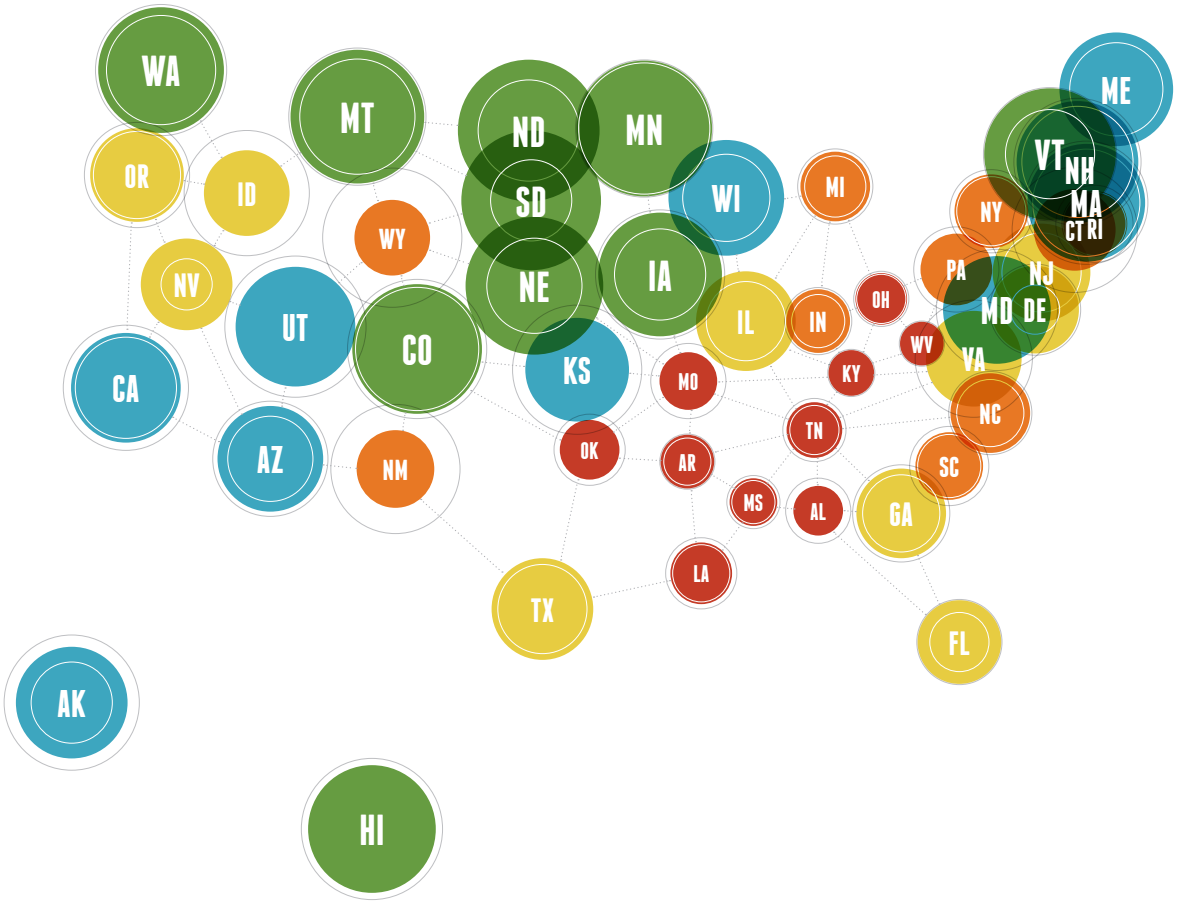
STATE OF AMERICAN WELL-BEING

2013 STATE, COMMUNITY, AND CONGRESSIONAL DISTRICT ANALYSIS



Gallup · Healthways Well-Being Index®

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Cover image: Map of the United States showing each state's relative well-being rank, colored by quintile. Each state's outer ring (if any) represents the highest rank the state has ever achieved in the six-year history of the Gallup-Healthways Well-Being Index. A state's inner ring (if any) represents its lowest rank.

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LETTER FROM THE CEOs

Leaders,

Many of you are looking at incomplete metrics, and you're missing out on a huge opportunity—one that will improve your population's health, increase productivity, better the community, and lower costs.

We're proposing that you measure well-being. Simply put, well-being is a metric that you can no longer afford to ignore in your population. It's predictive, it's actionable, and it correlates with the metrics that matter most to your business—productivity, performance, and cost.

For an individual, high well-being means a life well-lived—all the things that are important to each of us, what we think about, and how we experience our lives. In the aggregate, high well-being means healthier populations, more productive and profitable businesses, and more economically vibrant communities. It means that wherever you may lead—a business, a healthcare organization, a community, a state, or a nation—having this metric on your dashboard will give you the information you need to make the right decisions with confidence.

Well-being is your business. Chronic disease and obesity are on the rise, healthcare costs continue to be the No. 1 expense item for many businesses, and workers tell us that relationships in the workplace have declined significantly over the past six years. It's time for leaders at all levels in all sectors to take notice.

It is our responsibility to create a new normal—one with well-being at its core. Measuring well-being provides the dual benefits of educating individuals on what well-being is and giving leaders insights into what interventions to take at the population level. These micro- and macro-level actions result in more sustainable lifestyles, stronger communities, and significant cost savings. Where a culture of well-being takes hold, positive health, cost, and productivity outcomes follow.

Well-being is our business. For more than 50 years, Gallup and Healthways, in partnership with leading economists, psychologists, and other scientists have been exploring the dimensions of a life well-lived. We understand what differentiates a thriving life from one spent suffering—and the impact of well-being on measurable business value.

What's more, Gallup and Healthways have pioneered and are continuously enhancing the science of well-being and its measurement. We are delivering solutions that create systematic and measurable well-being improvement. Through our research, we've built the world's largest dataset on well-being, including more than two million conversations with Americans about their perceptions of their well-being.

At Gallup and Healthways, we can see the world we live in very clearly. Our data allow us to do that. We can help you see your population more clearly too. Because whether you're an individual who wants to live better, an employer who understands well-being's relationship to performance, a healthcare organization focused on improving health outcomes, or a government that wants to improve the economic health of your community—understanding the right metrics is the first and most important step.

Ben R. Leedle, Jr., CEO & President, Healthways
Jim Clifton, Chairman & CEO, Gallup

FOREWORD

Most people don't understand the breadth, depth, and importance of well-being. As I wrote in *Wellbeing: The Five Essential Elements*, it's far more than health and wealth—it's the combination of many aspects of life. Well-being is about the interaction between physical health, finding your daily work and experiences fulfilling, having strong social relationships and access to the resources you need, feeling financially secure, and being a part of a true community.

Well-being is dependent on all of these factors, which makes it complex to measure—but worth the effort, because when people thrive, populations become healthier and less costly, businesses become more productive, and people live more fulfilling lives. The *State of American Well-Being* report should serve as a conversation starter and call for action in government offices, businesses, and communities throughout our nation. The report provides unmatched information that allows leaders to understand how their communities stack up and where they can improve. And it brings America into focus with the most comprehensive picture of well-being available.

We're all in this together—higher well-being improves outcomes for each of us and for any type or size of population—so we all need to make it a priority. If we start by taking note of the current state of our nation's well-being and that of our communities, we will know where we stand so we can actively make the necessary changes that will lead to higher well-being, more sustainable lifestyles, and a healthier world for ourselves and those we care about.

Tom Rath, *New York Times* Best-Selling Author

TABLE OF CONTENTS

Letter From the CEOs iii

Foreword iv

Introduction 1

National Results and Top 10 Well-Being Summaries 2

State Rankings 6

Client Perspectives 12

Insights on Americans and Their Well-Being 14

Market Recommendations 18

Community Rankings 20

Congressional District Rankings 28

About the State, Community, and Congressional District Reports 37

INTRODUCTION

Understanding how people think about and experience their lives is essential to designing the interventions that organizations and communities need to solve their biggest challenges. Healthcare costs, health-related behaviors, organizational performance, job creation, and many other important societal challenges require a holistic approach. Simply delivering wellness programs with a singular focus on physical health is not likely to optimize change if we don't consider other aspects of life that either reinforce or work against our best intentions.

Measures such as unemployment, GDP, and health statistics are essential, but less than adequate in optimizing change. They reflect the past. People make decisions based on what they directly experience. Leaders need to know what their constituents are experiencing today so that they have a better understanding of how today's decisions will impact the future.

Well-being encompasses how we think about and experience our lives. The Gallup-Healthways Well-Being Index provides an in-depth, real-time view of Americans' perceptions of their well-being. This information gives employers, health plans, health systems, governments, and communities unmatched insight into the state of their populations. The Gallup and Healthways partnership combines decades of clinical and behavioral economics research, and intervention and health leadership expertise to deliver a preeminent source of well-being data in the U.S. and globally. We now have the largest accumulation of well-being data in the world. Our measurement enables public- and private-sector leaders to know where they stand and how to respond to a variety of well-being factors including basic access to necessities, daily health and work-related experiences, and community and social involvement. This robust measurement gives leaders the opportunity to develop and prioritize informed strategies to help their organizations and communities thrive and grow.

So why is achieving high levels of well-being a strategic imperative for many organizations? Simply stated, people with higher well-being cost less and perform better. By improving well-being, we can unlock this economic value for organizations and communities. Our research shows a strong link between well-being, healthcare costs, and engagement in the workplace. Each point in well-being improvement equates to a decrease in the likelihood of hospital admissions, emergency room visits, and in the likelihood of incurring healthcare costs. Higher well-being is also predictive of key productivity metrics including improved manager- and self-assessed job performance, higher retention, and fewer unplanned absences.

After six years and 2 million surveys, Gallup and Healthways continue to advance the science of well-being in areas such as an individual's sense of purpose, social relationships, financial security, connection to community, and physical health—elements that can be measured and acted upon for each individual. Our scientific measurement helps organizations establish a baseline, benchmark their population, determine gaps, prioritize and implement interventions, and ultimately understand the impact of their investments. Measurement is a foundational step in the process of systematic and meaningful improvement of well-being.

For communities and countries, increasing citizens' well-being yields a competitive advantage for economic development and job creation, and it lowers disease burden and healthcare costs. For employers, it means greater productivity and lower costs in the workforce, and better business performance. For health plans and health systems, it means improved clinical outcomes and lower costs. And for each of us individually, higher well-being means living a better life.

James E. Pope, MD, FACC, Senior Vice President & Chief Science Officer, Healthways

Jim Harter, PhD, Chief Scientist, Workplace Management and Well-Being, Gallup

NATIONAL RESULTS & TOP 10 WELL-BEING SUMMARIES

The Gallup-Healthways Well-Being Index is a barometer of Americans' perceptions of their well-being. The national, annual well-being score is unique because while it is affected to some extent by national events, such as economic fluctuations or natural occurrences, it also accurately captures a more nuanced picture of the state of our nation across the factors impacting our daily lives.

Six domains of well-being comprise the national Well-Being Index, including life evaluation, emotional health, work environment, physical health, healthy behaviors, and basic access. Combined, these domains create a composite score, which has been relatively stable since 2008, but not without upward and downward movement during this time. In 2013, the national score fell to 66.2 from 66.7 in 2012, a statistically significant decrease that matches the previous low measured in 2011. Contributing to this year-over-year decrease are 2012 to 2013 declines in life evaluation, physical health, and healthy behaviors. Work environment, emotional health, and basic access were unchanged from 2012.

