Poster 3209 Supplemental Material

References:

- Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County Health Rankings: Relationships between Determinant Factors and Health Outcomes. *American Journal of Preventive Medicine*, *50*(2), 129–135. https://doi.org/10.1016/j.amepre.2015.08.024
- 2. Adler, K. G. (2018). Screening for social determinants of health: An opportunity or unreasonable burden? *Family Practice Management*, *25*(3), 3.
- AAFP. (2017). Social Determinants of Health (SDoH): Family Physicians' Role. American Academy of Family Physicians. Retrieved from https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/SDoH-sur vey-results.pdf
- Brcic, V., Eberdt, C., & Kaczorowski, J. (2015). Corrigendum to "Development of a Tool to Identify Poverty in a Family Practice Setting: A Pilot Study." *International Journal of Family Medicine*, 2015, 1–1. https://doi.org/10.1155/2015/418125
- 5. Magnan, S. (2017). Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM Perspectives*. https://doi.org/10.31478/201710c
- Schickedanz, A., Hamity, C., Rogers, A., Sharp, A. L., & Jackson, A. (2019). Clinician Experiences and Attitudes Regarding Screening for Social Determinants of Health in a Large Integrated Health System. *Medical Care*, *57*. https://doi.org/10.1097/MLR.00000000001051

Confidential Resident Survey

You have agreed to take part in the study titled: Addressing social determinants of health: A survey of resident perceptions and practices

The data for this study is being collected anonymously. Neither researchers nor anyone else will attempt to link the data back to you. Any reports or presentation about the findings of this survey will not include your name or any other information that could identify you.

As a reminder, your participation in this study is voluntary. You can decline to answer any of the questions for any reason and can stop participating at any time by closing the browser window or the program to withdraw from the study. Partial data will not be analyzed.

Again, thank you for your time and participation!

Which age group are you part of?	 ○ 25-30 years ○ 31-35 years ○ >36 years
What is your year of training?	 ○ PGY1 ○ PGY2 ○ PGY3 ○ PGY4 ○ PGY5
To which Residency program do you belong?	 Pediatrics Medicine-Pediatrics Internal Medicine Family Medicine Psychiatry Emergency Medicine Obstetrics & Gynecology General Surgery Orthopedics
In your last 3 clinic days or ED shifts, how many patients have you seen?	 Less than 5 patients 5 to 10 11 to 20 more than 20

The following list provides examples of the social determinants of health, which can influence health equity:

- Income and social protection
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Access to affordable health services of decent quality.
- Social inclusion and non-discrimination
- Education
- Structural conflict
- Early childhood development

In the following statements about patients' social needs information, indicate the frequency						
you engage in each action.						
	Always (5)	Often (4)	Sometimes (3	Rarely (2)	Never (1)	
l typically ask patients about their social needs.	0	0	0	0	0	
l typically review information regarding members' social needs from the chart	0	0	0	0	0	
l use information about patients' social needs in medical decisions and care planning.	0	0	0	0	0	

In the following statements indicate the frequency you engage in each action.						
	Always (5)	Often (4)	Sometimes (3)	Rarely (2)	Never (1)	
I ask about patient social needs because I was prompted to ask by faculty	0	0	0	0	0	
l ask about patient social needs because I felt like I had more than enough time	0	0	0	0	0	
l ask about patient social needs because it seemed relevant for the patient	0	0	0	0	0	

Indicate the extent to which each of the following items prevent you from asking patients about their

social needs from 'A Major Barrier' (5) to 'Not at All a Barrier' (1):						
	A Major Barrier (5)	(4)	Neutral (3)	(2)	Not at all a Barrier (1)	
Lack of time to ask	0	0	0	0	0	
Lack of training about how to	0	\bigcirc	0	0	0	
ask Lack of comfort in asking	0	0	0	0	0	
Lack of emphasis by faculty	0	0	0	0	0	
Lack of training about how to respond to social needs once they are identified	0	0	0	0	0	
Lack of resources to address social needs once they are identified	0	0	0	0	0	

