

Public Health Message: More of the Message

Kathy Sexton-Radek*

Professor, Elmhurst College, USA

*Corresponding author: Kathy Sexton Radek, Elmhurst College, 190 Prospect Avenue, Elmhurst, IL 60126, USA, Tel: 630-617-3587; E-mail: kathysr@elmhurst.edu

Received date: Mar 09, 2015 Accepted date: Mar 10, 2015, Published date: Mar 13, 2015

Copyright: © 2015 Sexton-Radek K, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

Public health studies have identified some 50-70 million Americans chronically suffer from a sleep disorder that adversely affects their functioning [1]. Added to this listing, are the results from Department of Transportation identifying some 20% of car crash injuries in the general population result from sleep deprivation effects on attention. A comprehensive report by the Institute of Medicine of the National Academies was published in 2006 that identified the impact of driver sleepiness, medical costs from doctor visits/hospital services/prescription/OTC medicines [2]. The response was five-fold to this report: develop more technologies to detect sleepiness early, strengthen research, establish interdisciplinary sleep programs in Academic Health Centers, and establish a National Somnology of Sleep Medicine Research and Clinical Network. Some results of this lead to more finite identification of sleep insufficiency [1]. A 2014 Center for Disease Control report identified cognitive impairments in concentration (e.g., concentrating on two things, remembering things). Significant (35%) numbers of adults reported falling asleep unintentionally during the day. Sleep insufficiency was also found in that report to be mildly related to comorbidities of obesity and obstructive sleep apnea. Additionally, the attrition in functioning due to low energy, fatigue and cognitive impairment from sleep insufficiency further complicates the problem.

Current Public Health goals are in response to world-wide emergent condition: antibiotic resistance, prescription drug abuse, global health security, human papilloma virus and polio virus [3]. "Winnable" battles of increasing smoking cessation programming that will, in turn, decrease chronic illness complications, improving health and

prevention of disease. Suggestions to the extension of these goals are needed. Chronic illness and sleep insufficiency will need to be further prioritized as it leads to the diminution of adult functioning. Technology and trained Sleep Specialists are able to attend to the detection and treatment of sleep disturbance/disorder if additional Public Health messages provide a consistent message of need. Further, the promotion of valid programming/intervention for improving sleep health and decreasing drowsy driving in at risk populations of adolescents still is needed [4]. Rigorous study of stress and sleep factors in various populations has been underway. Continued focus and effort in these areas are needed as they are expected to impact change in chronic illnesses. The Public Health messages of 2006 and 2011 are formidable in their identification of the need to address sleep insufficiency, while emergent global needs occupy the Public Health agenda, the pre-occurring messages about improving sleep quality need to prevail.

References

1. Institute of Medicine (2006) Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Washington, DC: The National Academies Press.
2. US Department of Transportation, National Highway Traffic Safety Administration, National Center on Sleep Disorders Research, National Heart Lung and Blood Institute. Drowsy driving and automobile crashes.
3. Schoenborn CA, Adams PE (2010) Health behaviors of adults: United States, 2005-2007. Vital Health Stat 10: 1-132.
4. CDC (2010) Youth Risk Behavior Surveillance - United States 2009. MMWR: 59: SS-5.