APPENDIX (SURVEY):

Psychosocial Determinants of Child Health

Start of Block: Research Informed Consent

Q2 Psychosocial Determinants of Child Health - Research Informed Consent Purpose:

The purpose of this study is to examine changes that occur as a result of a program of screening and referral for psychosocial determinants of child health. We will be looking at residents' comfort, knowledge, and practices before the onset of the program and after it has been in place for 18 months. We hope that improving residents' comfort in discussing these issues with families and increasing residents' knowledge of addressing identified problems will help to improve families' access to assistance and help mitigate the impact on their children's health and development. **Procedures:** Participation in this study will involve completion of a single pre- and a single postsurvey that will each take less than 10-15 minutes to complete. Risks and Benefits: Participants in this study may experience some stress associated with answering survey questions. This study may change the ways that pediatric residents at Yale-New Haven Hospital are trained in addressing psychosocial determinants of child health. Confidentiality: Resident survey responses will be collected anonymously on-line. Residents will be asked to create a unique identification number to allow for pre- and post- comparison. Only the researchers involved in this study and those responsible for research oversight will have access to any information that could identify a resident, though this will be unlikely to occur due to the self-created identification numbers. When we publish any results from this study, we will do so in a way that does not identify any resident. If we share data with other researchers so they can check the accuracy of our conclusions, we will do so only if we are confident that resident confidentiality is protected. Participation: Participation in this study is completely voluntary. You are free to decline to participate, to end participation at any time for any reason, or to refuse to answer any question without penalty. Questions: If you have any questions about this study, you may contact Brad Herrin (bradley.herrin@ yale.edu), Ada Fenick (ada.fenick@yale.edu) or Andie Asnes (andrea.asnes@yale.edu). If you would like to talk with someone other than the researchers to discuss problems or concerns, to discuss situations in the event that a member of the research team is not available, or to discuss your rights as a research participant, you may contact the Yale University Human Subjects Committee, Box 208010, New Haven, CT 06520-8010, (203)785-4688, or human.subjects@yale.edu.

Additional information is available at http://www.yale.edu/hrpp/participants/index.html

By clicking Yes below, you are consenting to participate.	
O Yes (1)	
O No (2)	

 $Skip\ To: End\ of\ Survey\ If\ Research\ Informed\ Consent\ Purpose: \overline{The\ purpose}\ of...=No$

End of Block: Research Informed Consent

Start of Block: Unique ID

Q67 CREATING THE UNIQUE IDENTIFIER

In the space below, type the first 2 letters of your mother's maiden name, the postal code of the state you were born in, and the DAY, in 2 digits, that your mother was born on. If you were NOT born in the US, enter the postal code of the first state in which you lived.

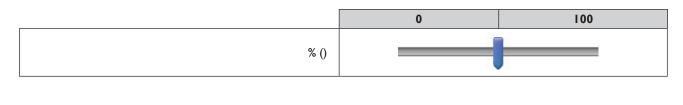
For example, if your mother's maiden name was McGillicuddy, you were born in Hawaii, and your mother was born on May 9th, you would type: MCHI09

End o	End of Block: Unique ID								
Start	of Block: Demographics								
DEM	OGRAPHIC INFO								
Q4 R	esidency Training								
0	Categorical Peds (1)								
0	Med/Peds (2)								
Q5 Ye	ar of Training								
0	PGY-1 (1)								
0	PGY-2 (2)								
0	PGY-3 (3)								
0	PGY-4 (4)								
Q6 G	ender								
0	Male (1)								
0	Female (2)								
Q7 A	ge								
0	Less than 26 (1)								
0	26-30 (2)								
0	Greater than 30 (3)								

