snoring, etc.) and overall sleep quality. Caregivers endorsed sleep problems and frequency using responses "Never," "Sometimes," and "Usually; sleep quality was rated using a Likert scale from 1 = Very Poor to 10 = Excellent.

**Results:** Paired-samples t-test compared first month (i.e., when first arrived in the home) and current child sleep quality based on caregiver-report. Sleep quality showed significant improvement since arrival in the foster home; t(233) = 12.98, p < .001, d = 0.85. However, on the CSHQ, 99% of the sample scored above the clinical cutoff for this measure indicating elevated sleep problems.

**Conclusion:** Children adopted from foster care show some improvement in sleep quality after achieving permanency. However, these data suggest this population continues to experience clinical levels of sleep problems even after being adopted. Our results suggest a need for specialized intervention services targeting sleep health among children recently adopted from foster care.

Support (If Any): None

## 0079

## FEASIBILITY, APPROPRIATENESS, AND ACCEPTABILITY OF A MOBILE WELLNESS MEDITATION INTERVENTION TO IMPROVE SLEEP QUALITY AMONG A RACIALLY/ETHNICALLY DIVERSE POPULATION

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**Introduction:** Although sleep is fundamental to health and wellness, it is largely ignored from lifestyle modification recommendations to improve health. Stress and anxiety are associated with poor sleep quality, thus intervening on these factors is needed. This study evaluated the acceptability, appropriateness, and feasibility of using a mobile application-based wellness program to improve sleep quality among a diverse group of adults.

Methods: Individuals (n=18) enrolled in the Mindfulness Intervention to Improve Sleep and Reduce Diabetes Risk Among a Diverse Sample in Atlanta (MINDS) study completed modules focused on stress and anxiety reduction for 30-days via a mobile phone application. This explanatory qualitative study used online focus group discussions (N=4 with 17 individuals) to collect information about user experiences. A rapid analyses approach was used to descriptively compare motivators of app use, barriers and facilitators to app use, and perceived tailoring needs across participants. Results: Participants on average were 30 years old, 88.2% female, and identified as Black/African American (52.9%), White (23.5%), Asian (11.8%), and Hispanic (11.8%). All participants felt the app was acceptable and appreciated the ability to customize meditation sessions in length. Individuals with 50 percent or greater app adherence (daily use for 30 days) reported being motivated to use the app as a stress relief tool throughout the day with barriers related to app functionality, versus the remainder of individuals who used the sessions when already relaxed and who faced external barriers to app use (e.g., lack of time). Only those participants who used the app exclusively in the evenings reported falling asleep faster and staying asleep. Suggestions for tailoring the app differed by race and age. Only Black or African American participants chose to try different instructors, preferring to use the Black instructor, and wanted to have additional sleep education components integrated into the app alongside further options to personalize app functions.

**Conclusion:** Using a mobile wellness meditation app to enhance sleep quality is acceptable and feasible. Timing of the app use in the evening had the greatest improvement on sleep. Culturally

tailoring the app for Black and African American may improve uptake in this population.

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## 0080

## INFLUENCE OF NEIGHBORHOOD SAFETY ON STRESS AND SLEEP

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Introduction: Our health is influenced by the environment in which we live. Due to socioeconomic differences, disparities exist across neighborhoods, with certain groups experiencing higher detriments to their health compared to others. Emotional distressing experiences due to the neighborhood in which we live cause stress levels to rise. Given the psychological and physiological impact of stress, high levels of stress can be a contributing factor for poor sleep. We investigated the influence of feelings of neighborhood safety on stress and sleep and the ethnic differences found in each of these outcomes. In addition, we ask whether feelings of neighborhood safety mediate the association between stress and sleep.

**Methods:** 1,606 participants were recruited online through Amazon Mechanical Turk to participate in a questionnaire. Components of this survey included demographic data, the Pittsburgh Sleep Quality Index (PSQI), Perceived Stress Scale (PSS), and the Neighborhood Questionnaire Neighborhood Safety Subscale.

**Results:** We found that as neighborhood safety levels rise, stress levels lower. Further, ethnic differences were found for feelings of neighborhood safety, stress, and sleep: Latino participants had the lowest feelings of neighborhood safety, highest stress levels, and worst sleep. We also found that stress mediates the association between neighborhood safety and sleep.

Conclusion: Our results highlight the contribution of feeling safe in one's own neighborhood on stress and sleep outcomes. Given the ethnic differences present in each of our outcomes, future work should investigate neighborhood characteristics influencing neighborhood safety as possible areas of intervention benefitting sleep. Support (If Any):