veterans within the sample who VA homeless staff documented as literally homeless(Tsai et al, 2014). "Literally homeless" referred to veterans who were without any type of shelter such as friends' homes, transitional housing, or traditional shelters (Tsai et al., 2014).

Homelessness is associated with significant health care needs and health complications often characterized by very high rates of emergency department use and inpatient hospitalizations combined with an underutilization of ambulatory care services. Often, instead of traditional preventative care, the care provided to this population is reactive to acute issues. In 2015, O'Toole, Johnson, Boriga, and Rose conducted a multi-center prospective, community-based two-by-two randomized controlled trial of homeless veterans. The study took place within the Providence, Rhode Island VA's HPACT and the HPACT at the New Bedford, Massachusetts Community Based Outpatient Clinic (CBOC). The researchers measured the receipt of primary care within four weeks of enrollment. This study tested whether an outreach intervention that included a personal health assessment and brief intervention, and a clinic/health system orientation separately and in combination, would increase health seeking behavior and receipt of health care. This study demonstrated significant benefits from a low-intensity

outreach effort to engage homeless veterans in primary care. Findings suggested that engagement in primary care was sustained and resulted in care being provided across the continuum of needs specific to this population (O'Toole et al, 2015). This is an example of how homeless outreach can improve health care engagement among this population. A 2016 observational study by O'Toole et al. describes the development of the VHA's national medical home model which was launched in 2011. The HPACT focuses on integrated care to improve engagement, clinical stabilization, social services, and stable housing among the highest-risk veterans. Five core elements of the HPACT model distinguish it from traditional primary care: 1) enhanced, low-threshold access to care with open-access, walk-in capacity, flexible scheduling, and clinical outreach to homeless people on streets, in shelters, and in community locations; 2) integrated services; 3) intensive health care management that is integrated with community agencies with an emphasis on ongoing, continuous care; 4) ongoing staff training and development of homeless care skills; 5) data-driven, accountable care processes. Findings suggested that high levels of patient engagement in health care, evidenced by enhanced use of health care and social services, were associated with a population-tailored medical home approach for homeless veterans (O'Toole, et al., 2016).

A 2018 study by Jones, et al. used multivariable multinomial regressions to estimate homeless versus nonhomeless patient differences in primary care experiences reported on a national VHA survey. The sample included survey respondents from non-HPACT facilities (homeless: n = 10,148; nonhomeless: n = 309,779) and HPACT facilities (homeless: n = 2022; nonhomeless: n = 20,941). The survey questions included measures of negative and positive experiences with access, communication, office staff,

provider rating, comprehensiveness, coordination, shared decision-making, and self-management support. Results of this study demonstrated that homeless patients reported more negative and fewer positive experiences than nonhomeless patients in non-HPACT facilities. The patterns of homeless versus nonhomeless differences were reversed in HPACT facilities in the domains of communication, comprehensiveness, shared decision-making, and self-management support.

Potential factors that affect homeless patients' use of primary care services were found to be their negative perceptions of the healthcare environment and concerns about how they will be treated by health care providers and staff. Persons who are homeless reported feeling unwelcome in healthcare settings and perceived discrimination from providers and staff because of being homeless. Homeless patients also reported more negative healthcare experiences than nonhomeless patients potentially contributing to inequities in health services use and health outcomes. This study concluded that VHA facilities with HPACT programs appear to offer a better primary care experience for homeless versus nonhomeless veterans, reversing the pattern of relatively poor primary care experiences often associated with homelessness (Jones, et al., 2018).

Summary and Conclusions

Summary

The purpose of this integrative review was to examine research that explores the effectiveness of open-access interdisciplinary care and outreach in engaging homeless veterans in health care. After conducting a literature search and excluding studies based on exclusion criteria, 10 studies were selected for the literature review. Critical appraisal tools adapted from Polit & Beck were used to critique the studies. The 10 articles used in this integrative review consistently demonstrated the benefits of homeless-tailored care which includes open-access clinics, an interdisciplinary team, and outreach.

Limitations

There were some limitations to this integrative review. Some of the studies had a relatively small sample size. In studies that were conducted within a certain metropolitan area, results may not be generalizable in other areas. There was limited research on studies involving homeless veterans who received care outside of VA facilities. It is notable that care in non-VA facilities may not be as equipped to manage veteran-specific issues, so this could account for a different experience for both homeless and non-homeless veterans. Data collection is frequently limited to the VA's health care and homeless programs, and often does not integrate data from homelessness assistance programs or health care that is delivered outside of the VA system. It is known that many veterans receive care outside of the VA, but there is not a clear understanding of the extent to which veterans who experience homelessness are receiving services or being identified outside of VA programs (United States Interagency Council on Homelessness, 2018).

Conclusions

Consistent with the Behavioral Model for Vulnerable Populations as introduced by Gelberg et al. in 2000, tailoring care to the needs of the homeless veteran population does result in positive outcomes. These positive outcomes are defined by better overall engagement with the health care team, reduced ED visits, and higher levels of patient satisfaction. As perceived stigma and lack of trust were found to be common themes throughout these studies, it was noted that tailored outreach efforts help to reduce this stigma, establish trust, and build rapport. This again leads to a positive response of homeless veterans becoming more proactive and engaged in their own health care. It would certainly be worth considering whether staff working with this population should receive an initial screening to explore their perceptions and attitudes toward this population. This could be followed up by population-specific education to help them better understand and work with homeless veterans. If researchers can integrate data from the VA and other service delivery systems, a better understanding of patterns of homelessness and service utilization among veterans can be developed.

Recommendations and Implications for Advanced Nursing Practice

Population focused nursing is a culture change for all nurses. Preparing nurses for population-focused interventions is the most critical aspect for the successful development of a dynamic population health nursing workforce (Robert Wood Johnson Foundation, 2017). As a vital member of the interdisciplinary care team, Advanced Practice Registered Nurses (APRNs) must advocate for policies that support homeless veterans and for funding of programs that tailor care to the homeless veteran population. APRNs working with homeless veterans must provide education to health care workers who provide services for this population on the physical and mental health issues that affect both the homeless population and the veteran population in order for them to recognize and manage risk factors such as substance abuse, mental health disorders, undiagnosed chronic illness, and suicide risk. The APRN should conduct evidence-based research and maintain knowledge of current statistics and trends involving the homeless veteran population. Dissemination of research can be achieved through nursing and public health journals, conferences, and interdisciplinary networking efforts. The APRN should focus on creating systems that promote professional trust and rapport with these patients in order to facilitate continued therapeutic relationships and promote desired outcomes.

