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DIFFERENCES IN PAIN CATASTROPHIZING AND INSOMNIA AMONG RACIALLY DIVERSE VETERANS WITH CHRONIC PAIN*Brittany Wright¹, Aaron Martin¹*James A. Haley Veterans' Hospital ¹

Introduction: Racially diverse Veterans may be particularly susceptible to insomnia in the context of chronic pain. Pain catastrophizing (PC) involves a negative response to pain including rumination, magnification, and helplessness, and is positively associated with deleterious pain outcomes, including insomnia severity. As little work has examined racial differences among Veterans, this poster will explore differences in insomnia severity and PC between Black/African American, Hispanic/Latino, and White Veterans.

Methods: 271 Veterans with moderate to severe chronic pain seeking treatment to address insomnia completed PC (Pain Catastrophizing Scale; PCS) and insomnia (Insomnia Severity Index; ISI) measures. The sample consisted of 100 Black/African American, 48 Hispanic/Latino, and 123 White Veterans. A one-way analysis of covariance (ANCOVA) investigated whether ISI varied significantly across racial groups. Similarly, ANCOVAs were conducted to test whether PC differed by race. Numerical pain rating was included as a covariate in the models.

Results: There was a significant difference in insomnia severity [$F(2, 263) = 4.03$; $p = .02$; partial $\eta^2 = .03$] by race. Post-hoc analyses demonstrated a significant difference in insomnia severity between Black/African Americans and White Veterans ($p = .02$). There was also a statistically significant difference in PC based on race, ($F(2, 262) = 7.03$, $p = .001$; partial $\eta^2 = .05$). Post-hoc analyses indicated a significant difference in PC between Black/African Americans and White Veterans ($p = .01$), as well as White and Hispanic/Latino Veterans ($p < .01$). In addition, there were significant differences in all three PCS subscales by race. Black/African Americans and White Veterans significantly differed on rumination ($p < .01$), and magnification ($p < .001$). White and Hispanic Veterans significantly differed on rumination ($p = .02$), magnification ($p = .001$) and helplessness ($p < .05$).

Conclusion: This is the first study to explore insomnia and PC differences by race in Veterans. Black/African American and Hispanic Veterans demonstrated higher insomnia severity and PC than White Veterans. No significant differences emerged between Black/African American and Hispanic Veterans. Interventions that reduce PC may be particularly important for improving sleep for racial minority Veterans. Future studies should explore the relationship between sleep and PC for racial minority Veterans.

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EXPLORING PSYCHOLOGICAL AND BEHAVIORAL FACTORS WITH SLEEP HEALTH IN LATINX CHILDREN*Selena Nguyen-Rodriguez¹, Soomi Lee², June Jiao³, Lindsay Master³, Orfeu Buxton³*California State University, Long Beach ¹ University of South Florida² Pennsylvania State University ³

Introduction: While sleep health is comprised of multiple dimensions, extant research tends to investigate single elements of sleep, such as sleep duration or sleep quality. The current study aimed to explore whether psychological and behavioral factors were

associated with a multidimensional sleep health score as well as if sleep health was related to adiposity among Latinx children.

Methods: A community sample of 100 Latinx 10-to-12-year-olds were recruited from Los Angeles and Orange Counties (California, US). Psychological (perceived stress, anxiety and depressive symptoms), sleep hygiene and chronotype (lower scores indicate more adaptive sleep hygiene and eveningness, respectively) measures were collected with surveys. Diet data (sugar, fiber) was collected by two 24-hour recalls. Adiposity (BMI percentile, percent body fat) was assessed via bioimpedance scale. Sleep actigraphy (1 week) provided objective sleep dimension data. A composite score of sleep health across 6 dimensions (regularity, satisfaction, alertness, timing, efficiency, and duration) was constructed (0=better to 6=poorer). Hierarchical linear regressions, controlling for demographics (age, gender, monthly household income), assessed associations for each set of factors.

Results: The mean sleep health score was 2.08 ± 1.41 ; 31.6% of Latinx children in our sample had poor sleep health (using median cut-point of 2). Poorer sleep hygiene (std. $\beta = -.235$, $p = .037$) and higher income (std. $\beta = .244$, $p = .022$) were significantly associated with poorer sleep health, while eveningness was marginally related (std. $\beta = -.210$, $p = .068$). Lower fiber intake (std. $\beta = -.235$, $p = .037$) and higher income (std. $\beta = -.245$, $p = .038$) were significantly associated with poorer sleep health. Psychological and adiposity variables were not associated with sleep health after controlling for demographics.

Conclusion: This study shows the prevalence and correlates of poor sleep health in Latinx children, an understudied group at risk for several health disparities. Better sleep hygiene was related to better sleep health. Several findings diverge from the literature based on single dimensions of sleep in general samples. Higher SES was related to poorer sleep health. Psychological factors and adiposity were not related to sleep health. A novel finding was that higher fiber intake was related to better sleep health. Additional research is needed to better understand factors related to multidimensional sleep health in Latinx children.

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ASSESSING SLEEP HEALTH IN CHILDREN RECENTLY ADOPTED FROM FOSTER CARE*Anthony Cifre¹, Jinu Kim¹, Candice Alfano¹*University of Houston ¹

Introduction: An estimated 450,000 children were in the U.S. foster care system in 2019. Early adversity including maltreatment and/or neglect renders this vulnerable population at high risk for negative outcomes, both physical and psychological. Burgeoning evidence suggests that children in foster care develop high rates of sleep disruption. Sleep disruption is associated with negative life outcomes including heart disease, diabetes, and psychiatric disorders. However, there is still a lack of knowledge examining sleep health in children adopted from foster care.

Methods: Sleep quality and problems were examined among a sample of children adopted from foster care ($n = 234$) within the past two years, ages 4 to 11 years ($M = 5.94$, $SD = 1.97$). Caregivers across the US were invited to complete an anonymous Qualtrics survey via private Facebook groups for foster families. The Child Sleep Habits Questionnaire (CSHQ) was completed by foster parents to assess child sleep problems (e.g., nightmares, bedwetting,