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Sleep Health is Our Priority

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Introduction

Recently, a study conducted by Shockey et al. [1] provided information about sleep quality in the United States. From the findings, it was concluded that sleep quality varies by occupation and location of state, in general. In terms of occupations, Healthcare Practitioners ranked the as the most group commonly experiencing poor sleep. The major occupation group with high prevalence of poor sleep was the firefighters and prevention workers. A second major general point of the Shockey et al. [1] was the locations in the United States where sleep quality was poorest in southeastern United States and in states along the Appalachian Mountains. These regions have been identified as areas with higher estimates of obesity, diabetes, and death rates from heart disease and stroke [1]. Collectively, these findings, I believe, will provide both practitioners and researchers with a myriad of paths with which to investigate and intervene.

Sleep quality was the central outcome variable of these Shockey et al. [1]. Varying definitions of sleep quality such as difficulty falling asleep, staying asleep, shortened sleep, and frequent wakeups have described poor sleep. The impact of these factors on wake day functioning has implications on an individual's health and wellbeing with studies such as the work by Liu et al. [2]. It is the case that both Sleep Medicine and Behavioral Sleep Interventions have effectively addressed diagnosed sleep disturbances resulting from untreated/worsened poor sleep quality. And, with the factors of the extent and locations of the greater volume of poor sleep in the United States, efforts to further investigate and to treat the issues have been underway. Consideration of how to reach out and provide sleep education that would lead to the assessment and diagnosis and poor sleep and possible sleep disturbances in these high-volume areas identified will be needed. Additionally, the creative extension of health care services to employment settings and as a means of intervention for work readiness will need to be purposed, planned and enacted. With estimates of the shortage of training Sleep Specialists to the projected numbers of patients in need, other methods of outreach such as online interventions and teleconferencing are also plausible variable to consider.

The excellent research work has unearthed quite a need for service in the field. Fortunately, the empiricism of the sleep intervention methods is at a sufficient level to address poor sleep that may be or turn into a sleep disturbance. Our awareness, as a field, collectively, has been heightened by these new findings which in turn imply both the increased need to identify/assess/treat poor sleep and to continue to make Sleep Health our priority.

References

1. Shockey TM, Wheaton AG (2017) Short Sleep Duration by Occupation Group-29 States, 2013-2014. Morbidity and Mortality Weekly Report 66: 207-213.
2. Liu Y, Wheaton AG, Chapman DP, Croft JB (2013) Sleep duration and chronic diseases among U.S. adults age 45 years and older: evidence from the 2010 Behavioral Risk Factor Surveillance System. Sleep 36: 1421-1427.