Measuring Well-Being of Older Adult Clients and Community Members

Why Measuring Well-Being Matters

A person's ability to age with their best possible quality of life (QoL) is dependent on their perception of their mental, physical, and financial health, as well as their feelings of social and emotional support and isolation. A higher quality of life can be directly associated with lower risk of disease and greater longevity,[1] resulting in a healthier community. Knowing where your older adult clients and community members stand in terms of their QoL can help you make cost-effective decisions, plan for the long term, and create more relevant programming and policies.

The Adult Well-Being Assessment

The National Council on Aging (NCOA) has partnered with the Institute for Healthcare Improvement (IHI) and the 100M Healthier Lives Initiative,[2] to pilot the Adult Well-Being Assessment (AWA), a simple 8-question survey that is a practical and easy-to-use method of measuring an older adult's QoL. The AWA assesses the most impactful elements of well-being: Overall quality of life, hope for the future, financial well-being, physical and mental health, social connectedness, meaning and purpose, and loneliness and isolation.

The AWA is convenient and straightforward. The tool is self-administered and can be completed in person, by phone, or through an online survey. It can be used alone or combined with other surveys. While it is acceptable to have staff or caregivers assist older adults with the survey, it is not advised to have proxies in place of the older adult. Responses must come from the older adult with minimal outside influence.

To help describe disparities across sub-groups, key demographic information should be collected alongside the AWA. You can use NCOA's demographic questionnaire[3] — which collects data on age, income, race/ethnicity, gender, caregiving status, veteran status, disability, and more — or you can develop your own questions. You may include a question for tracking participants' ID to link to the AWA survey.

The Baltimore County Department on Aging administered the AWA as part of its annual registration at 20 senior centers in 2018, the first of a three-year pilot project with NCOA. Initial findings helped individual centers make staff and program decisions and identified county-level opportunities to improve physical health for certain underserved populations across the county. Targeted locations received additional funding to extend hours and increase specific program resources. Follow-up surveys are planned to track progress and impact. This success was featured in The Baltimore Sun.[4]

[1] https://www.ncbi.nlm.nih.gov/pubmed/18725425
[2] https://www.ncoa.org/healthy-aging/100-million-healthier-lives/
[3] https://www.ncoa.org/resources/ncoa-demographic-questions-for-100mlives-aging-well-being-assessment/
[4] http://www.baltimoresun.com/maryland/baltimore-county/cng-co-ca-at-senior-center-hours-20191002-nhqieqp67jeojozmbljvxikhc4-story.html

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100 Million Healthier Lives

How to Interpret AWA Results

Scoring the AWA is straightforward. Each domain is translated into three categories: suffering, surviving, and thriving. The first two questions encompass people's thoughts and feelings about life satisfaction and optimism. Responses to the first two questions create a Life Satisfaction and Life Optimism score that can be used individually or combined to create a Life Evaluation score used synonymously with Quality of Life and/or Well-Being. Below are sample AWA questions and scoring categories.

Sample AWA Questions

1. Indicate where you feel you personally stand right now.

Best   10   9   8   7   6   5   4   3   2   1   0   Worst   **LIFE SATISFACTION**

2. Where do you think you will stand about TWO years from now?

Best   10   9   8   7   6   5   4   3   2   1   0   Worst   **LIFE OPTIMISM**

AWA SCORING CATEGORIES
Life Evaluation (Quality of Life) = Life Satisfaction + Life Optimism

	THRIVING	SURVIVING	SUFFERING
Life evaluation (Quality of Life)*			
Current (Life Satisfaction)	7+	5–6	0–4
In 2 years (Life Optimism)	8+	5–7	0–4
Physical health	Very good (4) Excellent (5)	Good (3)	Fair (2) Poor (1)
Mental health	Very good (4) Excellent (5)	Good (3)	Fair (2) Poor (1)
Financial well-being	7+	5–6	0–4
Social & emotional support	Usually (4) Always (5)	Sometimes (3)	Rarely (2) Never (1)
Meaning & purpose in life	Agree (6) Strongly agree (7)	Slightly agree (5) Neither agree nor disagree (4) Slightly disagree (3)	Disagree (2) Strongly disagree (1)
Social isolation/loneliness	Never (1) Rarely (2)	Sometimes (3)	Usually (4) Always (5)

*Include both current and 2-year outlook

How to Use AWA Data at Your Organization

With AWA data, your organization may:

