

socioeconomic status (SES), an important component of SVI, is a risk factor for cardiometabolic disease and sleep quality. Objectives: This study examined the effect of SVI on cardiometabolic and sleep health among Blacks.

**Methods:** We utilized harmonized data extracted from two NIH-funded studies enrolling Blacks (i.e., MetSO and PEERS-ED registries). Participants (N=1,497) included New York residents; 65% were male, with a mean(SD) age of 55(±16.2). Data were collected via self-reports (e.g., ARES questionnaire) for sleep quality/duration and cardiometabolic factors (e.g., weight and diet). SVI components included SES, household composition, minority status, and housing type. Mixed-effect logistic regression models were applied, which assessed the effect of SVI and its many subcomponents on each health-related variable of interest. The model was adjusted for age, sex, and education to account for the effects of these factors overlapping in the SVI subcomponents.

**Results:** Approximately 81% of the sample population was obese, 37.9% were diabetic, 62.3% had a history of hypertension, and 18.4% with a heart disease. Regarding sleep health, 7.7% suffered from sleep apnea, 66.6% were short sleepers, 6.64% were long sleepers, and 14.2% reported insomnia. They had a mean(SD) sleep time of 5.92(±2.05) hours. “Overall SVI” was associated with hypertension (OR=3.98) and “housing type & transport” was correlated with heart disease (OR=4.44) prior to adjusting the model. Applying the adjusted model, “minority status & language” predicts obesity (OR=5.32). Also, “overall SVI” and “SES” were associated with diabetes (OR=3.26; OR=2.71) and hypertension (OR=4.00; OR=3.95). “Household composition” approaches significance as a predictor for sleep apnea (unadjusted - OR=0.26; adjusted - OR=0.26) despite the relatively low case proportion.

**Conclusion:** SVI seems to be a good indicator of cardiometabolic health among Blacks. However, it is likely a poor marker for sleep health in that population, although trends were observed suggesting that it might play an important role. Further studies are necessary to elucidate the role of SVI on sleep health among Blacks. **Support (If Any):** R01HL142066, R01HL095799, RO1MD004113, R01HL152453

## 0621

### OVERCOMING OBSTACLES TO RECRUITMENT AND COMMUNITY ENGAGEMENT DURING COVID-19 AND DEVELOPMENT OF A DIGITAL COMMUNITY OUTREACH PROGRAM

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**Introduction:** COVID-19 disrupted traditional research infrastructures and processes most notably in-person community recruitment, especially in underrepresented populations like racial ethnic minorities. To find creative and effective strategies, our group implemented and tested the efficacy of a culturally tailored community outreach plan (COP) developed during the US COVID-19 pandemic.

**Methods:** In February 2021, we developed an 11 step culturally-tailored community outreach program to support the implementation of three NIH funded community-based sleep studies. The following steps include: (1) description of the situation statement, (2) definition of goals, (3) engagement of audience/stakeholders, (4) tailoring message, (5) defining incentives, (6) choice of outreach methods, (7) identification of spokesperson, (8) choice of tools to

assess progress, (9) identification of media outlets, (10) creation of study timeline, and (11) implementation of the plan. The studies leveraged several recruitment channels: 1) community settings (Place of worship, “community recruiter”, health fairs, word of mouth, & healthcare providers/doctors’ clinics), 2) online platforms (Facebook, Twitter, LinkedIn and Research Match), and 3) preexisting datasets in NYC.

**Results:** All three studies successfully met recruitment goals. ESSENTIAL [n= 224, 69% females, mean age= 36], MOSAIC [n=109, 61% females; mean age= 64] and Latinx/Hispanics: DORMIR[n=260, 61.3% of female; 32.4]. Among the three NYC cohorts, the most common recruitment channels were: preexisting datasets (74%), community settings (19%), & online platform (7%) for ESSENTIAL; preexisting datasets (85%) & community settings (15%) for MOSAIC, and (71.7%) online platform for DORMIR. However, the Miami cohorts came mostly from community settings 90% for Essential and 97% for MOSAIC.

**Conclusion:** Overall, the TSCS community outreach plan seems to be an effective tool to engage minoritized populations in greater NY and Miami. Our current field experience indicates that recruitment channels must be adapted to age, and community resources. Limited access to technology, particularly among older Blacks seem to be a major barrier for field staff to successfully engage the disenfranchised communities.

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## 0622

### INFLUENCE OF CANNABIS USE DISORDER ON SLEEP QUALITY AMONG COLLEGE STUDENTS

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**Introduction:** Poor sleep, which has numerous deleterious effects, is one of the most common health complaints among college students. Both race/ethnicity and sex are associated with poor sleep outcomes, with Black college women potentially having higher risk. The college experience is often associated with an increase in stress, as well as drastic shifts in lifestyle and sleep patterns. Research indicates that college students report cannabis use enables them to cope with life stressors and negative emotions and is often used as a sleep aid. The use of cannabis as a cope may lead to more chronic cannabis use, and the development of Cannabis Use Disorder (CUD), which is most prevalent in individuals aged 18-25. Therefore, this study examined the influence of CUD symptomatology on sleep among Black female college students.

**Methods:** Participants included 200 Black/African American women (age range: 18-25 years) attending a Historically Black College/University. Each participant completed an Qualtrics online survey including assessment of DSM-5 CUD criteria, and validated measures of sleep quality (Pittsburgh Sleep Quality Index [PSQI]) and perceived stress (Perceived Stress Scale [PSS]).

**Results:** 11.5% of the sample met criteria for CUD. There were no significant differences between the CUD and non-CUD groups in perceived stress, however, all participants endorsed moderate stress levels (M=19.51, SD=5.33). Additionally, all participant’s PSQI scores met criteria for impaired sleep (score >5). [MOU1] [TAD2] T-test analyses indicate that the CUD subgroup reported poorer sleep quality (M=9.04, SD=3.69 vs M=7.07, SD=3.28), more sleep disturbances (M=1.52, SD=0.59 vs M=1.15, SD=0.74), and longer sleep latency (M=37.70, SD=25.28 vs M=25.92, SD=23.95), than the non-CUD group (all p<.05).