

cardiometabolic intervention efforts should target adolescents who may be living within risky childhood environments.

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0062

RACE/ETHNICITY, SLEEP DURATION, AND ALL-CAUSE MORTALITY RISK IN THE UNITED STATES

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Introduction: Health experts recommend that adults should sleep between 7 to 9 hours in a 24-hour period, with data indicating higher mortality risks both above and below these thresholds. However, no study to date has examined the association between sleep duration and mortality risk across racial/ethnic groups.

Methods: Data from the linked mortality files of the 2004-2015 National Health Interview Survey (NHIS) were used to examine the association between sleep duration and all-cause mortality among U.S. adults. Of 278,103 adults aged 25+, 22,347 individuals died over the follow-up period. Sleep duration was coded as: <7 hours, 7 to 9 hours, and >9 hours. Race/ethnicity was categorized as: non-Hispanic (NH) White, NH Black, NH American Indian/Alaska Native, NH Asian, NH multiple races, and Hispanic. Cox Proportional Hazard models were used to estimate associations between sleep duration, race/ethnicity, and mortality. All results are reported as relative risk ratios (RRR).

Results: Across the sample, we replicated previous research, finding increased mortality risk for those sleeping <7 hours or >9 hours in a 24-hour period. Relative to NH Whites, after adjustments for sociodemographic and socioeconomic variables, mortality risk for NH Blacks and NH multiracial individuals was statistically indistinguishable while NH Asians (RRR= 0.79; $p < 0.001$) and Hispanics (RRR= 0.80; $p < 0.001$) had lower risk. Interactions between sleep duration and race/ethnicity showed that NH White adults sleeping >9 hours experienced 1.82 times higher ($p < 0.001$) risk than those sleeping 7 to 9 hours. This risk was greater than NH Blacks (RRR= 1.42; $p < 0.001$), NH Asians (RRR= 1.00; $p < .05$), and Hispanics (RRR= 1.15; $p < 0.01$). Further, stratified regression analyses showed heightened mortality risks only for NH Whites sleeping <7 hours (RRR= 1.06; $p < 0.05$).

Conclusion: The association between sleep duration and all-cause mortality risk varies by race/ethnicity. While sleeping <7 hours in a 24-hour period is thought to increase mortality risk, we found this is specific to NH Whites. Sleeping >9 hours is associated with a higher mortality risk, but more so for NH Whites than other groups. More research on sleep duration and mortality that takes race/ethnic specific risk factors into account is needed to identify causal mechanisms.

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0063

BIOPSYCHOSOCIAL PREDICTORS OF SLEEP HEALTH IN BLACK, ASIAN, AND HISPANIC/LATINX SAMPLES

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Introduction: Sleep health is an important aspect of sleep and is associated with biopsychosocial factors such as physical health, mental health, and social functioning. Disparities in sleep health are widely prevalent in individuals who identify as Black, Asian, and Hispanic/Latinx. Investigating unique associations between

general sleep health and biopsychosocial factors may elucidate underlying associations and lead to innovative approaches to promote sleep health in these historically marginalized populations.

Methods: 3,284 adults participated in an online study investigating sleep longitudinally across normal development (ISLAND). These analyses were conducted in the samples of individuals who self-identified as Black ($n = 263$, Mage = 40.6 years, 52.1% female), Asian ($n = 208$, Mage = 34.8 years, 39.9% female), and Hispanic/Latinx ($n = 216$, Mage = 35.8 years, 44.4% female). Participants were stratified across the lifespan, with equal numbers of men and women recruited. Participants completed several questionnaires including demographics, the RU-SATED, Patient Health Questionnaire-15 (PHQ-15), Patient Health Questionnaire-2 (PHQ-2), Generalized Anxiety Disorder-2 (GAD-2), and the De Jong Gierveld Loneliness Scale. Multiple regression analyses were conducted within each group to determine whether biological (PHQ-15 without the sleep item), psychological (composite score of PHQ-2 and GAD-2), and social (social loneliness factor of the De Jon Gierveld Loneliness Scale) predictors of sleep health while controlling for demographic variables (i.e., age, sex, education).

Results: Within the Black sample, lower mental health functioning was associated with poorer sleep health ($p = 0.008$). Within the Asian sample lower physical functioning and lower mental health functioning were significantly associated with poorer sleep health (p 's < .001). Within the Hispanic/Latinx sample, lower physical functioning was significantly associated with poorer sleep health ($p < .001$).

Conclusion: Sleep health was observed to be associated with biopsychosocial factors within Black, Asian, and Hispanic/Latinx samples. Unique patterns of associations were observed within each sample. Future research would benefit from employing longitudinal designs or using more objective measurements to further elucidate these associations.

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0064

YOUTH SLEEP-WAKE EXPERIENCE IN JUVENILE JUSTICE FACILITIES: A DESCRIPTIVE ANALYSIS

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Introduction: Adolescents are susceptible to sleep loss due to biological and environmental factors such as delayed circadian timing and schedule demands. Few studies have examined sleep-wake patterns for adolescents residing in juvenile justice facilities. The current study assessed youth's self-reported sleep-wake schedules, sleep environment perceptions, and sleep quality.

Methods: Participants were recruited from 11 juvenile services detention and treatment facilities in Maryland. For seven consecutive mornings, youth completed a sleep-wake diary reporting their bed/wake times, sleep onset, and type of (nocturnal) light exposure. Youth wore digital wristwatches to accurately depict their sleep-wake schedules. Sleep quality and wake difficulty were rated on a scale from 1-10 (1=very poor/easy to 10=very good/hard, respectively).