

Legacy Project: Literature Reviews

Writers: Alexandria De Roeck, Hayley Barrie, Alfonso Crane, Harley Epley, Sami Christison,

Jamal Drea, Kati Davis, Shivani Patel, Cindy Ho

Editors: Tyler Edwards, Abraham, Eugenio

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Introduction

Habitat for Humanity, a non-profit organization, aims to provide affordable housing and promote housing security for needy individuals and families. Through their efforts, Habitat for Humanity seeks to address the critical social determinant of housing insecurity, recognizing the significant impact of stable housing on health and well-being. Habitat for Humanity has helped repair and build more than 600,000 homes, providing shelter for over 3 million people. In February 2023, we volunteered at Habitat for Humanity, 422 N Vermilion St, Danville, IL 61832. Our group participated in a volunteer service project to connect with the community and support Habitat's mission of addressing housing insecurity. Our volunteer work at Habitat for Humanity involved organizing and facing shelves, stocking donations, and interacting with customers and community members to provide a necessary service.

As nurses, it is crucial to understand the social determinants of health, including housing insecurity. The literature suggests that housing insecurity is associated with poor physical and mental health outcomes, including an increased risk of chronic diseases, poor nutrition, and limited access to healthcare. By volunteering at Habitat for Humanity, we saw firsthand how organizations like Habitat for Humanity play a critical role in promoting access to affordable housing, thereby addressing a critical social determinant of health. Our experiences at Habitat for Humanity will inform our literature review section and deepen our understanding of the relationship between housing and health outcomes for older adults.

Student: Alexandria De Roeck

Article 1

**The Effects of Housing Cost Burden and Housing Tenure on Moves to a Nursing Home
Among Low- and Moderate-Income Older Adults**

This study explores the housing burden's effect on older adults. This study explores inadequate housing as a major cause of unnecessary nursing home admissions. The study claims to be the first to examine the housing cost burden on nursing home admissions (Jenkins et al., 2020). This journal found that renters with a housing cost burden had the greatest likelihood of moving to a nursing home across all research models (Jenkins et al., 2020). The authors found that self-rated health, physical capacity, and mental health were weaker predictors of nursing home moves for renters with a housing cost burden (Jenkins et al., 2020). The authors mention that in the last ten years, the number of older adults living in homeless shelters or transitional housing increased by 69%, from roughly 45,000 to nearly 76,000 people (Jenkins et al., 2020). The increasing number of homeless older adults will only grow at this rate. The study provides evidence of disparities in the ability of older adults and those experiencing housing cost burdens and claims that access to affordable housing is an important protective factor against future nursing home use.

Article 2

**Prescribing Housing: A Scoping Review of Health System Efforts to Address Housing as a
Social Determinant of Health**

This article explores housing instability as a more significant social determinant of health. The authors reviewed themes within health systems to improve health and reduce housing instability (Koeman & Mehdipanah, 2020). Throughout this study, the authors explore 22

articles. The authors identified funding, access, coordination, administrative processes, and evaluation as critical themes throughout the literature review (Koeman & Mehdipanah, 2020). The authors conclude that there is a need for upstream focus, consistent funding, and reliable evaluation strategies (Koeman & Mehdipanah, 2020). Currently, there is a need for more housing in the United States. Nearly 3 out of 4 renters making <\$15,000 spend more than half their income on housing (Koeman & Mehdipanah, 2020). When individuals spend half of their income on rent, it makes affording necessities like healthcare near-impossible. In one night, more than 560,000 people experienced homelessness in January 2019 (Koeman & Mehdipanah, 2020). As more health systems integrate housing-related interventions, findings from this study highlight the need for these interventions.