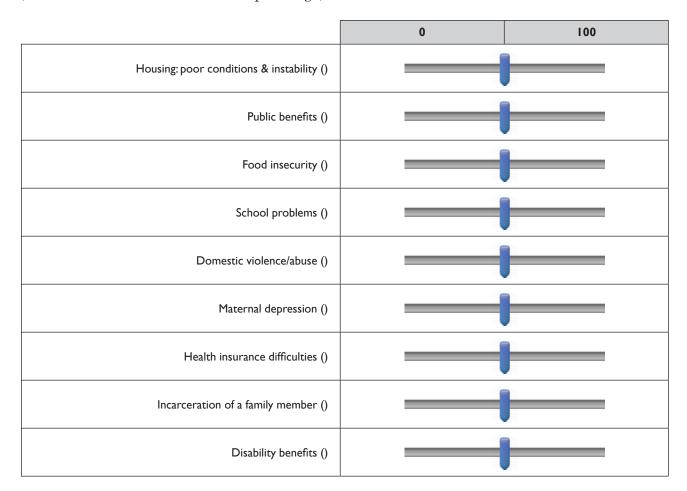
Q8 Have you ever had legal advocacy or community health training during medical school or residency?
O Yes - when, and what type of training did you receive? (1)
O No (2)
Q11 Have you ever worked or volunteered in a social work/legal aid office or community health organization?
O Yes - when, and what type of work did you do? (1)
O No (2)
Q68 Do you have an additional professional-level degree (e.g. MPH, MSW, PhD)?
○ Yes - what type of degree? (1)
O No (2)
End of Block: Demographics
Start of Block: Comfort and Knowledge Level

COMFORT AND KNOWLEDGE LEVEL

Q13 What percent of families who come to the Yale PCC have social, economic, and legal hardships that impact their medical care and compliance? (*Please move the slide scale to estimate a percentage.*)



Q14 More specifically, what percent of families who come to the Yale PCC face the following hardships? (*Please move the slide scale to estimate a percentage.*)



Q12 Many families encounter a variety of social, economic and environmental hardships. Which of the followi ssues do you think an attorney from a Medical Legal Partnership might be able to address in order to ass families (choose all correct answers):	
Poor housing conditions (e.g. lead, mold, rodents, bugs) (1)	
Housing emergencies (no heat or hot water) (2)	
Families facing eviction (3)	
Representation on criminal charges (4)	
Finding housing in a safer neighborhood (5)	
School suspensions or expulsions (6)	
Obtaining accommodation for child's learning from school (7)	
Suspended driver's license (8)	
Timely development of an IEP (Individualized Education Plan) (9)	
Obtaining benefits (e.g. insurance, food stamps, housing subsidies, daycare) (10)	
☐ Immigration issues (11)	
Family representation in small claims court (12)	
Obtaining a restraining order (domestic violence cases) (13)	
Exposure (pre-natal or post-natal, in home or out) to drugs or abuse (14)	
Child custody or visitations questions (15)	
Representation in divorce proceedings (16)	
Assistance with guardianship & foster care (17)	
Q15 How likely do you think it would be for childhood exposure to hardships such as these to affect health?	
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	Definitely will not (1)	Probably will not (2)	Don't know (3)	Probably will (4)	Definitely will (5)
In early childhood (0-5)	0	0	0	0	0
In mid childhood (6-12) (2)	0	0	0	0	0
In adolescence (13-18) (3)	0	0	0	0	0
In adulthood (>19) (4)	0	0	0	0	0

Q72 When thinking about the social, economic, and legal hardships that families in the Yale PCC face, please rate your:

	Poor (I)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
Comfort in raising and discussing these issues with families during routine visits (1)	0	0	0	0	0
Knowledge about these issues (2)	0	0	0	0	0
Ability to advise families about local community resources to help with these issues (3)	0	0	0	0	0

Q74 More specifically, please rate your comfort, knowledge, and ability to advise about the following issues:

	Comfort				ŀ	Knowledge			Ability to advise						
	Poor (I)	Fair (2)	Good (3)	Very good (4)	Excellent (5)	Poor (I)	Fair (2)	Good (3)	Very good (4)	Excel- lent (5)	Poor (I)	Fair (2)	Good (3)	Very good (4)	Excellent (5)
Housing: poor conditions & instability (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public benefits (2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Food insecurity (3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School problems (4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Domestic violence/ abuse (5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternal depression (6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health insurance difficulties (7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration of a family member (8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Disability benefits (9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

End of Block: Comfort and Knowledge Level

Start of Block: Comfort and Knowledge Level

Q21 Please check the community referral resources that you are currently confident in referring families to ($check\ all\ that\ apply$):

	Know about	this resource	Feel confident referring to this resource			
	Yes (I)	No (2)	Yes (I)	No (2)		
Supplemental Nutrition Assistance (aka SNAP, Food stamps) (1)	0	0	0	0		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (2)	0	0	0	0		
Food pantries (3)	0	0	0	0		
Temporary Assistance for Needy Families (TANF) (4)	0	0	0	0		
Homeless shelters (5)	0	0	0	0		
Parenting skills groups (e.g. Nurturing Families) (6)	0	0	0	0		
English as a second language (ESL) programs (7)	0	0	0	0		
Child care / After school care (8)	0	0	0	0		
Head Start (9)	0	0	0	0		
Mental health resources (10)	0	0	0	0		
Domestic violence (11)	0	0	0	0		
Legal aid (12)	0	0	0	0		
Care coordination for children with special health care needs (13)	0	0	0	0		
Asthma resources (14)	0	0	0	0		
Birth to Three (15)	0	0	0	0		
Obesity (e.g. Bright Bodies) (16)	0	0	0	0		
Other, please list: (17)	0	0	0	0		

