

Title: Heat and Treat: Pediatric Trainee Perspectives on Energy Insecurity

Abstract

Background

Energy insecurity is a significant social and structural determinant of health (“SDOH”) that can have negative health consequences. All children, even those without underlying health conditions, are negatively impacted by insecure utility access. Because of this, pediatricians should be aware of the health impacts of energy insecurity on their patients and ways they can incorporate this knowledge into their practice.

Objective

The goal of this study was to learn more about how pediatric trainees understand energy insecurity, its impact on their patients, as well as how trainees implement this understanding in their practice. This study focused on trainees because they are engaged in education and training, and SDOH education has recently become incorporated in mainstream medical education.

Methods

We administered surveys online to 141 pediatric trainees at two large pediatrics research institutions in the Northeastern United States. Participants were awarded \$10 gift certificates for participating.

Results

Energy insecurity appears to be viewed differently by pediatric trainees from other SDOH. While 50% of respondents said they “most of the time” or “always” asked about SDOH while taking a history, only 14% said that they “most of the time” or “always” asked about energy insecurity. SDOH are mostly not screened for at sick visits, with only 11% of respondents reporting screening then. Results also revealed a significant disparity in how mental health is considered in the context of utility insecurity. While 91% of respondents endorsed depression as a condition that could be exacerbated by a lack of utility access, only 47% viewed depression as a condition that could render a medical certificate.

Conclusion

Pediatric medical education should include more information about energy insecurity. Pediatricians should be empowered to use their discretion to support energy-insecure

patients, including liberal use of medical certificates and consideration of patients' utility access when determining course of treatment.