Student: Hayley Barrie

Article 1

Social Determinant of Housing Instability and Adverse Pregnancy Outcomes: A Scoping Review

This study conducted a scoping review to examine the literature on pregnancy-related morbidities among women giving birth and infants living in unstable housing. Computerized database searches found articles utilizing a variety of pregnancy and housing-related search phrases (Robinson et al., 2022). The searches included English-language US studies between 1991 and 2019. Two reviewers synthesized and critically evaluated peer-reviewed qualitative and quantitative publications using quality assessment techniques from the Joanna Briggs Institute. The birth outcomes of women were underreported compared to baby outcomes, and inconsistent definitions for housing insecurity reduced the rigor of overall findings. Numerous

research has examined the effects of housing insecurity on women who give birth: study sample methods and the absence of a standard definition of housing instability limit findings. However, researching this association is essential to comprehending how social variables affect a woman's health from birth. Future studies should assess the lack of data regarding birthing outcomes within this population. Advocacy at the policy level addressing social determinants must also improve legislation affecting community-based prenatal services and initiatives for pregnant women with housing insecurity (Robinson et al., 2022).

Article 2

The Challenges Homeless People Face When Accessing End-of-life Care: What District Nurses Need to Know

Homeless people's physical and emotional health is worse than the general population's. Death rates are substantially higher, but not enough sites are suited for palliative and end-of-life care (Barnes, 2022). The current healthcare system fails those who are homeless. The stigma of homelessness affects medical professionals' care. Services frequently lack flexibility and have a low tolerance for drug abuse (Barnes, 2022). District nurses are well-positioned to provide person-centered care focusing on collaborative decision-making since they are often skilled end-of-life care practitioners. However, many homeless people pass away without the assistance of district nurses or specialized palliative care. It is crucial to comprehend why this occurs to address the problem effectively.

People who are homeless have less autonomy than individuals with housing security, and their views on palliative care frequently diverge from those of experts (Barnes, 2022). Care must be available and adaptable, and a trustworthy relationship is essential. Quality care is challenging

because much of healthcare is rigid. Medical professionals and the general public frequently have unfavorable opinions of homeless individuals, which harms their ability to obtain healthcare. When ignored, many non-life-threatening disorders wreak havoc on homeless people and necessitate more involved treatment. There is a need for increased communication between services, and the inclusion of palliative care facilities within homeless shelters could address the problem (Barnes, 2022).

In conclusion, individuals who are homeless suffer the most from high inequality, with one-third of fatalities resulting from treatable diseases (Barnes, 2022). Additionally, district nurses are well-positioned to deliver sophisticated end-of-life care since homeless persons are more likely to endure significant pain at the end of their lives. Even though advanced care planning is recognized to provide further control and lower anxiety, homeless persons lack access to these services. The rehabilitation approach that is the focus of advanced care planning makes it more difficult for staff to determine when palliative care is necessary. As many homeless individuals avoid accessing healthcare owing to past experiences, district nurses must be more aware of how to give individualized treatment and guarantee no retraumatization. Improved end-of-life care for homeless persons requires person-centered care and integrated teamwork. Indeed, establishing connections with homeless programs can aid in removing obstacles to providing quality end-of-life care (Barnes, 2022).

Student: Alfonso Crane

Article 1

Health Care for Homeless Peoples

According to the Organization for Economic Co-operation and Development (OECD), 1.9 million homeless persons live in 35 OECD nations (Liu & Hwang, 2021). In this article, researchers concentrate on those homeless in high-income areas who live on the streets, in emergency accommodations, or housing for the homeless (Liu & Hwang, 2021). Due to increasing urbanization, austerity measures, income disparity, and natural disasters, many people are homeless worldwide (Liu & Hwang, 2021). In addition, the homeless population is diversifying and now includes a sizable portion of children, women, families, elders, refugees, and individuals who identify as Indigenous, racialized, and LGBTQIA+ (Liu & Hwang, 2021). The causes of homelessness are multifaceted and include structural issues, systemic shortcomings, and individual and interpersonal variables.

For the well-being of homeless people, housing is pertinent. Although COVID-19 has damaged this population's health, it has shown that the homelessness epidemic is, in fact, manageable with enough political will (Liu & Hwang, 2021). Healthcare and community service providers must work together for the homeless population to receive the specialized treatment they require (Liu & Hwang, 2021). Providers should help homeless persons develop enduring trusting relationships. The accessibility of primary care, community-based services, and the quality of care provided to this group must be regularly monitored and improved (Liu & Hwang, 2021).