Q69 The following may affect addressing these issues with families in the clinic. Please identify how much of a barrier or facilitator each is for you:

	Barrier	Facilitator
	0	100
My comfort level ()		
My patients comfort level ()		
Screening tool availability ()		
Time ()		
My knowledge of what to do ()		
Support in the PCC to assist with issues ()		
Support in the community to assist with issues ()		
Other ()		

End of Block: Comfort and Knowledge Level

Start of Block: Housing

HOUSING EXPERIENCES

Q23 Please answer the following questions based on your prior experiences in a primary care clinic setting. How often do you ask:

	Never (I)	Rarely (2)	Sometimes (3)	Most of the Time (4)	Always (5)
Whether the family has safe, stable and affordable housing? (1)	0	0	0	0	0
About unhealthy living conditions (lead, cockroaches, mold, bedbugs, and heat)? (2)	0	0	0	0	0
Whether the family is homeless or doubled up? (3)	0	0	0	0	0

Q25 How many times in the past six months have you identified a family living in a home with unhealthy living conditions, or homeless or doubled up?
Q27 To whom did you refer these families? (check all that apply)
☐ Talk to the landlord (1)
Legal aid (2)
Social work (3)
Housing authority (4)
211 (5)
None, I did not know the appropriate resources (6)
None, I do not ask these types of questions (7)
Other, please list: (8)

Q29 Please identify whether the following statements about housing are true or false.

	True (I)	False (2)	I Don't Know (3)
A landlord can make a tenant responsible for repairs to the rental unit. (I)	×	0	0
A landlord can withhold the property of a tenant if the tenant moves out and owes the landlord rent. (2)	×	0	0
Tenants in subsidized housing (public housing and various types of Section 8) pay approximately 30% of their household monthly income in rent. (3)	Х	0	0
The apartment size for a tenant in subsidized housing is based only on the family size and on the amount of the household's monthly income. (4)	0	Х	0
A family living in New Haven concerned about unhealthy housing conditions can call the New Haven Housing Authority for a free inspection. (5)	0	Х	0
If a home's conditions are unsafe, the family can withhold rent until the landlord repairs the conditions. (6)	0	×	0
A family with young children tells you that their apartment has loose, flaking paint. Your best advice is to tell the family to call the Housing Authority. (7)	0	Х	0

	True (I)	False (2)	I Don't Know (3)
If a family gets an eviction notice, you should consult the Medical Legal Partnership. (8)	×	0	0
If a child with asthma is living in a home with cockroaches and mold and the landlord has not been responsive to requests to clean it up, you should consult the Medical Legal Partnership. (9)	X	0	0

	End of Block: Housin	g
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Start of Block: Poverty

POVERTY

Q39 Please answer the following questions based on your prior experiences in a primary care clinic setting. How often do you ask:

	Never (I)	Rarely (2)	Sometimes (3)	Most of the Time (4)	Always (5)
Whether the family has trouble getting enough food to eat? (1)	0	0	0	0	0
Whether the family is having difficulty with welfare benefits or food stamps? (2)	0	0	0	0	0
Whether the family is receiving wic? (3)	0	0	0	0	0

*						
Q40 How many time to eat or difficulty with				l a family who h	as difficulty gett	ing enough food
0.000	6 .1 .6					
Q45 To whom did you	refer these fa	amilies (che	ck all that apply)?		
Food banks (1)						
☐ WIC (2)						
SNAP (3)						
Social work (4))					
Legal aid (5)						

☐ Hospital based DSS worker (EC) (6)
211 (7)
None, I did not know the appropriate resources (8)
None, I do not ask these types of questions (9)
Other community agencies, please list: (10)

Q46 Please identify whether the following statements about financial assistance are true or false.

