0039
WITHDRAWN

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SLEEPING DURING THE PANDEMIC: COVID-19-RELATED STRESSORS AND THEIR INFLUENCE ON PARENTAL SLEEP, PARENTING, AND CHILDREN'S PSYCHOSOCIAL HEALTH

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Introduction: The COVID-19 pandemic has affected millions of parent in the United States by creating physical health-related stress, changes to work and parenting demands, and the possibility of losing a job or not being able to pay bills (Brooks et al., 2020). Such stressors have the potential to disrupt parents' basic, essential needs, such as sleep (e.g., Sadeh et al., 2004). Although ample research suggests that disturbances to parents' sleep can have diverse, negative repercussions on their own behavior and functioning (e.g., Grandner et al., 2020), there remains relatively little evidence linking parents' sleep problems to potentially disrupt parenting processes and children's behaviors. Given the emerging and established links between these diverse constructs, the proposed study will examine the potential for COVID-19-related stressors to prospectively influence children's behavior via parents' sleep quality and subsequent parenting practices.

Methods: The sample is comprised of 1003 parents of school-aged (5-18 years old) children who completed an initial online survey (from March 27th to April 30th of 2020) followed by up to 8 weekly online diary assessments. During the initial survey, parents reported on three forms of COVID-related stress: health-related stress, stress associated with work/parenting demands, and finance-related stress. In the follow-ups, parents completed measures of sleep (i.e., PROMIS sleep disturbance questionnaire), parenting (e.g., Alabama Parenting Questionnaire), and child behavioral problems (i.e., CBCL).

Results: Multi-level modeling results, at the between-person level, suggested that the influence of COVID-related financial stress on children's behavioral problems was mediated by parental sleep disturbance and angry/hostile parenting behaviors. At the within-person level, weekly spikes in parental sleep disturbance were associated with corresponding spikes in angry/hostile parenting, which, in turn, were associated with subsequent spikes in children's behavior problems.

Conclusion: Our results highlight the longitudinal impact of parental sleep disturbance as a mechanism linking COVID-19-related stressors, parenting, and child functioning.

Support (If Any):

0041
CHRONOTYPE PREDICTS HEALTH OUTCOMES BUT NOT SLEEP DURATION IN EARLY PANDEMIC SLEEP SCHEDULES

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Introduction: Lockdowns associated with the COVID-19 pandemic allowed for individuals to change their schedules. Chronicity is a trait-like preference for individuals' times of the day for activity and feeling best. As a result of the lockdowns, some individuals were able to adjust their schedule to reflect personal chronotype needs. This study examined whether chronotype predicted sleep duration and health outcomes.

Methods: A sample of 304 participants were recruited through Amazon's Mechanical Turk service to fill out surveys relating to personality and health. Individuals responded with their normal bedtime and waketime for weeknights and weekends and filled out the Morningness-Eveningness Questionnaire (MEQ; Horne & Östberg, 1976). Self-reported health outcomes were measured via 9 items on the Patient Reported Outcomes Measurement Information System (PROMIS; Cella et al., 2010). Data were cleaned and analyzed via linear regressions in SPSS with age, sex, race, ethnicity and education as covariates.

Results: Participants reported an average of 8.52 hours of sleep (SD = 1.97 hours). 35.3% of the sample scored strong- or moderately morning-type, 54.7% were neither morning-nor evening-type and 10% scored as evening- or strong-evening types (M = 54.95; SD = 9.42). Results from the PROMIS ranged from 18 to 45 (M = 32.24, SD = 5.49). The model predicting sleep duration ($R2 = .06$, p = .03) produced a significant effect of ethnicity but not chronicity. Hispanic or Latino ethnicity reported shorter sleep durations relative to those who self-identified as non-Hispanic or Latino. The model predicting PROMIS (general health) scores ($R2 = .14$, p < .001) produced effects of education (b = .46, p = .04) and Morningness (b = .21, p < .001). People with higher educational levels and those with morning preferences reported better health.

Conclusion: Morningness is often associated with better self-regulation, lower risky behaviors, better physical and mental health and better sleep. During the early stages of the COVID-19 pandemic, lockdowns allowed many individuals more scheduling flexibility. As a result, sleep duration differences across chronotypes were absent, though health differences remained. Future research should continue to explore differences in sleep schedules in predicting health outcomes.

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0042
COVID-19 RELATED DISTRESS AND SLEEP AMONG TRAUMA-EXPOSED SOUTH ASIANS: DOES GENERATIONAL STATUS MATTER?

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Introduction: The COVID-19 pandemic has resulted in substantial changes in social interactions, work schedules, and socioeconomic factors that may negatively impact sleep onset, maintenance, and quality. The ongoing stress of the pandemic also may exacerbate existing racial/ethnic disparities in sleep health. In this study, we examined the effects of COVID-19 related distress on sleep-related impairment and sleep disturbances among trauma-exposed South Asian adults. Since a health advantage among foreign-born individuals has been previously noted in the literature (the "immigrant paradox"), we also assessed whether generational status (i.e., being born in the U.S. or not) moderated associations between COVID-19 related distress and sleep outcomes.

Methods: Participants were recruited through Amazon's Mechanical Turk and completed online surveys on demographic information, the COVID-19 Stress Scale, The Life Events Checklist for DSM-5 (LEC-5), and PROMIS™ Sleep-Related Impairment and Sleep Disturbances Scale. The final sample included 316 South Asian adults residing in the U.S, who had been exposed to a traumatic event at some point in their lifetime. Most participants were male (55%) and U.S.-born citizens (64%), with an average age of 35.32 (SD = 9.52) years.