REDCap

Confidential

Indicate the extent to which	n you agree wi	th each of th	e following st	atements:	
	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
l am aware of resources available to address patients' social needs.	0	0	0	0	0
I am confident in my ability to help patients address their social needs.	0	0	0	0	0
I am concerned that patients will feel uncomfortable answering questions about their social needs	0	0	0	0	0
Collecting social needs information is beyond the scope of clinical care	0	0	0	0	0
Asking about social needs is not relevant to most of my encounters	0	0	0	0	0
Having access to patients' social needs information would not change my medical decision making	0	0	0	0	0
Would you like to participate in a \$25 Amazon gift cards?	drawing for 1 of 8	C) Yes) No		
Please provide your name		_			
Please provide your address.					

Page 3



Study Data & Results

Data and Methods:

The data consists of n=45 respondents to the survey consisting of four demographic/characteristic items, six items related to screening practices, six items on resident views on screening for SDoH, six items on barriers preventing from asking patients about their social needs, and two items to facilitate logging for the gift card survey incentive for a total of 22 items on the survey. Cognitive interviews were performed with three student/residents not included in the final sample to bolster the content validity. To evaluate whether the Likert-type response differs by resident age (25-30 years vs 31+ years), primary (vs non-primary care) and number of patients seen in last three clinic days or ED shifts (20 or less patients vs 21+ patients), for each item Mann Whitney U test was performed. Bonferroni-corrected alpha will be used to determine significance within each group of survey items such that screening practices containing three items will use alpha of .05/3=.167, resident views containing six items will use alpha of .05/6=.0083. SAS v9.4 will be used for analysis.

Results:

Table 1 shows the distribution of demographic/characteristics of the sample.

	Frequency (percent)
Age	
25-30 years	26 (57.78%)
31-35 years	16 (35.56%)
>36 years	3 (6.7%)
PGY	
PGY1	13 (28.89%)
PGY2	14 (31.11%)
PGY3	12 (26.67%)
PGY4	4 (8.89%)
PGY5	2 (4.44%)
Residency Program	

Table 1: Respondent Demographics/Characteristics

Pediatrics	6 (13.33%)
Medicine-Pediatrics	3 (6.67%)
Internal Medicine	5 (11.11%)
Family Medicine	9 (20.00%)
Psychiatry	4 (8.89%)
Emergency Medicine	10 (22.22%)
Obstetrics & Gynecology	1 (2.22%)
General Surgery	4 (8.89%)
Orthopedics	3 (6.67%)
In your last 3 clinic days or ED shifts, how many patients have you seen?	
Less than 5 patients	2 (4.44%)
5 to 10 patients	11 (24.44%)
11 to 20 patients	13 (28.89%)
More than 20 patients	19 (42.22%)

Table 2 shows the distribution of Likert-type responses for each of the patients' social needs information survey items overall as well as by age group. For each item, there was not sufficient evidence to determine that the distribution of responses differed by age.

	Overall (n=45)	25-30 years of age (n=26)	31+ years of age (n=19)	p-value*
l typically ask patients about their social needs				
Always	5 (11.11%)	1 (3.85%)	4 (21.05%)	p=.9506
Often	19 (42.22%)	15 (57.69%)	6 (31.58%)	
Sometimes	15 (33.33%)	8 (30.77%)	7 (36.84%)	
Rarely	5 (11.11%)	2 (7.69%)	1 (5.26%)	
Never	1 (2.22%)	0	1 (5.26%)	
I typically review information regarding members' social needs from the chart				
Always	5 (11.11%)	1 (3.85%)	4 (21.05%)	p=.4563
Often	19 (42.22%)	12 (46.15%)	7 (36.84%)	
Sometimes	15 (33.33%)	10 (38.46%)	5 (26.32%)	
Rarely	5 (11.11%)	3 (11.54%)	2 (10.53%)	
Never	1 (2.22%)	0	1 (5.26%)	
I use information about patients' social needs in medical decisions and care planning				
Always	13 (28.89%)	6 (23.08%)	7 (36.84%)	p=.5639
Often	23 (51.11%)	15 (57.69%)	8 (42.11%)	
Sometimes	7 (15.56%)	4 (15.38%)	3 (15.79%)	