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Appendix A-1

Gelberg, L., Andersen, R. M., & Leake, B. D. (2000). The behavioral model for vulnerable populations: application to medical care use and outcomes for homeless people. *Health Services Research, 34*(6), 1273-1302.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title clearly identified the theoretical model and its application to a population's use of medical care.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract provided a clear summary, broken down into the components of the study.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	The problem was clearly identifiable with a persuasive argument for the study. It was significant for nursing in that the population being studied is one at high-risk and with prominent health disparities. A community-based probability sample was interviewed and examined for four study conditions. Those with at least one of these conditions were then followed longitudinally for up to 8 months. This is an appropriate match for the problem presented.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	The study participants were first interviewed and were asked questions to identify whether they have any of the four conditions: high blood pressure, visual impairment, skin/leg/foot problems, positive TB skin test. Participants with any of these conditions then received a brief physical exam to further evaluate the reported conditions. These initial interviewed provided the basis for who would be followed over the next 8 months.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The literature review provided an adequate summary of the problem along with a strong presentation of the new "Behavioral Model for Vulnerable Populations."

Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	As the purpose was to introduce the Behavioral Model for Vulnerable Populations, the theoretical framework was clearly outlined and explained. It was highly relevant to the problem.
Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	Respondents were informed about the nature of the study and signed a consent prior to participation. The study did not discuss IRB review. Those who met selected criteria during interviews benefited from continued follow up through the 2nd wave of the study.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	The interview portion of the study was an average of 21 minutes per participant which was adequate time to obtain the desired information. The longitudinal follow up period was approx. 8 months long allowing the researchers to track progress every few months.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	The number of contacts was adequate and included the initial interview and then subsequent follow ups if applicable.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The homeless veteran population was adequately described along with information supporting their designation as a vulnerable population. Participants were selected from within a sample from a previous study. This allowed an adequate sample size of 363 homeless individuals, which met criteria specific to the study.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?	Data was gathered via interview and then subsequent follow-up. The questions were streamlined toward four selected conditions and provided the researchers with sufficient data.

	• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	Interview and recording procedures were adequately described. The interviews were conducted by trained lay interviewers who followed a structured protocol.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Strategies to increase trustworthiness included a detailed description of the study, interviews were conducted in the setting of the participants' choice, with the issuance of a $5 monetary stipend for their participation. Participants who were identified as in need of care were then given a letter to provide to a medical professional along with a list of medical facilities in the area. The descriptions of the physical exam portion of the study was well-detailed and broken down by condition.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Variables and methods of data analysis were summarized in detail.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	Findings were summarized by condition. The identified needs within the sample were clearly outlined. The themes being captured in the data clearly portrayed the health risks associated with homeless people as a vulnerable population.

Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	The Behavioral Model for Vulnerable Populations was clearly supported by the study in a manner that expressed its validity as a revision to the Behavioral Model. Figures were used to display study results. Findings, themes, and patterns were clearly linked to the model.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were interpreted in line with the population being studied. Prior studies were referenced.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	Implications were discussed in that this revision of the Behavioral Model allows for focus on the specific needs of vulnerable populations.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was well-written, easy to follow, and described in detail specific to the concept being described.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	Yes, the researchers are highly credible.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	The study findings are trustworthy and valuable. The study evidence is applicable especially to public health practice due to the focus on vulnerable populations.

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Appendix A-2

Jones, A., Hausmann, L., Kertesz, S., Suo, Y., Cashy, J., Mor, M., . . . Gordon, A. (2018). Differences in experiences with care between homeless and nonhomeless patients in veterans affairs facilities with tailored and nontailored primary care teams. *Medical Care*, *00*(00), 1-9.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title clearly identifies the populations and settings being studied.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract provides a clear understanding of each component of the study, providing the reader with a detailed overview.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	The problem is easily identifiable and builds an argument for the study. The problem is significant to nursing, especially in the setting of population health. A qualitative approach was appropriate in that the study is comparing experiences of two groups in two types of settings.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	The research questions were clearly stated and easily identifiable. These questions were appropriate the population being studied.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The report adequately summarized the existing body of knowledge related to the problem while providing a strong basis for the new study.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	Though a conceptual framework was not specifically outlined, the philosophical basis of the study was in line with the Behavioral Model for Vulnerable Populations.

Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	This study was a retrospective review of randomized patient experience surveys. There was no identified risk to participants. The study does not benefit survey respondents directly, but outcomes could lead to improved patient experiences in the future. All study procedures were approved by the IRB's at the University of Utah and Veterans Affairs Pittsburgh Healthcare System.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	This was a retrospective cohort study of health care experiences in a large sample of homeless and non-homeless Veterans who received care in VA facilities. The measured domains were described in detail to provide the reader with a clear understanding of the study.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Yes
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population and sample were adequately described. The sample size was adequate to the study. The process of facility selection was described in detail. The final sample included 510 facilities. 791,316 patients were sampled from 485 non-HPACT facilities with a response rate of 23% and 44% among homeless and non-homeless patients, respectively. 66,825 patients were sampled from 25 HPACT facilities with response rates of 21% and 40% among homeless and non-homeless patients, respectively.

Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	Data focused on homeless and non-homeless veterans with tailored and non-tailored primary care programs. Data was sourced from the Patient Centered Medical Home Survey of Healthcare Experiences of Patients (PCMH-SHEP), and ongoing survey of VHA healthcare experiences conducted by the VHA Office of Reporting, Analytics, Performance, Improvement, and Deployment (RAPID).
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	Data recording procedures were adequately described and appear appropriate. The method of accounting for differences between facilities was outlined as well as identifying overlapping characteristics in homeless and non-homeless veterans.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	The researchers described the study to selected participants prior to sending the survey. This was followed up with a thank-you card. Research procedures and processes were clearly documented. The description was understandable and transferable.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?	Data management and analysis methods were clearly described. Two sensitivity analyses were conducted.

	• Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	Findings were effectively summarized. The data captured a meaningful phenomenon regarding homeless veteran healthcare.
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	Patterns were logically connected. Tables were used to outline facility characteristics and sociodemographic characteristics. Though a conceptual framework was not discussed, this study's theme was in line with the Behavioral Model for Vulnerable Populations.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Sociodemographic characteristics were calculated. It was discussed that prior studies, which were focused on patterns of service utilization, found that only a small percentage of homeless patients receive care through HPACTS vs other primary care teams. Limitations included: the definition of homelessness was based on administrative records, causing potential misclassification; estimates of homeless vs non-homeless could be influenced by lower survey response rates among homeless patients; analyses

		involved multiple comparisons and some statistical differences could occur with chance; unable to identify actual visits to HPACT, preventing the determination of whether positive experiences in facilities with HPACT programs are a direct result of HPACT engagement.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	Results from this study could have implications for addressing disparities in conditions that are often managed in primary care and are over-represented in homeless populations, such as mental health and substance abuse disorders.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was well-written, well-organized, and detailed for analysis.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researchers' clinical qualifications enhanced confidence in their findings.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	Findings appear to be trustworthy, noting that over-represented issues in the homeless population, such as substance abuse, could be better managed and addressed in a homeless tailored clinic.

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Appendix A-3

Kertesz, S., Holt, C., Steward, J., Jones, R., Roth, D., Stringfellow, E., . . . Pollio, D. (2013). Comparing homeless persons' care experiences in tailored versus nontailored primary care programs. *American Journal of Public Health, 103*(S2), 331-339.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title provides a clear explanation of the study
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	Yes. The abstract includes each component of the study
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	Yes. The problem is easily identifiable in the first paragraph of the article and has significance in nursing. A qualitative approach is appropriate for this problem.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	The Primary Care Quality-Homeless (PCQ-H) survey was used in this study. Survey questions were clearly outlined.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	Yes, this study cited other relevant research in providing a basis for the new study.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	The study references the Behavioral Model for Vulnerable populations which is appropriate for the problem.

Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	Participants were selected via random sample within the parameters of the desired groups. Participants were required to sign a HIPPA contract, and refusal resulted in disqualification.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	Researchers spent 40-60 minutes face-to-face conducting surveys with each participant over the course of the study. The study design remained constant throughout.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Each participant was contacted for 40-60 minute face-to-face survey.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population of interest was homeless people. This was narrowed down by selecting participants in tailored and non-tailored primary care programs. The 601 participant sample was randomly selected from both clinic types in each of the 5 selected sites.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	Data was gathered using a 33 item PCQ-H survey which consisted of 4 scales: 1) Patient/clinician relationship (15 items) 2) Cooperation among clinicians (3 items) 3) Accessibility or coordination (11 items) 4) Homeless-specific needs (4 items)
Procedures	• Were data collection and recording procedures adequately	Analysis controlled for a range of patient characteristics selected on the

	described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	basis of empirical literature regarding patient-level predictors of satisfaction.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Because the recruitment strategy risked enriching the sample with "more stable" or "less vulnerable" homeless-experienced persons, analyses included plans to assess for differences within stratified groups: • Persons with a history of chronic homelessness • Persons with fair or poor general health status • Persons with current severe psychiatric symptoms
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Analysis proceeded in 3 phases: 1) Respondents were compared in regard to demographics, health, and health service utilization 2) PCQ-H scores were compared across sites 3) A categorical "unfavorable experience" indicator was developed based on the number of unfavorable responses in the top 3rd of each subscale.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?	Findings were clearly and effectively summarized to capture the meaning of the data.

	• Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	The Behavioral Model for Vulnerable Populations was used to help identify patient characteristics. Figures were used to display data.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were discussed and outlined within the context of the population being studied. Limitations were discussed in regard to the study results.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	The study suggests that tailored service deliver matters to patients in ways that are readily measurable. Further research is needed to determine which aspects of service-tailoring are most important.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was very well organized with clearly understandable findings.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researchers' clinical qualifications enhanced confidence in this study.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be	One finding in regard to tailored care focused on collaboration among members of the health care team, creating a trustworthy and welcoming environment.

	used in nursing practice or that is useful to the nursing discipline?	

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Appendix A-4

Linton, K. F., & Shafer, M. S. (2014). Factors associated with the health service utilization of unsheltered, chronically homeless adults. *Social Work in Public Health, 29*, 73-80.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	Yes. Health service utilization among chronically homeless adults.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is very brief, and is not summarized by component, but does give a precise summary.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	The problem was easily identifiable, clearly stated, and was relevant to nursing. A qualitative approach was appropriate for this study.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	The study was designed to address gaps in knowledge of health status, access, and utilization among this population. • Predisposing, enabling, and need factors associated with the use of physical health, mental health, and substance abuse services. • Factors associated with health service utilization that are unique and contrast with previous findings among sheltered homeless samples.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest?	Previous research was summarized, followed by the purpose of this study. Current knowledge gaps were stated.

	• Did the literature review provide a strong basis for the new study?	
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	Concepts were clear and adequately defined. The conceptual framework was appropriate for the problem.
Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	Participants provided written and verbal consent. They were informed of the general purpose of the research, requested to respond to a Vulnerability Index (VI) survey, and offered a $5 gift card. IRB was not discussed in the article.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	The survey consists of 35 items and takes about 15 minutes to administer.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Study participants were contacted during recruitment, which occurred over 3 nights, and during survey administration.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	A convenience sample of 260 homeless adults was recruited in select areas of Phoenix, AZ over three consecutive nights. The population of interest was adequately described. Volunteer surveyors reported an approximate response rate of 85% of those approached on the street.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?	Data was collected from a 35 item Vulnerability Index survey which was designed to capture information on

	• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	physical health, mental health, and substance abuse status of individuals, their use of these services, and common socioeconomic demographic features.
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	The survey content was described in detail. Bivariate analysis was applied due to the relatively small sample size.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Bivariate analysis was applied due to the relatively small sample size. To prevent multicollinearity, chi-squared was used to determine the unadjusted relationships between the predisposed, enabling, and need factors. Dummy variables were created for categorical variables. Participants were excluded from logistic regression models if they had missing data on any of the variables included in the model.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Analysis methods, as noted above, were adequately described.
Findings	• Were the findings effectively summarized, with good use of	Findings were effectively summarized. All regression models were considered to be

	excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	significant according to the traditional goodness-of-fit test. The logistic regression models show that predisposing, enabling, and need factors are statistically significant with each of the health services.
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	The Behavioral Model for Vulnerable Populations was applied as an analytical model in this study. In the article's introduction, this model's position on health service utilization is referenced. Tables are used in this study to summarize. Consistent with the Behavioral Model for Vulnerable Populations, predicting, enabling, and need factors are associated with health service utilization among an unsheltered, chronically homeless population.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	The results of this study provide tentative support for policies that promote the expansion of health insurance for vulnerable people may improve the likelihood that they will access some type of health service utilization.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	The researchers discuss that little is known about people who are homeless and do not access shelter services. More research is needed to understand the complex relationships between predisposing, enabling, and need factors and HSU among the unsheltered, chronically homeless population.

