Introduction

We are asking you to participate in this survey because you are a pediatric trainee. You must be age 18 or older to participate in this survey. The information in this consent page is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researchers if there is anything you do not understand.

This study is being conducted by researchers at the Harvard T.H. Chan School of Public Health. **The purpose of this research is to learn more about pediatric trainees' understanding of energy insecurity and its impact on patient health.** Energy insecurity is the inability to adequately meet basic household energy needs. Your participation in this study will help us to learn more about how physicians understand the relationship between energy insecurity and child health.

If you agree to be in this study, you will complete an online survey. The survey includes questions about your knowledge and beliefs about utility insecurity and its impact on patients

and should take you about **15 minutes** to complete. Being in this study is up to you. You can decline to answer questions that you do not want to answer and stop until you submit the survey. After you submit the survey, we cannot remove your responses because we will not know which responses came from you. The survey is anonymous, and no one will be able to link your responses back to you. Your responses to the survey will not be linked to your computer, email address, or other electronic identifiers. Information provided in this survey will be kept as secure as possible.

We hope the knowledge gained from this study will benefit others in the future. We don't know of any risks to you from being in this study that are greater than the risks you encounter in everyday life. Information collected for this study may be published or presented at scientific meetings.

Compensation in the amount of a $10 Amazon gift card will be delivered via email after completion of this survey. To facilitate this compensation, which is optional, we will ask for your email address, which we will keep separate from the rest of the collected data to preserve your anonymity. If you have any questions or concerns about this study, please contact the researchers: Natalie Slopen, nslopen@hsph.harvard.edu (PI), Rachel Mark, rmark@hsph.harvard.edu (Student Researcher).

Proceeding with the following survey is an expression of consent.

Education and Training

Please select your current level of training

- ○ PGY-1
- ○ PGY-2
- ○ PGY-3
- ○ PGY-4 or greater
- ○ Prefer not to respond

How do you intend to practice as a pediatrician?

- ○ Primary care setting
- ○ Acute care setting (ICU or ED)
- ○ Pediatric hospitalist
- ○ Sub-specialty care
- ○ Undecided
- ○ Prefer not to respond

Practice

Please rate how strongly you agree or disagree with the following statements:

It is **my responsibility** as a pediatrician to identify social determinants of health that are impacting my patients.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

It is **my responsibility** as a pediatrician to **be aware of** social determinants of health that are impacting my patients.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

It is **my responsibility** as a pediatrician to **ask** whether my patients have access to utilities like gas, electricity, and water.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

It is **my responsibility** as a pediatrician to **know** whether my patients have access to utilities like gas, electricity, and water.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

Families who struggle with energy insecurity might be better able to cover their bills if they cut out spending in other areas,

like cable or eating take out.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

Families who struggle with energy insecurity should make trade-offs in other areas of their spending to better afford to pay their utility bills.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

Block 3

When are social determinants of health screenings performed at your primary care site? Please select all that apply:

- ☐ At well visits

- [ ] At sick visits
- [ ] When prompted by patient-identified need
- [ ] They are not performed
- [ ] I don't know
- [ ] Prefer not to respond

Who performs social determinants of health screenings in your office? Please select all that apply:

- [ ] Physician
- [ ] Nurse
- [ ] Social worker
- [ ] Other social services provider
- [ ] Electronic screening tool - i.e., on iPad at check-in
- [ ] Prefer not to respond

If a social determinants of health screening is performed by someone other than you in your office, do you review it prior to the patients' visit?

- ○ Never
- ○ Sometimes
- ○ About half the time
- ○ Most of the time
- ○ Always
- ○ Prefer not to respond or N/A

How often do you ask patients about social determinants of health when taking a medical history?

- ○ Never
- ○ Sometimes
- ○ About half the time
- ○ Most of the time
- ○ Always
- ○ Prefer not to respond

If you ask about social determinants of health when taking a history, what prompts you to ask? Please select all that apply:

- ☐ Patient presentation
- ☐ Diagnosis
- ☐ Chart review
- ☐ Social work directed
- ☐ Routine practice
- ☐ [ ] Other:
- ☐ Prefer not to respond or N/A

How often do you ask patients about their utility access when taking a medical history?