Table 2: Use of Patients' Social Needs Information by age of respondent

Rarely	2 (4.44%)	1 (3.85%)	1 (5.26%)
Never	0	0	0

-values correspond to Mann-Whitney U test evaluating difference in ranked response by age group. P-values are significant at Bonferroni-corrected alpha of alpha=.05/3=.0167. _Table 3 shows the distribution of Likert-type responses for each Barrier overall as well as by age group. For each barrier, there was not sufficient evidence to determine that the distribution of responses differed by age.

	Overall (n=45)	25-30 years of age (n=26)	31+ years of age (n=19)	p-value*
Lack of time to ask				
(5) A Major Barrier	15 (33.33%)	7 (26.92%)	8 (42.11%)	p=.9808
(4)	16 (35.56%)	12 (46.15%)	4 (21.05%)	
(3) Neutral	8 (17.78%)	5 (19.23%)	3 (15.79%)	
(2)	2 (4.44%)	1 (3.85%)	1 (5.26%)	
(1) Not at all a Barrier	4 (8.89%)	1 (3.85%)	3 (15.79%)	
Lack of training about how to ask				
(5) A Major Barrier	2 (4.44%)	0	2 (10.53%)	p=.6929
(4)	3 (6.67%)	2 (7.69%)	1 (5.26%)	
(3) Neutral	13 (28.89%)	7 (26.92%)	6 (31.58%)	
(2)	15 (33.33%)	11 (42.31%)	4 (21.05%)	
(1) Not at all a Barrier	12 (26.67%)	6 (23.08%)	6 (31.58%)	
Lack of comfort in asking				
(5) A Major Barrier	1 (2.27%)	0	1 (5.56%)	p=.3795
(4)	7 (15.91%)	4 (15.38%)	3 (16.67%)	
(3) Neutral	9 (20.45%)	4 (15.38%)	5 (27.78%)	
(2)	14 (31.82%)	10 (38.46%)	4 (22.22%)	
(1) Not at all a Barrier	13 (29.55%)	8 (30.77%)	5 (27.78%)	
Lack of emphasis by faculty				

Table 3: Barriers preventing from asking about social needs by age of respondent

(5) A Major Barrier	1 (2.22%)	1 (3.85%)	0	p=.5545
(4)	3 (6.67%)	0	3 (15.79%)	
(3) Neutral	17 (37.78%)	10 (38.46%)	7 (36.84%)	
(2)	13 (28.89%)	9 (34.62%)	4 (21.05%)	
(1) Not at all a Barrier	11 (24.44%)	6 (23.08%)	5 (26.32%)	
Lack of training about how to respond to social needs once they are identified				
(5) A Major Barrier	3 (6.67%)	2 (7.69%)	1 (5.26%)	p=.4309
(4)	8 (17.78%)	6 (23.08%)	2 (10.53%)	
(3) Neutral	17 (37.78%)	8 (30.77%)	9 (47.37%)	
(2)	9 (20.00%)	7 (26.92%)	2 (10.53%)	
(1) Not at all a Barrier	8 (17.78%)	3 (11.54%)	5 (26.32%)	
Lack of resources to address social needs once they are identified				
(5) A Major Barrier	9 (20.00%)	5 (19.23%)	4 (21.05%)	p=.3439
(4)	11 (24.44%)	3 (11.54%)	8 (42.11%)	
(3) Neutral	14 (31.11%)	11 (42.31%)	3 (15.79%)	
(2)	7 (15.56%)	7 (26.92%)	0	
(1) Not at all a Barrier	4 (8.89%)	0	4 (21.05%)	

-values correspond to Mann-Whitney U test evaluating difference in ranked response by age group. p-values are significant at Bonferroni-corrected alpha of alpha=.05/6=.0083. Table 4 shows the distribution of Likert-type responses for each of the items on resident perspectives overall as well as by age group. For each item, there was not sufficient evidence to determine that the distribution of responses differed by age.

