Natural experiments can serve as powerful tools in disentangling the effect of contextual factors on health and healthcare. With careful consideration of causal pathways, results from studies using natural experiments among migrants can serve as a magnifying glass for effects of migration contexts.

Results demonstrate the negative impacts for healthcare utilization, mental health and mortality as well as disadvantages and create healthy post-migratory contexts. At the same time, studies uncover the potential for self-selection. Results show the negative impacts of restrictive migration and social policies on health are mixed. Analyses of policy contexts indicate the potential of inclusionary policies to counteract them. The ultimate goal and future policies should focus on job maintenance along with targeted interventions to optimise participation in breast screening to ensure these higher risk women are not at higher risk of adverse outcomes due to breast cancer. Targeted interventions are needed to optimise participation among higher risk and under-screened women in under-utilised breast cancer screening programs.

Conclusions:

A non-negligible proportion of breast cancer survivors are unemployed, retired, and invalidity status. RTW should not be regarded as the ultimate goal and future policies should focus on job maintenance along with targeted interventions to optimise participation in breast screening to ensure these higher risk women are not at higher risk of adverse outcomes due to breast cancer. Targeted interventions are needed to optimise participation among higher risk and under-screened women in under-utilised breast cancer screening programs. A non-negligible proportion of breast cancer survivors are unemployed, retired, and invalidity status. RTW should not be regarded as the ultimate goal and future policies should focus on job maintenance along with targeted interventions to optimise participation in breast screening to ensure these higher risk women are not at higher risk of adverse outcomes due to breast cancer. Targeted interventions are needed to optimise participation among higher risk and under-screened women in under-utilised breast cancer screening programs.

Challenges faced by parents of screen-detected children with Cystic Fibrosis: The ICOS study

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Challenges faced by parents of screen-detected children with Cystic Fibrosis: The ICOS study

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Public Health Unit working group

We propose two new measures for assessing contact tracing effectiveness: ''number needed to quarantine'' (NNQ), which goes beyond medical care and treatment expenses.

**Key messages:**

- The challenge of living with Cystic Fibrosis-Short Form is being used for the first time in a population setting.
- The caregiving burden was more pronounced in the parents of older CwCF.

**Background:**

Informal care is an essential component of overall care for patients, particularly those with chronic illnesses such as Cystic Fibrosis (CF). This study aims to assess the level of caregiving burden faced by parents/caregivers of children with CF (CwCF) recruited to the Irish Comparative Outcomes Study of CF (ICOS), a historical cohort study of CwCF. In July 2011, a new-born screening programme began in Ireland.

**Methods:**

The study population includes the parents of screen-detected CwCF born between July 2011-2021. The Challenge of Living with CF-Short Form is a new, validated 15-item tool that evaluates the caregiving burden faced by parents from the child’s diagnosis until early adolescence. Comparisons based on the age of screen-detected CwCF were conducted. SPSS was used for analysis.

**Results:**

69 parents of screen-detected CwCF responded. Fifty percent of parents of older children (aged 4-12+ years) and 35% of the parents of toddlers (0-3 years) faced moderate-high level difficulties in managing the extra expenses required for the care of their CwCF, despite all children receiving free clinical care, prescriptions and medications. A significantly greater proportion of the parents of older children than younger children experienced constant problems in managing daily oral medication routines (37% vs 13%; P = 0.039), nebulised medication routines (67.5% vs 21.4%; P = 0.003), and physiotherapy routines (57.8% vs 31.8%; P = 0.046).

**Conclusions:**

Using the novel Challenge of living with Cystic Fibrosis-Short Form questionnaire, our findings suggest that the caregiving burden is higher for parents of older CwCF. Expenses incurred by parents of a child with a serious chronic medical condition go beyond medical care and treatment expenses.

**Key messages:**

- The challenge of living with Cystic Fibrosis-Short Form is being used for the first time in a population setting.
- The caregiving burden was more pronounced in the parents of older CwCF.