Over the six years of our well-being measurement, Americans' life evaluations have improved, emotional health and healthy behaviors have remained stable, and basic access, physical health, and work environment have declined. While there are dozens of trends that have impacted the national score since 2008, the three most prominent ones are:

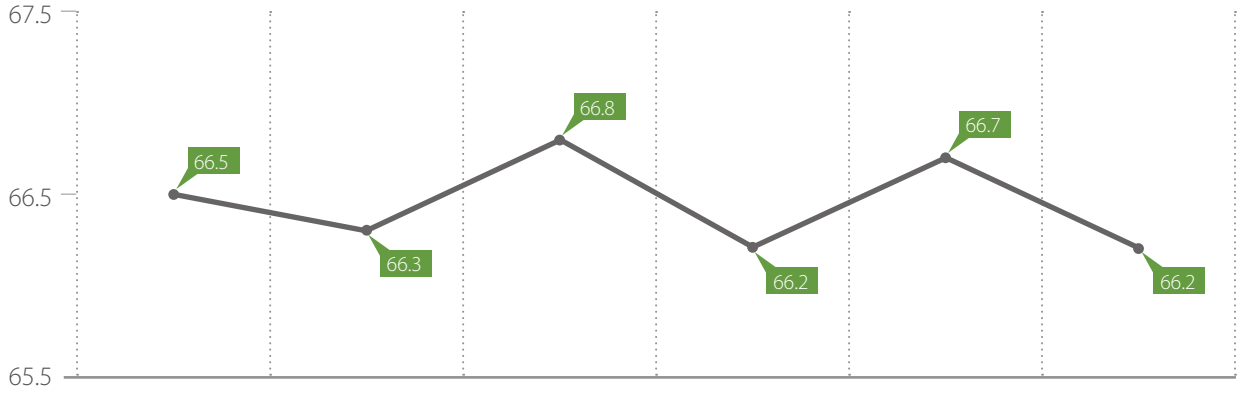
- **Annual decreases in the rate of those with health insurance.** The Affordable Care Act has put the national spotlight on health insurance, a part of our basic access measure. The average rate of those with health insurance has been decreasing steadily since 2008 explained in part by increasing rates of unemployment (but persevering even as the labor market has slowly recovered since 2010). Correspondingly, personal doctor usage has also decreased over time.
- **Rising rates of obesity.** In 2013, physical health reached its lowest point in the past six years, in large part due to rising rates of obesity, based on self-reported height and weight. The rise in obesity, which had eased somewhat, resumed at alarming rates in 2013. Relatedly, we are also seeing national decreases in rates of healthy eating and exercise.
- **Declining work environment scores.** Work environment hit an all-time monthly low in 2009 and has never fully recovered to pre-recession levels. The questions that comprise this measure are designed to gauge atmosphere and relationships in the workplace and are asked of employed individuals. Working Americans are making it clear that a weak labor market has had an adverse impact on managerial and labor relationships.

Finally, we note a few interesting trends related to occupations and well-being. Professionals, managers, and business owners have the highest well-being, while transportation, manufacturing and installation, and repair workers consistently have the lowest.

Well-being is more important than ever to our nation, be it for the sake of rising healthcare costs, the health and vitality of our citizens, or the productivity and performance of our workers. Our measurement confirms some languishing national trends but also provides a roadmap to improve well-being, which can be accomplished through a determined, shared commitment by policy-makers, business leaders, and individuals.

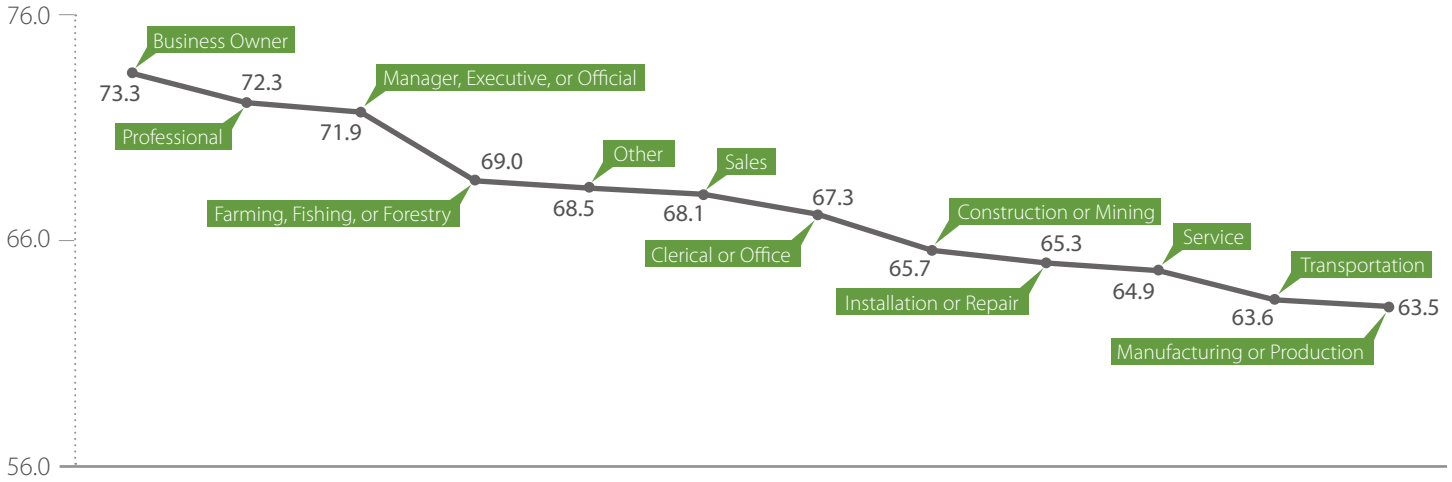
NATIONAL RESULTS & TOP 10 WELL-BEING SUMMARIES

NATIONAL WELL-BEING SCORE, 2008–2013



	2008 n=355,334	2009 n=353,849	2010 n=352,840	2011 n=353,492	2012 n=353,564	2013 n=178,072
LIFE EVALUATION	44.5	48.1	49.8	48.8	49.5	48.2
EMOTIONAL HEALTH	79.1	78.7	79.3	79.0	79.4	79.2
WORK ENVIRONMENT	51.4	49.1	48.2	47.2	47.8	48.0
PHYSICAL HEALTH	76.9	76.6	76.9	76.7	77.0	76.4
HEALTHY BEHAVIOR	63.7	63.1	64.1	63.4	64.5	63.7
BASIC ACCESS	83.6	82.2	82.3	81.9	82.3	81.9

AVERAGE WELL-BEING SCORE BY OCCUPATION, 2008–2013



NATIONAL RESULTS AND TOP 10 WELL-BEING SUMMARIES

On the next few pages, we showcase the top 10 well-being states, the top 10 large, mid-size, and small communities, and the top 10 congressional districts. Within these locations, residents report that they are experiencing high well-being, making their lives healthier and more satisfying.

These high well-being locations tend to exhibit many shared characteristics, including lower chronic disease rates, lower incidence of obesity, more frequent exercise, less smoking, and a more positive outlook on their communities. These commonalities demonstrate a foundation upon which the top well-being locations can maintain their status as models of well-being in America.

The residents in these locations should be celebrated for their success in achieving high well-being, and these communities can serve as examples for others looking to foster well-being in their own communities, states, or nations.

TOP STATES

1. North Dakota
2. South Dakota
3. Nebraska
4. Minnesota
5. Montana
6. Vermont
7. Colorado
8. Hawaii
9. Washington
10. Iowa

TOP LARGE COMMUNITIES

1. San Jose-Sunnyvale-Santa Clara, CA
2. San Francisco-Oakland-Fremont, CA
3. Washington-Arlington-Alexandria, DC-VA-MD-WV
4. Minneapolis-St. Paul-Bloomington, MN-WI
5. Denver-Aurora, CO
6. Raleigh-Cary, NC
7. Boston-Cambridge-Quincy, MA-NH
8. Austin-Round Rock, TX
9. Seattle-Tacoma-Bellevue, WA
10. San Diego-Carlsbad-San Marcos, CA

TOP CONGRESSIONAL DISTRICTS

1. California District 14
2. California District 48
3. Colorado District 02
4. Virginia District 08
5. California District 12
6. California District 45
7. California District 18
8. Hawaii District 01
9. District of Columbia 01
10. Virginia District 10

Ranking of 189 Metropolitan Statistical Areas

Source: Gallup-Healthways Well-Being Index Survey 2013, n=178,072

U.S. Census Bureau definitions for Metropolitan Statistical Areas (MSAs) were used to define city populations;
City Population = below 250,000 (small); 250,000 to 1 million (mid-size); over 1 million (large)

NATIONAL RESULTS AND TOP 10 WELL-BEING SUMMARIES

TOP MID-SIZE COMMUNITIES

1. Provo-Orem, UT
2. Boulder, CO
3. Fort Collins-Loveland, CO
4. Honolulu, HI
5. Ann Arbor, MI
6. Naples-Marco Island, FL
7. San Luis Obispo-Paso Robles, CA
8. Lincoln, NE
9. Portland-South Portland-Biddeford, ME
10. Madison, WI

TOP SMALL COMMUNITIES

1. Bellingham, WA
2. Billings, MT
3. Barnstable, MA
4. Burlington-South Burlington, VT
5. Sioux Falls, SD
6. Charlottesville, VA
7. Medford, OR
8. Prescott, AZ
9. Yakima, WA
10. Topeka, KS

STATE RANKINGS ANALYSIS

When Gallup and Healthways first launched the Well-Being Index on January 2, 2008, no one knew which states would someday be considered elite places of well-being and which states would gain the unfortunate distinction of consistently low rankings. There were some indicators, of course. Government organizations such as the Centers for Disease Control and Prevention could tell us, for example, which states had the highest levels of obesity or the lowest rates of smoking. But no instrument as comprehensive as the Well-Being Index had ever been administered on the scale that Gallup and Healthways undertook. The Index gave us state-level perspectives on 55 unique measures of well-being that went far beyond physical wellness and traditional health risk factors. As it turned out, Hawaii, Utah, Minnesota, North Dakota, Colorado, and Montana all distinguished themselves as America's top well-being states, with an average composite score of 68.4 or higher accumulated over six years of successive nationwide measurement.

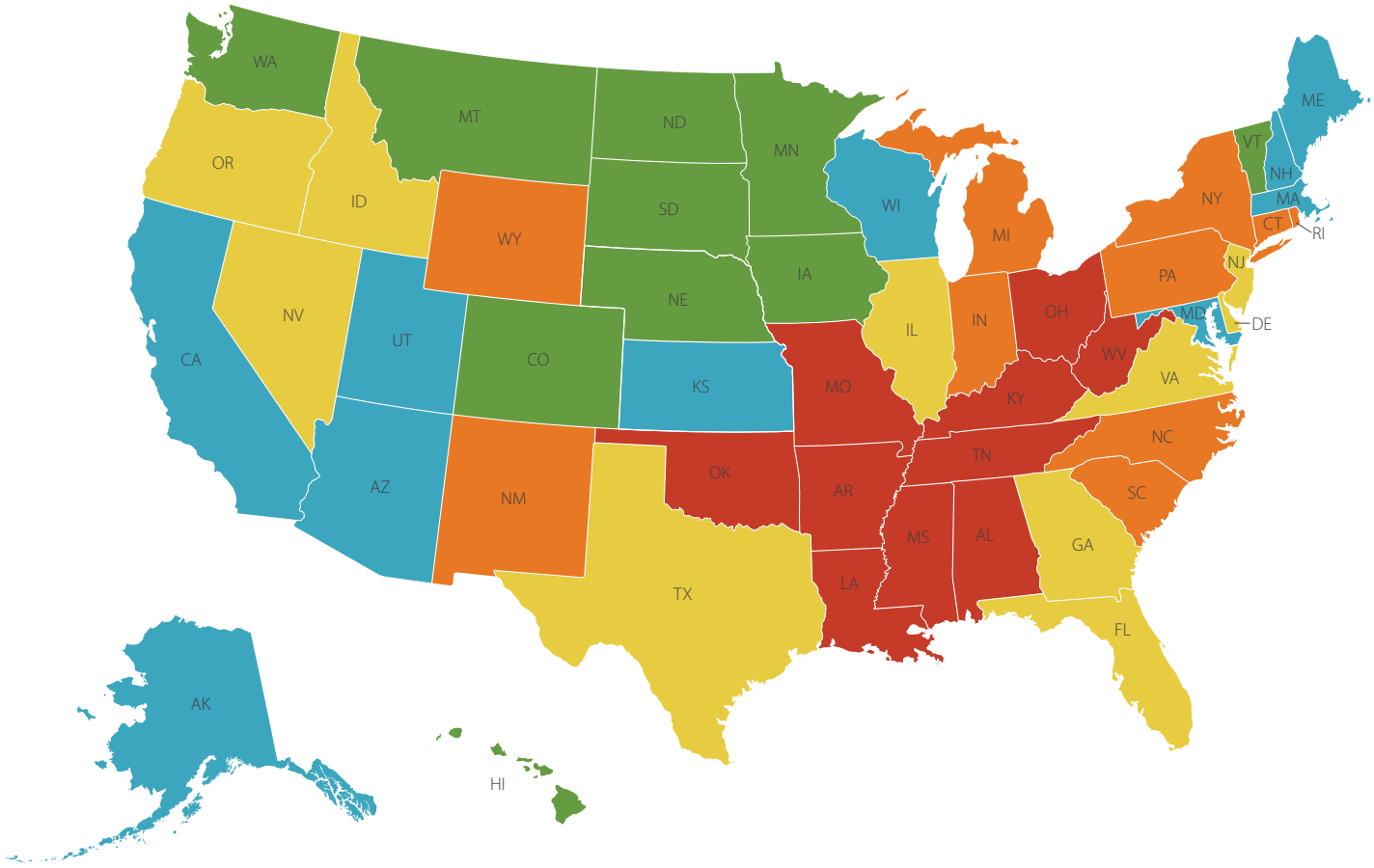
In recent years, other states have risen to challenge the elite, with Iowa, Nebraska, and Vermont joining Hawaii, Minnesota, Montana, and Colorado as the only states to finish in the top 10 each of the last two years. Of those seven states, only Iowa, Montana, Vermont, and Nebraska have shown improvement each year since 2010, the first full year since the recession.