	Overall (n=45)	years of age (n=26)	years of age (n=19)	value*
vare of resources available to address s' social needs.				
(5) Strongly Agree	(6.67%)	0	(15.79%)	.6030
(4) Agree	(40.00%)	(46.15%)	(31.58%)	
(3) Neutral	(24.44%)	(23.08%)	(26.32%)	
(2) Disagree	(26.67%)	(30.77%)	(21.05%)	
(1) Strongly Disagree	(2.22%)	0	l (5.26%)	
nfident in my ability to help patients s their social needs.				
(5) Strongly Agree	%)	0	(15.79%)	.5252
(4) Agree	89%)	(30.77%)	(26.32%)	
(3) Neutral	44%)	(50.00%)	(36.84%)	
(2) Disagree	6%)	(19.23%)	(10.53%)	
(1) Strongly Disagree	%)	0	(10.53%)	
ncerned that patients will feel fortable answering questions about their needs.				
(5) Strongly Agree	%)	0	1 (5.26%)	.2050
(4) Agree	6%)	(7.69%)	(26.32%)	
(3) Neutral	33%)	(38.46%)	(26.32%)	
(2) Disagree	44%)	(50.00%)	(36.84%)	
(1) Strongly Disagree	%)	(3.85%)	1 (5.26%)	

Table 4: Resident Perspectives by age of respondent

ing social needs information is beyond the f clinical care.				
(5) Strongly Agree		0	0	:.4741
(4) Agree	%)	(3.85%)	0	
(3) Neutral	8%)	(15.38%)	(21.05%)	
(2) Disagree	00%)	(34.62%)	(47.37%)	
(1) Strongly Disagree	00%)	(46.15%)	(31.58%)	
about social needs is not relevant to most ncounters.				
(5) Strongly Agree	%)	0	! (5.26%)	.9033
(4) Agree	%)	(7.69%)	! (5.26%)	
(3) Neutral	22%)	(23.08%)	(21.05%)	
(2) Disagree	22%)	(42.31%)	(42.11%)	
(1) Strongly Disagree	67%)	(26.92%)	(26.32%)	
access to patients' social needs would not my medical decision making.				
(5) Strongly Agree		0	0	:.5542
(4) Agree	%)	0	l (5.26%)	
(3) Neutral	1%)	(3.85%)	(21.05%)	
(2) Disagree	00%)	(73.08%)	(42.11%)	
(1) Strongly Disagree	67%)	(31.58%)	(31.58%)	

evaluating difference in ranked response by age group.

p-values are significant at Bonferroni-corrected alpha of alpha=.05/6=.0083.

Table 5 shows the distribution of Likert-type responses for each of the patients' social needs information survey items overall as well as by primary versus non-primary care. For each item, there was not sufficient evidence to determine that the distribution of responses differed by primary care versus non-primary care

	Overall (n=45)	Non-Primary Primary Care Care (n=21) (n=24)		p-value*
l typically ask patients about their social needs				
Always	5 (11.11%)	3 (14.29%)	2 (8.33%)	p=.2246
Often	19 (42.22%)	6 (28.57%)	15 (62.50%)	
Sometimes	15 (33.33%)	10 (47.62%)	5 (20.83%)	
Rarely	5 (11.11%)	1 (4.76%)	2 (8.33%)	
Never	1 (2.22%)	1 (4.76%)	0	
I typically review information regarding members' social needs from the chart				
Always	5 (11.11%)	3 (14.29%)	2 (8.33%)	p=.7078
Often	19 (42.22%)	8 (38.10%)	11 (45.83%)	
Sometimes	15 (33.33%)	5 (23.81%)	10 (41.67%)	
Rarely	5 (11.11%)	5 (23.81%)	0	
Never	1 (2.22%)	0	1 (4.17%)	
I use information about patients' social needs in medical decisions and care planning				
Always	13 (28.89%)	6 (28.57%)	7 (29.17%)	p=.8328
Often	23 (51.11%)	10 (47.62%)	13 (54.17%)	

