Public Health Association of Australia  
Submission on Sleep Health Awareness in Australia  

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a Healthy Population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the Inquiry into Sleep Health Awareness in Australia. Healthy sleep is an integral part of maintaining health and wellbeing across the lifespan. Australia leads the world in sleep research. Despite this, sleep has been neglected on our public health agendas. PHAA supports the research and promotion of sleep health in Australia, with a focus on healthy sleep as part of a healthy lifestyle. There are many opportunities to integrate sleep into public health efforts which we hope will be facilitated by this Inquiry.

PHAA Response to the Inquiry Terms of Reference

1. The potential and known causes, impacts and costs (economic and social) of inadequate sleep and sleep disorders on the community

Current research shows that healthy sleep contributes to our physical and mental health in the same way as exercise and a nutritious diet. Poor sleep quality and inadequate sleep duration are risk factors for the development of diabetes, cardiovascular disease, depression, and anxiety, increasing the risk of these chronic conditions by 20-40%.

Sleep deprivation is a significant contributor to the road toll, doubling the risk of being in a motor vehicle accident. In Australia, a large study of newly licensed drivers indicated that young people with insufficient sleep crashed 20% more often than drivers with sufficient sleep.

Sleep is also key indicator of social wellbeing. Sleep problems are often the first symptom of an unhealthy environment, with causes including poor housing conditions, noise and light pollution, lack of neighbourhood safety, unemployment, insecure work, financial hardship, and other stressors.

Economic costs associated with poor sleep, based on data from other countries and market research, can be found in two Access Economics reports commissioned by the Sleep Health Foundation. These reports focus on medical sleep disorders, not on the sleep habits and behaviours of people in the general community.

Australia does not have an adequate research base on the topic of sleep as part of a healthy lifestyle. Sleep needs to be considered alongside nutrition and physical activity as lifestyle or behavioural risk factors.

Studies based on data from the Australian Bureau of Statistics suggests that most Australian adults have sufficient sleep but that about 1 in 20 have significant sleep disturbances linked to impaired functioning, higher rates of healthcare consumption and poorer quality of life. These studies were based on data collected in the 2006-07.

There have been no representative data about sleep in the Australian population since the mid-2000s. More local data on the normal sleep behaviours and habits of the Australian community is needed.

PHAA Recommends: improve the monitoring of sleep in population health and social surveys to better understand the causes and consequences of sleep health in the Australian community.
2. Access to, support and treatment available for individuals experiencing inadequate sleep and sleep disorders, including those who are: children and adolescents, from culturally and linguistically diverse backgrounds, living in rural, regional and remote areas, and Aboriginal and Torres Strait Islander Adults

It is unclear exactly how many Australians in these priority populations have inadequate sleep. Sleep is overlooked in health and social surveys specifically conducted in priority populations, despite its importance as an indicator of social, physical, and mental wellbeing.

It is known that people at greater socioeconomic disadvantage tend to experience more sleep problems, and that this contributes to the health disparities between the advantaged and the disadvantaged.

However, the needs of Australian children, those from culturally and linguistically diverse backgrounds, those living outside metropolitan areas, and Aboriginal and Torres Strait Islander for health promotion and education around sleep are unknown.

As recommended above, inclusion of sleep in population health and social surveys is sorely needed to provide the necessary data to inform action related to these priority populations. Currently, only 2 states - South Australia and Western Australia - assess sleep in their state health survey. Both added assessment of ‘sleep duration’ in 2018, and while this is only one aspect of sleep, it is an important step towards better surveillance and improved understanding of the sleep of the Australian community.

Federal policies that facilitate the inclusion of sleep in state/territory-based prevention and health promotion efforts is encouraged.

An example of such action might be to adopt the internationally-recognised recommendations for healthy sleep duration and sleep quality across the lifespan. These were developed by the US National Sleep Foundation, but have been endorsed by the Australasian Sleep Association and the Australian Sleep Health Foundation. These guidelines can help to provide standards of ‘sleep health’ for future public health efforts in the Australian community.

Another example would be to incorporate sleep into national preventive health strategies alongside lifestyle/behavioural risk factors such as diet, physical activity, tobacco, and alcohol use.

Children

Lack of sleep is thought to be a significant contributor to the current obesity epidemic in children. The pervasiveness of personal technologies is partly responsible for sleep loss in children and this adds to the importance of limiting screen time for optimal health in young Australians.

We applaud the Australian Government Department of Health for adopting the 24-hour Movement Guidelines for children aged 0 to 5 years last year. These guidelines integrate evidence-based recommendations for healthy amounts of sleep, sedentary behaviour, and physical activity for infants and pre-school aged children.

Similar 24-hour Guidelines recommending optimal amounts of sleep, sedentary behaviour, and physical activity for children aged 5 to 17 are also available from the Public Health Agency in Canada and may be worthwhile adapting for children in Australia.

PHAA Recommends: that sleep health should be integrated into existing public health policies and programs, particularly those that deal with prevention.
3. Current national research and investment into sleep health and sleeping disorders

Sleep has an important role to play in public health prevention. But with prevention receiving less than 2% of the national health budget over the past 7 years, research into preventive health must be prioritised to build the evidence base if we are to come anywhere near the 5% funding achieved in other countries.

We know much from health promotion of lifestyle risk factors such as nutrition, physical inactivity, tobacco, and alcohol that can be applied to the promotion of healthy sleep. However, sleep is also unlike these behaviours in many ways and it is unknown what types of community-based, public health interventions are most effective for promoting sleep in the community. We therefore support targeted calls for research into the development and evaluation of public health interventions to promote sleep.

Conclusion

PHAA supports the Inquiry into Sleep Health Awareness and welcomes further discussion of how sleep influences public health.

We are particularly keen that the following points are highlighted:

- Much remains unknown about the sleep of the Australian community and therefore an important step is to monitor sleep behaviours and patterns in the general population, to identify need for sleep health promotion.
- Healthy sleep is essential to the maintenance of social, physical, and mental wellbeing, and sleep should be integrated into current prevention frameworks as a part of a healthy lifestyle.
- It is currently unknown what types of community-based interventions can improve the sleep of the community, and funding to support the evaluation of such public health programs is required.

The PHAA appreciates the opportunity to make this submission and to contribute to better understanding of, and responses to, sleep health issues in Australia. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

17 October 2018
References