



# PRAPARE™

Protocol for Responding to and Assessing  
Patients' Assets, Risks, and Experiences

## FAQ

### OVERVIEW

#### What is PRAPARE®?

PRAPARE® stands for the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences. It is a nationally recognized, evidence-based, and stakeholder-informed standardized tool used to assess and address social drivers of health (SDOH). PRAPARE® helps healthcare and community-based organizations better understand and respond to the non-medical factors influencing health outcomes. It aligns with national initiatives and is standardized across ICD-10, LOINC, SNOMED, and UDS reporting requirements. Optional questions were identified as important by health center staff and stakeholders but are not required for all implementations. They are offered to give organizations the flexibility to tailor PRAPARE® based on their staffing capacity, workflow, patient population, and available resources—ensuring the process is both meaningful and manageable within local contexts.

#### What does PRAPARE® measure?

PRAPARE® is designed to capture a comprehensive picture of the social and non-medical factors that impact health. The tool includes **20 core questions across 28 domains**, along with **8 optional measures** that give health centers flexibility to tailor the tool to their local capacity and community needs.

With the goal of making PRAPARE® more accessible and responsive to communities facing health disparities, each question has been revised to use inclusive, person-centered language at a 5th-grade reading level.

Domains covered in PRAPARE® include:

- **Personal Characteristics:** Race, Ethnicity, Language Preference, Sexual Orientation and Gender Identity (SOGI), Veteran Status, Disability Status, Farmworker Status
- **Family and Home:** Household Size, Housing Status and Stability, Household Safety and Environment, Neighborhood
- **Money and Resources:** Education, Employment, Income, Insurance Status, Material Security
- **Social and Emotional Health:** Social Support and Integration, Stress, Exploitation, Transportation
- **Optional Measures:** Internet Access, IT Literacy, Cultural/Religious/Spiritual Beliefs, Incarceration History, Refugee Status, Safety, Domestic Violence History, Motivation



## What makes PRAPARE® unique and effective?

- **Actionable and Evidence Based:** Uses robust data to drive meaningful change.
- **Standardized and Widely Used:** Adopted nationwide with consistent measures.
- **Built into EHRs and other HIT:** Seamlessly integrates into existing systems.
- **Flexible and Patient-Centered:** Adapts to any workflow and prioritizes patient needs.
- **Stakeholder Driven:** Designed collaboratively to reflect real-world perspectives.
- **Designed to Accelerate Systemic Change:** Enables risk stratification to identify complex patients needing targeted social interventions

View the [“What is PRAPARE” Infographic](#) for more information.

## Use Cases and Benefits

### Is the use of PRAPARE® limited to health centers only?

The use of PRAPARE® is not limited to health centers and can be used by others, including community-based or social service organizations, hospitals, and health systems.

### What is the benefit of implementing the PRAPARE® tool and collecting social drivers of health (SDOH) data?

Implementing PRAPARE® helps organizations identify patients’ social needs and risks, enabling tailored clinical and non-clinical interventions that improve health outcomes, reduce costs, and strengthen partnerships with community resources. It empowers staff with a structured approach to address SDOH, builds trust with patients, and highlights the unique value organizations bring to their communities.

### Why is it important to have a standardized tool?

Standardized data enables consistent data collection across settings, allowing for outcome comparisons, data exchange, and benchmarking within and across Community Health Center (CHC) environments. It also supports improved care coordination and planning, ultimately leading to better patient outcomes.

## Implementation

### What is the starting point to begin implementing PRAPARE®?

Getting started with PRAPARE® begins with a clear and strategic approach to ensure success. Here are some tips:

1. **Assess Readiness:** Evaluate your organization’s readiness to implement PRAPARE® using the [PRAPARE® Readiness Assessment Tool](#). This helps identify strengths, gaps, and potential barriers.
2. **Align Goals:** Make sure the PRAPARE® team, staff, and leadership share a clear understanding of the organization’s goals for social drivers of health (SDOH) data collection.
3. **Build Your Team:** Ensure you have the appropriate staff on your PRAPARE® team, and that they receive regular training and updates to stay aligned with best practices.



**4. Facilitate Communication:** Hold regular internal meetings with your PRAPARE® team to discuss successes, challenges, and opportunities for improvement.

**5. Start Small and Iterate:** Begin with a small-scale implementation and use Plan-Do-Study-Act (PDSA) cycles to test, refine, and scale up your approach effectively.

This phased approach helps ensure your organization builds a strong foundation for collecting and using SDOH data to support patient care and advance health equity.

### **Is there a particular workflow to implement in order to use PRAPARE®?**

Health centers that use PRAPARE® should develop individualized workflows based on their local care team and staffing models. Many adopt a “no wrong door” approach, meaning any staff member can administer the questions depending on the workflow and staffing resources available.

The National PRAPARE Team also offers tailored training and technical assistance (TTA): Hands-on support designed to meet the unique needs of your health center, including guidance on workflow design, staff role integration, and strategies for maximizing patient engagement.

### **Who should conduct the PRAPARE® screening, and what training is required?**

PRAPARE® can be administered by both clinical and non-clinical staff. To support effective implementation, the PRAPARE® Implementation and Action Toolkit is available to guide staff through the process. For additional assistance, the National PRAPARE® Team at [prapare@nachc.org](mailto:prapare@nachc.org) also offers training and technical assistance (TTA) for a fee to help organizations implement PRAPARE® successfully.