In examining well-being at the state level, some states are distinguished year after year on certain characteristics reported by their residents. Colorado, for example, is always at or near the best in the nation for the lowest obesity rate. Utah has the fewest smokers. Massachusetts has boasted the highest level of residents with health insurance all six years. New Jersey has the lowest levels of depression. And Vermont rules America every year in produce consumption. Other characteristics, however, emerge as common features of states with high well-being. These are things such as learning new and interesting things daily, which meets an important psychological need. Top well-being states generally do the best job of providing growth opportunities for their residents. Providing residents with safe places to exercise reflects high well-being, with elite states like Minnesota and Colorado routinely topping the nation in this regard. Top states are among the best at having workers who use their strengths, thus reaping the rewards of heightened well-being in a variety of ways, including better physical and emotional health.

Arguably no state is more invested in well-being than Iowa, where the Healthiest State Initiative (HSI) is a unique partnership of a publicly supported, privately sponsored enterprise intended to lift Iowa to match the nation's best. The HSI represents a best-practice in state-level interventions that are administered in collaboration with the Healthways Blue Zones Project, funded by Wellmark and advocated by Iowa Gov. Terry Branstad. Its impact on the well-being of the residents of the state shouldn't be underestimated, as noted by the state's accomplishments.

Regardless of the formality of the intervention, however, no one should discount the role that leadership plays in engendering well-being among residents. Be it politicians, corporate executives, clergy, school principals, managers of local groceries, or community activists, a well-informed and active leadership is crucial to a state's success at building an institutionalized, embedded, and sustained well-being culture. Included within this culture are certain guiding principles by which these leaders should abide, including a shared and uniform definition of well-being, constant and public vigilance in its advocacy, and a clear message that commitment to it in the state will never, *ever* go away. In this manner, state leaders can fulfill an honorable responsibility to the people they lead and to the communities they serve.

STATE MAP BY QUINTILE



TOP QUINTILE | 2ND QUINTILE | 3RD QUINTILE | 4TH QUINTILE | 5TH QUINTILE

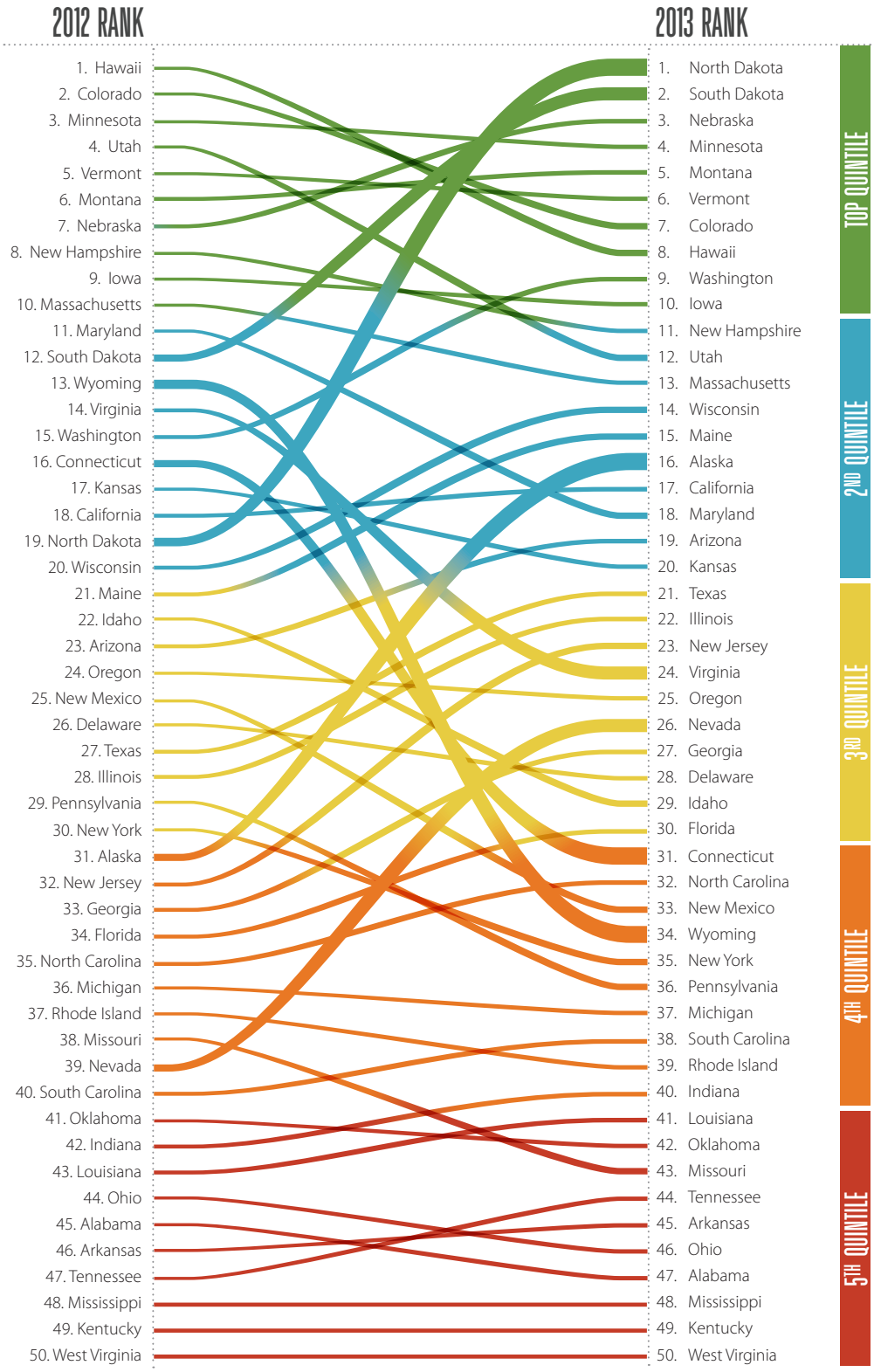
SURVEY SAMPLE SIZE BY STATE

AL	3,070	FL	9,770	KY	2,755	MO	3,652	NC	5,913	SD	584	WI	3,652
AK	564	GA	5,128	LA	2,598	MT	1,034	ND	547	TN	4,138	WY	558
AZ	4,062	HI	601	ME	1,143	NE	1,403	OH	6,189	TX	12,473		
AR	1,959	ID	1,232	MD	3,223	NV	1,440	OK	2,771	UT	2,109		
CA	17,053	IL	5,958	MA	3,712	NH	902	OR	3,064	VT	588		
CO	3,495	IN	3,972	MI	5,198	NJ	4,582	PA	8,564	VA	4,993		
CT	2,110	IA	2,327	MN	3,690	NM	1,514	RI	599	WA	4,897		
DE	554	KS	1,871	MS	1,753	NY	9,650	SC	2,735	WV	1,261		

STATE RANKINGS BY DOMAIN

Composite Rank		Life Evaluation	Emotional Health	Work Environment	Physical Health	Healthy Behaviors	Basic Access
1.	NORTH DAKOTA	4	2	1	1	27	29
2.	SOUTH DAKOTA	8	3	2	13	25	5
3.	NEBRASKA	1	5	12	3	21	8
4.	MINNESOTA	6	7	8	2	15	2
5.	MONTANA	2	6	6	16	3	23
6.	VERMONT	30	20	4	6	1	12
7.	COLORADO	7	14	13	4	7	11
8.	HAWAII	9	4	42	15	2	7
9.	WASHINGTON	10	15	9	28	8	19
10.	IOWA	22	11	11	5	33	3
11.	NEW HAMPSHIRE	14	12	17	22	18	4
12.	UTAH	5	27	20	26	14	9
13.	MASSACHUSETTS	16	37	29	8	13	1
14.	WISCONSIN	25	10	26	18	19	6
15.	MAINE	27	33	3	27	11	18
16.	ALASKA	3	1	45	21	17	34
17.	CALIFORNIA	11	26	19	12	5	40
18.	MARYLAND	18	36	18	17	29	20
19.	ARIZONA	19	16	15	24	10	42
20.	KANSAS	33	9	22	11	37	10
21.	TEXAS	12	23	10	19	34	46
22.	ILLINOIS	20	21	28	10	32	24
23.	NEW JERSEY	15	34	34	9	26	21
24.	VIRGINIA	17	32	38	20	28	15
25.	OREGON	24	29	30	39	6	27
26.	NEVADA	34	42	5	7	22	47
27.	GEORGIA	13	18	23	30	35	38
28.	DELAWARE	21	19	16	47	38	13
29.	IDAHO	32	35	31	29	16	25
30.	FLORIDA	29	24	35	25	12	36
31.	CONNECTICUT	31	31	49	14	9	14
32.	NORTH CAROLINA	36	28	27	32	30	37
33.	NEW MEXICO	23	8	48	31	4	45
34.	WYOMING	46	13	36	40	24	26
35.	NEW YORK	28	43	47	23	20	22
36.	PENNSYLVANIA	40	41	46	33	31	17
37.	MICHIGAN	43	25	44	35	36	16
38.	SOUTH CAROLINA	38	22	33	37	39	33
39.	RHODE ISLAND	39	48	37	36	23	30
40.	INDIANA	45	38	24	41	44	31
41.	LOUISIANA	35	30	21	34	47	48
42.	OKLAHOMA	47	39	7	44	48	43
43.	MISSOURI	41	46	41	38	46	32
44.	TENNESSEE	44	45	39	45	40	35
45.	ARKANSAS	37	47	32	48	41	44
46.	OHIO	48	44	40	42	45	28
47.	ALABAMA	42	40	43	46	42	39
48.	MISSISSIPPI	26	17	50	43	43	49
49.	KENTUCKY	49	49	25	49	49	41
50.	WEST VIRGINIA	50	50	14	50	50	50

STATE RANK 2012 – 2013



STATE RANKINGS BY YEAR

	2013 Rank	2012	2011	2010	2009	2008
NORTH DAKOTA	1	19	2	3	8	21
SOUTH DAKOTA	2	12	11	7	19	31
NEBRASKA	3	7	8	10	24	20
MINNESOTA	4	3	3	6	4	5
MONTANA	5	6	10	14	3	3
VERMONT	6	5	12	17	6	27
COLORADO	7	2	6	5	10	8
HAWAII	8	1	1	1	1	2
WASHINGTON	9	15	17	12	17	6
IOWA	10	9	16	19	7	26
NEW HAMPSHIRE	11	8	9	15	14	16
UTAH	12	4	5	8	2	1
MASSACHUSETTS	13	10	14	11	18	12
WISCONSIN	14	20	22	22	26	28
MAINE	15	21	25	25	16	24
ALASKA	16	31	4	4	5	11
CALIFORNIA	17	18	18	18	21	9
MARYLAND	18	11	13	13	15	15
ARIZONA	19	23	26	29	22	14
KANSAS	20	17	7	16	11	13
TEXAS	21	27	27	27	23	22
ILLINOIS	22	28	32	26	28	30
NEW JERSEY	23	32	29	24	29	25
VIRGINIA	24	14	15	21	13	17
OREGON	25	24	20	28	27	19
NEVADA	26	39	40	43	46	44
GEORGIA	27	33	28	31	25	23
DELAWARE	28	26	47	44	37	35
IDAHO	29	22	23	20	9	10
FLORIDA	30	34	42	37	36	29
CONNECTICUT	31	16	19	9	20	18
NORTH CAROLINA	32	35	30	36	32	38
NEW MEXICO	33	25	24	23	31	7
WYOMING	34	13	21	2	12	4
NEW YORK	35	30	34	32	33	37
PENNSYLVANIA	36	29	31	30	30	34
MICHIGAN	37	36	37	41	34	41
SOUTH CAROLINA	38	40	33	35	35	32
RHODE ISLAND	39	37	35	33	40	33
INDIANA	40	42	38	39	43	45
LOUISIANA	41	43	36	42	41	42
OKLAHOMA	42	41	39	38	39	36
MISSOURI	43	38	43	34	38	40
TENNESSEE	44	47	41	40	42	43
ARKANSAS	45	46	44	47	48	47
OHIO	46	44	46	45	47	46
ALABAMA	47	45	45	46	44	39
MISSISSIPPI	48	48	48	48	45	50
KENTUCKY	49	49	49	49	49	48
WEST VIRGINIA	50	50	50	50	50	49

AVERAGE STATE RANKINGS, 2008 – 2013

TOP QUINTILE		2ND QUINTILE		3RD QUINTILE		4TH QUINTILE		5TH QUINTILE	
Hawaii	2.3	Washington	12.7	Connecticut*	18.8	Pennsylvania	31.7	Nevada	39.7
Minnesota	4.2	Massachusetts	13.0	Maine	21.0	New York	33.5	Louisiana	40.8
Utah	5.3	South Dakota	13.7	Wisconsin	22.0	North Carolina	33.8	Indiana	41.2
Colorado	6.3	Kansas	14.0	Arizona	22.2	Florida	34.7	Tennessee	42.8
Montana	6.8	Maryland	14.2	Oregon*	23.8	South Carolina	35.5	Alabama	44.3
North Dakota	9.0	Wyoming	14.3	New Mexico*	23.8	Rhode Island*	36.2	Ohio	45.7
Alaska	11.8	Iowa	14.5	Texas	24.5	Delaware*	36.2	Arkansas	46.2
Nebraska	12.0	California	16.8	New Jersey	27.0	Michigan	37.7	Mississippi	47.8
Vermont*	12.2	Virginia	17.3	Illinois	27.7	Oklahoma	39.2	Kentucky	48.8
New Hampshire*	12.2	Idaho*	18.8	Georgia	27.8	Missouri	39.3	West Virginia	49.8

*For states with the same average six-year rank value, the state with the higher average overall well-being score over the six-year period receives the higher ranking.

