Submission Id: 3895

Title

Adapting a Social Risk Screening and Referral Program For Veterans Experiencing Homelessness

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Social risks and social needs significantly impact adverse health outcomes. Several VHA facilities have implemented the VHA-developed social risk screening and referral program "Assessing Circumstances & Offering Resources for Needs (ACORN)."

Objective: To develop and field-test a modified version of ACORN adapted for the unique circumstances of Veterans Experiencing Homelessness (VEH), "ACORN-VEH."

Study Design: Mixed methods feasibility pilot.

Setting: VA-sponsored tent community and VA primary care clinic for VEH in Southern California.

Population Studied: Convenience sample of VEH presenting for routine care (n=31). Post-pilot interviews (n=5) and focus groups (n=1) were conducted with clinicians and medical assistants.

Intervention: ACORN was adapted for VEH with input from an interprofessional group of homelessness experts nationally both within and outside VA. The modified screener was refined through cognitive testing with VEH and piloted in August-September 2021. Veterans were given a self-administered screener for nine social risks and provided geographically tailored resource guides and referrals based on needs identified.

Outcome Measures: 1) prevalence of reported social risks 2) staff-reported feasibility, acceptability, and perceived effectiveness of ACORN-VEH (qualitative content analysis).

Results: Of VEH screened, nearly 100% reported ≥1 social risk. Prevalence of social risks included: social isolation/loneliness (70%), educational needs (69%), lack of phone and/or internet access (65%), food insecurity (64%), lack of transportation (60%), personal safety (53%), legal assistance (52%), housing instability (51%), and employment concerns (44%). Clinic staff felt ACORN-VEH was feasible, appropriate, and identified needs among VEH which might otherwise go unaddressed. A number of suggestions were made for how ACORN-VEH could be better incorporated into clinic workflow.

Conclusions: Systematic screening for social risks is a critical step towards connecting VEH with needed services and informing future resource allocation in VHA. Clinicians and staff expressed an interest in adopting ACORN-VEH for routine use. Current work is focused on optimizing processes for integrating ACORN-VEH into clinical care, and evaluating Veteran and service utilization outcomes associated with use of ACORN-VEH.