Article 2

The Physical and Mental Health Effects of Housing Homeless people: A Systematic Review

Housing is an essential factor influencing health, and it is well-known that addressing some health disparities among the homeless population can help. Over 1.8 billion people lack adequate housing, and 150 million people are thought to be homeless globally (Onapa et al., 2021). This systematic review looks at intervention studies that discuss how housing homeless people affects their physical and emotional health (Onapa et al., 2021). The majority of the studies covered permanent supportive housing programs that focused on getting homeless people with mental illnesses into accessible housing immediately (Onapa et al., 2021). The primary health outcomes mentioned were general physical and mental health, well-being, and quality of life. Housing improves several elements of health in homeless populations with human immunodeficiency virus (HIV), anxiety, and depression despite conflicting findings and considerable difficulties found in the reviewed literature (Onapa et al., 2021).

Three systematic reviews and 24 individual studies that examined the effect of housing on the physical and mental health of homeless persons were found in this systematic review (Onapa et al., 2021). Research to date has not thoroughly evaluated the impact of housing on physical and mental health outcomes for those who have experienced homelessness, with a few exceptions being HIV/AIDS, anxiety, and depression (Onapa et al., 2021). The permanent supportive and social housing models showed some benefits for the anxiety and depressive states of homeless individuals. Housing First decreased the number of days people with severe mental illness were homeless (Onapa et al., 2021). However, these findings did not translate into appreciable improvements in mental or physical health status in most reviewed studies (Onapa et al., 2021). Since anxiety and depression are two of the most prevalent mental health issues in

homeless populations and significant contributors to the overall global disease burden, the lack of objective evaluations of the impact of housing on anxiety and depression in homeless people represents a significant gap in the literature (Onapa et al., 2021). Future studies may benefit from comparing the physical and mental health changes in homeless people before and after housing, utilizing biomarker data as an objective measure (Onapa et al., 2021).

Student: Harley Epley

Article 1

Health and Access to Healthcare in Homeless People Protocol for a Mixed-methods Study

This mixed-design study seeks to understand the complex relationship between health status and homelessness. Homeless people (HP) are prone to health issues. This study examines their well-being, healthcare requirements, access to healthcare services, life trajectories, and current difficulties during the COVID-19 pandemic (Bedmar et al., 2022). The multifaceted and complex issue of homelessness directly impacts health status and access to healthcare.

This study highlighted two significant issues for HP: a high rate of underdiagnosis and challenges locating facilities for healthy and safe confinement. All nations should strive to achieve the goals of the United Nations 2030 Agenda for Sustainable Development goals, which include eliminating homelessness, eradicating poverty, reducing inequality, ensuring healthy living, and promoting well-being (Bedmar et al., 2022). When creating policy for healthcare and social care, however, the viewpoints and experiences of HP are frequently ignored. As a result, this mixed-methods study presents an overall picture from HP's point of view. In conclusion, this initiative will provide a chance to draw attention to the severe issues HP is now facing and will vehemently push for changes to HP's social justice, healthcare, and health.

Article 2

A Longitudinal Analysis of the Relationship Between Housing Insecurity and Physical Health Among Midlife and Aging Adults in the United States

This study provides evidence that perceptions of housing insecurity are more common among black participants and midlife adults and that housing insecurity is a factor in physical health problems (Bhat et al., 2022). However, housing instability was more deleterious for black and midlife individuals than for white and older participants, suggesting relationships between housing insecurity and physical health with chronic illnesses. Research shows that boosting housing accessibility and affordability for midlife individuals and communities with a high minority population can eradicate this. This research has far-reaching policy implications for policymakers, activists, and the general public, and stakeholders can use it to address housing insecurity as a public health issue (Bhat et al., 2022). Future research should look at how social supports, housing initiatives, and local, state, and federal laws may mitigate the effects of housing insecurity to lessen its detrimental effects on health.

