



Health-Related Social Needs Screening Crosswalk

[Social determinants of health \(SDOH\)](#) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. By understanding an individual’s SDOH, we can help determine the health-related social needs (HRSN) that individual may experience relative to their social conditions. A research-supported method to identify HRSN, is through the use of [HRSN screening tools](#). Within the National Diabetes Prevention Program (National DPP) lifestyle change program, HRSN screening can be used as the first step in addressing barriers to participation and to linking participants to HRSN resources throughout the year-long program. Additional information on SDOH and HRSN screening is available on the [Health Equity](#) pages of the National DPP Coverage Toolkit.

While there are many HRSN screening tools [available](#), the purpose of this document is to provide an overview and comparison of three tools commonly used by organizations who deliver the National DPP lifestyle change program. These include the [Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences](#) (PRAPARE), the [CMS Innovation Center’s \(CMMI\) Accountable Health Communities Health Related Social Needs Screening Tool](#) (AHC HRSN Screening Tool), and the [HealthBegins](#) Upstream Risks Screening Tool.

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HRSN Screening Tool Overview

Table 1 below provides an overview of the PRAPARE, AHC HRSN Screening Tool, and HealthBegins Upstream Risk Screening Tool, including a description, question domains, number of questions, languages available, and accompanying resources. A comparison of HRSN screening tool question domains is also provided in Figure 1. A full list of the questions available with each screening tool are available in the Appendices A-C.

Figure 1. Institute of Medicine (IOM) or Social Stability (SS)¹ Domains within HRSN Screening Tools

IOM or social stability domain	Health Begins	AHC	PRAPARE
IOM-Violence	+	+	+
IOM-Education	+	-	+
IOM-Financial resource strain	+	-	-
IOM-Race/ethnicity	-	-	+
IOM-Social Support	+	-	+
IOM-Neighborhood income	-	-	-
SS[*]-Employment	+	+	+
SS-Housing	+	+	+
SS-Income/source	-	-	+
SS-Legal	+	-	+
SS-Social support (partner/relationship)	+	-	+
SS-Moving/transience	+	-	-

Moen M, Storr C, German D, Friedmann E, Johantgen M. A Review of Tools to Screen for Social Determinants of Health in the United States: A Practice Brief. Popul Health Manag. 2020 Dec;23(6):422-429. doi: 10.1089/pop.2019.0158. Epub 2020 Jan 7. PMID: 31910355; PMCID: PMC7864106.

¹SS describes the structure and routine in one's life that allows for "maintain[ing] connections with social resources and societal expectations." This stability comes from "steady social circumstances [over time] within a defined range of domains (e.g., housing, employment, social ties, sufficient income, and lack of imprisonment)." Moen M, Storr C, German D, Friedmann E, Johantgen M. A Review of Tools to Screen for Social Determinants of Health in the United States: A Practice Brief. Popul Health Manag. 2020 Dec;23(6):422-429. doi: 10.1089/pop.2019.0158. Epub 2020 Jan 7. PMID: 31910355; PMCID: PMC7864106.