CLIENT PERSPECTIVES

INGERSOLL RAND

At Ingersoll Rand, our goal is to have our employees as engaged and productive as possible to help us advance on our journey to premier performance for our customers and shareholders. We have a diverse set of employees, each with unique needs that vary depending on stage of life and individual circumstance. We aspire to give our employees access to everything they need with the tools and resources that can help them better manage their lives, reduce stress, and increase their overall well-being.

We implement a holistic approach, and building a culture of well-being is the centerpiece of that strategy. We are moving beyond wellness where we checked the box on physical factors, and we now focus on the whole individual, addressing additional factors such as work satisfaction, financial stress, and other personal issues.

When we understand a person's well-being, we are able to address more of the underlying root causes that impact their health and productivity. And in improving well-being, we can measurably improve business performance. When our employees know that we care about them and their families, it allows us to set ourselves apart in a competitive job market and we can better retain our employees.

Recently, I was at one of our offices for an annual enrollment meeting. When you meet employees who are thankful for having the opportunity to lose weight, stop smoking, and save money to buy a car for their son, that's when you know you are on the path to truly impacting peoples' lives.

Julie Ham,
Global Health Progress Leader, Ingersoll Rand

TEXAS HEALTH RESOURCES

I recently read a quote that said, "The best hospital in the community is the one that has the healthiest community around it," and thought that really embodies the mission of Texas Health Resources—committed to improving the health of the communities we serve. While this means delivering outstanding care and service to the patients we care for in our hospitals, it also means an additional focus on improving the health and well-being of the people in North Texas. At THR, our aspiration is to go beyond the hospital setting and truly impact our community.

As we endeavor to do this, we know that the most innovative health systems in the country are thinking about health beyond the direct measures of physical health. Our emphasis on mind, body, and spirit is an approach that encompasses all the elements of a person's well-being—from managing social stresses and financial pressures, to creating a community that encourages healthy behaviors and work/life balance. As we improve these elements of well-being, the people in our community will live better, more fulfilled lives, with healthier outcomes and lower costs.

Our focus on and mission for well-being is having additional positive impacts on our community. We are attracting some of the best clinicians and business people in the country who understand our vision and want to take part in our well-being journey. At THR, this journey will evolve, transform, and expand our horizons to deliver well-being improvement, all while maintaining an intense focus on our core strengths of excellence, innovation, and outstanding care.

Jonathan Scholl,
Chief Strategy Officer, Texas Health Resources

BLUE SHIELD OF CALIFORNIA

Advocating for the well-being of our customers is central to our mission to provide access to quality, affordable healthcare for all Californians. Health plans and providers have traditionally viewed wellness through a medical lens and in the context of treating acute or chronic conditions.

But what does being healthy really mean to an individual? For many of us, it goes well beyond the definitions of the medical community to include goals and aspirations, mental and emotional needs, faith and spirituality, financial security, and interpersonal relationships. Simply

put, we don't view ourselves as a chart or a diagnosis; well-being is about much more than our weight, blood pressure, or cholesterol.

Our goal is to meet our members where they are on their well-being journey, give them the tools they need, and empower and support them to meet their goals. If we can provide the resources a member needs to quit smoking, become more physically active, or develop deeper ties with family and community, then we are on the right path to measurably improving well-being and addressing some of the country's most important healthcare issues.

Bryce Williams,
Vice President of Well-Being, Blue Shield of California

THE HERSHEY COMPANY

Although we've had a long history of engaging our employees in healthy activities, about three years ago we expanded our approach and crafted a global strategy around the health and well-being of our employees. Entering into this process we had a core belief that we could support our employees far beyond their physical health and wellness in programs that included nutrition and exercise, but also that addressed a broader spectrum of activities from health to financial to community and beyond.

We started to ask ourselves questions such as: *"What are we doing to support our employees' financial health?"*, *"How can we support them better in improving their physical health?"*, and *"What are we doing to reward philanthropy and community service?"*

An important outcome of that strategic work is our myWell-Being mission statement: "To create a global culture of health and vitality that empowers employees and their families to enhance their well-being." This now serves as a core rallying point for all of our employees and we have ongoing initiatives to boost involvement in well-being activities across our company. We are engaging leaders to promote well-being and to champion it as a key driver of business value.

Jeannie Hanna,
Director, Total Rewards Value Proposition,
The Hershey Company

CARONDELET HEALTH NETWORK

As a healthcare network, we experience daily that physical wellness does not occur in isolation. You simply have to take into account a broader view to have an impact on both an individual's health and on the system's cost.

Our philosophy is to break down the traditional silos that can exist in care delivery and provide patients with a more integrated approach, focusing on the whole person—body, mind, and spirit. We recognize the responsibility we have to our patients' emotional, social, and financial well-being in order to positively impact their physical health.

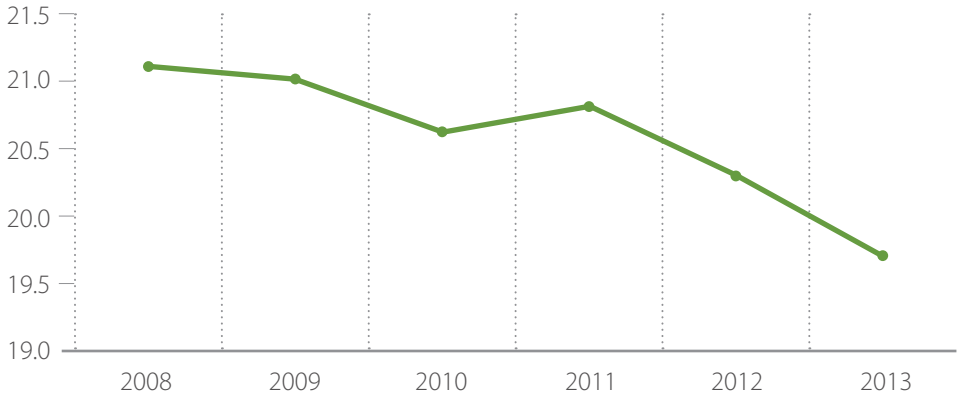
Key to this effort is evolving beyond acute episodic care. Our primary care providers are foundational to this effort, allowing individuals to establish a "medical home" and a trusting relationship with their doctors. Our goal is to keep the healthy well, course-correct those with health risks, and manage the chronically ill so they can live their very best lives. Ultimately, this will improve outcomes and lower healthcare costs.

Our journey began with a well-being initiative for our own employees. This has created a sense of community, camaraderie, and enthusiasm. It's teaching us how we can inspire and empower one another and, more importantly, the larger community we serve.

Chris Castellano,
EVP & Chief Strategy Officer, Carondelet Health Network

INSIGHTS ON AMERICANS AND THEIR WELL-BEING

SMOKING



People who report that they smoke are most likely:

- Male
- Between the ages of 18 to 29
- To have a blue collar job if employed (construction or mining workers have the highest rate)
- To make less than $36,000 a year
- To be dissatisfied with the city or area where they live
- To have a high school degree or less education

People who report that they smoke also report that they:

Have less money for healthcare/medicine:

Smokers	68.3%
Non-smokers	83.7%

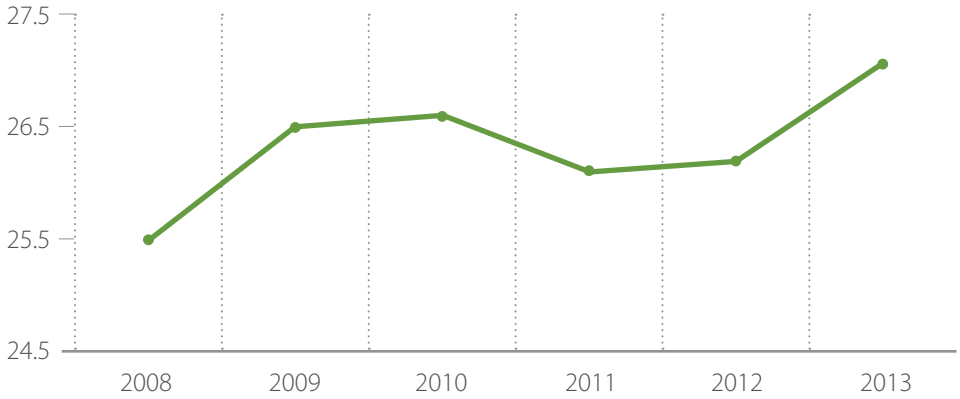
Have fewer visits to the dentist:

Smokers	48.7%
Non-smokers	68.6%

Have higher rates of depression:

Smokers	27.7%
Non-smokers	14.7%

OBESITY



People who report that they are obese are most likely:

- Male
- Between the ages of 45 to 64
- To have a blue collar job if employed (transportation workers have the highest rate)
- To make less than $36,000 a year
- To have a technical/vocational education or no high school degree

People who report that they are obese also report that they:

Have higher rates of depression:

Obese	23.7%
Non-obese	15.0%

Experience more physical pain:

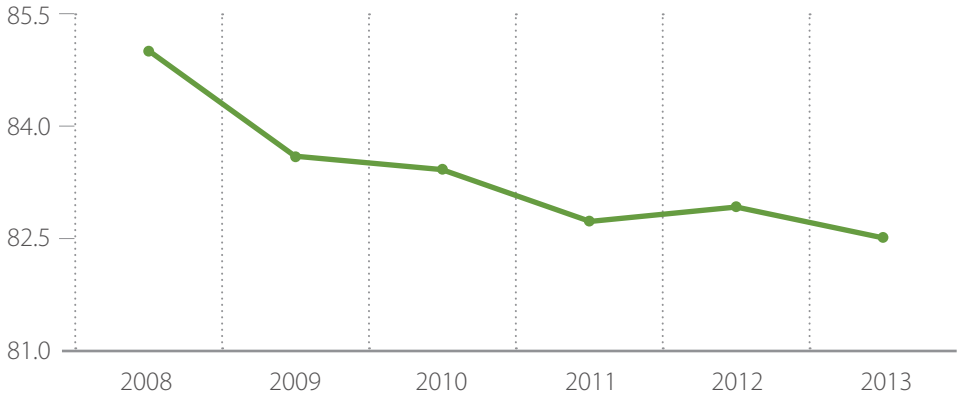
Obese	32.7%
Non-obese	21.3%

Exercise less:

Obese	41.0%
Non-obese	55.9%

*The demographic profiles and correlated data are based on 2013 Well-Being Index data.

