The Alere Health and Wellness Index, powered by Roy Morgan Research

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Historically wellbeing indices have integrated measures of personal wellbeing with impacting social contexts that affect how people feel about their lives. The Alere Health and Wellness Index (AHWI) has been developed to measure health and wellness, pursuant to the self-reported health behaviours of Australian adults. The aggregated wellness index scores form a bell curve ranging from 50 (unhealthiest) to 130 (healthiest) with a mean of 99.4 and a standard deviation of 14.1 and is based on the weighted average of seven sub-indices: nutrition, exercise, psychological health, alcohol consumption, tobacco consumption, medical state and BMI. The sub-indices are informed by responses to questions involving around 400 factors from the Roy Morgan National Consumer Poll.

The poll informs a comprehensive single source database of demographics, beliefs, health and behaviour, derived from weekly surveys of Australian households, and accrues around 50,000 respondents’ per annum. The AHWI tracks changes in health and wellness, providing a snapshot of around 4000 Australians per month, and adds to insights derived from the five National Health Surveys that have been conducted since 1995. Rises or falls in the aggregated AHWI scores among specific populations can be analysed by drilling down through relative changes in the seven subindices to the specific behaviours and factors that underpin them. Consequently the index represents a research tool that can be used by Commonwealth and State Health Authorities to monitor and measure impacts and outcomes of Public Health Programs such as the National Partnership Agreement on Preventive Health, WorkHealth or the ‘Get Healthy’ coaching service.

The current focus of preventive funding by COAG targets poor nutrition, physical inactivity, tobacco smoking and excessive alcohol consumption. The presentation will include examples of how the Health and Wellness Index can be analysed to inform health program evaluation and implementation for defined populations over discreet periods, including by state, Australian Standard Geographical Classification—Remoteness Areas, and by demographic segments. The index enables trend as well as point-in-time analysis; for example, a snapshot of the quarter to December 2011 showed an Aggregated Health and Wellness Index score of 100.2 in the major cities versus 98.3 in the inner regions, 97.9 in the outer regions and 96 in the remote/very remote regions. The factors contributing to the decline in health with increasing remoteness can be readily identified and used to inform future public health strategy for regional Australia.