General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was well-written and well-organized.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researchers' clinical qualifications enhance confidence in this study.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	Yes. The predisposed, enabling, and need factors presented in this study are valuable to understand when working with this population in the healthcare setting.

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Appendix A-5

O'Toole, T. P., Buckel, L., Bourgault, C., Blumen, J., Redihan, S. G., Jiang, L., & Friedmann, P. (2010). Applying the chronic care model to homeless veterans: Effect of a population approach to primary care on utilization and clinical outcomes. ***American Journal of Public Health, 100*****(12), 2493-2499.**

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title encompasses the population and the phenomenon.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is a clear summary organized by component.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	The problem is clear. It is significant for nursing in that it is focused on improving health outcomes and engagement in care. A qualitative approach is appropriate for this study.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	Research questions were explicitly stated and were consistent with the study's philosophical basic.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	Existing knowledge was thoroughly discussed and provided a strong basis for the new study.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	The study frequently made reference to the chronic care model which is appropriately aligned with the purpose of this study.

Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	There was minimal risk to participants as this study was retrospective.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	The study was retrospective and reviewed records from a designated 2-year timeframe.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Not applicable as this was a review of records.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	Sampling frame of control participants was identified through a master list of all patients who were homeless (according to V.60 ICD-9 codes) and who received primary care through a Providence VA general medicine clinic from 2004-2006. That timeframe was chosen because it preceded the establishment of the Homeless Patient Aligned Care Team (HPACT) and would limit crossover effects or selection bias. 177 records were included in the study.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?	One member of the research team abstracted clinical information from the electronic medical record. A second member performed an independent abstracting review, and a third member arbitrated any discrepant items from the 2 chart reviews.

	• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	The 2004-2006 timeframe was chosen because it preceded the establishment of the Homeless Patient Aligned Care Team (HPACT) and would limit crossover effects or selection bias. Data procedures were appropriate to the study.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Measures were in place throughout the data collection/analysis process to increase trustworthiness. Procedures were adequately described in detail with confirmable findings.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Results were extensively described in detail, broken into components. The analysis strategy was compatible with the type of data gathered.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher	Findings were summarized in detail with use of supporting arguments. The chronic care model was adequately applied to the research.

	satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	The Chronic Care Model was the framework for this study. Figures were used in the study to display the data and results.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were interpreted within the context of the homeless veteran population. Previous studies were referenced to solidify the argument.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	The study concluded in stating that urban health centers should consider this model (Chronic Care Model) as a means for reducing ED crowding and the overall disease burden among this vulnerable population.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was very well written, with the components of the study well-organized and clearly stated.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researcher is nationally known in the VA for his research in regard to the issues faced by homeless veterans.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results?	The evidence is trustworthy. The study presents the application of the Chronic Care Model in caring for

	• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	homeless veterans and the effects on clinical outcomes.

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Appendix A-6

O'Toole, T. P., Bourgault, C., Johnson, E. E., Redihan, S., Boriga, M., Aiello, R., & Kane, V. (2013). New to care: Demands on a health system when homeless veterans are enrolled in a medical home model. *American Journal of Public Health, 103*(S2), 374-379.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title described the phenomenon and population being studied.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is clearly written and is organized by component.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	The care that homeless persons receive is often based in emergency departments, so these patients often do not receive chronic care management or preventative services.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	The goal was to identify the demand for care and the use of health services among homeless veterans and redirecting that utilization to the ambulatory care setting.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The report summarized risk factors faced by homeless veterans as well as the lack of health care continuity. Also summarized were the effects of the Affordable Care Act and the shift toward Accountable Care Organizations.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic	Key concepts were defined. This report was in line with the Behavioral Model for Vulnerable Populations.

	orientation made explicit and was it appropriate for the problem?	
Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	Case participants were identified from a review of consecutive enrollments to the homeless clinic @ Providence VA between 1/08 and 6/11. Control participants were identified from local administrative records of all enrollees between 1/11 and 7/11 and matched by age/gender to the homeless group. IRB approval was not discussed.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	This project was part of a larger VA Health Services Research & Development study that tested different interventions to enhance treatment engagement among homeless veterans.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Participants had one face-to-face visit with their PCP or clinic nurse in addition to their initial H&P.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population of interest was adequately described. Participants were identified via record review. The sample consisted of 127 homeless veterans and 106 non-homeless veterans
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they	The electronic medical record was used to retrieve encounter data for each enrollee. Data were collected and organized as: 1) initial visit services, diagnoses, and

	recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	referrals. 2) care received, diagnoses, and referrals during the first month of enrollment, and during months 2 through 6.
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	Abstracted data was organized into an excel spreadsheet. Proportionate analyses were used to compare the cohorts with regard to medical, mental health, and substance abuse conditions, and the x2 test was used to compare rates of use within each of the categories.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Effective strategies were used. Research strategies and procedures were effectively documented. Processes and procedures were auditable and confirmable. Content and findings were thoroughly described.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Data management and analysis was clearly described. Strategy was comparable with tradition.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments?	The findings were effectively summarized and easy to understand. Themes were satisfactorily

	• Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	conceptualized. The research phenomenon was very clearly described.
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	Figures and tables were used. Concepts and patterns were clearly linked and summarized.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Interpretations and findings were discussed within the context of the study limitations. Limitations were clearly outlined.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	In this study, 26% of the cohort stopped going to the ED after 3 months of primary care, which was consistent with earlier studies that linked homeless persons with primary care. However, more directed research is needed to better understand the role of treatment engagement in this process.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was well-written and easily navigated. The study interpretations were vivid and comprehensive.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience	The researchers' clinical qualifications enhance confidence in this study.

	enhance confidence in the findings and their interpretation?	
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	Findings appear to be trustworthy. The study does contribute meaningful evidence in regard to the importance of tailored care and follow up to enhance engagement in health care.

