

**Results:** Participants (N= 64) were 13-19 years old (M= 16.7, SD= 1.3 years) and 85.9% male. Racial backgrounds: 61% Black, 18% White, 8% Multiracial, and 13% Other. Youth-reported bedtimes (M= 21:04, SD= :50) were about 50 minutes earlier than their sleep onset times (M= 21:52, SD= 1:02) while wake times (M= 6:41, SD= :46) were about 20 minutes earlier than the time youth reported leaving their bed (M= 7:00, SD= :44). Youth disclosed waking up throughout the night (M= 1.7, SD= 9) for an average 16.8 minutes (SD= 14.9). Multiple diary-responses (58%) noted “partial or overhead” lights were on in youth’s sleeping areas; 23.4% wrote in “other” types of light sources, most of which were blue lights (63%). Average sleep quality (M= 5.7, SD= 2.1) and difficulty waking up ratings (M= 5.4, SD= 2.2) indicate mediocre sleep.

**Conclusion:** Findings summarize youth’s sleep-wake experience while residing in a juvenile justice facility. Reported bedtimes are earlier than sleep onset times which increases the likelihood for conditioned insomnia. Circadian dysregulation of sleep behavior can develop from frequent night awakenings and light exposure, particularly, blue light. Ultimately, these findings will help develop facility-wide interventions, improving the youth’s sleep-wake schedules and other environmental influences.

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## 0065

### GEOGRAPHIC ASSOCIATION BETWEEN NEIGHBORHOOD SLEEP HEALTH AND CHILD OPPORTUNITY INDEX: DATA AT THE CENSUS TRACT LEVEL

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**Introduction:** Sleep health impacts the community in many ways. Regional sleep health may reflect other important indicators of health and well-being. Few studies have examined sleep health at the regional level, though.

**Methods:** Data on neighborhood sleep health values were obtained from the “500 Cities” data collected by the CDC that includes census tract and proportion of the population in that region that report values associated with health, as assessed with the Behavioral Risk Factor Surveillance System. Data include the population of each census tract as well as census-estimated proportion of the population in each census tract that report obtaining at least 7 hours of sleep. Additional variables included as covariates in analyses included the proportion with healthcare access, that were obese, had high blood pressure, had diabetes, and were smokers. The Child Opportunity Index (COI) is a publicly-available index (DiversityDataKids.org) reported at the census tract level. It provides indices for “Education,” “Health & Environment,” and “Social & Economic” domains, as well as a global score. The present analysis merged the 500 Cities data with the COI data, using census tract as the matching variable. Linear regression analyses examined COI global and subscale scores as outcome variable and proportion of the population obtaining 7 hours of sleep as the

independent variable, unadjusted and adjusted for covariates. When data were merged, 27,130 census tracts were included.

**Results:** Sleep sufficiency was associated with global COI, such that for each additional percent of the population that obtains  $\geq 7$  hours of sleep, COI increases by 3.6 points (95%CI[3.57,3.64];  $p < 0.0001$ ); this was attenuated in adjusted analyses (B=1.58; 95%CI[1.53,1.63];  $p < 0.0001$ ). Each component of COI was related to sleep sufficiency, including education (B=3.06; 95%CI[1.19,1.33];  $< 0.0001$ ), health & environment (B=3.61; 95%CI[3.57,3.64];  $p < 0.0001$ ), and social & economic (B=2.23; 95%CI[2.19,2.28];  $p < 0.0001$ ). All associations were attenuated but significant in adjusted analyses.

**Conclusion:** Regional prevalence of insufficient sleep was linearly associated with Child Opportunity Index, which itself is an important predictor of a wide range of health and economic outcomes. Community sleep health interventions may have wide-ranging benefits.

**Support (If Any):**

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### A MEXICAN SPANISH VERSION OF THE ASSESSMENT OF SLEEP ENVIRONMENT

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**Introduction:** Sleep research that has been previously completed with individuals of Mexican descent generally do not use instruments that have been translated in accordance with the language norms of the target community. In this study, the Assessment of Sleep Environment (ASE) was translated by a bilingual research study team. The ASE was then completed by English and Spanish speaking participants, in their preferred language.

**Methods:** Data were collected from a sample of N=100 individuals of Mexican descent in Nogales, Arizona, located at the US-Mexico border. The ASE is a 13-item scale that quantifies the degree to which an individual perceives that their physical environment interferes with their sleep quality. It includes items about heat, cold, noise, quiet, light, dark, smell, humidity, comfort of sleeping surface and bedding, and safety. To translate the measure into Spanish, the following procedure was followed: (1) a bilingual study team member performed an initial translation; (2) a bilingual community member edited the translation; (3) a certified medical translator edited the revision; (4) a focus group of N=5 bilingual community members made contextual edits; (5) a back-translation was performed; (6) an additional bilingual focus group examined the final version for compatibility; and (7) the medical translator certified the accuracy of the final version. T-tests examined differences between those who completed the measure in Spanish vs English.

**Results:** Of the N=100 survey respondents, N=42 completed the ASE in Spanish. No significant differences were seen in overall scores between those who completed the measure in English or Spanish ( $p=0.17$ ). In addition, no differences were seen for individual items assessing light ( $p=0.19$ ), dark ( $p=0.21$ ), noise ( $p=0.73$ ), quiet ( $p=0.15$ ), heat ( $p=0.08$ ), cold ( $p=0.96$ ), pillows ( $p=0.93$ ), firmness ( $p=0.98$ ), other sleeping surface issues ( $p=0.08$ ), or safety ( $p=0.28$ ), but mean differences were seen for humid (0.04), smell (0.04), and softness ( $p=0.02$ ), with respondents to the Spanish version reporting a lower degree of disturbance due to these factors.