*For the past 12 months only

Table 1. HRSN Screening Tool Overview and Comparison

Tool	Description	Year Created	Domains	Number of Questions	Recommended Frequency	Recommended Screener	Languages	Accompanying Resources	Electronic Health Record (EHR) Integration	Billing
The Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE)	PRAPARE is designed to equip health care providers and community partners with the knowledge needed to better understand and act on individuals’ HRSN. This toolkit can assist users in leveraging HRSN data to improve health equity from the individual level to the systems level.	2013	<ul style="list-style-type: none"> • Personal Characteristics: Race, Ethnicity, Farmworker Status, Language Preference, veteran Status. • Family and Home: Housing Status and Stability, Neighborhood • Money and Resources: Education, Employment, Health Insurance Status, Income, Material Security, Transportation Needs • Social and Emotional Health: Social Network and Stress Levels • Other Measures: Incarceration History, Refugee Status, Safety and Domestic Violence 	21 (See Appendix A for full list of questions)	PRAPARE recommends at least annually, however, organizations can decide on the frequency of readministering the PRAPARE Screening Tool.	Both clinical and non-clinical staff may administer PRAPARE (e.g., nurses, MAs, LCSWs, case managers, CHWs, etc.). Many organizations administer the screener with tablets and other technology enabled approaches. The Implementation and Action Toolkit provides additional information on the pros and cons of each screening workflow method.	Available in 34 languages	PRAPARE Implementation and Action Toolkit PRAPARE Readiness Assessment Tool PRAPARE FAQ	PRAPARE can easily be integrated into EHRs and other health information technology systems. PRAPARE is free to use and the license is available on the PRAPARE webpage.	PREPARE® contains measures on 21 social drivers of health that align with national initiatives, including the standardized codification sets under ICD-10, LOINC and the Uniform Data System (UDS). See the PRAPARE® ICD-10-CM Z Codes for more information.
The Accountable Health Communities Health Related Social Needs	The AHC HRSN Screening Tool was designed by the Centers for Medicare &	2016	Core Domains <ul style="list-style-type: none"> • Housing stability • Food security • Transportation • Utility needs 	26 core and supplemental; 35 additional	In the AHC Model, individuals were offered HRSN screening at least	There are three recommended modes of administering	Available in 11 languages	Guide to using the AHC HRSN Screening Tool	The AHC HRSN Screening Tool can be integrated into various EHR	This resource, Gravity Project Resource for the Documentation of Social Risks



Screening Tool (AHC HRSN Screening Tool)	<p>Medicaid Services (CMS) to evaluate whether systematically screening Medicare and Medicaid members for HRSN influences their total health care costs and health outcomes.</p>		<ul style="list-style-type: none"> • Interpersonal safety • Supplemental Domains • Financial strain • Employment • Family and community support • Education • Physical activity • Substance use • Mental health • Disabilities 	<p>(See Appendix B for full list of questions)</p>	<p>once every 12 months; though they may be screened more frequently, as their needs may change.</p>	<p>the AHC HRSN Screening Tool:</p> <ul style="list-style-type: none"> • Self-administered • Proxy-administered • Screener-administered <p>Additional details on each are provided in the Guide to using the AHC HRSN Screening Tool.</p>			<p>systems, as shown in recent studies.</p>	<p>provides suggested ICD-10-CM and SNOMED CT® codes for the AHC HRSN Screening Tool.</p>
The HealthBegins Upstream Risks Screening Tool	<p>The HealthBegins Upstream Risks Screening Tool was developed for health care providers to incorporate SDOH data to inform higher quality patient care and health outcomes. The HealthBegins Upstream Risks Screening Tool identifies the minimum frequency that health care providers should be evaluating patient HRSN by domain.</p>	<p>2015</p>	<ul style="list-style-type: none"> • Education • Employment • Social connection/isolation • Physical activity • Immigration • Financial strain • Housing/food security • Dietary pattern • Transportation • Exposure to violence • Stress • Civic engagement 	<p>28 (See Appendix for full list of questions)</p>	<p>The HealthBegins Upstream Risks Screening Tool provides recommendation within the tool on suggested minimum frequency of screenings for new and ongoing patients.</p>	<p>No recommendations are provided for who should conduct the HealthBegins Screening Tool</p>	<p>PDF available in English</p>	<p>No additional resources available</p>	<p>A 2018 study noted that, “HealthBegins initially envisioned creating a Web-based “bank” of validated SD[O]H items. However, as its members felt this interface would be complex to implement and maintain, HealthBegins decided to create an SDOH screening tool as a static PDF.”</p>	<p>No additional information is provided related to billing for HealthBegins Screening results.</p>

Key Considerations when Implementing HRSN Screening

When developing workflows which include HRSN screening, partners are encouraged to consider the following:

