

Are U.S. adults reporting less sleep?: Findings from sleep duration trends in the National Health Interview Survey, 2004–2017

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Abstract

Study Objectives

To document trends in self-reported sleep duration for the noninstitutionalized U.S. civilian population from 2004 to 2017 and examine how sleep trends vary by race/ethnicity.

Methods

We use data from the National Health Interview Survey (NHIS) for U.S. noninstitutionalized adults aged 18–84 from 2004 to 2017 ($N = 398\,382$). NHIS respondents were asked how much they slept in a 24-hour period on average, which we categorized as ≤ 6 hr (short sleep), 7–8 hr (adequate sleep), and ≥ 9 hr (long sleep). We used multinomial logistic regression models to examine trends in self-reported sleep duration and assess race/ethnic differences in these trends. Our models statistically adjusted for demographic, socioeconomic, familial, behavioral, and health covariates.

Results

The prevalence of short sleep duration was relatively stable from 2004 to 2012. However, results from multinomial logistic regression models indicated that there was an increasing trend toward short sleep beginning in 2013 ($b: 0.09$, 95% CI: 0.05–0.14) that continued through 2017 ($b: 0.18$, 95% CI: 0.13–0.23). This trend was significantly more pronounced among Hispanics and non-Hispanic blacks, which resulted in widening racial/ethnic differences in reports of short sleep.

Conclusions

Recent increases in reports of short sleep are concerning as short sleep has been linked with a number of adverse health outcomes in the population. Moreover, growing race/ethnic disparities in short sleep may have consequences for racial and ethnic health disparities.

[sleep duration](#), [trends](#), [race/ethnicity](#), [disparities](#), [sleep](#)

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