HEALTH INSURANCE



People who report that they don't have health insurance are most likely:

- Male
- Between the ages of 18 to 29
- To have a blue collar job if employed (construction/mining workers have the lowest rate)
- To make less than $36,000 a year
- To have a high school degree or less

People who report that they don't have health insurance also report that they:

Have fewer visits to the dentist:

No health insurance	37.0%
Health insurance	70.5%

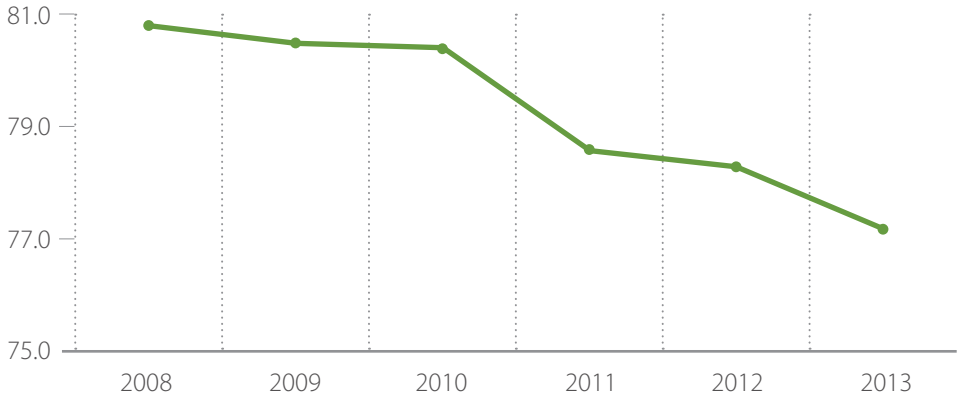
Have a higher smoking rate:

No health insurance	33.7%
Health insurance	16.8%

Experience more worry:

No health insurance	40.3%
Health insurance	28.7%

PERSONAL DOCTOR



People who report that they don't have a personal doctor are most likely:

- Male
- Between the ages of 18 to 29
- To have a blue collar job if employed (construction/mining workers have the lowest rate)
- To make less than $36,000 a year
- To have a high school degree or less

People who report that they don't have a personal doctor report that they:

Have a higher smoking rate:

No personal doctor	29.4%
Personal doctor	16.9%

Have less money for healthcare/medicine

No personal doctor	69.9%
Personal doctor	83.9%

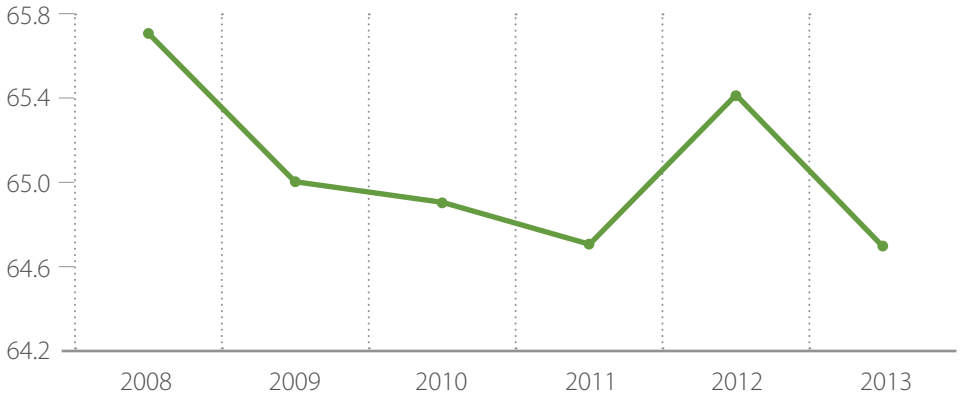
Have fewer visits to the dentist:

No personal doctor	44.2%
Personal doctor	70.7%

*The demographic profiles and correlated data are based on 2013 Well-Being Index data.

INSIGHTS ON AMERICANS AND THEIR WELL-BEING

DENTIST VISITS



People who report that they haven't visited the dentist in the last 12 months are most likely:

- Male
- Between the ages of 18 to 29
- To have a blue collar job if employed (construction workers have the lowest rate)
- To make less than $36,000 a year
- To be dissatisfied with the city or area where they live
- To be divorced/separated/widowed

People who report that they haven't visited the dentist in the last 12 months also report that they:

Have higher heart attack rates:

Didn't visit dentist	5.4%
Visited dentist	3.0%

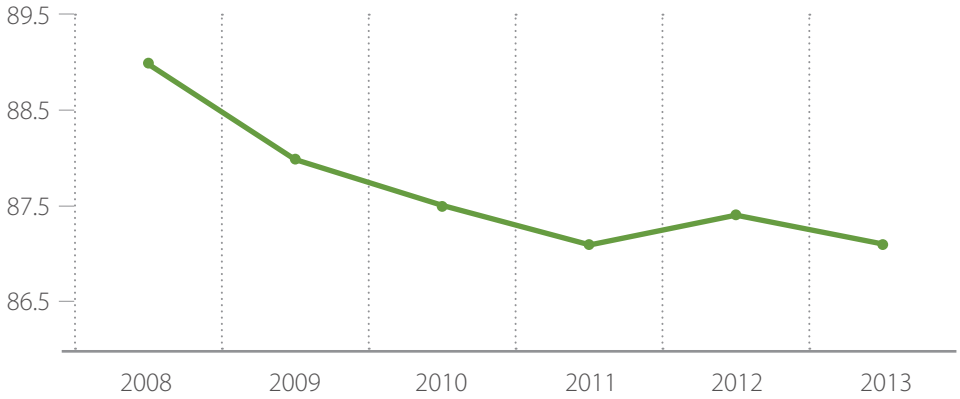
Have higher rates of obesity:

Didn't visit dentist	32.4%
Visited dentist	24.3%

Have higher rates of diabetes:

Didn't visit dentist	14.0%
Visited dentist	9.6%

JOB SATISFACTION



People who report that they are dissatisfied with their job are most likely:

- Between the ages of 18 to 29
- To have a blue collar job if employed (service industry workers have the lowest rate)
- To make less than $36,000 a year
- To have less than a high school degree or some college education

People who report that they are dissatisfied with their job also report that they:

Feel less well-rested:

Dissatisfied	54.1%
Satisfied	70.8%

Have higher smoking rates:

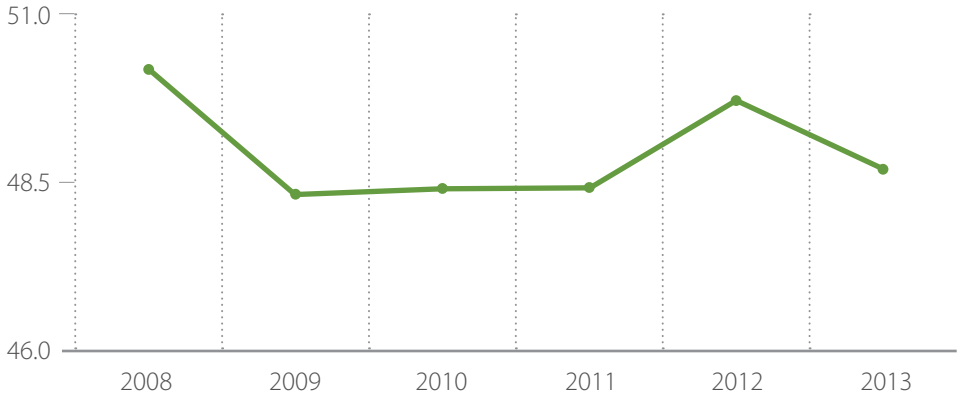
Dissatisfied	27.9%
Satisfied	17.7%

Have lower overall well-being scores:

Dissatisfied	48.9
Satisfied	71.2

*The demographic profiles and correlated data are based on 2013 Well-Being Index data.

EXERCISE–SENIORS



Seniors 65+ who report that they exercise 3-7 times per week are most likely:

- Male
- To make over $60,000 annually
- To have a post high school education

Seniors 65+ who report that they exercise 3-7 times per week also report that they:

Experience less depression:

Exercise	12.4%
No exercise	18.8%

Experience less back and neck pain:

Exercise	29.3%
No exercise	38.5%

Are able to do many things others their age cannot do because of health issues:

Exercise	75.7%
No exercise	59.1%

*The demographic profiles and correlated data are based on 2013 Well-Being Index data.

MARKET RECOMMENDATIONS

EMPLOYERS

Move beyond wellness. By taking a more holistic approach and moving from a wellness strategy to one that includes all the facets of an individual's well-being (purpose, social, financial, community, and physical), employers of all sizes have an opportunity to unlock additional value across their populations. This is value that exists both in terms of lowering healthcare costs and increasing individual performance. By thinking more broadly and implementing a strategy with well-being at its core, employers will be able to more effectively identify the root causes of issues that impact important business metrics such as health outcomes, healthcare costs, job performance, turnover, and absenteeism.

Leverage leaders and "well-being champions" as important influencers. Successful well-being initiatives are driven by leaders and champions who adopt the tenets of well-being for themselves, encourage others to do so, and actively participate in well-being programs. Small decisions and actions by coordinated, committed, and passionate champions make large differences to employees in terms of their engagement and motivation. Ultimately, when leaders and champions are engaged, it will have an impact on the culture and success of any well-being program.

Think about sustained behavior change—not just one-time engagement. Promoting a culture of well-being across your organization is not a one-time activity. Successful programs are those that continually educate and motivate individuals to engage and make systematic changes in their lives that improve their well-being.

COMMUNITIES

Create an environment where physical activity is easy and safe. There are tangible policies that communities can adopt to actively cultivate and improve residents' well-being. Bike lanes, sidewalks, convenient public transportation, and walking school buses are examples of public infrastructure and policy improvements that increase natural physical movement in a community.

Make the healthy choice the easy choice. In addition to improving physical activity, communities that make healthy choices easy, can measurably improve the well-being of their residents. When fruits and vegetables are abundant and accessible, when restaurants offer healthy choices and smaller portions as standard fare, and when social norms are reflective of high well-being behaviors, then better outcomes ensue. Communities with high well-being share the common characteristics of people who are motivated to achieve their goals, enjoy what they do each day, feel safe and financially secure, take pride in their communities, and have the supportive relationships and good health they need to get things done each day.

Cultivate a clear culture of well-being. Community leaders have an opportunity to lead the charge for well-being improvement by promoting social and community activities that reinforce a culture of well-being. Businesses, government, education, healthcare, faith, and the arts can all play a substantial role in improving well-being.

MARKET RECOMMENDATIONS

HEALTH PLANS

Broaden offerings beyond traditional care management. Most health plans have extensive clinical care management programs for their members. These programs have historically focused on improving the quality of care for members with chronic conditions. By moving beyond physical health and broadening offerings to include all of the concepts surrounding well-being, health plans can achieve two important goals. They can more effectively address a larger portion of their population, not just those with chronic illnesses, and they can offer a more holistic spectrum of care to more effectively meet their members' needs.

Leverage well-being as a differentiator and as a means to drive loyalty and retention with members. A well-being improvement approach to care provides new ways for health plans to interact with their members creating a more partner-oriented relationship. Examples of resources and support that promote high well-being include programs that help increase financial security and reduce financial stress, connect members with local farmers markets, and encourage members to participate in philanthropic/charitable community activities. These are just three examples of benefits that health plans can provide to meaningfully differentiate their offerings to employers and within individual markets. These types of programs help engage members in more meaningful ways and ultimately drive improved loyalty and retention across the population.

HEALTH SYSTEMS

Think total population health management. Health systems are evolving to a model that seeks to promote health and well-being and treats individuals with a more integrated and holistic approach—one that extends beyond the acute care setting and beyond physical health. Many innovative health systems have already begun this journey with the goal of maximizing the impact they can have on the communities they serve and creating long-term sustainable trends of better health outcomes and lower healthcare costs.

Equip physicians with a full understanding of a patient's well-being. The most successful health systems will have a physician-led strategy based on well-being. Physicians are and will continue to be a powerful force in engaging people in activities that promote better health; they can also be a similar force for the broader spectrum of activities that promote high well-being. Patient data that include a more complete picture of the individual with all the facets of their well-being will allow providers to prescribe a more comprehensive and effective care plan.

Create high-performing, clinically integrated networks. As health systems assume more risk for the health and costs of their population, aligned incentives among patients, physicians, and providers will be crucial. Well-being and holistic approaches to care are key platforms for these integrated networks.