Table 5: Use of Patients' Social Needs Information by primary care vs non-primary care

Sometimes	7 (15.56%)	5 (23.81%)	2 (8.33%)
Rarely	2 (4.44%)	0	2 (8.33%)
Never	0	0	0

significant at Bonferroni-corrected alpha of alpha=.05/3=.0167.

Table 6 shows the distribution of Likert-type responses for each Barrier overall as well as by primary versus non-primary care. For each barrier, there was not sufficient evidence to determine that the distribution of responses differed by primary versus non-primary care.

	Overall (n=45)	Non-Primary Primary C Care (n=21) (n=24)		p-value*
Lack of time to ask				
(5) A Major Barrier	15 (33.33%)	5 (23.81%)	10 (41.67%)	p=.1708
(4)	16 (35.56%)	8 (38.10%)	8 (33.33%)	
(3) Neutral	8 (17.78%)	4 (19.05%)	4 (16.67%)	
(2)	2 (4.44%)	1 (4.76%)	1 (4.17%)	
(2) Not at all a Barrier	4 (8.89%)	3 (14.29%)	1 (4.17%)	
Lack of training about how to ask				
(5) A Major Barrier	2 (4.44%)	1 (4.76%)	1 (4.17%)	p=.4064
(4)	3 (6.67%)	0	3 (12.50%)	
(3) Neutral	13 (28.89%)	6 (28.57%)	7 (29.17%)	
(2)	15 (33.33%)	8 (38.10%)	7 (29.17%)	
(2) Not at all a Barrier	12 (26.67%)	6 (28.57%)	6 (25.00%)	
Lack of comfort in asking				
(5) A Major Barrier	1 (2.27%)	0	1 (4.35%)	p=.0858
(4)	7 (15.91%)	1 (4.76%)	6 (26.09%)	
(3) Neutral	9 (20.45%)	4 (19.05%)	5 (21.74%)	
(2)	14 (31.82%)	9 (42.86%)	5 (21.74%)	
(2) Not at all a Barrier	13 (29.55%)	7 (33.33%)	6 (26.09%)	
Lack of emphasis by faculty				

Table 6: Barriers preventing from asking about social needs by primary care vs non-primary care

(5) A Major Barrier	1 (2.22%)	0	1 (4.17%)	p=.2989
(4)	3 (6.67%)	2 (9.52%)	1 (4.17%)	
(3) Neutral	17 (37.78%)	9 (42.86%)	8 (33.33%)	
(2)	13 (28.89%)	7 (33.33%)	6 (25.00%)	
(2) Not at all a Barrier	11 (24.44%)	3 (14.29%)	8 (33.33%)	
Lack of training about how to respond to social needs once they are identified				
(5) A Major Barrier	3 (6.67%)	1 (4.76%)	2 (8.33%)	p=.6535
(4)	8 (17.78%)	3 (14.29%)	5 (20.83%)	
(3) Neutral	17 (37.78%)	9 (42.86%)	8 (33.33%)	
(2)	9 (20.00%)	4 (19.05%)	5 (20.83%)	
(2) Not at all a Barrier	8 (17.78%)	4 (19.05%)	4 (16.67%)	
Lack of resources to address social needs once they are identified				
(5) A Major Barrier	9 (20.00%)	5 (23.81%)	4 (16.67%)	p=.3797
(4)	11 (24.44%)	5 (23.81%)	6 (25.00%)	
(3) Neutral	14 (31.11%)	8 (38.10%)	6 (25.00%)	
(2)	7 (15.56%)	1 (4.76%)	6 (25.00%)	
(3) Not at all a Barrier	4 (8.89%)	2 (9.52%)	2 (8.33%)	

difference in ranked response by age group.

p-values are significant at Bonferroni-corrected alpha of alpha=.05/6=.0083.