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Appendix A-7

O'Toole, T. P., Johnson, E. E., Boriga, M. L., & Rose, J. (2015). Tailoring outreach efforts to increase primary care use among homeless veterans: results of a randomized controlled trial. *Journal of General Internal Medicine, 30*(7), 886-898.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title does suggest the phenomenon and identifies the population.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is broken down by component.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	The problem is easily identifiable in the background section. The problem is significant for nurses working with the homeless veteran population. A qualitative approach was appropriate for this study.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	The research focused on whether primary care use among homeless veterans would increase as a result of tailored outreach efforts.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The existing body of knowledge was adequately summarized to provide a basis for the new study.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	The article noted that previous research considered health seeking behavior care by homeless persons within the framework of the Behavioral Model for Vulnerable Populations. This model was also appropriate for this study.

Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	All participants signed an informed consent. The Providence VA Medical Center IRB granted approval for this study.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	This was a multicenter, prospective, community-based, two-by-two randomized controlled trial which tested whether a tailored outreach intervention would increase health-seeking behavior and receipt of health care.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Participants were contacted at baseline, at 1 month, and at 6 months to complete the surveys.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population was described has homeless veterans, eligible to receive VA services, but not receiving primary care. Recruitment took place at a total of 11 community sites and social service agencies. Final sample size was 181 homeless veterans.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	Data were gathered through face-to-face survey interviews at baseline, 1 month, and 6 months. These surveys included demographics, sheltering status, attitudes about health care, and reasons for not having regular care. In addition, utilization data were collected from the participants' medical records dating 6 months prior to enrollment and

		during the 6-month study period.
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	Data recording procedures were adequately described and were appropriate in minimizing bias. Staff was properly trained.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Measures to enhance trustworthiness were thoroughly described in the data analysis section. Procedures and processes were described in a way that they are auditable and confirmable. Context description is comprehensive.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Data analysis methods were adequately described and yielded appropriate results.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and	Findings were thoroughly summarized with the meaning of the data clearly explained.

	meaningful picture of the phenomenon under investigation?	
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	Figures and tables were used to summarize data. The study was in-line with the Behavioral Model for Vulnerable Populations and was described as such.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were interpreted within the context of issues surrounding the homeless veteran population. Findings were discussed within context of prior research. Limitations included the fact that the study was focused on only one small geographic region.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	The findings provide empiric support for the role of clinical outreach, as well as the importance of patient education and orientation to clinical services in engaging homeless persons in care.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was very well written with comprehensive descriptions of the study components.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researchers are highly credible.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be	The study is trustworthy and provides meaningful evidence to nurses working with vulnerable populations, specifically homeless veterans.

	used in nursing practice or that is useful to the nursing discipline?	

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Appendix A-8

O'Toole, T. P., Johnson, E. E., Aiello, R., Kane, V., & Pape, L. (2016). Tailoring care to vulnerable populations by incorporating social determinants of health: The veterans health administration's "homeless patient aligned care team" program. *Preventing Chronic Disease, 13*(E44), 1-12.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title does suggest the phenomenon and identifies the population.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is broken down by component.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	"Although the clinical consequences of homelessness are well described, less is known about the role for health care systems in improving clinical and social outcomes for the homeless." This is a significant problem for nursing and is appropriate for a qualitative approach.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	Yes, the research question was consistent with the study's philosophical basis.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The report provided a detailed understanding of existing knowledge in regard to the elements of the current Homeless Patient Aligned Care Team Model within the VA
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	Yes. It states that the VA HPACT model draws from the US Dept of Health & Human Services' Health Care for the Homeless Program, the theoretic framework of the Behavioral Model for

		Vulnerable Populations, and homeless adaptations of both the chronic care model and the ambulatory intensive care model.
Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	IRB approval was not discussed in the study.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	A 2 sample proportions analysis of low-performing and high-performing HPACTS was conducted, comparing the proportion of stratified clinics with selected care elements. The design did unfold during data collection.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	Not applicable as this was a review of records.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population and setting of interest were clearly described and adequate methods were used to stratify the study elements. The study consisted of 33 VA facilities with homeless care teams that served more than 14,000 patients.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?	Clinical data was extracted from administrative records. Surveys were reviewed retrospectively. There was an abundant amount of data gathered for this study.

	• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	Procedures were thoroughly described, and the data was collected in a manner sufficient for minimizing bias.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	The methods were described in detail which enhanced trustworthiness. Procedures were clearly documented and described to ensure auditability and transferability.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Data analysis methods were clearly described, giving the reader a clear understanding of the strategy and findings.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?	Findings were effectively summarized and conceptualized. The description of the analysis was insightful.

	• Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	Yes. Models and tables were used to display findings. The behavioral model for vulnerable populations was used to guide the study.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were interpreted in regard to the homeless veteran population. Prior studies and limitations were discussed.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	Social determinants of health were discussed in how they correlate to clinical outcomes and engagement.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The reports were well organized with vivid descriptions.
Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researchers are well qualified for the interpretation of the study results.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	Results are trustworthy and contribute evidence to enhance the care and outcomes of this population. Integration of social support services and social determinants into a clinical care model for homeless veterans supports

		nursing practice in delivering comprehensive care.

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Appendix A-9

Parker, R., & Dykema, S. (2013). The reality of homeless mobility and implications for improving care. *Journal of Community Health, 38*, 685-689.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title does suggest the phenomenon and identifies the population.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is broken down by component.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	As homeless persons often seek care in emergency departments for conditions that could be addressed through outpatient care, if a medical system implemented standard practices specifically for homeless patients, this could decrease recidivism. This is significant to nursing as addressing this problem would directly improve care of the patient as well as addressing appropriate use of the ED.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	Research questions were clearly identified.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The existing body of knowledge was discussed in way that presented a strong basis for the new study.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	Concepts were adequately defined. Though the theoretical framework was not explicitly stated, the study was closely in line with the behavioral model for vulnerable populations.

Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	The study was approved by the University of South Carolina's Institutional Review Board.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	This was a cross-sectional study that recruited a convenience sample of homeless persons from a homeless registry retained from the city's largest homeless shelter. The design unfolded during data collection.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	No contact with the study participants occurred since this was a secondary data analysis.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population was adequately described. A convenience sample of homeless persons was obtained from a city's homeless registry. Sample size was 674 homeless persons.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	Data was extracted from the Service Point Homeless Management Information System. Data was collected to examine sociodemographic data, homeless information, and chronic homelessness.
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate?	Collection and recording processes were adequately described. Convenience

	• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	sampling increases the potential for bias vs random sampling. However, the sample to population percentage of this project (88%) should mitigate bias in the population within the city.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	Content descriptions were adequate to allow for transferability and trustworthiness.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	STATA 10 IC was used for analyses. For univariate analyses, Chi square tests were used to analyze differences among categorical variables and t-tests were used for numeric data. If cell sized were small, the non-parametric equivalent was used to increase statistical reliability. Logistic regression was conducted in multivariable analyses with -2 log likelihood ratio tests to compare models ensuring adherence to the rule of parsimony.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it	Findings were effectively summarized to provide a meaningful picture of the phenomenon under investigation.

	appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	
Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	Figures and tables were used to display findings and summarize conceptualizations. Though not specifically discussed, the study was relatable to the Behavioral Model for Vulnerable Populations.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were interpreted within the context of homelessness. Findings and limitations were thoroughly discussed.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	It discussed that since nurses are the primary providers responsible for discharge planning in inpatient and outpatient settings, an intervention should be designed to also be clinician focused. Any such intervention to increase outpatient primary care for the homeless would require a significant emphasis on and commitment to communication, integration and sharing of resources and responsibilities.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was well-written and organized with vivid descriptions of the methods, findings, and interpretations.

Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	The researchers were credible.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	The study findings appear trustworthy. It discussed that since nurses are the primary providers responsible for discharge planning in inpatient and outpatient settings, an intervention should be designed to also be clinician focused. Any such intervention to increase outpatient primary care for the homeless would require a significant emphasis on and commitment to communication, integration and sharing of resources and responsibilities.

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Appendix A-10

Tsai, J., Kasprow, W. J., Kane, V., & Rosenheck, R. A. (2014). Street outreach and other forms of engagement with literally homeless veterans. *Journal of Health Care for the Poor and Underserved, 25*, 694-704.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	• Is the title a good one, suggesting the key phenomenon and the group or community under study?	The title does suggest the phenomenon and identifies the population.
Abstract	• Does the abstract clearly and concisely summarize the main features of the report?	The abstract is clearly summarized.
Introduction Statement of the problem	• Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate?	Street outreach is one of the most direct methods of engaging homeless individuals, but the characteristics of those most likely to be engaged this way is not well understood. A qualitative approach is appropriate for the problem. This is significant for nurses working in public health and with the homeless population.
Research questions	• Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation?	Research questions were consistent with the philosophical basis and tradition of the study.
Literature review	• Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study?	The report summarized the existing body of knowledge in a way that presented a strong basis for the new study.
Conceptual underpinnings	• Were key concepts adequately defined conceptually? • Was the philosophical basis, underlying tradition, conceptual framework, or ideologic orientation made explicit and was it appropriate for the problem?	This study was closely in line with the Behavioral Model for Vulnerable Populations. Key concepts were clearly defined.
Method Protection of human rights	• Were appropriate procedures used to safeguard the rights of study participants?	IRB approval was not discussed. This study is able to benefit participants by

	• Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants?	further understanding the value of outreach in helping homeless veterans to become more engaged in healthcare, thus leading to better outcomes.
Research design and research tradition	• Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings?	An adequate amount of time was spent reviewing the data collected for this study. The design unfolded during data collection.
Research design and research tradition (cont)	• Was there an adequate number of contacts with study participants?	No contact with participants as this was a review of data.
Sample and setting	• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved?	The population of interest is clearly stated and described in detail. The sample size for this study consisted of 70,778 homeless veterans and examined not only individual characteristics, but also program referral and admission patterns.
Data collection	• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?	Data were collected through Homeless Operations Management and Evaluations Systems (HOMES) which is a data stream to a comprehensive homeless registry that offers a near real-time resource for service providers, policy makers, administrators, and researchers on the population of VA homeless service users.
Procedures	• Were data collection and recording procedures adequately described and do they appear appropriate?	The 5 main VA homeless programs captured in HOMES include Housing and Urban Development Veterans Affairs Supportive

	• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?	Housing, Grant & Per Diem, Health Care for Re-entry Veterans, Veterans Justice Outreach, and Domiciliary Care for Homeless Veterans.
Enhancement of trustworthiness	• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?	HOMES reflects the primary data collection of specialized VA homeless programs and may provide numerous benefits including the ability to track the care of homeless veterans, evaluate the effectiveness of interventions, target resources that can be used to prevent homelessness, and identify best practices towards VA's plan to end homelessness among veterans.
Results Data Analysis	• Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases?	Descriptive statistics described approaches by which homeless veterans were engaged. Veterans were then grouped into four broader categories based on their engagement methods. Comparisons were then made between homeless veterans in these four groups based on selected factors.
Findings	• Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation?	Findings were effectively summarized and provided an insightful picture of the phenomenon under investigation.

Theoretical integration	• Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner?	Tables were used to display data and summarize conceptualizations.
Discussion Interpretation of the findings	• Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations?	Findings were interpreted within the context of homeless veterans and built upon the discussion of prior studies. Methodological limitations of this study include its cross-sectional design, lack of structured diagnostic assessments, and possibility that documentation is not standardized across programs submitting data to HOMES.
Implications/ recommendations	• Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete?	Researchers discussed that further research is needed on the reasons veterans self-refer and on comparing street homeless veterans and non-veterans, and their long-term housing and health care outcomes. Outreach services could be further enhanced by additional research and guidelines on the most effective and efficient ways to conduct street outreach with homeless veterans, especially chronically homeless veterans with serious mental health and medical conditions.
General Issues Presentation	• Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid?	The report was organized and well written. The descriptions of the study components were sufficiently vivid.

Researcher credibility	• Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	Yes, the researchers' experience enhanced confidence in the study data and its interpretation.
Summary assessment	• Do the study findings appear to be trustworthy—do you have confidence in the *truth* value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	The study findings appear trustworthy. Findings are relevant to nursing practice in that, once engaged in care, these veterans are likely to benefit from wraparound services to ensure their exit from homelessness. The nurse as care coordinator is able to oversee the ongoing delivery of care upon engaging the veteran in services.

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Appendix B-1

Gelberg, L., Andersen, R. M., & Leake, B. D. (2000). The behavioral model for vulnerable populations: application to medical care use and outcomes for homeless people. *Health Services Research, 34*(6), 1273-1302.