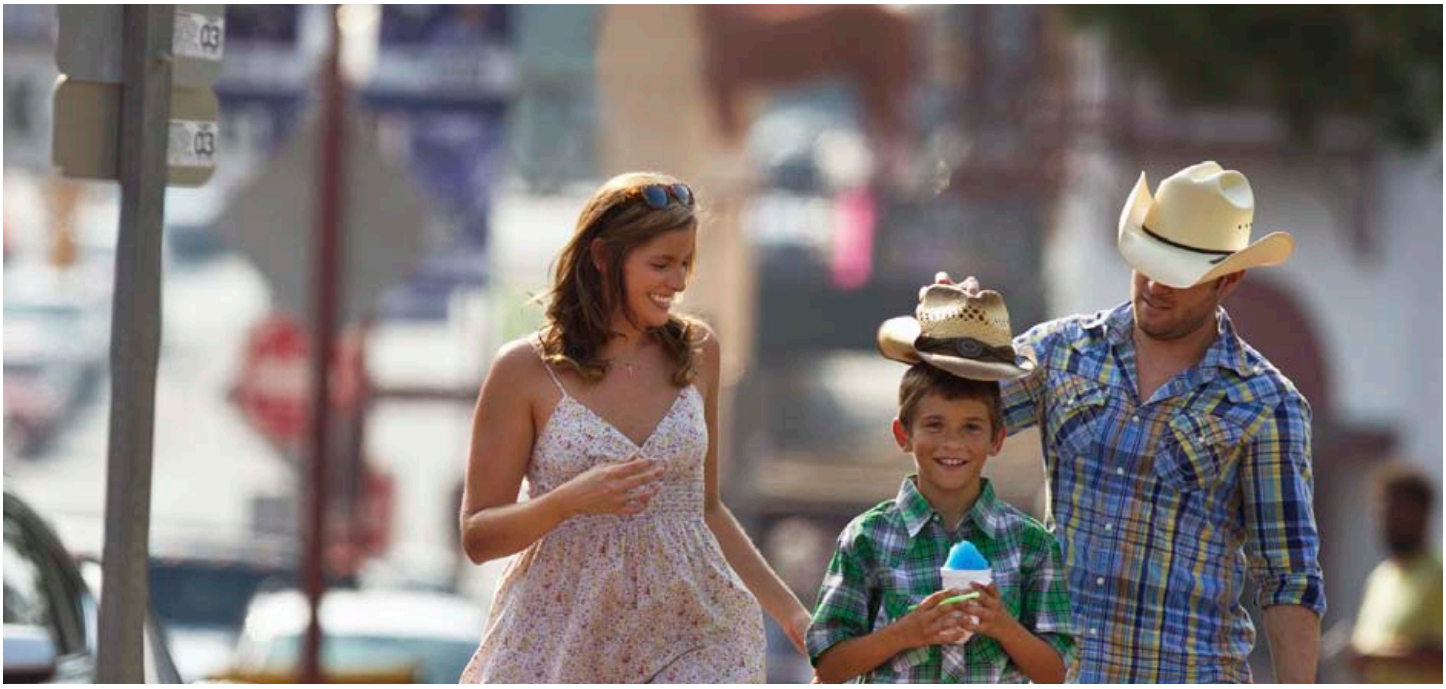
Leverage well-being as a key differentiator. Health systems can leverage well-being concepts to build a strong brand centered on health and vitality messages to the communities they serve.

COMMUNITY RANKINGS

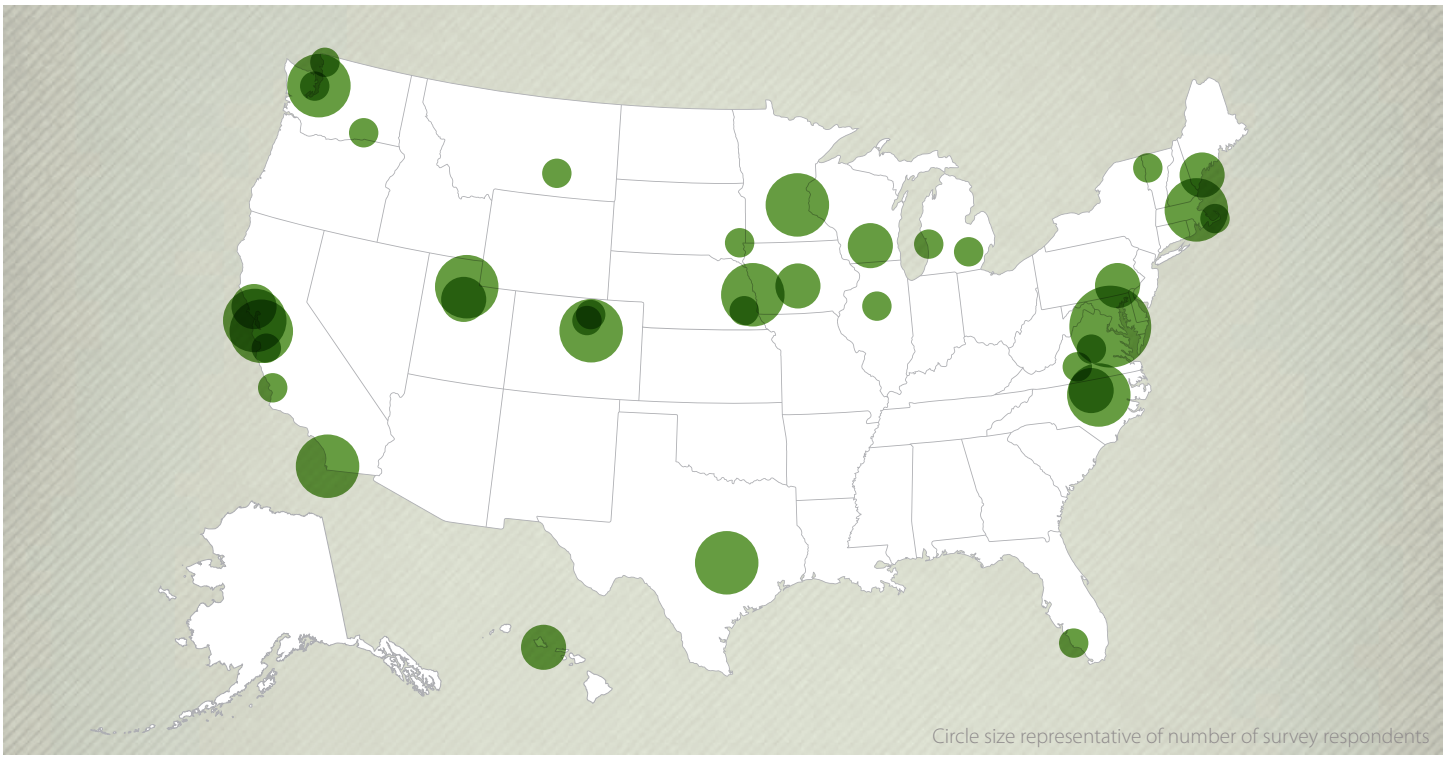
In understanding and improving Americans' well-being, arguably nothing is more important than what is taking place in our nation's cities and smaller communities.

Many innovative communities are actively setting up public and private interventions to create environments that promote sustainable and measurable well-being improvement. Public infrastructure investments such as bike lanes, sidewalks, and better access to public transportation support the incorporation of more physical activity in daily life. Walking school buses start and end each day energetically and safely for our children and can boost the social well-being of adults. Mobile farmers markets improve access to fresh produce and encourage healthy eating. Local events, like learning and discussion groups, are designed to give residents opportunities for personal growth, and foster social well-being and a sense of true community. These are just some examples of policies that community leaders can—and are—championing to create sustainable and systemic behavior change and ultimately, higher well-being.

Many communities with high well-being are achieving this status by choosing to intentionally cultivate and embrace a clear *culture* of well-being, where high well-being options become the easy and natural choice for their citizens. A culture in which leaders in business, government, education, healthcare, faith, and the arts act on the philosophy that fostering and improving well-being for their citizens *is how we do things around here*. In this way, our communities can lead the charge for well-being improvement and make a meaningful impact at the national level.



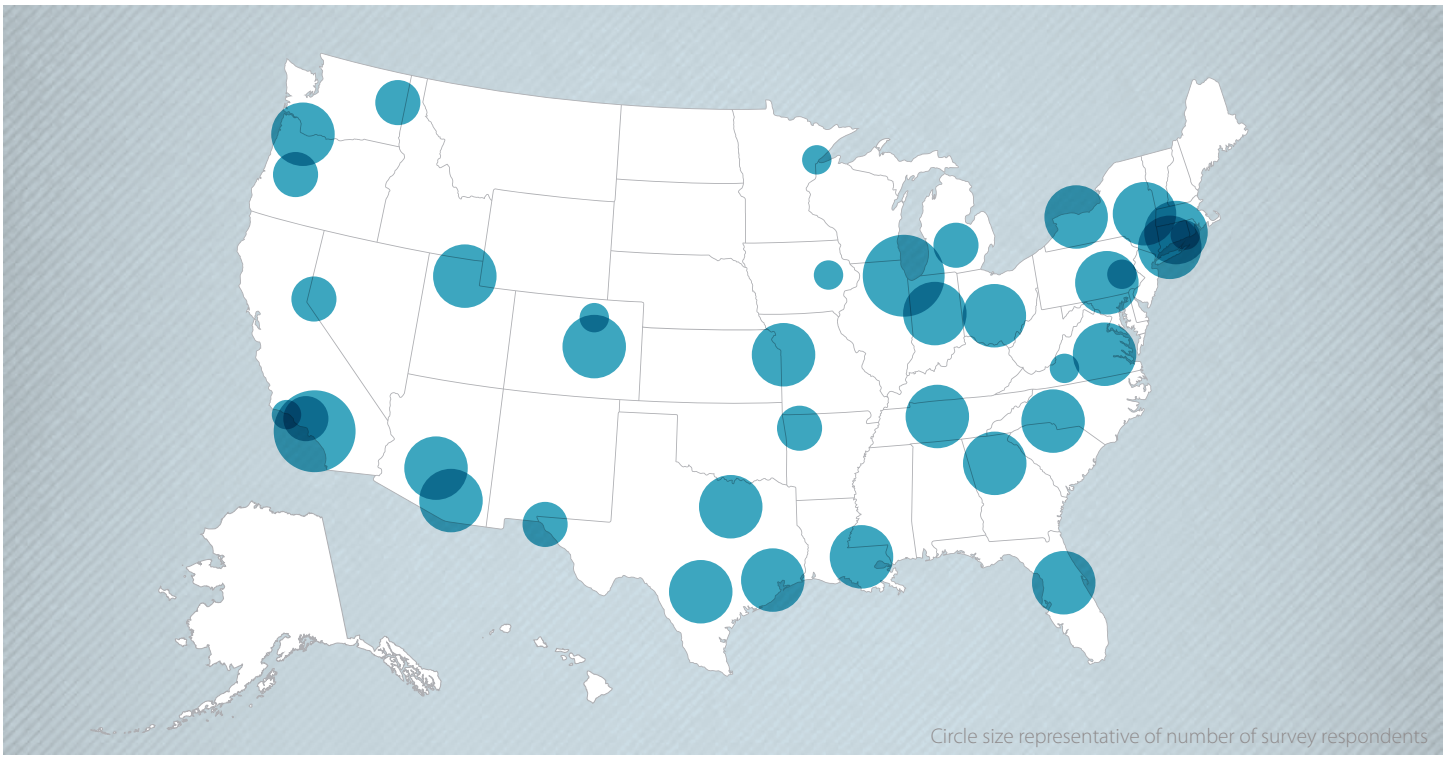
COMMUNITY RANKINGS



TOP QUINTILE

1.	Provo-Orem, UT
2.	Boulder, CO
3.	Fort Collins-Loveland, CO
4.	Honolulu, HI
5.	San Jose-Sunnyvale-Santa Clara, CA
6.	Ann Arbor, MI
7.	Naples-Marco Island, FL
8.	San Luis Obispo-Paso Robles, CA
9.	San Francisco-Oakland-Fremont, CA
10.	Lincoln, NE
11.	Washington-Arlington-Alexandria, DC-VA-MD-WV
12.	Bellingham, WA
13.	Minneapolis-St. Paul-Bloomington, MN-WI
14.	Portland-South Portland-Biddeford, ME
15.	Billings, MT
16.	Madison, WI
17.	Barnstable, MA
18.	Denver-Aurora, CO
19.	Raleigh-Cary, NC
20.	Burlington-South Burlington, VT
21.	Lancaster, PA
22.	Sioux Falls, SD
23.	Boston-Cambridge-Quincy, MA-NH
24.	Bremerton-Silverdale, WA
25.	Des Moines-West Des Moines, IA
26.	Holland-Grand Haven, MI
27.	Santa Rosa-Petaluma, CA
28.	Kennewick-Pasco-Richland, WA
29.	Omaha-Council Bluffs, NE-IA
30.	Austin-Round Rock, TX
31.	Durham, NC
32.	Seattle-Tacoma-Bellevue, WA
33.	Charlottesville, VA
34.	Salinas, CA
35.	Peoria, IL
36.	San Diego-Carlsbad-San Marcos, CA
37.	Lynchburg, VA
38.	Salt Lake City, UT