Table 7 shows the distribution of Likert-type responses for each of the items on resident perspectives overall as well as by primary versus non-primary care. For each item, there was not sufficient evidence to determine that the distribution of responses differed by primary versus non-primary care.

	Overall (n=45)	Primary Care (n=21)	ry Care (n=24)	value*
vare of resources available to address s' social needs.	67%)	3%)	33%)	0
nfident in my ability to help patients s their social needs.	(35.55%)	(28.57%)	0 (41.67%)	:.1755
ncerned that patients will feel fortable answering questions about their leeds.	8%)	(9.52%)	(25.00%)	3
ing social needs information is beyond the of clinical care.	%)	0	l (4.17%)	0
about social needs is not relevant to most ncounters.	%)	(14.29%)	l (4.17%)	4
access to patients' social needs would not my medical decision making.	%)	(4.76%)	0	9

Table 7: Resident Perspectives represented as frequency (percent) of some agreement by primary vs non-primary care

Table 8 shows the distribution of Likert-type responses for each of the patients' social needs information survey items overall as well as by number of patients seen in last three clinic days or ED shifts. Those that have seen 21 or more patients in the last three clinic days or ED shifts review information regarding members' social needs from the chart less frequently than those that have seen 20 or less patients in the last three clinic days or ED shifts review information.

	Overall (n=45)	20 or less patients (n=26) (n=19)		p-value*
l typically ask patients about their social needs				
Always	5 (11.11%)	3 (11.54%)	2 (10.53%)	p=.0944
Often	19 (42.22%)	15 (57.69%)	6 (31.58%)	
Sometimes	15 (33.33%)	7 (26.92%)	8 (42.11%)	
Rarely	5 (11.11%)	1 (3.85%)	2 (10.53%)	
Never	1 (2.22%)	0	1 (5.26%)	
I typically review information regarding members' social needs from the chart				
Always	5 (11.11%)	4 (15.38%)	1 (5.26%)	p=.0075
Often	19 (42.22%)	14 (53.85%)	5 (26.32%)	
Sometimes	15 (33.33%)	7 (26.92%)	8 (42.11%)	
Rarely	5 (11.11%)	1 (3.85%)	4 (21.05%)	
Never	1 (2.22%)	0	1 (5.26%)	
I use information about patients' social needs in medical decisions and care planning				
Always	13 (28.89%)	9 (34.62%)	4 (21.05%)	p=.4516

Table 8: Use of Patients' Social Needs Information by number of patients seen in last three clinic days or ED shifts

Often	23 (51.11%)	12 (46.15%)	11 (57.89%)
Sometimes	7 (15.56%)	4 (15.38%)	3 (15.79%)
Rarely	2 (4.44%)	1 (3.85%)	1 (5.26%)
Never	0	0	0

ranked response by age group.

P-values are significant at Bonferroni-corrected alpha of alpha=.05/3=.0167.

Table 9 shows the distribution of Likert-type responses for each Barrier overall as well as by number of patients seen in last three clinic days or ED shifts. For each barrier, there was not sufficient evidence to determine that the distribution of responses differed by number of patients seen in last three clinic days or ED shifts.