Student: Sami Christison

Article 1

Identifying Homeless Population Needs in the Emergency Department Using Community-Based Participatory Research

Millions of Americans are homeless, and the mortality rate for the homeless population is at an all-time high. Homeless people have been called “frequent flyers” or “super users” when visiting the emergency department. This may result in a change in attitude in the provider and

lack and affect the quality of care they receive (Franco et al., 2021). According to recent interviews, ED staff and inpatient workers state that the homeless population lacks basic needs, so when they are in the hospital, not only are the staff caring for their medical needs but their social needs as well (Franco et al., 2021). Providing appropriate resources, discharge education, and working with shelters can positively impact the homeless population and decrease the use of emergency departments.

Article 2

Cardiovascular Disease and Homelessness

Cardiovascular disease is the leading cause of death in the homeless population (Baggett et al., 2018). Recent studies found that cardiovascular disease is at an all-time high in the homeless population, and the traditional risk factors are not all causing cardiovascular disease. The study found that along with the inability to control traditional risk factors such as hypertension and diabetes, psychosocial risk factors also significantly impact cardiovascular health (Baggett et al., 2018). The homeless population cannot receive medical treatment and are unable to provide the medication needed to control the risk factors. However, the study also found that depression, alcohol use, chronic stress, and cocaine abuse also contribute to the increase in cardiovascular disease (Baggett et al., 2018). Providing education to the homeless population along with resources can help decrease the risk of cardiovascular disease in the homeless population.

Student: Jamal Drea

Article 1

Health Status and Chronic Disease Burden of the Homeless Population: An Analysis of Two Decades of Multi-Institutional Electronic Medical Records

Housing is a significant social determinant of health that could influence an individual to be socially and medically vulnerable. This article focuses on housing data and how it relates to increased comorbidities such as depression, anxiety, hypertension, cardiovascular disease, and hepatitis (Bensken et al., 2022). Homelessness affects over 550,000 Americans, and the study assesses the health history of 23,000 people who experience homelessness in Ohio. Employment is important for affording safe housing, but if health issues are present, it could impact one's ability to maintain reliable shelter. As a result, homelessness and its associated stress can play a role in worsening health to induce complications with high blood pressure, diabetes, asthma, and infectious disease. Mental health issues also are a concern, with depression, anxiety, and alcoholism being prevalent conditions (Bensken et al., 2022).

After a review of the electronic health records, it was found that those who were homeless had a 16.5% higher prevalence of chronic pulmonary disease, approximately 5% higher for hypertension, about 15% greater for liver disease, and between 25-30% more for psychiatric disorders than those who were non-homeless with non-high area deprivation (Bensken et al., 2022). The study concludes that electronic health records can document individuals at risk for adverse health outcomes due to homelessness. This approach would allow the facilitation of referrals to social services for help with resources to assist in reducing health disparities highlighted by the article (Bensken et al.,2022).

Article 2

Homeless Persons' Experiences of Health and Social Care: A Systematic Integrative Review

Homelessness is associated with barriers that lead to unmet healthcare needs that increase the risk of chronic conditions and premature death. A systematic review of 22 quantitative and qualitative studies was conducted to analyze the experiences of people who experienced homelessness and factors that contribute to limitations with access to health and social care (Omerov et al., 2020). Chronic diseases like asthma, COPD, and heart disorders were three times more likely to be reported in the homeless population. Rising costs for housing, the aging population, migration, and poor health are major reasons for homelessness (Omerov et al., 2020). The United Nations has made it a goal to reduce homelessness globally to promote healthy living and improve the well-being of everyone. However, it is reported that the homeless population is not involved in interventions, and organizations neglect their perspectives. As a result, the study was performed to understand those perspectives better to enhance health and social care (Omerov et al., 2020). One of the most significant themes developed was the concern with unmet human needs. Acute care treats a health issue, but other problems are overlooked, such as care after surgery, discharge planning, access to medical resources in shelters, and mental health are examples in which suffer from lack of support and lead to vulnerability with other complications. There is also evidence of discrimination among the homeless population due to physical and mental conditions that could interfere with adequate care (Omerov et al., 2020). The 22 studies included in the article provide insight into the perspectives of homeless individuals to assist in prioritizing interventions to develop better health outcomes.

