



## A call to action: Understanding structural racism in sleep health

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Some may argue that all humans have an equal opportunity for sleep. Unfortunately, the reality is that racially marginalized (or historically excluded) individuals (i.e., Black, Indigenous, and People of Color) tend to have greater difficulties obtaining optimal sleep.<sup>1-3</sup> Studies have described differences in sleep health in Black Americans compared with White Americans; however, few studies have determined why these disparities exist. As such, some misinterpret racial differences in sleep health as being inherently due to race or genetics. Instead, a more appropriate explanation is that racial disparities in sleep health are largely a consequence of structural and social racial inequities. These inequalities have prevented historically excluded individuals from accessing optimal health and financial wealth. In order to thoroughly understand and improve sleep health disparities, it is important to consider the impact of social and structural racism.

In addition to racism in current society, it is critical to consider historical systemic injustices. For example, ideas about sleep behaviors in Black Americans can be traced back to slavery.<sup>4</sup> After being worked to the point of exhaustion, enslaved Africans were subjected to wretched sleeping conditions (e.g., tight quarters, no privacy, exposure to harsh environmental conditions). These conditions were used for social control: to create exhaustion and sleep deprivation to prevent rebellion and escape. To justify these inhumane sleeping conditions, historic accounts claimed that Africans require less sleep and prefer sleeping with others. This ideology that Black Americans have different sleep physiology and social customs has been perpetuated, but the historical context is rarely considered. As a result, these sleep disparities are often attributed to inherent biological differences in race.





In order to counteract racism and white supremacy, it is important to consider differences in sleep health in the context of current and historical social and structural racism. When thinking about sleep health disparities, consider the following principals:

1. **Acknowledge the legacy of racism:** Communities that have been marginalized or excluded from resources and opportunities are more likely to experience barriers to good sleep.
2. **Seek out experts in sleep health disparities:** When consuming information, seek out sources that have included scholars with expertise in sleep health disparities. This can help avoid perpetuating harmful stereotypes derived from a legacy of discriminatory treatment.
3. **Encourage stakeholders to consider structural racism:** Similar to other health behaviors, sleep health is governed by individual physiology. However, it is also governed by the physical environment, social environment, cultural context, and historical context. Healthcare providers and systems should be knowledgeable about determinants of health at social and structural levels.
4. **Pursue sleep equality with intentionality:** Stakeholders (e.g., researchers, clinicians, patients) should consider issues of equality and equity as markers of excellence and success.



## References

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