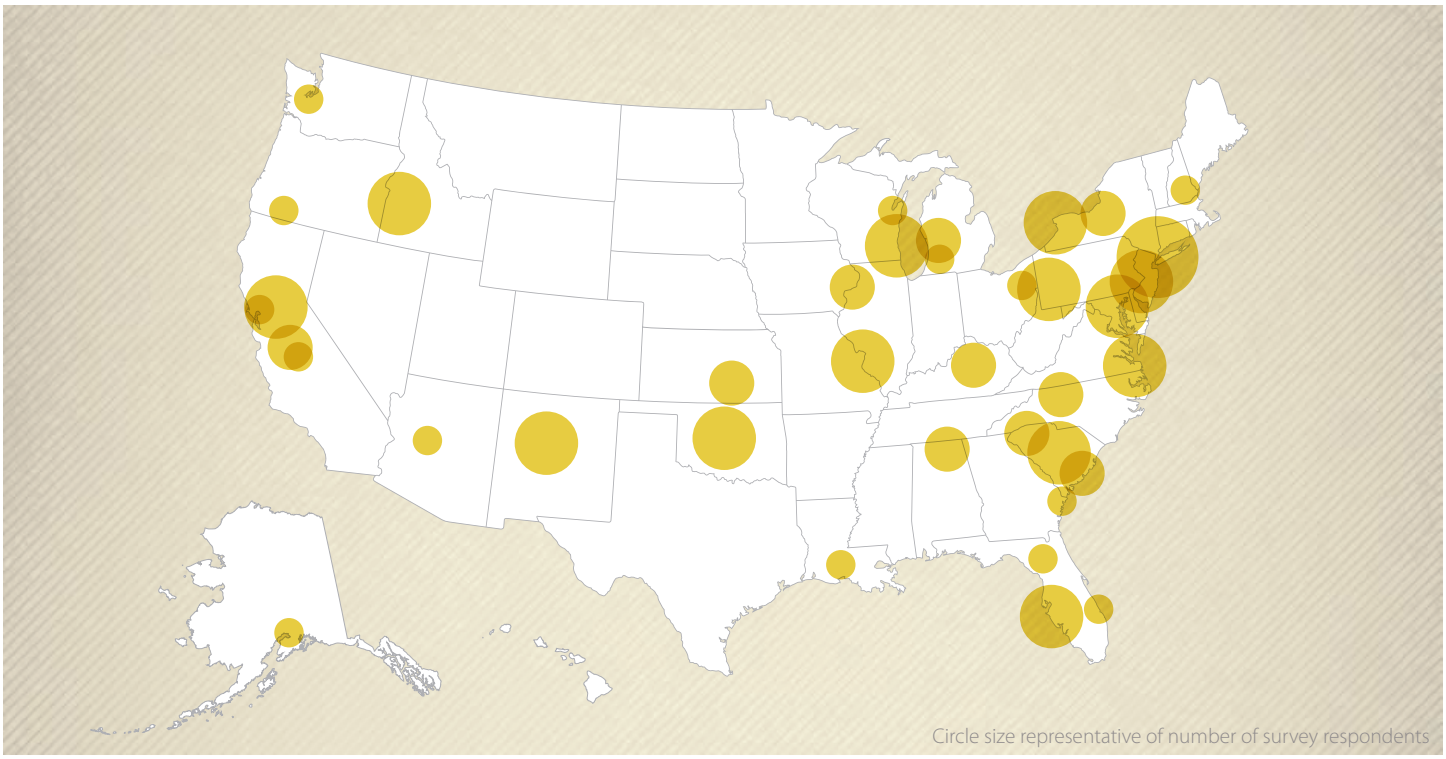
COMMUNITY RANKINGS



2ND QUINTILE

39.	Bridgeport-Stamford-Norwalk, CT
40.	Harrisburg-Carlisle, PA
41.	Santa Barbara-Santa Maria-Goleta, CA
42.	Atlanta-Sandy Springs-Marietta, GA
43.	Los Angeles-Long Beach-Santa Ana, CA
44.	Fayetteville, Springdale-Rogers, AR-MO
45.	Greeley, CO
46.	Ogden-Clearfield, UT
47.	Oxnard-Thousand Oaks-Ventura, CA
48.	Rochester, NY
49.	Albany-Schenectady-Troy, NY
50.	Indianapolis-Carmel, IN
51.	Phoenix-Mesa-Scottsdale, AZ
52.	Cedar Rapids, IA
53.	Charlotte-Gastonia-Concord, NC-SC
54.	Dallas-Fort Worth-Arlington, TX
55.	Kansas City, MO-KS
56.	Norwich-New London, CT
57.	Portland-Vancouver-Beaverton, OR-WA
58.	Colorado Springs, CO
59.	Columbus, OH
60.	Houston-Sugar Land-Baytown, TX
61.	Roanoke, VA
62.	Orlando-Kissimmee, FL
63.	Baton Rouge, LA
64.	Duluth, MN-WI
65.	Richmond, VA
66.	Spokane, WA
67.	Chicago-Naperville-Joliet, IL-IN-WI
68.	El Paso, TX
69.	Eugene-Springfield, OR
70.	Hartford-West Hartford-East Hartford, CT
71.	Lansing-East Lansing, MI
72.	Nashville-Davidson-Murfreesboro-Franklin, TN
73.	Reading, PA
74.	Reno-Sparks, NV
75.	San Antonio, TX
76.	Tucson, AZ

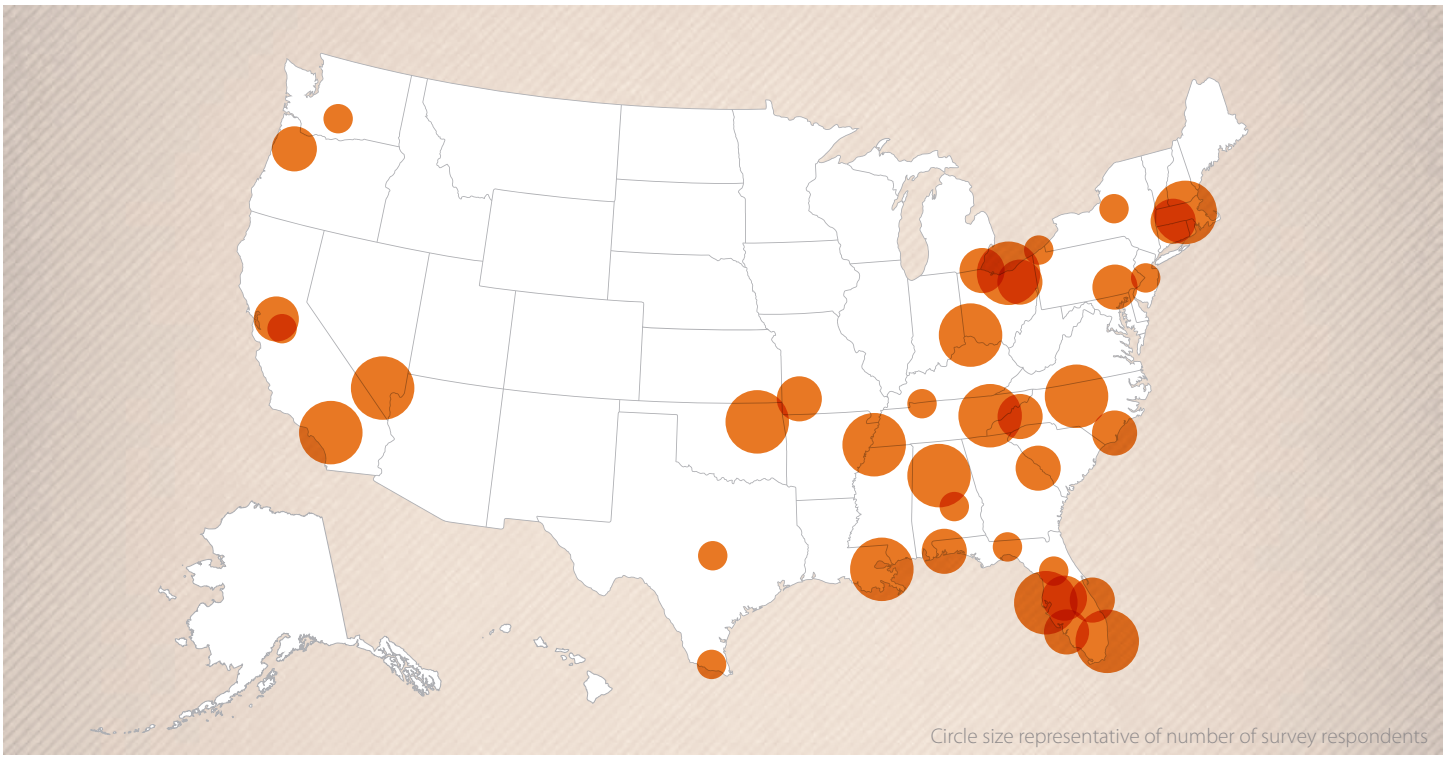
COMMUNITY RANKINGS



3RD QUINTILE

77.	Bradenton-Sarasota-Venice, FL
78.	Columbia, SC
79.	Davenport-Moline-Rock Island, IA-IL
80.	Greenville-Mauldin-Easley, SC
81.	Huntsville, AL
82.	Sacramento-Arden-Arcade-Roseville, CA
83.	Wichita, KS
84.	Anchorage, AK
85.	Grand Rapids-Wyoming, MI
86.	Lafayette, LA
87.	Lexington-Fayette, KY
88.	Milwaukee-Waukesha-West Allis, WI
89.	Savannah, GA
90.	Visalia-Porterville, CA
91.	Boise City-Nampa, ID
92.	Buffalo-Niagara Falls, NY
93.	Olympia, WA
94.	Medford, OR
95.	Syracuse, NY
96.	Winston-Salem, NC
97.	Albuquerque, NM
98.	Baltimore-Towson, MD
99.	Fresno, CA
100.	Philadephia-Camden-Wilmington, PA-NJ-DE-MD
101.	Pittsburgh, PA
102.	Prescott, AZ
103.	St. Louis, MO-IL
104.	Oklahoma City, OK
105.	Port St. Lucie, FL
106.	Vallejo-Fairfield, CA
107.	Canton-Massillon, OH
108.	Green Bay, WI
109.	Kalamazoo-Portage, MI
110.	New York-North New Jersey-Long Island, NY-NJ-PA
111.	Charleston-North Charleston-Summerville, SC
112.	Gainesville, FL
113.	Virginia Beach-Norfolk-Newport News, VA-NC
114.	Manchester-Nashua, NH