- ○ Never
- ○ Sometimes
- ○ About half the time
- ○ Most of the time
- ○ Always
- ○ Prefer not to respond

If you ask about patients' utility access, what prompts you to ask? Please select all that apply:

- ☐ Patient presentation
- ☐ Diagnosis
- ☐ Chart review
- ☐ Social work directed
- ☐ Routine practice
- ☐ Other: _____
- ☐ Prefer not to respond

Block 2

Please rate how strongly you agree or disagree with the following statements:

I feel comfortable asking families about social determinants of health.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

I feel comfortable asking families about their access to utilities.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

I know where to find information about my patients' social determinants of health in the electronic medical record.

- ○ Strongly disagree
- ○ Somewhat Disagree
- ○ Neither agree not disagree
- ○ Somewhat Agree
- ○ Strongly agree
- ○ Prefer not to respond

I consider patients' utility access when developing differential diagnoses.

- ○ Strongly disagree
- ○ Somewhat Disagree
- ○ Neither agree nor disagree
- ○ Somewhat Agree
- ○ Strongly agree
- ○ Prefer not to respond

I feel comfortable including information about my patients' access to utilities in my written documentation.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree

- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

I consider patients' utility access when prescribing medication.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree
- ○ Prefer not to respond

Knowledge

Which of the following liquid medications require refrigeration for safest storage? Please select all that apply.

- ☐ Augmentin
- ☐ Keflex
- ☐ Cefdinir
- ☐ Insulin
- ☐ Prednisone
- ☐ Prefer not to respond

Which of the following common conditions could require utility access? Please select all that apply.

- [ ] Asthma
- [ ] Being under the age of 1
- [ ] Febrile seizure
- [ ] Eczema
- [ ] Constipation
- [ ] Allergic rhinitis
- [ ] Bronchitis
- [ ] Prefer not to respond

Which of the following conditions could be exacerbated by lack of utility access? Please select all that apply

- [ ] Asthma
- [ ] Diabetes
- [ ] Depression
- [ ] Constipation
- [ ] Epilepsy
- [ ] Autism Spectrum Disorder
- [ ] ADHD
- [ ] Prefer not to respond

If appropriate, a medical certificate signed by a physician can be used to delay a utility termination. How long does a medical certificate last (in Pennsylvania)?

- ○ 1 week
- ○ 30 days
- ○ 3 months
- ○ 6 months
- ○ 1 year
- ○ Prefer not to respond

Which of the following conditions could render a medical certificate appropriate? Please select all that apply.

- ☐ Asthma
- ☐ Diabetes
- ☐ Presence of a household member under the age of 1
- ☐ Depression
- ☐ Cancer
- ☐ Prefer not to respond

Which of the following are resources available to help a utility customer avoid or delay a utility shutoff? Please select all that apply.

- ☐ Medical certificate

- [ ] Grants from community programs
- [ ] Grants through the County Assistance Office (the "welfare office")
- [ ] Income-based utility customer assistance programs
- [ ] Structured payment plans available through the utility or the public utility commission
- [ ] Prefer not to respond

Demographic Information

Which race or ethnicity best describes you?

- ○ American Indian or Alaska Native
- ○ Asian/Pacific Islander
- ○ Black or African American
- ○ Hispanic/Latinx
- ○ White/Caucasian
- ○ Multiple ethnicities
- ○ _____ Other
- ○ Prefer not to respond

Do you identify as a member of a minority group?

- ○ Yes
- ○ No
- ○ Prefer not to respond

What best describes your current gender identity?

- ○ Male
- ○ Female
- ○ Non-binary / third gender
- ○ [ ] If not listed, please specify:
- ○ Prefer not to respond

Do you have personal experience with using public benefits, for example, Medical Assistance, Supplemental Nutrition Assistance Program (SNAP or "Food Stamps"), or Temporary Assistance for Needy Families (TANF or "welfare")?

- ○ Yes
- ○ No
- ○ Prefer not to respond