Modernization has rapidly transformed sleep environments worldwide. This transformation has been marked by the expansion of artificial lighting, screen-based digital media, and controlled, temperature-constant work and living environments. Many of these novel influences contribute to reduced sleep duration, impaired sleep quality, and desynchronization of circadian rhythms, all of which have been associated with negative health outcomes. Humans have been living with electric lights for less than 150 years, out of the hundreds of thousands of years since modern humans first evolved. Thus, poor sleep may be the result of evolutionary mismatch – where biological adaptations to an ancient environment negatively interact with modern environments and lifestyles to create new health problems. Employing a global, cross-population framework is critical to understanding evolution’s legacy on modern sleep.

Sleep research in underrepresented American sub-populations, economically developing nations, and ‘traditional societies’ (e.g., hunter-gatherers, pastoralists, small-scale horticulturalists) complements research performed in “normal” Western populations. By investigating sleep among groups along the continuum of contemporary human environments (technological, climatic, social, and cultural), collaborative research projects can identify key commonalities and differences among all peoples. Critically comparing the ways in which sleep varies across different populations may generate new hypotheses regarding the underlying nature of human sleep regulation. With a focus on associations between environmental factors, sleep patterns, and health outcomes, research describing variation within and between different populations can identify modifiable behavioral and lifestyle factors that are the drivers of poor sleep and impaired health. To deepen our understanding of human sleep – including sleep disorders and the global health implications of sleep deficiency – we request that authors submit papers that will address a range of topics, examples include the following:

- How do sleep patterns and/or their associated health outcomes vary across societies and/or cultural groups? Are there certain sleep problems that disproportionately affect specific populations?
- How do people sleep in environments of greater or lesser exposure to circadian entrainment factors (e.g., light and temperature)?
- How does the sleeping environment affect health and cognition, in relation to socioeconomic status, gender, and/or racial/ethnic origin?
- How does increasing population density – including that due to urbanization – affect sleep quality, sleep timing, and sleep duration, especially among low and middle-income groups?
- What are the associations between poor sleep on economic opportunity and health in low to middle income urban communities, and what is the direction of causality in this relationship? What sorts of interventions could reduce health disparities arising from poor sleep?
- What insights can be gained from phylogenetic comparisons in sleep environments and patterns among different primate species?
- How does human sleep behavior and quality today differ from the ways in which sleep varied across different populations may generate new hypotheses regarding the underlying nature of human sleep?
- How does human sleep behavior and quality today differ from the ways in which sleep varies across different populations?
- What should “sleep of the future” look like?

We are interested in papers from a range of disciplines including sleep medicine, anthropology, biology, economics, public policy, sociology, public health, epidemiology, history, archeology, ethnology, as well as other disciplines. We welcome contributions from academic researchers, policy makers, and other stakeholders.

The following types of articles will be accepted through December 15, 2017:

- **Original Articles** are original papers demonstrating the preliminary results of empirical data and or qualitative research. Brief Reports
should contain no more than 1500 words (not including references), in addition to a structured abstract of less than 150 words. Please use the following headings in your abstract: Objectives, Methods, Results, and Conclusions. Brief Reports may include 1 table, 1 figure, and approximately 20 references.

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