Letters

RESEARCH LETTER

National Data on Age Gradients in Well-being Among US Adults

There have been increasing concerns about the well-being of young people in the US, but evidence has focused on mental health. Taking a comprehensive approach to well-being, we used data from a nationally representative sample of US adults to examine well-being scores by age group across numerous domains.

Methods | The sample for this survey study was drawn from the NORC AmeriSpeak panel, a probability-based panel designed to be representative of the US household population. A stratified sample was selected based on age, race and ethnicity, gender, and education. Surveys were conducted online and via telephone using a 15-minute questionnaire. Data were collected from January 10 to 28, 2022. Based on US census data, post hoc weighting was performed to ensure the sample was representative of US adults 18 years or older within all 50 states and the District of Columbia. Participants responded to a validated measure of flourishing that assesses 6 domains of well-being, including happiness, health, meaning, character, relationships, and financial stability. Age groups were created based on birth cohorts. Post hoc weighting was performed based on US census data to ensure the sample was representative of US adults 18 years or older within all 50 states and the District of Columbia. Multiple imputation was used to impute missing data on the well-being scores, and there were no missing data on age groups.

Results | Of 8618 individuals contacted, 2598 (30.1%) provided complete responses (1338 [51.50%] female; mean [SD] age, 47.92 [17.94] years). Well-being increased monotonically cross-sectionally with age for overall well-being, the domains, and across all individual items (Table and Figure). Differences between the youngest (age 18-25 years) and oldest (age ≥77 years) age groups were present for meaning (2.08 points; 95% CI, 1.63-2.53), happiness (1.99 points; 95% CI, 1.60-2.38), health (1.93 points; 95% CI, 1.56-2.31), relationships (1.91 points; 95% CI, 1.46-2.36), financial stability (1.83 points; 95% CI, 1.23-2.43), and character (1.28 points; 95% CI, 0.93-1.62). The maximum difference in overall well-being among age groups was between the youngest and oldest (1.84 points; 95% CI, 1.52-2.15) and was larger than the largest differences among Asian (mean [SD], 6.50 [2.27]), Black (mean [SD], 6.76 [1.78]), Hispanic (mean [SD], 6.67 [1.54]), White (mean [SD], 7.00 [1.50]), and other (≥2 races, non-Hispanic; other, non-Hispanic) (mean [SD], 6.53 [1.21]) race and ethnicity and between men (mean [SD], 6.87 [1.53]) and women (mean [SD], 6.88 [1.59]).

Discussion | This study found that mean well-being scores across multiple domains increased cross-sectionally with age, with a substantial age gradient. This finding contrasts with evidence from the early 2000s that showed U-shaped curves for some well-being domains (eg, happiness, life satisfaction), with well-being scores being higher in earlier adulthood and older age than in midlife. Our findings support evidence of a mental health crisis and increase in loneliness in the US that has disproportionately affected young adults and extend evidence of age gradients to multiple additional facets of well-being beyond mental health. Younger adults reported lower well-being even on the self-rated physical health item. A limitation is that we could not disentangle age and cohort effects. Further studies are needed to replicate the findings. Although indicators in the study were obtained by self-report, this was also the case with earlier research that documented U-shaped patterns with age. These findings suggest that the well-being of young people has declined compared with older age groups. Protecting the mental health of young people is regarded as a national emergency; this study provided a comprehensive approach to well-being, including happiness, health, meaning, character, relationships, and financial and material stability. A stratified sample was selected based on age, race and ethnicity, gender, and education. Surveys were conducted online and via telephone using a 15-minute questionnaire. Data were collected from January 10 to 28, 2022. Based on US census data, post hoc weighting was performed to ensure the sample was representative of US adults 18 years or older within all 50 states and the District of Columbia. Participants responded to a validated measure of flourishing that assesses 6 domains of well-being, including happiness, health, meaning, character, relationships, and financial stability. Age groups were created based on birth cohorts. Post hoc weighting was performed based on US census data to ensure the sample was representative of US adults 18 years or older within all 50 states and the District of Columbia. Multiple imputation was used to impute missing data on the well-being scores, and there were no missing data on age groups.

| Age group | Sample size | Well-being score | Mean (SD) | Median (IQR) |
|-----------|-------------|------------------|-----------|--------------|
| Gen Z (18-25 y) | 331 | 6.14 (2.01) | 6.14 (2.01) |
| Millennial (26-41 y) | 734 | 6.59 (1.44) | 6.67 (2.25) |
| Gen X (42-57 y) | 656 | 6.83 (1.70) | 7.08 (2.17) |
| Boomer (58-76 y) | 757 | 7.32 (1.29) | 7.42 (1.67) |
| Silent generation (≥77 y) | 120 | 7.98 (1.01) | 8.08 (1.50) |
| All | 2598 | 6.87 (1.56) | 7.08 (2.08) |

* The overall well-being score (measured with the secure flourishing index; range, 0-10) is a mean score across 6 domains, including happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close social relationships, and financial and material stability. Age groups were created based on birth cohorts. Post hoc weighting was performed based on US census data to ensure the sample was representative of US adults 18 years or older within all 50 states and the District of Columbia. Multiple imputation was used to impute missing data on the well-being scores, and there were no missing data on age groups.
suggestions that other facets of their well-being also need attention. Comprehensive strategies for expanding mental health services, supporting education and meaningful employment, and strengthening social fabric for young people are needed to enhance the well-being of this population.

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COMMENT & RESPONSE

Potential Limitations for the Culturally Tailored Version of Internet-Delivered Cognitive Behavioral Therapy for Insomnia in Black Women

To the Editor We read the randomized clinical trial conducted by Zhou et al1 with great enthusiasm and appreciation. The authors reported that a culturally tailored version of internet-delivered cognitive behavioral therapy (ICBT) was more effective at engaging Black women with insomnia than a standard version of ICBT. This is an important study. However, we would like to highlight 3 limitations that should make for cautious interpretation of the study’s conclusions.

First, there were several outcomes in the trial’s protocol,1 namely, change in sleep patterns; mood and quality of life; and sleep intervention acceptability, utilization, and preference. However, the authors only reported change in insomnia severity at 9 weeks and 6 months after intervention. Selective reporting bias needs to be considered.

Second, a meta-analysis2 including 21 longitudinal studies reported that persistent insomnia was associated with a doubling of the risk of incident major depression. Therefore, the risk of depression may be high among participants in the study by Zhou et al1 However, the authors only assessed group differences in depression based on a history of medication-treated depression.