### **How long should staff continue engaging with patients regarding SDOH needs?**

When it comes to patient engagement, it's important to meet patients where they are. Start by understanding their priorities and what health and well-being mean to them. If a patient is experiencing multiple social needs or stressors, they may not be ready to focus on their care plan. In these cases, staff should partner with patients and/or caregivers to identify what matters most to them at the moment. Co-create the care plan in a way that reflects their current capacity and gives them space to say “not right now” or prioritize other concerns. This approach helps build trust and long-term engagement.

### **What are some effective strategies to engage health center leaders and care teams in implementing PRAPARE®?**

It is important to demonstrate how PRAPARE® is making a difference in your organization and/or your community to sustain engagement and motivation.

There are several ways to do this:

- Celebrate successes!
- Encourage friendly competition.
- Visualize and share the data.
- Apply lessons learned.



## Patient Experience

### **What is the general reaction from patients when screened using the PRAPARE® tool?**

Once PRAPARE® is explained—covering what it is and why it's being used—patients often respond positively, viewing the questions as a sign that their health care team cares about them as a whole person, not just their immediate medical concerns. Many appreciate being asked about their broader needs and experiences, which help build trust and strengthen the patient-provider relationship.

### **How can staff and patients be supported in addressing sensitive PRAPARE® questions?**

Before beginning the screening process, staff should take time to explain the “what” and “why” behind PRAPARE®. They should ask for the patient's permission to proceed and remind them that they can decline to answer any question or stop the screening at any time without penalty. Staff can be trained in empathic inquiry approaches and motivational techniques to navigate sensitive topics respectfully, ensuring that patients feel safe and supported. If certain questions are consistently skipped, organizations can explore underlying reasons—such as health literacy or cultural sensitivity—and adjust their approach accordingly.

## Data Collection and Usage

### **Do all PRAPARE® questions need to be answered for the assessment to be completed?**

While it's not mandatory to answer every PRAPARE® question to complete an assessment, it is strongly encouraged to ask the full set of core questions. Collecting comprehensive data ensures a standardized approach to addressing both patient-level risks and broader community challenges. Using the complete PRAPARE® tool also supports more effective risk stratification and analysis of social drivers of health.

### **How often should a PRAPARE® form be asked?**

Organizations can decide on the frequency of readministering PRAPARE®, although we recommend at least annually. For example, race and ethnicity might be answered once and then revalidated annually. Or a health center might determine that a material security question needs to be asked at each visit due to the local economic condition or as a follow-up to a previous positive screen.

### **How is PRAPARE® scoring used to support patient care and population management?**

While PRAPARE® does not provide a formal risk stratification formula, the “risk tally score” captures the total number of social risks identified using evidence-based thresholds. For example, in the housing domain, lacking stable housing is considered a risk.

This score helps organizations support individual care planning and manage populations by identifying trends, highlighting high-need groups, and tailoring interventions accordingly. For more information, refer to the [PRAPARE® Risk Tally Scoring Methodology](#).

### **Is PRAPARE® validated?**

The [PRAPARE® Validation Fact Sheet](#) highlights how PRAPARE® was developed and validated using the 8 “Gold Standard” Stages of Measure Development.



## Customization and Adaption

### **Can we make modifications to the questions?**

No, modifications should not be made to the wording of the official PRAPARE® questions. Maintaining the integrity of the questions is essential for ensuring standardized data collection across health centers, which allows for meaningful comparison and analysis at local, state, and national levels.

However, PRAPARE® can be combined with other assessments, and the way you ask the questions during a patient conversation may be adapted to fit your workflow or improve patient comfort. For example, questions can be rephrased conversationally—as long as the core intent and wording are preserved in documentation and data entry. This approach helps maintain data fidelity while supporting patient-centered care.

### **Some of the personal characteristic questions are duplicative of what we capture from our patients. Can we omit those questions from the tool for our customer population?**

Yes - if you are already collecting the data in another format, you may omit those questions.

### **Is there a version of PRAPARE® that is tailored for pediatrics/adolescents?**

There is no official version of PRAPARE® specifically tailored for pediatric or adolescent populations.

### **Is there a short version of the PRAPARE® tool?**

There is no official short version of PRAPARE®. However, the tool is designed to be flexible. Health centers are encouraged to tailor it based on community priorities and workflow needs. To reduce duplication, we recommend reviewing existing processes. Many PRAPARE® questions also align with UDS data elements, helping streamline both care delivery and documentation.

## Administrative and Technical Details

### **Is there a cost associated with using PRAPARE®?**

Yes, there is a licensing requirement associated with using PRAPARE®. Regardless of how you wish to use PRAPARE®—whether for a research study, hosting it on a digital platform, or publishing it, among other uses—you must have a license agreement with NACHC. E-mail [PRAPARE@nachc.org](mailto:PRAPARE@nachc.org) for additional information on licensing agreements and costs.

### **Which Electronic Health Records currently include PRAPARE®?**

There are several Electronic Health Records (EHR) that have PRAPARE® built out on their platforms. To confirm if your EHR has PRAPARE®, please contact the National PRAPARE® team at [PRAPARE@nachc.org](mailto:PRAPARE@nachc.org).

### **Is PRAPARE® available in other languages besides English?**

The PRAPARE® Screening Tool has been translated in over 25 languages to extend accessibility to the diverse populations you serve. To obtain access to the PRAPARE® Tool—both the original English version and all translated versions—an active license agreement is required. Please contact the National PRAPARE® Team at [prapare@nachc.org](mailto:prapare@nachc.org) to request access or to initiate the licensing process.



**How can I stay updated on the latest from PRAPARE®?**

**[Join the PRAPARE® Listserv](#)**

**E-mail:** [PRAPARE@nachc.org](mailto:PRAPARE@nachc.org)

**Website:** <https://www.nachc.org/resource/prapare/>