Purpose	Findings	Study Limitations	Suggestions
To present the Behavioral Model for Vulnerable Populations and to test the model in a prospective study designed to define and determine predictors of the course of health services utilization and physical health outcomes within the homeless adult population.	Findings suggested that homeless persons will be more likely to seek care for conditions that have a less immediate, but longer-term, effect and that are of greater salience in the mind of the general public. The study found that having a community clinic or private physician as a regular source of care was a predictor of improved health status.	Because of attrition, selection bias is a potential problem, and the sample may not be entirely representative of the homeless population in the two study communities. As with interviews, self-report measures are limited by reporting bias. Findings are limited by the small sample size of individuals with any given condition and with each of the predisposing, enabling, and need characteristics. Utilization results were based solely on yes/no questions about whether services had been received. Adherence with treatment recommendations was not able to be observed. Clinical data was collected by lay interviewers, not by clinicians.	This model should be tested on other segments of the homeless population as well as on other vulnerable populations. Future studies testing components of this model need sufficiently large sample sizes to ensure adequate power. Future work could expand the effort to understand other conditions and explore in detail the reasons why homeless people obtain healthcare. Further understanding is needed on the characteristics of community health centers that predict better outcomes.

Appendix B-2

Jones, A., Hausmann, L., Kertesz, S., Suo, Y., Cashy, J., Mor, M., . . . Gordon, A. (2018). Differences in experiences with care between homeless and nonhomeless patients in veterans affairs facilities with tailored and nontailored primary care teams. *Medical Care*, *00*(00), 1-9.

Purpose	Findings	Study Limitations	Suggestions
To estimate homeless versus nonhomeless patient differences in primary care experiences reported on a national Veterans Health Administration (VHA) survey.	Results of this study demonstrated that homeless patients reported more negative and fewer positive experiences than nonhomeless patients in non-HPACT facilities. This study concluded that VHA facilities with HPACT programs appear to offer a better primary care experience for homeless versus nonhomeless veterans, reversing the pattern of relatively poor primary care experiences often associated with homelessness.	The study definition of homelessness was based on administrative records, potentially resulting in misclassification. Estimates of homeless vs nonhomeless risk differences could be influenced by lower survey response rates among homeless patients. Analyses involved multiple comparisons and some statistical differences could occur with chance. Researchers were unable to identify actual visits to HPACT, preventing them from determining whether positive experiences in facilities with HPACT programs are a direct result of HPACT engagement.	Given the high prevalence of depression observed in persons with homeless experiences, future research is warranted to test whether health care settings with homeless-tailored primary care teams evidence better depression care and reductions in mental health disparities for homeless vs nonhomeless patients. Given that 63 VHA facilities have implemented HPACT programs as of the time of the study, it will be important for prospective studies of persons verified to be using HPACTs to assess whether more positive care experiences observed in this study are replicated across VHA facilities with varying HPACT specifications.

Appendix B-3

Kertesz, S., Holt, C., Steward, J., Jones, R., Roth, D., Stringfellow, E., . . . Pollio, D. (2013). Comparing homeless persons' care experiences in tailored versus nontailored primary care programs. *American Journal of Public Health, 103*(S2), 331-339.

Purpose	Findings	Study Limitations	Suggestions
A comparison of homeless-experienced (either recently or currently homeless) patients' assessments of their own health care across five federally funded primary care settings which varied in degree of homeless-tailored services. These settings included three Veterans Affairs (VA) mainstream primary care settings in Pennsylvania and Alabama, a homeless-tailored VA clinic in California, and a highly tailored non-VA Health Care for the Homeless Program in Massachusetts.	Results of the study supported the hypothesis that care received in settings more tailored to homeless persons have better ratings in regard to patient satisfaction and outcomes. Patient perceptions of cooperation among the various caregivers might be influenced by actual co-location of these services as well as demonstrating to patients that team members communicated with each other in ways that went beyond the medical record.	Individuals were not randomly assigned to clinics, so some characteristics of the patients or the 5 clinical settings, other than service tailoring, could account for the results. By studying 4 VA sites and a health center in Massachusetts, few in the sample lacked financial coverage for care, and questions concerning financial access might have been less informative. Recruitment utilized a random record query, with initial contact often via telephone or mail, so the sample was dominated by persons who were homeless-experienced rather than homeless at the time of the survey.	Understanding how specific organizational characteristics affect patients' primary care experiences will require further research. A policy analysis around the time of the study found that the dominant mainstream model for delivering primary care to homeless individuals is not adequate, but little empirical evidence exists to guide selection of a superior approach. The experience of successful homeless primary care programs could inform policymakers dedicated to vulnerable patient populations. Future research is needed to learn which aspects of service tailoring matter most, and whether they are easily translated across service environments for both homeless and nonhomeless patient populations.

Appendix B-4

Linton, K. F., & Shafer, M. S. (2014). Factors associated with the health service utilization of unsheltered, chronically homeless adults. *Social Work in Public Health, 29*, 73-80.

Purpose	Findings	Study Limitations	Suggestions
To address gaps in current knowledge of health status, health care access, and utilization among the homeless population by examining predisposing, enabling, and need factors.	Consistent with the Behavioral Model for Vulnerable Populations, predicting, enabling, and need factors are associated with health service utilization among an unsheltered, chronically homeless population. Results were the same among sheltered homeless populations which suggests that lack of health insurance is a critical factor in understanding health service utilization among both the sheltered and unsheltered homeless population.	The study is based on cross-sectional data and has limited generalizability, and potential fidelity and reliability issues Generalizability is limited by small sample size and by the location being in a large metro area with many services available to people who are homeless. Though each volunteer was trained, fidelity could not be ensured while the volunteers were on the streets administering the surveys. Self-report is another limitation in this study as accuracy of the responses to the survey questions is difficult to determine.	It was apparent in the study that little is known about people who are homeless and do not access shelter services. More research is needed to understand the complex relationships between predisposing, enabling, and need factors and health service utilization among the unsheltered, chronically homeless population.