- **Better understand** the well-being of the older population in your community, including changes in an individual's quality of life and the well-being of groups of people
- **Improve programming** by designing programs and services to address newly identified opportunities or areas of suffering
- **Involve older people** in interpreting AWA assessment results, improving programming, and managing their own health and well-being
- **Demonstrate value** and strengthen relationships in the community and with potential partners to address target areas

- **Support aging research** and advocacy by sharing data and contributing to a national database, or leveraging external data sources
- **Strengthen your measurement** and evaluation approaches with guidance on survey implementation, research design, and evaluation methodology from NCOA and 100MLives measurement teams and our collaborative network
- **Contribute to a national voice** advocating for the well-being of older people and the policy and culture change needed to improve millions of lives

If you want to . . .	The AWA may help you . . .
Increase engagement of older adults	• Demonstrate how isolation affects overall quality of life for aging sub-populations, such as single people or ethnic minorities • Increase program access by allocating resources where data demonstrates the greatest need
Enhance a regional network of senior centers	• Learn how quality of life differs among community members who attend senior center programs and those who do not • Target programmatic offerings to better reflect client needs
Participate in an Age-Friendly Health System (AFHS)	• Understand "what matters" to aging people in the community as part of a focus on the 4Ms (what matters, mentation, medication, mobility) • Partner with community organizations to better understand and serve your aging population
Reflect on progress and showcase grant deliverables	• Promote consistent evaluation across funded programs • Demonstrate how your grants improve older adults' QoL • Map out potential funding partners and recipients
Address community health or social impact (academic institution or researcher)	• Help community partners collect or report data that may support your research • Participate in research pilots to promote meaningful, consistent measurement

A National Movement

As demonstration projects and pilot studies are complete, the findings will be shared through webinars and on NCOA's 100 Million Healthier Lives page.

About NCOA

The National Council on Aging is a trusted national leader working to ensure that every person can age well. Since 1950, our mission has not changed: Improve the lives of millions of older adults, especially those who are struggling. NCOA empowers people with the best solutions to improve their own health and economic security—and we strengthen government programs that we all depend on as we age. By offering online

tools and collaborating with a nationwide network of partners, NCOA is working to improve the lives of 40 million older adults by 2030. Learn more at www.ncoa.org and @ NCOAging.

About 100 Million Healthier Lives

100 Million Healthier Lives is an unprecedented collaboration of change agents across sectors who are pursuing an unprecedented result. Its mission is 100 million people living healthier lives by 2020, with a vision to fundamentally transform the way the world thinks and acts to improve health, well-being, and equity to get to breakthrough results. Learn more at www.100mlives.org.

Adult Well-Being Assessment

For the *first three questions* please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.
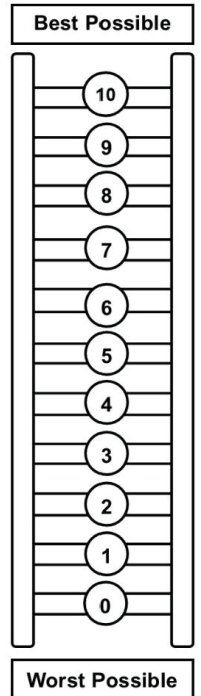
1. Indicate where on the ladder you feel you personally stand right now.

   | Best | 10 9 8 7 6 5 4 3 2 1 0 | Worst |

2. On which step do you think you will stand about **2 years** from now?

   | Best | 10 9 8 7 6 5 4 3 2 1 0 | Worst |

3. Imagine the top of the ladder represents the best possible financial situation for you, and the bottom represents the worst possible financial situation for you. **Please indicate where on the ladder you stand right now.**

   | Best | 10 9 8 7 6 5 4 3 2 1 0 | Worst |

Best Possible

10
9
8
7
6
5
4
3
2
1
0

Worst Possible

4. In general, how would you rate your physical health?

5	4	3	2	1
Excellent	Very Good	Good	Fair	Poor

5. In general, how would you rate your mental health, including your mood and your ability to think?

5	4	3	2	1
Excellent	Very Good	Good	Fair	Poor

6. In general, how often do you get the social and emotional support you need?

5	4	3	2	1
Always	Usually	Sometimes	Rarely	Never

7. How strongly do you agree with this statement? "I lead a purposeful and meaningful life."

7	6	5	4	3	2	1
Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Disagree	Strongly Disagree

8. How often do you feel lonely or isolated from those around you?

5	4	3	2	1
Always	Often	Sometimes	Rarely	Never

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