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.

Support (If Any):

0043

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

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0**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