

($p < 0.01$), across the pandemic, with effects being evident in male and female adolescents.

Conclusion: Our findings show profound changes in sleep timing and screen time use across the pandemic in young adolescents, and critically, that excessive screen time negatively impacts sleep. As adolescents increasingly turn to more screen usage, these data highlight the need to promote their balanced and informed use of social media platforms, video games, and other digital technology to ensure adequate opportunity to sleep and maintain other healthy behaviors during this critical period of developmental change.

Support (If Any): NIH U01DA041022

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THE ROLE OF POVERTY AND PERCEIVED STRESS ON INSOMNIA SYMPTOM SEVERITY DURING THE COVID-19 PANDEMIC

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Introduction: In 2020, poverty in the United States increased as the COVID-19 pandemic led to the loss of work and/or income. Recent research has also shown that stress caused by the pandemic has led to increased rates of poor sleep. While insomnia rates have increased nationwide, it is not yet known if those living in poverty experienced insomnia symptoms at disproportionate rates. This study examined the effect poverty has had on insomnia symptom severity, as well as whether perceived stress mediated this association.

Methods: Survey data was collected from 3,775 U.S. adults (83.1% White, 78.6% female, age = 18–86 years old) during the initial months of the COVID-19 pandemic (April–June 2020). These data were used for a secondary analysis. Participants completed an online survey aimed to assess basic demographics, sleep, physical activity, social engagement, and overall stress levels. Poverty was defined using the poverty guidelines provided by the Department of Health and Human Services (i.e., based on self-reported income and family/household size). The Insomnia Severity Index (ISI) was used to assess insomnia symptoms. Perceived stress was assessed using the Perceived Stress Scale (PSS).

Results: 316 participants (8.4%) met criteria to be considered living below the poverty threshold. Those below the poverty threshold had a mean ISI of 10.20 (95% CI: 9.54, 10.86), while those above the poverty threshold had a mean ISI of 8.33 (95% CI: 8.13, 8.53). Put differently, 26.6% of those below the poverty threshold met criteria for clinical insomnia (i.e., ISI > 14), whereas 15.9% of those above the poverty threshold met criteria for clinical insomnia. Finally, a mediation test (with bootstrapping) confirmed that the association between poverty and insomnia was partially mediated by perceived stress (indirect effect = 1.15, 95% CI: 0.76, 1.55).

Conclusion: While poverty guidelines vary by state, these data generally support that there are notable disparities in sleep and insomnia based on family/household income, and that these differences are, in part, due to greater perceived stress. This may be due to increased stress related to loss of work or income. Future studies examining the impact of pandemic stress on insomnia should consider the role of socio-economic status.

Support (If Any): K23HL141581 (PI: Vargas); R25HL10544 (PI: Jean-Louis); K24AG055602 (PI: Perlis)

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THE ROLE OF PERCEIVED CONTROL IN BUFFERING AGAINST POOR SLEEP IN ESSENTIAL WORKERS DURING COVID-19

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Introduction: The COVID-19 pandemic has impacted sleep, with some populations such as essential workers reporting insomnia and poor sleep health. Prior research has suggested (but not tested) that this worsening of sleep may be tied to a lack of control over one's health or safety during the pandemic. This study tests this prediction and examines the role of perceived control as a protective factor against poor sleep in essential workers.

Methods: This study uses data from the NDSU National COVID Study, which has followed 301 nationally-representative American adults across four waves of data collection since April 2020. The current analysis includes data from wave 1 (April 2020) in 279 participants who had complete demographic, essential worker, perceived control (including domain general perceived control as well as health, COVID, work-specific control), and sleep health (RUSATED) data. Using t-tests and correlations, we hypothesized: (1) sleep health would be worse in essential workers compared with others; (2) perceived control would relate to better sleep health; and (3) perceived control would be a stronger predictor of sleep health in essential workers relative to others.

Results: There were no significant differences in sleep health between essential workers (N=44, M=8.27, SD=2.72) and others (N=235, M=8.46, SD=2.54; $t = -0.44$, $p = .66$). In the full sample, all indices of perceived control were significantly related to better sleep health ($r_s = .17-.31$, $p_s < .004$). Associations were stronger in essential workers (N=44, $r_s = .30-.56$, $p_s < .05$) than in others (N=235, $r_s = .13-.31$, $p_s < .04$). In sensitivity analyses that excluded participants not working for pay (e.g., people who were unemployed, retired, or receiving disability) from the other category, moderation effects were stronger; only COVID-related perceived control was significantly related to sleep health (N=110; $r = .24$, $p = .01$) in non-essential workers.

Conclusion: This is the first study to demonstrate links between perceived control and sleep. Although sleep health was not significantly different between essential and non-essential workers, we found that perceived control was especially beneficial for essential workers' sleep. Our results suggest interventions to improve perceived control, a modifiable psychosocial resource, might improve sleep health for essential workers.

Support (If Any): L30 HL143741 to KAD from NHLBI; Research and Creative Activity Award to KAD and JMH from NDSU.

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A MIXED-METHODS EXAMINATION OF PERCEIVED CHALLENGES DURING THE COVID-19 PANDEMIC: ASSOCIATIONS WITH SLEEP HEALTH AND NIGHTMARES AMONG HEALTHCARE WORKERS

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Introduction: The emergence of CoVID-19 has created an immense burden on healthcare systems across the world, placing healthcare workers (HCWs) under significant, additional stress while they also confront multiple personal, family and sociopolitical challenges