Student: Kati Davis

Article 1

Medication Adherence and Barriers Among Low-income, Uninsured Patients with Multiple Chronic Conditions

Long-term therapy adherence is a public health issue that affects all populations. Little is acknowledged about the context of chronic disease compliance in the uninsured population of the United States. Low-income, uninsured people with chronic conditions, such as hypertension and diabetes, are particularly vulnerable to treatment adherence because limited resources may prevent one from obtaining proper pharmaceutical therapy and the ongoing medical care that chronic conditions frequently necessitate (Fernandez-Lazaro et al., 2019). This study aims to assess medication compliance and obstacles among low-income, uninsured adults who have recently begun new treatment for chronic disease. The reading displays a cross-sectional study in two Chatham County, Georgia, community health centers. Patients were chosen randomly and could participate if they were taking medication for two or more chronic conditions and had recently begun a new treatment plan (Fernandez-Lazaro et al., 2019).

This study discovers a high rate of self-reported non-adherence and various barriers to medication adherence associated with starting a new therapy for chronic conditions. Using the WHO multidimensional conceptual model, one can identify the modifiable factors with the most significant influence on medication adherence. Consequently, patients who experience treatment changes, lack drug information, have a low frequency of follow-up visits, and use no medication reminders are more likely to be non-adherent (Fernandez-Lazaro et al., 2019). These modifiable

barriers highlight opportunities to address medication non-adherence through multidisciplinary interventions.

Article 2

Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans

Rural veterans are older and face more complicated medical problems than urban vets. Veterans 65 and older account for 57% of all rural veterans enrolled in the Veteran Health Administration (VHA) (Lum et al., 2020). These older folks frequently have various chronic and aging-related issues that necessitate care from multiple professions, such as primary care, specialist care, behavioral health care, and synchronized health and social services. However, accessing these services at a healthcare facility may necessitate frequent travel. This reading displays the approach to telehealth services by the VHA. Long distances to healthcare facilities and limited transportation options frequently prevent rural veterans from receiving timely, high-quality care (Lum et al., 2020). The demand for geriatricians is expected to outstrip the supply, resulting in a national shortage of approximately 27,000 geriatricians by 2025 (Lum et al., 2020).

Telehealth can potentially increase access to care and facilitate "healing at a distance" by providing clinical support to individuals separated geographically. According to this source, critical benefits of telehealth services include improved access to health care, faster diagnoses and better management of complex conditions, shorter drive times, and lower transportation costs (Lum et al., 2020). Digital healthcare services such as telehealth eliminate the need for in-person appointments, lower the cost of care, improve patient satisfaction, and may prevent costly emergency room visits.

Student: Shivani Patel

Article 1

Infants Exposed To Homelessness: Health, Health Care Use, And Health Spending From Birth To Age Six

Homeless infants are known to have poor birth outcomes. The study compared 5,762 homeless infants to the rest of the population. Infants born in unstable housing had higher rates of respiratory problems, fever, low birth weights, and more emergency room visits (Clark et al., 2019). Homelessness and poverty are the primary concern because it is associated with poor health outcomes and higher costs. The study also concluded that homelessness increases the risk of depression, suicide attempts, and alcoholism (Clark et al., 2019). These children are also exposed to adverse experiences like abuse and neglect.

Six thousand one hundred eighteen homeless infants were born during the study period. More than 98 percent of the infants matched the comparison infants on all four criteria. Medicaid enrollment in the years following birth was higher in homeless infants in all years (Clark et al., 2019). During the first year of life, infants born in the years following emergency shelters were more likely to be hospitalized. The low birthweight rate was higher than the opposing group by four points. Furthermore, well-child visits during the first year of life were less in the homeless.