- **Identify opportunities for HRSN screening:** When developing workflows, partners may assess points in the workflow where HRSN screening would be efficient. For example, health plans may include HRSN screening in annual health surveys members complete or Lifestyle Coaches may complete HRSN screening upon receiving referrals to the National DPP, or at a later point after enrollment. Partners may also consider the sequencing of the screening in such a way that garners trust with the participants.
- **Build infrastructure to share HRSN screening results with partners:** Where possible, partners should consider methods to standardize technology platforms and/or develop communication pathways between organizations. This may include health information exchange (HIE) or EHR integration. Partners may also consider defining relationships as it relates to data “ownership”.
- **Reduce duplicative HRSN screenings:** Health equity is a high priority for many sectors of the health care system, and therefore multiple organizations may be exploring options to include HRSN screening into their workflows. When developing partnerships, leverage existing screening processes and reduce duplication for the patient when possible.
- **Assess the appropriate number of HRSN screening questions for the setting:** When developing or using an HRSN screening tool, partners should determine the appropriate number of questions for the setting in which the screening is completed. For example, partners may decide to implement a set of core questions with follow up questions as needed for in person screenings or develop longer screening for self-screening completed in patient portals.
- **Ensure that resources are available to address HRSN:** It is critical that partners ensure that HRSN screening is not building a “bridge to nowhere,” meaning that patients with identified social needs should be referred to resources to address the needs as often as possible. This will require forming connections with local organizations or programs in order to understand the capacity of resources available. HRSN screening has implications around accountability.



The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 Members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, NACDD is the only membership association of its kind to serve and represent every chronic disease division in all states and U.S. territories. For more information, visit chronicdisease.org.

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Appendix A: PRAPARE Screening Tool Questions

Personal Characteristics

1. Are you Hispanic or Latino?
2. Which race(s) are you? Check all that apply
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?
4. Have you been discharged from the armed forces of the United States?
5. What language are you most comfortable speaking?

Family & Home

6. How many family members, including yourself, do you currently live with?
7. What is your housing situation today?
8. Are you worried about losing your housing?
9. What address do you live at?

Money & Resources

10. What is the highest level of school that you have finished?
11. What is your current work situation?
12. What is your main insurance?
13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.
14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?
15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living

Social and Emotional Health

16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)
17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

Optional Additional Questions

18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?
19. Are you a refugee?
20. Do you feel physically and emotionally safe where you currently live?
21. In the past year, have you been afraid of your partner or ex-partner?



Appendix B: Accountable Healthy Communities HRSN Screening Tool Questions

AHC HRSN Screening Tool Core Questions

Living Situation

1. What is your living situation today?
2. Think about the place you live. Do you have problems with any of the following?

Food

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?⁶

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁷

Safety

7. How often does anyone, including family and friends, physically hurt you?
8. How often does anyone, including family and friends, insult or talk down to you?
9. How often does anyone, including family and friends, threaten you with harm?
10. How often does anyone, including family and friends, scream or curse at you?

AHC HRSN Screening Tool Supplemental Questions

Financial Strain

11. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:⁹

Employment

12. Do you want help finding or keeping work or a job?

Family and Community Support

13. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?



14. How often do you feel lonely or isolated from those around you?

Education

15. Do you speak a language other than English at home?

16. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

Physical Activity

17. In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?

18. On average, how many minutes did you usually spend exercising at this level on one of those days?¹⁶

Substance Use

19. How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

20. How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?

21. How many times in the past year have you used prescription drugs for non-medical reasons?

22. How many times in the past year have you used illegal drugs?

Mental Health

23. Over the past 2 weeks, how often have you been bothered by any of the following problems?¹⁸

a. Little interest or pleasure in doing things?

b. Feeling down, depressed, or hopeless?

24. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?¹⁹

Disabilities

25. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)

26. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)





Upstream Risks Screening Tool & Guide

“Everyone deserves the opportunity to have a safe, healthy place to live, work, eat, sleep, learn and play. Problems or stress in these areas can affect health. We ask our patients about these issues because we may be able to help.”

Domain*	Minimum Frequency**	Question	Response	Suggested Scoring	Referral Plan Complete?
Education	First visit	1a. What is the highest level of school you have completed? Check one.	<input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate / Professional School	+1 for "Elementary School "	<input type="checkbox"/>
		1b. What is the highest degree you earned? Check one.	<input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational certificate (post high school or GED) <input type="checkbox"/> Associate's degree (junior college) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate	+1 for "High School Diploma, GED, or Vocational Certificate)	<input type="checkbox"/>
Education	First visit & annually	1c. Are you concerned about your child's learning, performance, or behavior in school?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable	+1 for YES	<input type="checkbox"/>
Employment	First visit & biannually	2. Choose one of the following. Which best describes your current occupation?	<input type="checkbox"/> Homemaker, not working outside the home <input type="checkbox"/> Employed (or self-employed) full time <input type="checkbox"/> Employed (or self-employed) part time <input type="checkbox"/> Employed, but on leave	+1 for: "Employed, but on leave for health reasons"; "Unemployed"; OR	<input type="checkbox"/>