	Overall (n=45)	20 or less patients (n=26) (n=19)		p-value*
Lack of time to ask				
(5) A Major Barrier	15 (33.33%)	8 (30.77%)	7 (36.84%)	p=.3669
(4)	16 (35.56%)	8 (30.77%)	8 (42.11%)	
(3) Neutral	8 (17.78%)	6 (23.08%)	2 (10.53%)	
(2)	2 (4.44%)	1 (3.85%)	1 (5.26%)	
(3) Not at all a Barrier	4 (8.89%)	3 (11.54%)	1 (5.26%)	
Lack of training about how to ask				
(5) A Major Barrier	2 (4.44%)	0	2 (10.53%)	p=.9713
(4)	3 (6.67%)	2 (7.69%)	1 (5.26%)	
(3) Neutral	13 (28.89%)	10 (38.46%)	3 (15.79%)	
(2)	15 (33.33%)	6 (23.08%)	9 (47.37%)	
(3) Not at all a Barrier	12 (26.67%)	8 (30.77%)	4 (21.05%)	
Lack of comfort in asking				
(5) A Major Barrier	1 (2.27%)	1 (3.85%)	0	p=.7289
(4)	7 (15.91%)	4 (15.38%)	3 (16.67%)	
(3) Neutral	9 (20.45%)	5 (19.23%)	4 (22.22%)	
(2)	14 (31.82%)	7 (26.92%)	7 (38.89%)	
(3) Not at all a Barrier	13 (29.55%)	9 (34.62%)	4 (22.22%)	

Table 9: Barriers preventing from asking about social needs by number of patients seen in last three clinic days or ED shifts

Lack of emphasis by faculty				
(5) A Major Barrier	1 (2.22%)	1 (3.85%)	0	p=.2232
(4)	3 (6.67%)	1 (3.85%)	2 (10.53%)	
(3) Neutral	17 (37.78%)	9 (34.62%)	8 (42.11%)	
(2)	13 (28.89%)	6 (23.08%)	7 (36.84%)	
(3) Not at all a Barrier	11 (24.44%)	9 (34.62%)	2 (10.53%)	
Lack of training about how to respond to social needs once they are identified				
(5) A Major Barrier	3 (6.67%)	2 (7.69%)	1 (5.26%)	p=.9239
(4)	8 (17.78%)	5 (19.23%)	3 (15.79%)	
(3) Neutral	17 (37.78%)	9 (34.62%)	8 (42.11%)	
(2)	9 (20.00%)	4 (15.38%)	5 (26.32%)	
(3) Not at all a Barrier	8 (17.78%)	6 (23.08%)	2 (10.53%)	
Lack of resources to address social needs once they are identified				
(5) A Major Barrier	9 (20.00%)	4 (15.38%)	5 (26.32%)	p=.4633
(4)	11 (24.44%)	6 (23.08%)	5 (26.32%)	
(3) Neutral	14 (31.11%)	10 (38.46%)	4 (21.05%)	
(2)	7 (15.56%)	3 (11.54%)	4 (21.05%)	
(4) Not at all a Barrier	4 (8.89%)	3 (11.54%)	1 (5.26%)	

Table 10 shows the distribution of Likert-type responses for each of the items on resident perspectives overall as well as by number of patients seen in last three clinic days or ED shifts. For each item, there was not sufficient evidence to determine that the distribution of responses differed by number of patients seen in last three clinic days or ED shifts.

	Overall (n=45)	less patients (n=26)	more patients (n=19)	value*
vare of resources available to address s' social needs.	67%)	15%)	7%)	9
nfident in my ability to help patients s their social needs.	(35.55%)	(42.31%)	(26.32%)	.1426
ncerned that patients will feel fortable answering questions about their eeds.	8%)	(23.08%)	(10.53%)	0
ing social needs information is beyond the of clinical care.	%)	(3.85%)	0	1
about social needs is not relevant to most ncounters.	%)	(7.69%)	(10.53%)	3
access to patients' social needs would not my medical decision making.	%)	0	l (5.26%)	9

Table 10: Resident Perspectives represented as frequency (percent) of some agreement by number of patients seen in last three clinic days or ED shifts

ranked response by age group.

p-values are significant at Bonferroni-corrected alpha of alpha=.05/6=.0083.