Article 2

Use of Technology to Promote Health and Wellbeing of People Who Are Homeless

Homeless people experience more challenges accessing healthcare and poorer outcomes. There has been an expansion in technology to promote health and well-being. The COVID-19

pandemic resulted in the country facing a lockdown. This led to the expansion of technology, which enhanced healthcare for socially excluded people. The study identified 3089 records which helped to review what mobile health technology is used by homeless populations (Heaslip et al., 2021). The study showed that the majority of homeless participants owned mobile phones. The number ranged from 53% to 100% in some areas. Though, poor IT skills among individuals have resulted in poor health outcomes. The study showed that the direct effect of digital technology use on healthcare was limited.

Throughout time, the homeless population continues to view technology as having significant health benefits. Appointment reminders and online healthcare support have become appealing and increased medication compliance (Heaslip et al., 2021). Homeless individuals face technology barriers due to a lack of Wi-Fi and problems charging their phones (Heaslip et al., 2021). The challenges prevent them from accessing services through their phones. Thus, literature on the health benefits of technology for the homeless remains sparse until further advancements are made.

Student: Cindy Ho

Article 1

Conditions Facilitating Aging in Place in Rural Communities: The Case of Smart Senior Towns in Iowa.

Older Americans are among the fastest-growing demographics and are expected to comprise 20% of the US population by 2030 (Matysiak & Peters, 2023). The rural population is outpacing its urban counterpart, with many rural counties aging due to the attraction of retirees

for the amenities and recreation possibilities for those aged 65 and older. In Iowa, smart senior towns allow adults 65 and older to live safely, independently, and comfortably in their homes and community (Matysiak & Peters, 2023). Smart senior towns are defined as towns scoring higher in terms of positive evaluations of senior services' quality. Drawing from the literature, local services, social connections, security and a sense of identity, and local participation and social inclusion are important factors for aging in place.

Aging in place has been shown to extend longevity and quality of life. Aging in place supports preserving independence compared to living in an institutionalized setting such as a nursing home or assisted living facility. In the study by Matysiak & Peters (2023), eight smart senior towns were compared with six vulnerable senior towns and 14 communities. Residents of smart senior towns tend to socialize significantly more in town in the case of downtown shops (37.51% vs. 21.81%), town squares (16.18 vs. 8.75%), and golf or country clubs (12.74 vs. 5.94%) (Matysiak & Peters, 2023). More significantly, according to residents 65+ of the smart senior towns, quality-of-life dimensions scored higher than vulnerable senior towns. Residents of old smart towns report satisfaction of 64.65% vs. 35.25% of residents of vulnerable senior towns. According to the study, smart senior towns consider the aging population's needs and correlate socializing opportunities with improved outcomes for older adults' well-being (Matysiak & Peters, 2023).

Article 2

Physical Attributes of Housing and Elderly Health: A New Dynamic Perspective

Housing is not simply sheltering but is also linked to the individual's well-being. There is a strong attachment to the house and its role in the independence and capabilities of the elderly

(Yang & Fu, 2019). Housing that is beneficial to health increases the safety and comfort of the dwelling and improves various living and utility functions in the daily life of aging. The research by Yang & Fu (2019) worked to fill the gap in the correlation between housing and health. The effect of housing on the health of the elderly is complex due to the interaction between the competence of the elderly and housing. The relationship goes beyond health-related physical hazards and accident prevention. Yang & Fu (2019) focused the study on the concept of a "healthy housing environment," a term used to describe a home that is accessible for the older adult and considers safety, health, amenities, and convenience. In the study, the health status of the elderly was measured based on activities of daily living (ADLs) and instrumental activities of daily living (IADLs) and was further classified into four levels based on the variables: without assistance, with minor assistance, with extensive assistance, and completely unable to complete without assistance. To assess the health status of the elderly, a health function credit (HFC) index was constructed to identify the individual's health condition. The higher the HFC, the healthier the people were. The study shows a correlation between older adults with higher HCC scores related to good housing conditions. On average, the positive effect of housing on controlling health deterioration increased from 1.6% to 2.57% (Yang & Fu, 2019). The study reflects that housing as a bundle of attributes, including safety, health, amenities, and convenience, is more important than any single attribute (Yang & Fu, 2019).

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