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Addressing food insecurity and mental health during the COVID-19 pandemic

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Background: Families affected by CF may be at greater risk for food insecurity for several reasons. CF is an expensive illness, and supporting a child with this condition is an additional burden to families. CF is a nutrition-intensive diagnosis that stretches family food budgets. Additionally, patients and families with CF are at greater risk for mental health concerns. Management of CF is often time consuming and difficult for patients and caregivers. In early 2020, the COVID-19 pandemic and stay-at-home order presented many new social, emotional, financial, and health concerns. The CF care team was concerned about an increase in food insecurity and mental health needs of patients and families. As a result, the team created a protocol for screening patients and providing resources.

Methods: The CF team dietitian and social worker created a screening questionnaire and algorithm that incorporated 2 validated tools: Hunger Vital Signs (HVS) and Patient Health Questionnaire-2 (PHQ-2). One additional question was designed for each tool to address immediate food insecurity concerns and COVID-specific anxiety. Families were connected with specific resources based on their answers. Screenings were initiated in April 2020. All screenings were performed by the CF social worker. The initial round of screenings was performed by phone, because patients were not coming to clinic for in-person appointments. Subsequent screenings were performed in clinic or attempted by phone. The goal was to screen all patients and families 3 times from April 2020 through March 2021.

Results: Over the course of 3 rounds, 250 screenings were attempted in 79 families of 88 patients, with 214 successful screenings (85.6%). The majority of patients (n = 57, 66.3%) completed screenings in all 3 rounds. During at least one screening, 8 families screened positive for food insecurity on the HVS, and 6 families expressed immediate food access uncertainty. Nine families received food insecurity resources from the CF team, including distribution of 6 grocery gift cards. Four families successfully applied for and received Supplemental Nutrition Assistance Program benefits. During at least one screening, 21 patients (24.4%) screened positive on the PHQ-2, and 46 patients (53.4%) screened positive for COVID-specific anxiety. Thirty-two patients accepted mental health resources from the CF team, and 13 were connected with the CF psychologist.

Conclusion: The screenings were well received by patients and families, who reported appreciating the thoughtfulness of the screenings and resources provided. We were not only able to provide valuable resources to patients and families, but also to provide a personal connection to them during a time when in-person CF visits were paused. Additionally, the screenings provided an opportunity for patients and families to ask the social worker specific questions about their current stressors and receive other CF-specific resources outside the screening algorithm. Our team plans to use the knowledge we gained from this experience to continue to provide meaningful supports to our patients with food insecurity and mental health concerns.

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Greater access to mental health care with CF team psychologist through telemedicine during COVID-19

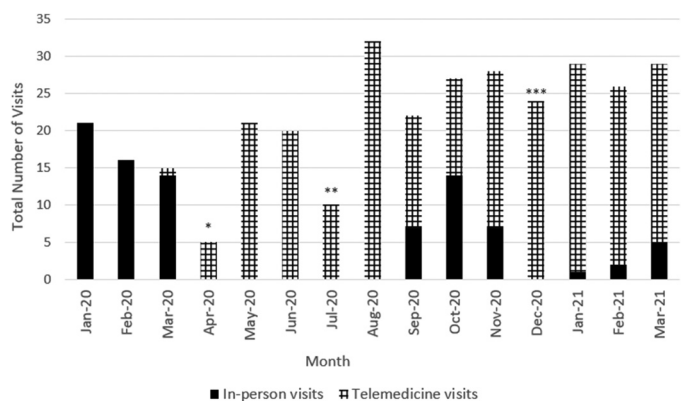
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Background: The onset of the COVID-19 pandemic led CF centers to make rapid adjustments in their clinical care models to provide safe, effective, timely care. One of the essential adaptations was to build systems for telemedicine care delivery. Telemedicine can eliminate some barriers to

care access and facilitate continuous access to medical care and mental health care. This abstract describes outpatient use of the psychologist embedded in the interdisciplinary pediatric CF team before and during COVID-19, including in-person and telemedicine visits.

Methods: The psychologist worked with the CF data management team to create a real-time automatic report to obtain accurate outpatient visit data from patient medical charts. This report provided in-person and telemedicine visit data for outpatient encounters from January 1, 2020, through March 31, 2021. Visit data were shared with the CF team in February 2021 to showcase greater access to and use of telemedicine during the COVID-19 pandemic.

Results: Total visit data reflect the impact of the COVID-19 pandemic on CF care. During the 2 months before the pandemic (January and February 2020), the psychologist had an average of 18.5 visits (range 16-21) per month. Starting in March 2020, telemedicine began to be used, and total visits were stable from prior months. In April, the CF center and medical center built a telemedicine infrastructure, trained providers, and gained buy-in from patients and families in a rapidly changing health care setting. Consequently, total visits during April decreased markedly to 5, and all were delivered through telemedicine. Starting in May 2020, total visits returned to prepandemic levels, and there were more most months than before the pandemic, with an average of 24.4 visits (range = 0-32) from May 2020 through March 2021. Figure 1 displays total visits by month with the psychologist, including a breakdown by type of visit. Telemedicine has been the primary means of treatment delivery since April 2020 (82.6%) other than in October 2020, when there were the same number of telemedicine visits (n = 13) and in-person visits (n = 13) during administration of flu vaccines.



Note: *Crisis/Active Planning; **Psychologist on PTO; *** Holiday break

Figure 1. Total outpatient visits with psychologist per month according to visit type.

Conclusion: Telemedicine promoted continued and increased access to mental health care, with the psychologist embedded in the team during the COVID-19 pandemic. Once telemedicine processes were established, access to care was quickly resumed to prepandemic levels or greater. The number of total monthly visits has remained stable. The increase in in-person visits was clinically indicated to provide procedural support during flu vaccine season in CF clinic.

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Compass trends and the potential impact of coronavirus

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Background: Financial hardship is defined as insufficient financial resources to meet household needs. The nature of CF can exacerbate the likelihood of persistent financial hardships (e.g., lodging, food, and health costs), but the coronavirus compounded the need for financial resources by increasing the population of vulnerable households. CF Foundation Compass is a free, personalized case management service that helps people with CF (PwCF) use existing resources. Compass categorizes