The Urgent Need for Better Sleep in Minority Communities

Minority and low-income communities face a sleep gap that can damage their health.

Girardin Jean-Louis, Ph.D.

In an article published in *The Lancet Neurology*, Girardin Jean-Louis, Ph.D., addresses how sleep disparities may impact health in minority communities. People in these groups face higher risks of cardiovascular disease, diabetes, high blood pressure, and other chronic conditions. Lack of sleep may help drive these disparities.

“Black and Latino people in the U.S. sleep around 30 to 60 minutes less [per night] than white people,” said Dr. Jean-Louis, who directs the Center for Translation Sleep and Circadian Sciences (TSCS) at the University of Miami Miller School of Medicine. “In the past, this has been treated as a statistical anomaly that had to be accounted for in the models. It’s only in the past 20 years that we’ve recognized how important this sleep deficit can be to overall health.”

Dr. Jean-Louis helped pioneer efforts to understand how sleep loss can impair health and reduce quality of life. In some cases, the problem is systemic. Low-income people have trouble accessing the care they need because they simply cannot afford it.

Other issues can engulf entire neighborhoods. Extensive noise,
light, and particulate pollution can hamper sleep.

“There are many social determinants of sleep health,” said Dr. Jean-Louis. “Where you happen to reside, where you go to school, where you work or play, where you go to church, anything in that environment that is not conducive to rest would impinge on your ability to get a good night’s sleep.”

There are also social and cultural factors that influence how (and whether) people seek care for their sleep problems. Sleep apnea, during which people actually stop breathing for short periods, can dramatically increase the risk of heart attack or stroke, but many people are unaware they even have the condition.

“I have many patients who come in because their husband or wife says they snore and have to sleep on the couch,” said Dr. Jean-Louis. “When I ask them if they do snore, they say no, not at all. But when I do the sleep study in the clinic, they may stop breathing 20 to 30 times per hour of sleep – significant sleep apnea.”

Because many people aren’t willing to go to the hospital for a sleep test, TSCS is now conducting sleep studies in people’s homes. But this is only a partial solution – people must recognize the problem before they seek care.

“We need to be in the community: health fairs, barber shops, beauty salons, places of worship,” said Dr. Jean-Louis. “I also encourage my patients to spread the word. Snoring may be the sign of a major health issue, and people need to know.”

Dr. Jean-Louis would like to increase engagement at all levels. Clinicians need to treat sleep issues more
aggressively. Informational brochures must be targeted towards all communities. Cities can implement light restrictions and noise curfews and develop more green space.

“These are simple things,” said Dr. Jean-Louis. “Take care of the noise, take care of the light, take care of the parks. It’s going to cost money, but not a lot. And in the big picture, it’s going to cost much less than caring for people with chronic conditions.”

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