Appendix B-5

O'Toole, T. P., Buckel, L., Bourgault, C., Blumen, J., Redihan, S. G., Jiang, L., & Friedmann, P. (2010). Applying the chronic care model to homeless veterans: Effect of a population approach to primary care on utilization and clinical outcomes. ***American Journal of Public Health, 100*****(12), 2493-2499.**

Purpose	Findings	Study Limitations	Suggestions
The intent of the study was to determine whether a population-tailored approach to how primary care is organized and delivered to homeless veterans is associated with better health care and utilization outcomes.	Results of this study demonstrated that homeless veterans accessing a population-tailored open-access primary care model had significantly more primary care visits and medical admissions than did those homeless persons attending a traditional general internal medicine clinic.	The study occurred in one site in a Northeast urban setting and was limited to a population of veterans, so the results may not generalize to other settings or to nonveteran populations. The retrospective cohort design has limitations in that although there was only a 12-month difference in the time periods, secular trends could have contributed to the differences noted. Chart abstractors were not blinded to study condition or hypothesis, and interpretation of ambiguous documentation might have biased the results.	Tailoring primary care delivery to homeless veterans can decrease inappropriate ED use and improve chronic disease management. Thus, urban health centers should consider this model as a means for reducing ED crowding and the overall disease burden among this vulnerable population.

Appendix B-6

O'Toole, T. P., Bourgault, C., Johnson, E. E., Redihan, S., Boriga, M., Aiello, R., & Kane, V. (2013). New to care: Demands on a health system when homeless veterans are enrolled in a medical home model. *American Journal of Public Health, 103*(S2), 374-379.

Purpose	Findings	Study Limitations	Suggestions
To compare use of health care services among homeless and non-homeless veterans to determine patterns of use. The stated goal was to identify the demand for care and the use of health services among newly enrolled homeless veterans and factors associated with redirecting that use to ambulatory settings.	High-volume primary care and medical home engagement can significantly reduce reliance on ED care and represents an opportunity to effectively engage individuals in care with a goal of reducing the overuse of ED care in the process.	The study was based in one urban medical center, so may not be representative of care elsewhere. It was based in the VA and limited to care received within the VA system, so it is probable that some episodes of care outside the VA system were missed. By focusing only on those with at least 2 primary care visits, there was likely an omission of veterans who were more casually engaged in care at the VA or who might not have had the same acuity of need. It is unclear how generalizable the findings were outside of the VA.	More directed research is needed to better understand the role of treatment engagement in primary care enrollment and reduced ED visits.

Appendix B-7

O'Toole, T. P., Johnson, E. E., Boriga, M. L., & Rose, J. (2015). Tailoring outreach efforts to increase primary care use among homeless veterans: results of a randomized controlled trial. *Journal of General Internal Medicine, 30*(7), 886-898.

Purpose	Findings	Study Limitations	Suggestions
This study tested whether an outreach intervention that included a personal health assessment and brief intervention, and a clinic/health system orientation separately and in combination, would increase health seeking behavior and receipt of health care among homeless veterans.	This study demonstrated significant benefits from a low-intensity outreach effort to engage homeless veterans in primary care. Findings suggested that engagement in primary care was sustained and resulted in care being provided across the continuum of needs specific to this population.	The study was limited to one geographic region of the US and only to homeless veterans. The outreach efforts all occurred within a 2-3-mile radius of the VA medical facility, thus minimized many of the transportation obstacles that are often significant. Results may not be replicable in non-urban settings where lack of geographic access to care is more pronounced.	Additional research is needed to validate these study findings and test their applicability elsewhere

Appendix B-8

O'Toole, T. P., Johnson, E. E., Aiello, R., Kane, V., & Pape, L. (2016). Tailoring care to vulnerable populations by incorporating social determinants of health: The veterans health administration's "homeless patient aligned care team" program. *Preventing Chronic Disease, 13*(E44), 1-12.

Purpose	Findings	Study Limitations	Suggestions
To describe the development of the VHA's national medical home model which was launched in 2011. The HPACT focuses on integrated care to improve engagement, clinical stabilization, social services, and stable housing among the highest-risk veterans.	Findings suggested that high levels of patient engagement in health care, evidenced by enhanced use of health care and social services, were associated with a population-tailored medical home approach for homeless veterans.	Although using administrative data from VA electronic medical records facilitates a comprehensive capture of demographic and health care use data, the data does not allow the researchers to comment on care outside of the VA system. The parameters for identifying high-performing HPACTs were narrowly defined and do not address other equally important measures such as housing stability, satisfaction with health care, and chronic disease management. The use of pre and post enrollment data introduces a potential regression-to-the-mean bias.	The implementation survey data are subject to several biases including a social desirability bias, so further validation is needed to draw firm conclusions.

Appendix B-9

Parker, R., & Dykema, S. (2013). The reality of homeless mobility and implications for improving care. *Journal of Community Health, 38*, 685-689.

Purpose	Findings	Study Limitations	Suggestions
This study sought to determine the characteristics of the mobility and reported health conditions of homeless persons.	The study found that homeless persons were less mobile and less transient than the general state population, with 45.7% of the homeless born in-state and 78% reporting their last permanent residence before becoming homeless as in-state. These findings may help dispel the notion among health care providers that, as a result of their mobility and transience, homeless persons are unlikely to follow up on their medical care or outside referrals.	One of the limitations is the convenience sampling method. The cross-sectional methodology means the researchers were unable to establish causation. Convenience sampling increases the potential for bias versus random sampling. Another limitation was the ability of the multivariable logistic regression model to fit the data. While the associations were strong, these data only account for 5% of the variability in the data to explain whether or not a person is born in state. This indicates that there are other influencing factors not explored in this project which would more strongly account for the reasons that a homeless person remains in his/her state of origin.	Future research should further evaluate concepts of active engagement and direct intervention by shifting treatment for non-acute and chronic care to outpatient care providers. Research could include a prospective cohort of homeless persons measured on multiple markers to include health, service access, mobility and other key factors that could improve care.

Appendix B-10

Tsai, J., Kasprow, W. J., Kane, V., & Rosenheck, R. A. (2014). Street outreach and other forms of engagement with literally homeless veterans. *Journal of Health Care for the Poor and Underserved, 25*, 694-704.

Purpose	Findings	Study Limitations	Suggestions
To determine the importance of outreach as a valuable tool in helping to engage homeless veterans in health care and helping to link them with permanent housing.	Study findings suggest that street outreach should incorporate careful, sensitive approaches to engaging these individuals as these individuals were more likely to have been disenfranchised from and to be distrustful of conventional social services.	Methodological limitations of this study include its cross-sectional design, lack of structured diagnostic assessments, and a possibility that documentation is not standardized across programs submitting data to the Homeless Operations Management and Evaluation System (HOMES).	Outreach services could be further enhanced by additional research and guidelines on the most effective and efficient ways to conduct street outreach with homeless veterans. Further research is also needed on the reasons veterans self-refer and on comparing street homeless veterans and non-veterans, and their long-term housing and health care outcomes.