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Change in Food Purchasing Patterns and Increased Reliance on Support Programs During the COVID-19 Pandemic in Inner-City Dialysis Patients

Introduction: We investigated how food purchasing changed in a cohort of inner-city dialysis pts during the COVID-19 pandemic. Methods: We surveyed 33 dialysis pts about use of grocery stores, restaurants, take-out, and SNAP or other benefits in the past year as well as pt attitudes and fear surrounding COVID-19.

Results: Mean age was 57.1±17.9 yrs, 20(61%) men, 91% identified as Black. 9/20 pts(27%) reported yearly income <\$20,000 with 70% less than \$40,000. Pts using SNAP or other benefits to buy groceries increased from 21% pre-pandemic to 33% after (p=0.019). Age correlated negatively with feeling safe at a restaurant indoors (r=-0.47,p=0.008), or outdoors (r=-0.58,p=<0.001) and increased use of take-out since the start of the pandemic (r=-0.39,p=0.032). There was a significant difference in pts who purchased breakfast (45.9±4.0vs65.3±3.6,p<.001), lunch (49.7±4.1vs65.3±4.0,p=.006) and dinner compared to those who didn't (48.5±4.9vs60.9±3.9,p=0.031). There was a positive correlation between income and the frequency pts purchased breakfast (r=0.45,p=0.048) and lunch (r=0.45,p=0.046). There was a negative correlation between age and the statement "I wish I could cook more meals at home" (r=-0.497,p=0.004) and a positive correlation with income (r=0.60,p=0.006). There was no association between age and income.

Conclusion: In our cohort: 1. Use of food assistance programs increased since the start of the pandemic. 2. Older pts felt less safe eating at restaurants and were more likely to make meals at home. 4. Younger pts were more likely to eat take-out food and reported they wished they could cook more. 5. Increased use of food programs and association of younger age or lower income with eating out suggests that careful nutritional guidance should be emphasized as dietary habits have changed since the pandemic and eating out has been associated with worse adherence to sodium and other restrictions in pts on dialysis.