Results: Examination of t-scores for PROMIS™ sleep-related and sleep disturbances revealed that our sample endorsed slightly higher values than the general U.S. population. Greater COVID-19 distress was associated with more sleep disturbances (b = 0.09, p < .001, sr2 = .04) and sleep-related impairment (b = 0.20, p < .001, sr2 = .12). Generational status was not associated with sleep, nor did it modify associations between COVID-19 distress and sleep.

Conclusion: In our sample, we found that psychological distress triggered by the pandemic (e.g., fear of contamination, fear of the dangerousness of the virus, socioeconomic worries) was associated with greater sleep difficulties. Our findings highlight the importance of developing targeted interventions to cope with stress and sleep disturbances during the pandemic, particularly among vulnerable populations, such as those exposed to trauma. Our results did not support the immigration paradox: stress and sleep associations were similar regardless of generational status. Future studies are needed to better understand the role of generational status on sleep across different immigrant subgroups.

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0043

JOB LOSS, FINANCIAL HARDSHIP, AND SLEEP DURING THE COVID-19 PANDEMIC: DIFFERENCES BY SEX/GENDER AND RACE/ETHNICITY

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Introduction: In the United States (US), health and financial consequences of COVID-19 have disproportionately impacted minoritized groups. Yet, few US studies have investigated COVID-related financial loss/consequences and sleep health disparities.

Methods: To investigate differences by sex/gender and race/ethnicity in cross-sectional associations between both job/business loss and substantial financial hardship (SFH) with sleep health, we used data collected from 12/2020 to 2/2021 among 4,726 men and women in the nationally representative COVID-19 Unequal Racial Burden (CURB) Study (N=5,500 American Indian/Alaska Native (AI/AN), Asian, Black, Hispanic/Latino, Multiracial, Native Hawaiian/Pacific Islander (NH/PI), and non-Hispanic (NH)-White adults). Participants reported job/business loss since the start of the pandemic (yes, no) and SFH (e.g., unable to pay for housing costs). Poor sleep health was defined as concurrence of self-reported fair/poor sleep quality, non-restorative sleep, sleep problems, and difficulty falling asleep in the past week. Adjusting for sociodemographic and health characteristics and receipt of financial assistance, weighted Poisson regression with robust variance estimated prevalence ratios (PRs) for poor sleep overall, by sex/gender, and by race/ethnicity.

Results: Men and women equally reported both job/business loss (20%) and SFH (11% men and 12% women). Minoritized racial/ethnic groups except Asians most frequently reported job/business loss (20%-25% vs. 16% Asian, 13% NH-White) and SFH (11%-15% vs. 9% NH-White, 5% Asian). Poor sleep health was more prevalent among women (21%) than men (14%) and among AI/AN, NH/PI, and Multiracial adults (each 22% vs. 11%-19% remaining racial/ethnic groups). Both job/business loss and SFH were associated with a higher prevalence of poor sleep health, overall. Compared to women, men had stronger associations for both job/business loss (PRmen=1.80 [95% CI:1.39,2.33], PRwomen=1.23

[1.01,1.50]; pinteraction=0.01) and SFH (PRmen=4.46 [3.18,6.26]), PRwomen= 1.82 [1.45,2.30]; pinteraction=0.01). For job/business loss, associations were strongest among Asians (PR=2.07 [1.32,3.23] vs. PR range=0.88-1.89; pinteraction=0.09).

Conclusion: COVID-19 related job/business loss and financial hardship were both associated with poorer sleep health, and associations for job/business loss were strongest among men and Asian adults.

0044

PRE-PANDEMIC CIRCADIAN PHASE PREDICTS PANDEMIC SLEEP, DEPRESSION, AND ALCOHOL USE AMONG ADOLESCENTS

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Introduction: Growing evidence links later circadian timing during adolescence to worse sleep, more severe depression, and greater alcohol involvement, perhaps due to circadian misalignment and sleep restriction imposed by early school start times. School schedules initially shifted later during the COVID-19 pandemic, which hypothetically should reduce circadian misalignment and sleep restriction for adolescents with later circadian timing, and thus may mitigate any problems with sleep, depression, and alcohol. Here we used the pandemic as a natural experiment to test whether adolescent drinkers with later circadian timing, relative to those with earlier circadian timing, showed improved sleep, depressive symptoms, and alcohol involvement.

Methods: We studied 42 high school students reporting alcohol use (aged 16-18; 27 female participants), assessing circadian phase via the dim light melatonin onset (DLMO) during pre-pandemic conditions, and then following them over four remote assessments every 3 months during the pandemic. Sleep characteristics were assessed via the Munich Chronotype Questionnaire, depressive symptoms were assessed via the Quick Inventory of Depressive Symptomatology, and alcohol use was assessed via a 90-day Timeline Followback. Mixed-effect models focused on the pre-pandemic baseline, COVID baseline (Apr/May 2020), and COVID-9-mo (Jan/Feb 2021) timepoints, and covaried for age, time between pre-pandemic and COVID baselines, and current school/work status.

Results: In the pre-pandemic period, compared to those with earlier circadian timing, individuals with later circadian timing (later DLMO) got relatively less sleep (shorter total sleep time) on school nights. During the pandemic, earlier and later groups no longer differed on school night sleep. Over the course of the pandemic, compared to the earlier group, individuals with later circadian timing also reported larger increases in alcohol use (number of drinks, drinking days, and maximum drinks). Individuals with later circadian timing reported relatively greater depressive symptoms both pre-pandemic and 9-months into the pandemic.

Conclusion: While individuals with later circadian timing benefitted in terms of more school night sleep during the pandemic, this did not translate to mitigating depression or alcohol use. These findings suggest that later circadian timing may contribute to risk