			<ul style="list-style-type: none"> <input type="checkbox"/> for health reasons <input type="checkbox"/> Employed but temporarily away from my job (other than health reasons) <input type="checkbox"/> Unemployed or laid off 6 months or less <input type="checkbox"/> Unemployed or laid off more than 6 months <input type="checkbox"/> Unemployed due to a disability <input type="checkbox"/> Retired from my usual occupation and not working <input type="checkbox"/> Retired from my usual occupation but working for pay <input type="checkbox"/> Retired from my usual occupation but volunteering 	"Retired...not working" or "...working for pay"	
Social Connection & Isolation	First visit & annually	3. What is your marital status? Check one.	<ul style="list-style-type: none"> <input type="checkbox"/> Married <input type="checkbox"/> Living with partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married 	+1 for "Widowed", "Divorced", "Separated", or "Never Married"	<input type="checkbox"/>
		4a. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?	Number of times per week _____	+1 if total of 4a plus 4b is less than 3 times / week	<input type="checkbox"/>
		4b. How often do you get together with friends or relatives?	Number of times per week _____		<input type="checkbox"/>
		4c. How often do you attend religious or faith-based services?	Number of times per year _____	+1 if less than 4 times /year	<input type="checkbox"/>

		4d. How often do you attend meetings of the clubs or organizations you belong to?	Number of times per year _____	+1 if less than 2 times/ year.	<input type="checkbox"/>
Physical Activity	First visit & biannually	5a. On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?	Days per week _____	Multiply answers from #5a and #5b to get Total minutes/week	<input type="checkbox"/>
		5b. On average, how many minutes do you engage in exercise at this level? Check one.	Number of minutes <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 150 or greater	+1 if total is less than 150 minutes/week	
Immigration	First visit	6. Do you have concerns about any immigration matters for you or your family?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
Financial Strain – Overall	First visit & annually	7a. Do you ever have problems making ends meet at the end of the month?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
		7b. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is..	<input type="checkbox"/> Very hard <input type="checkbox"/> Somewhat hard <input type="checkbox"/> Not hard at all	+1 for "Very" or "Somewhat Hard"	<input type="checkbox"/>
Housing Insecurity	First visit & annually	8a. In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
		8b. In the last month, have you had concerns about the condition or quality of your housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
		8c. In the last 12 months, how many times have you or your family moved from one home to another?	Number of moves in past 12 months _____	+1 for 2 or more moves in past year	<input type="checkbox"/>
Food Insecurity	First visit & annually	9. Which of the following describes the amount of food your household has to eat: (Check one.)	<input type="checkbox"/> Enough to eat <input type="checkbox"/> Sometimes not enough to eat <input type="checkbox"/> Often not enough to eat	+1 for "Often not enough to eat"	<input type="checkbox"/>

Dietary Pattern	First visit & bi-annually	10a. How many pieces of fruit, of any sort, do you eat on a typical day?	Number of pieces/ day _____	+1 if less than 2 a day	<input type="checkbox"/>
		10b. How many portions of vegetables, excluding potatoes, do you eat on a typical day?	Number of portions/ day _____	+1 if less than 4 a day	<input type="checkbox"/>
Transportation	First visit & bi-annually	11. How often is it difficult to get transportation to or from your medical or follow-up appointments?	<input type="checkbox"/> Does not apply <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	+1 for "Often" or "Always"	<input type="checkbox"/>
Exposure to Violence	First visit & annually	12. Do you have any concerns about safety in your neighborhood?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
Exposure to Violence	First visit & annually	13a. Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
		13b. Within the last year, have you been afraid of your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
		13c. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
		13d. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
Stress	First visit & biannually	14. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much	+1 for "Somewhat", "Quite a bit" or "Very Much"	<input type="checkbox"/>

Civic engagement	First visit & annually	15. Would you like help registering to vote?	<input type="checkbox"/> YES <input type="checkbox"/> NO	+1 for YES	<input type="checkbox"/>
For Staff only: Review answers & scores. Reviewed by: _____ Date: _____				Score Total	