Sleep Health and Other

O007

SLEEP HEALTH PROMOTION IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES: UNTAPPED POTENTIAL OF INDIGENOUS YOUTH WORKERS AS SLEEP COACHES

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Purpose: The lack of culturally appropriate sleep health programs and community-led support services are significant barriers to sleep health promotion in Indigenous communities. This project offers Australia's first-ever training and upskilling program for Indigenous youth workers (IYWs) to work as "Sleep Coaches" in Indigenous communities.

Methods: Key stakeholders, i.e., community elders, service providers, Indigenous youth and sleep scientists, were consulted to develop a training program for IYWs. Stakeholder consultations ensured community ownership of the program, facilitated co-design of educational and training activities, and integrated traditional and scientific sleep health knowledge for developing sleep health resources.

Results: Consultations with the advisory group (n=48) identified the need for a multipronged approach for IYWs capacity building. The education and training activities are centred around sleep and include cultural training to cover Indigenous Australians' understanding and interpretation of sleep health, youth mental health first aid training, and participation in youth alcohol and drug education workshops. For sleep education, two blocks of activities, i.e., foundation and advanced level, are offered to cover triaging, sleep education/support and monitoring. An interactive tool for diabetes education in Indigenous communities (FeltMan/FeltMum) has been adapted to offer culturally appropriate sleep education.

Conclusion: IYWs' capacity building as sleep coaches is an innovative way to empower Indigenous communities to embrace sleep health. Going forward, the program will engage with youth mental health services to evaluate the program effectiveness and transferability to other Indigenous communities. There is a need to define the scope of practice and certification to ensure compliance with industry standards.

O008

EMBEDDING DIGITAL SLEEP HEALTH INTO PRIMARY CARE PRACTICE: PERSPECTIVES OF GENERAL PRACTITIONERS, NURSES, AND PHARMACISTS

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Introduction: Digital health interventions (DHI) have the potential to address the unmet sleep health needs of patients in primary care. The current study explored primary care health providers' attitudes and beliefs towards DHIs for sleep health and the implementation into practice.

Methods: A mixed-methods study was conducted in a convenience sample of primary care service providers (GPs, nurses, pharmacists). An online survey captured participants' scope of practice and attitudes towards DHIs. Associations between practice factors and attributes of DHIs were explored. A subset of participants was interviewed to explore perceived barriers/facilitators for implementing DHIs into primary care, which was thematically analysed using the Framework Approach.

Results: 71 surveys were returned (GPs = 26, nurses = 21, pharmacists = 24) and 37 interviews were conducted (GPs = 13, nurses = 12, pharmacists = 12). Self-reported familiarity with DHIs was highest for GPs followed by pharmacists and nurses. Three major themes were identified: 1) Technology in Current Practice 2) Education Gaps and Training Needs and 3) Envisioning a Model of Care. Participants reported the "vague" definition of DHIs and mostly spoke in terms of personal experience and/or the health informatics systems used in practice. Despite recognising knowledge gaps, participants were confident in becoming upskilled and welcomed the idea of expanding digitalisation into sleep health. However, implementation success would depend on a supportive practice culture, patient uptake, and revising reimbursement structures.

Conclusion: With appropriate training and support, service providers highlighted the potential for embedding DHIs into primary care to optimise sleep health.

O009

THE GOOD SLEEPER SCALE-13 ITEMS: A STANDARDISED QUESTIONNAIRE FOR THE ASSESSMENT OF GOOD SLEEPERS

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Introduction: Good sleep is not merely the absence of sleep disorder symptoms, yet this criterion is commonly applied in research studies. We developed the Good Sleeper Scale-13 (GSS-13) to standardise identification of good sleepers.

Methods: We conducted a secondary analysis of the 2019 Sleep Health Foundation online survey of adult Australians (N = 2,044, aged 18–90 years). Possible GSS-13 items were chosen collaboratively with co-authors. Exploratory factor analysis (EFA) was conducted on 10% of the dataset chosen at random (N = 191) for factor identification and item reduction. Confirmatory factor analysis (CFA) on the remaining 90% (N = 1,853) tested model fit. Associations with sleep concerns, health, and daytime functioning tested validity of the final version.

Results: From EFA, six factors were identified: Adequate Sleep; Insomnia; Regularity; Timing; Sleep Duration; Perceived Sleep Problem. On CFA, model fit was comparable to other sleep instruments, X^2 (67) = 387.34, p < .001, CFI = .95, TLI = .92, RMSEA = .05. Cronbach's alpha was largely acceptable (≥.7) across subscales. Consistent correlations were found between GSS-13 global scores and outcomes, including "a good night's sleep"