ACORN BACKGROUND

ACORN is a national Veterans Health Administration (VHA) quality improvement initiative conducted in partnership with the Office of Health Equity and the National Social Work Program, Care Management and Social Work Services.

ACORN aims to: 1) systematically screen Veterans for social needs in nine social risk domains; 2) provide clinical teams real-time information about Veterans’ unmet needs; and 3) address identified needs through the provision of resources and referrals.

SIGNIFICANCE OF ACORN

Long a leader in the integration of medical care and social services, the VHA is well-positioned to address Veterans’ unmet social needs. VHA routinely screens Veterans for food insecurity and housing instability but lacks a systematic screening process to broadly identify social needs. Building upon VHA’s existing social risk screening processes and social needs interventions, ACORN enhances clinical care teams’ capacity to understand and address the social and economic factors impacting individual Veterans.

THE ACORN MODEL

ACORN consists of two core components: 1) a standardized screening tool to identify social risks at the point of care and 2) provision of relevant resources and referrals to help address identified social needs.

ACORN screens across a range of social risk domains, including: food, housing, utility, transportation, education, employment, legal, social isolation/loneliness, and digital needs (including lack of phone/internet or technology access, as well as digital health literacy).

Veterans can complete ACORN screening prior to or during clinic visits as a self-administered screener on paper or as a staff-administered screener in the VHA electronic health record. Veterans who express unmet needs are offered referrals to Social Work or other relevant clinical services, support navigating resources, and/or geographically-tailored resource guides to VA and community services.

USE OF ACORN IN CLINICAL PRACTICE

ACORN has been implemented in a variety of clinical settings, including Primary Care, Women’s Health, Mental Health, Geriatrics, Whole Health, and a range of specialty clinics, as well as in emergency departments and inpatient settings.

For more information on the ACORN initiative and implementation standards, the ACORN Team is available at VHAACORN@va.gov.

Updated January 2024
(1) In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household?¹
   a. Yes – Living in stable housing
   
   □ (1.1) Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household?¹
      i. Yes – worried about housing near future
         □ (1.2) Where have you lived for MOST of the past two months?¹
            a. Apartment/House/Room (no government subsidy)
            b. Apartment/House/Room (with government subsidy)
            c. With Friend/Family
            d. Motel/Hotel
            e. Short-term Institution like Hospital, Rehab Center, Drug Treatment Center
            f. Homeless Shelter
            g. Anywhere outside (e.g. Street, Vehicle, Abandoned Building)
            h. Other
      ii. No – Not worried about housing near future
   
   b. No – Not living in stable housing

   □ Collect answer for the question “Where have you lived for MOST of the past two months?” ¹

   ➢ If respondent endorses either “not living in stable housing” OR “worried about housing near future” for (1):
   (1.3) Are you currently without a place to stay?
      a. Yes  b. No

(2) I’m going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

(2.1) Within the past 12 months, you worried whether your food would run out before you got money to buy more.²
      a. Often true  b. Sometimes true  c. Never true

(2.2) Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more.²
      a. Often true  b. Sometimes true  c. Never true

   ➢ If respondent endorses “often true” or “sometimes true” for either “food would run out” (2.1) OR “food didn’t last” (2.2):
   (2.3) Do you need help getting food for this week?
      a. Yes  b. No

(3) How often do you have trouble paying for your utilities (e.g., electric, gas, oil, water, or phone)?³
      a. Often  b. Sometimes  c. Never  d. Not applicable/I don’t pay for utilities

   ➢ If respondent endorses “often” or “sometimes” for (3):
   (3.1) Has the electric, gas, oil, water or phone company threatened to shut off services in your home?⁴
      a. Yes  b. No  c. Already shut off  d. Not applicable/I don’t pay for utilities

(4) How often has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?⁵
      a. Often  b. Sometimes  c. Never

   ➢ If respondent endorses “often” or “sometimes” for (4):
   (4.1) Do you need assistance with transportation for an upcoming appointment?
      a. Yes  b. No

(Continued)
(5) Do you currently have any legal matters you need help with (e.g., child support or custody, divorce, debt or credit problems, or need for a discharge upgrade)?
   a. Yes  b. No