	True (I)	False (2)	I Don't Know (3)
In the United States, the child poverty rate is higher than the poverty rate of any other age group. (1)	0	0	0
The majority of poor children in the United States are African-American. (2)	0	0	0
WIC is intended to provide all the formula a baby needs. (3)	0	×	0
Families usually have enough food stamps to last for the entire month. (4)	0	×	0
Families living in poverty in CT can receive cash assistance for 60 months. (5)	0	×	0
All uninsured children in CT can get public health insurance coverage (such as Medicaid). (6)	0	×	0
A patient for whom you sign a Medical Statement of Need for utilities does not have to pay the bill. (7)	0	×	0
Working parents can never get public assistance such as SSI and food stamps for their children. (8)	0	×	0
Impoverished children who were born in the United States can get public assistance and Medicaid even if their parents are undocumented immigrants. (9)	Х	0	0
If your patient is denied a necessary motorized wheel- chair, the physician should consult the Medical Legal Partnership. (10)	Х	0	0
A child denied SSI benefits should be referred to the Medical Legal Partnership. (11)	×	0	0

Q56 Can you purchase the items below using funds from the assistance programs listed?

	FC	OOD STAM	PS	WIC			TANF		
	Yes (I)	No (2)	l don't know (3)	Yes (I)	No (2)	I don't know (3)	Yes (I)	No (2)	I don't know (3)
Diapers (1)	0	0	0	0	0	0	0	0	0
Cigarettes (2)	0	0	0	0	0	0	0	0	0
Soda (3)	0	0	0	0	0	0	0	0	0
Formula (4)	0	0	0	0	0	0	0	0	0
Fresh fruit and vegetables (5)	0	0	0	0	0	0	0	0	0
Meat (6)	0	0	0	0	0	0	0	0	0
Alcohol (7)	0	0	0	0	0	0	0	0	0
Toothpaste (8)	0	0	0	0	0	0	0	0	0
Shampoo (9)	0	0	0	0	0	0	0	0	0
Tampons (10)	0	0	0	0	0	0	0	0	0
Pet food (11)	0	0	0	0	0	0	0	0	0
Toilet paper (12)	0	0	0	0	0	0	0	0	0
Soap (13)	0	0	0	0	0	0	0	0	0
Baby food (14)	0	0	0	0	0	0	0	0	0
Milk (15)	0	0	0	0	0	0	0	0	0
Frozen meals (16)	0	0	0	0	0	0	0	0	0

End of Block: Poverty

Start of Block: Education

EDUCATION

Q57 Please answer the following questions based on your prior experiences in a primary care clinic setting. How often do you ask:

	Never (I)	Rarely (2)	Sometimes (3)	Most of the Time (4)	Always (5)
Whether a child is having serious behavioral or learning problems in school? (1)	0	0	0	0	0
If a child has been suspended or expelled from school? (2)	0	0	0	0	0
If the child has ever been held back? (3)	0	0	0	0	0
Does the child attend school regularly? (4)	0	0	0	0	0
Q60 Where would you refe (check all that apply)? School guidance cou Developmental and Education advocate Social work (4) Legal aid (5) 211 (6)	nselor, principal, Behavioral Pedia	or teacher (1)		lems, either learn	ing or behavioral
None, I did not know	w the appropriate	resources (7)			
☐ None, I do not ask th	nese types of ques	stions (8)			
Other (please specify	y): (9)				

Q71 Please identify whether the following statements about education are true or false.

	Yes (I)	No (2)	I Don't Know (3)
In Connecticut, an 8th grader can be expelled for up to a year. (1)	X	0	0
If a child fails a year in school, the school is required by law to initiate testing to determine the reason. (2)	0	×	0
Beginning at the age of two and a half, the school district is responsible for evaluation of children with disabilities. (3)	0	×	0
Once a parent/guardian requests an evaluation in writing and provides the appropriate consent, a school district must complete a multidisciplinary evaluation within 60 days. (4)	0	×	0
When a child resides in a shelter or temporary home outside of their established school district and is "homeless," the student has the right to continue his/her education at the school of origin and the school district must pay for transportation. (5)	Х	0	0
A Behavioral Intervention Plan (BIP) is available to every student with an IEP who has behavioral challenges, regardless of the student's disability category. (6)	×	0	0
A doctor's letter about a student's school performance and behavioral challenges can be the sole basis for a school district's determination of educational disability. (7)	0	×	0
A child who has been scheduled for an expulsion hearing may benefit from a referral to the Medical Legal Partnership. (8)	Х	0	0
The family of a child with an expired IEP who continues to need special school services should be referred to the Medical Legal Partnership. (9)	×	0	0

End of Block: Education