(6) How often do you feel lonely or isolated from those around you?
   a. Often  b. Sometimes  c. Never

(7) Do you want help finding or keeping work or a job?
   a. Yes, help finding work  b. Yes, help keeping work  c. No, I don’t want help finding or keeping work

(8) Do you want more information about educational benefits and resources for Veterans?
   a. Yes  b. No

(9) Do you have access to any of the following devices? (Please select all that apply.)
   - Landline
   - Simple cell phone (flip phone)
   - Smartphone (a cell phone with a touchscreen and internet)
   - Computer (laptop, desktop, or tablet such as an iPad)
   - None

(10) Do you have access to affordable and reliable internet where you live?
    a. Yes  b. No  c. Not applicable/I don’t want internet access

(11) Would you like help learning to use a smartphone, tablet, or computer to access VA healthcare online (e.g., video visits, medical record, secure messaging)?
    a. Yes  b. No  c. Not applicable/I don’t have any of these devices

When derived from the Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities (AHC) Screener, the original source is cited per AHC guidance. Questions without citations were developed by the VHA ACORN Team and collaborators across multiple VHA offices and medical centers.

5. Adapted with permission from the national PRAPARE® social determinants of health protocol developed by the National Association of Community Health Centers, the Association of Asian Pacific Community Health Organizations, and the Oregon Primary Care Organization and their development partners. www.nachc.org/prapare. ©National Association of Community Health Centers. All Rights Reserved.
## ACORN SCREENING TOOL QUESTIONS SOURCE TABLE

**Table.** Sources of the social risk domains used in the Assessing Circumstances & Offering Resources for Needs (ACORN) screening tool.

When derived from the Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities (AHC) Screener, the original source is cited per AHC guidance. Questions without citations were developed by the VHA ACORN Team and collaborators across multiple VHA offices and medical centers.

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<thead>
<tr>
<th>Domain</th>
<th>Question</th>
<th>Original Source</th>
<th>Citation</th>
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| Housing | In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household?  
• Yes – Living in stable housing  
| | Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household?  
• Yes – worried about housing near future  
• No – not worried about housing near future | | |
| | Where have you lived for MOST of the past two months?  
• Apartment/House/Room (no government subsidy)  
• Apartment/House/Room (with government subsidy)  
• With Friend/Family  
• Motel/Hotel  
• Short-term Institution like Hospital, Rehab Center, Drug Treatment Center  
• Homeless Shelter  
• Anywhere outside (e.g. Street, Vehicle, Abandoned Building)  
• Other | | |
| | Are you currently without a place to stay?  
• Yes  
| Food | Within the past 12 months, you worried whether your food would run out before you got money to buy more.  
• Often True  
• Sometimes True  
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| Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more. | • Often True  
• Sometimes True  
| Do you need help getting food for this week? | • Yes  
| How often do you have trouble paying for your utilities (e.g., electric, gas, oil, water, or phone)? | • Often  
• Sometimes  
• Never  
| Has the electric, gas, oil, water or phone company threatened to shut off services in your home? | • Yes  
• No  
• Already shut off  
| Transportation | How often has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? | PRAPARE | Adapted with permission from the national PRAPARE® social determinants of health protocol developed by the National Association of Community Health Centers, the Association of Asian Pacific Community Health Organizations, and the Oregon Primary Care Organization and their development partners. www.nachc.org/prapare. ©National Association of Community Health Centers. All Rights Reserved. |
| Do you need assistance with transportation for an upcoming appointment? | • Yes  
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<td>Legal</td>
<td>Do you currently have any legal matters you need help with (e.g., child support or custody, divorce, debt or credit problems, or need for a discharge upgrade)?</td>
<td>Developed by VHA ACORN Team in collaboration with VA Legal Services for Veterans Program</td>
<td>Cohen AJ, Kennedy MA, Mitchell KM, Russell LE. “Assessing Circumstances &amp; Offering Resources for Needs (ACORN).” U.S. Department of Veterans Affairs, October 2023. <a href="https://www.va.gov/HEALTHEQUITY/docs/ACORN_Screening_Tool.pdf">https://www.va.gov/HEALTHEQUITY/docs/ACORN_Screening_Tool.pdf</a></td>
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