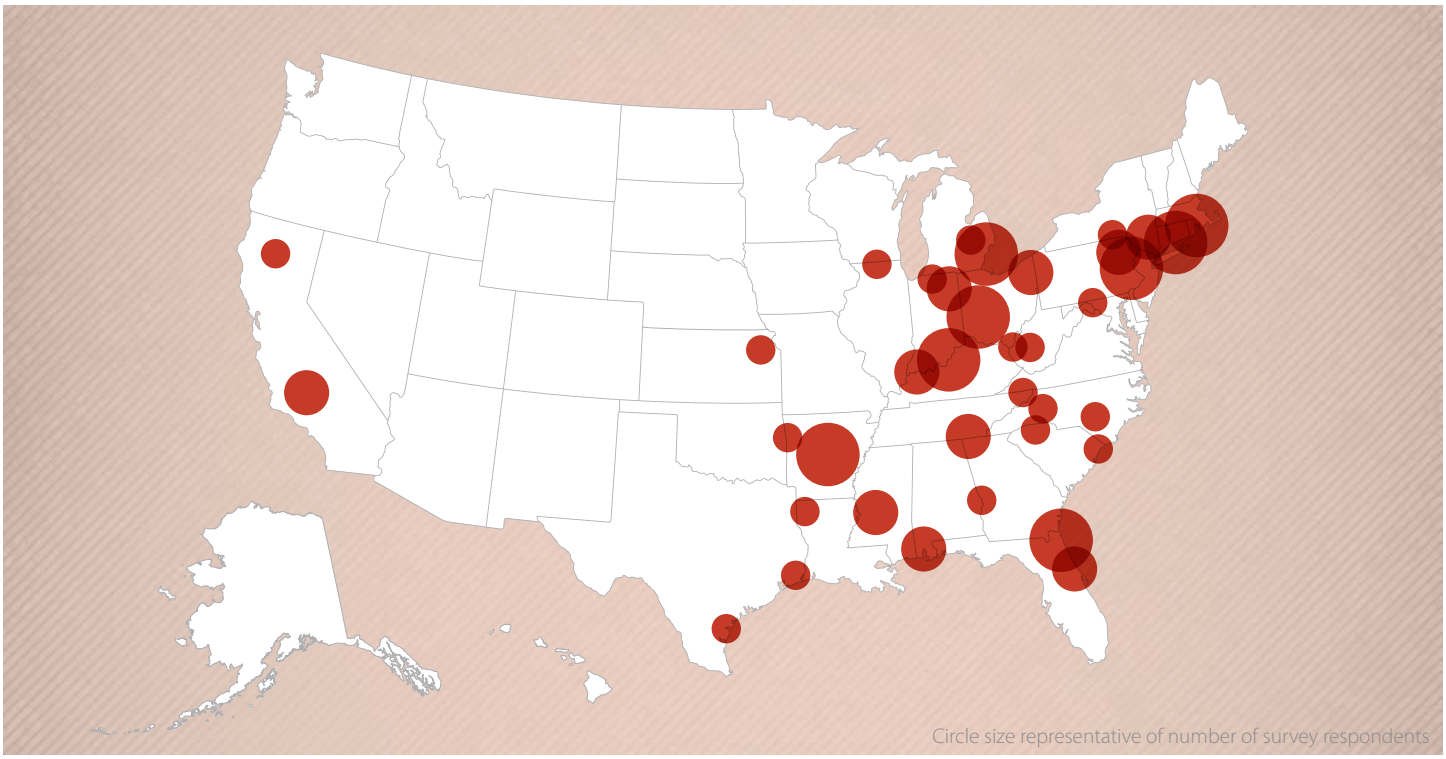
COMMUNITY RANKINGS



4TH QUINTILE

115.	Utica-Rome, NY
116.	Yakima, WA
117.	Erie, PA
118.	Greensboro-High Point, NC
119.	Montgomery, AL
120.	New Orleans-Metairie-Kenner, LA
121.	Ocala, FL
122.	Springfield, MA
123.	Worcester, MA
124.	Miami-Fort Lauderdale-Pompano Beach, FL
125.	Tallahassee, FL
126.	Wilmington, NC
127.	Akron, OH
128.	Killeen-Temple-Fort Hood, TX
129.	Riverside-San Bernardino-Ontario, CA
130.	Salem, OR
131.	Trenton-Ewing, NJ
132.	Cleveland-Elyria-Mentor, OH
133.	Toledo, OH
134.	Tulsa, OK
135.	Memphis, TN-MS-AR
136.	Pensacola-Ferry Pass-Brent, FL
137.	Springfield, MO
138.	Lakeland-Winter Haven, FL
139.	Palm Bay-Melbourne-Titusville, FL
140.	Asheville, NC
141.	Augusta-Richmond County, GA-SC
142.	Cincinnati-Middletown, OH-KY-IN
143.	York-Hanover, PA
144.	Las Vegas-Paradise, NV
145.	Birmingham-Hoover, AL
146.	Clarksville, TN-KY
147.	McAllen-Edinburg-Mission, TX
148.	Stockton, CA
149.	Cape Coral-Fort Myers, FL
150.	Knoxville, TN
151.	Modesto, CA
152.	Tampa-St. Petersburg-Clearwater, FL

COMMUNITY RANKINGS



5TH QUINTILE

153.	Fort Wayne, IN
154.	Little Rock-North Little Rock-Conway, AR
155.	New Haven-Milford, CT
156.	Providence-New Bedford-Fall River, RI-MA
157.	Allentown-Bethlehem-Easton, PA-NJ
158.	Detroit-Warren-Livonia, MI
159.	Jacksonville, FL
160.	Poughkeepsie-Newburgh-Middletown, NY
161.	Deltona-Daytona Beach-Ormond Beach, FL
162.	Fayetteville, NC
163.	Louisville-Jefferson County, KY-IN
164.	Myrtle Beach-North Myrtle Beach-Conway, SC
165.	Flint, MI
166.	Fort Smith, AR-OK
167.	Jackson, MS
168.	Kingsport-Bristol, TN-VA
169.	Topeka, KS
170.	Binghamton, NY
171.	Corpus Christi, TX
172.	Dayton, OH
173.	Hagerstown-Martinsburg, MD-WV
174.	South Bend-Mishawaka, IN-MI
175.	Youngstown-Warren-Boardman, OH-PA
176.	Rockford, IL
177.	Scranton-Wilkes Barre, PA
178.	Bakersfield, CA
179.	Chattanooga, TN-GA
180.	Evansville, IN-KY
181.	Mobile, AL
182.	Shreveport-Bossier City, LA
183.	Columbus, GA-AL
184.	Beaumont-Port Arthur, TX
185.	Hickory-Lenoir-Morganton, NC
186.	Spartanburg, SC
187.	Redding, CA
188.	Charleston, WV
189.	Huntington-Ashland, WV-KY-OH

COMMUNITY—SURVEY SAMPLE SIZE

Akron, OH	1,024
Albany-Schenectady-Troy, NY	1,729
Albuquerque, NM	1,905
Allentown-Bethlehem-Easton, PA-NJ	1,482
Anchorage, AK	721
Ann Arbor, MI	605
Asheville, NC	998
Atlanta-Sandy Springs-Marietta, GA	8,118
Augusta-Richmond County, GA-SC	1,004
Austin-Round Rock, TX	2,784
Bakersfield, CA	1,190
Baltimore-Towson, MD	4,843
Barnstable, MA	580
Baton Rouge, LA	1,303
Beaumont-Port Arthur, TX	674
Bellingham, WA	509
Billings, MT	459
Binghamton, NY	545
Birmingham-Hoover, AL	2,225
Boise City-Nampa, ID	1,321
Boston-Cambridge-Quincy, MA-NH	7,446
Boulder, CO	661
Bradenton-Sarasota-Venice, FL	1,389
Bremerton-Silverdale, WA	611
Bridgeport-Stamford-Norwalk, CT	1,302
Buffalo-Niagara Falls, NY	2,037
Burlington-South Burlington, VT	512
Canton-Massillon, OH	672
Cape Coral-Fort Myers, FL	1,045
Cedar Rapids, IA	600
Charleston-North Charleston-Summerville, SC	1,174
Charleston, WV	642
Charlotte-Gastonia-Concord, NC-SC	3,009
Charlottesville, VA	467
Chattanooga, TN-GA	1,033
Chicago-Naperville-Joliet, IL-IN-WI	11,967
Cincinnati-Middletown, OH-KY-IN	3,494
Clarksville, TN-KY	533
Cleveland-Elyria-Mentor, OH	3,123
Colorado Springs, CO	1,436
Columbia, SC	1,413
Columbus, GA-AL	475
Columbus, OH	2,904
Corpus Christi, TX	545
Dallas-Fort Worth-Arlington, TX	8,897
Davenport-Moline-Rock Island, IA-IL	799
Dayton, OH	1,522
Deltona-Daytona Beach-Ormond Beach, FL	997
Denver-Aurora, CO	5,148
Des Moines-West De Moines, IA	1,210
Detroit-Warren-Livonia, MI	5,506
Duluth, MN-WI	619
Durham, NC	1,037
El Paso, TX	877
Erie, PA	676
Eugene-Springfield, OR	919
Evansville, IN-KY	789
Fayetteville, NC	638
Fayetteville, Springdale-Rogers, AR-MO	906
Flint, MI	721
Fort Collins-Loveland, CO	728
Fort Smith, AR-OK	573
Fort Wayne, IN	880
Fresno, CA	1,224
Gainesville, FL	490
Grand Rapids-Wyoming, MI	1,210
Greeley, CO	566
Green Bay, WI	529
Greensboro-High Point, NC	1,366
Greenville-Mauldin-Easley, SC	1,177
Hagerstown-Martinsburg, MD-WV	506
Harrisburg-Carlisle, PA	1,269
Hartford-West Hartford-East Hartford, CT	2,305
Hickory-Lenoir-Morganton, NC	656
Holland-Grand Haven, MI	466
Honolulu, HI	1,014
Houston-Sugar Land-Baytown, TX	7,450
Huntington-Ashland, WV-KY-OH	558
Huntsville, AL	954
Indianapolis-Carmel, IN	3,125
Jackson, MS	936
Jacksonville, FL	2,280
Kalamazoo-Portage, MI	538
Kansas City, MO-KS	3,779
Kennewick-Pasco-Richland, WA	613
Killeen-Temple-Fort Hood, TX	665
Kingsport-Bristol, TN-VA	614
Knoxville, TN	1,495
Lafayette, LA	475
Lakeland-Winter Haven, FL	908
Lancaster, PA	972
Lansing-East Lansing, MI	783
Las Vegas-Paradise, NV	2,395
Lexington-Fayette, KY	850
Lincoln, NE	696
Little Rock-North Little Rock-Conway, AR	1,268
Los Angeles-Long Beach-Santa Ana, CA	14,119

COMMUNITY—SURVEY SAMPLE SIZE

Louisville-Jefferson County, KY-IN	2,452
Lynchburg, VA	540
Madison, WI	1,222
Manchester-Nashua, NH	733
McAllen-Edinburg-Mission, TX	681
Medford, OR	581
Memphis, TN-MS-AR	2,000
Miami-Fort Lauderdale-Pompano Beach, FL	6,340
Milwaukee-Waukesha-West Allis, WI	3,043
Minneapolis-St. Paul-Bloomington, MN-WI	6,591
Mobile, AL	757
Modesto, CA	736
Montgomery, AL	744
Myrtle Beach-North Myrtle Beach-Conway, SC	604
Naples-Marco Island, FL	525
Nashville-Davidson-Murfreesboro-Franklin, TN	3,093
New Haven-Milford, CT	1,394
New Orleans-Metairie-Kenner, LA	1,762
New York-North New Jersey-Long Island, NY-NJ-PA	23,003
Norwich-New London, CT	533
Ocala, FL	616
Ogden-Clearfield, UT	1,384
Oklahoma City, OK	2,596
Olympia, WA	712
Omaha-Council Bluffs, NE-IA	1,853
Orlando-Kissimmee, FL	2,995
Oxnard-Thousand Oaks-Ventura, CA	1,194
Palm Bay-Melbourne-Titusville, FL	1,169
Pensacola-Ferry Pass-Brent, FL	957
Peoria, IL	698
Philadephia-Camden-Wilmington, PA-NJ-DE-MD	9,835
Phoenix-Mesa-Scottsdale, AZ	7,655
Pittsburgh, PA	5,360
Port St. Lucie, FL	731
Portland-South Portland-Biddeford, ME	1,145
Portland-Vancouver-Beaverton, OR-WA	4,453
Poughkeepsie-Newburgh-Middletown, NY	947
Prescott, AZ	618
Providence-New Bedford-Fall River, RI-MA	2,632
Provo-Orem, UT	1,189
Raleigh-Cary, NC	2,125
Reading, PA	718
Redding, CA	484
Reno-Sparks, NV	825
Richmond, VA	2,306
Riverside-San Bernardino-Ontario, CA	5,616
Roanoke, VA	680
Rochester, NY	1,877
Rockford, IL	539
Sacramento-Arden-Arcade-Roseville, CA	3,259
Salem, OR	844
Salinas, CA	607
Salt Lake City, UT	2,417
San Antonio, TX	2,901
San Diego-Carlsbad-San Marcos, CA	4,077
San Francisco-Oakland-Fremont, CA	5,815
San Jose-Sunnyvale-Santa Clara, CA	2,196
San Luis Obispo-Paso Robles, CA	649
Santa Barbara-Santa Maria-Goleta, CA	637
Santa Rosa-Petaluma, CA	883
Savannah, GA	589
Scranton-Wilkes Barre, PA	1,092
Seattle-Tacoma-Bellevue, WA	6,843
Shreveport-Bossier City, LA	746
Sioux Falls, SD	478
South Bend-Mishawaka, IN-MI	616
Spartanburg, SC	502
Spokane, WA	1,215
Springfield, MA	1,247
Springfield, MO	871
St. Louis, MO-IL	4,995
Stockton, CA	779
Syracuse, NY	1,241
Tallahassee, FL	678
Tampa-St. Petersburg-Clearwater, FL	4,324
Toledo, OH	1,111
Topeka, KS	492
Trenton-Ewing, NJ	657
Tucson, AZ	2,203
Tulsa, OK	1,919
Utica-Rome, NY	585
Vallejo-Fairfield, CA	545
Virginia Beach-Norfolk-Newport News, VA-NC	3,050
Visalia-Porterville, CA	615
Washington-Arlington-Alexandria, DC-VA-MD-WV	10,312
Wichita, KS	1,113
Wilmington, NC	804
Winston-Salem, NC	1,082
Worcester, MA	1,337
Yakima, WA	543
York-Hanover, PA	875
Youngstown-Warren-Boardman, OH-PA	1,078

CONGRESSIONAL DISTRICT RANKINGS

CONGRESSIONAL DISTRICT RANKINGS

TOP QUINTILE

Rank	District	Sample Size
1.	CA-14	839
2.	CA-48	751
3.	CO-02	1,860
4.	VA-08	1,589
5.	CA-12	912
6.	CA-45	1,068
7.	CA-18	1,067
8.	HI-01	682
9.	DC-01	1,286
10.	VA-10	1,443
11.	CA-17	833
12.	CO-06	1,263
13.	UT-03	1,782
14.	MN-02	1,239
15.	WA-01	1,673
16.	GA-06	1,328
17.	CA-33	1,265
18.	MD-08	1,021
19.	TX-32	593
20.	CA-11	1,129
21.	WA-07	1,578
22.	KS-03	1,294
23.	MA-08	926
24.	MN-03	1,743
25.	NY-10	969
26.	MA-05	1,127
27.	NE-02	1,149
28.	MN-04	1,387
29.	TX-03	1,379
30.	CA-52	913
31.	NC-09	1,401
32.	CA-53	508
33.	NJ-07	1,506
34.	VA-11	922
35.	CA-49	1,062
36.	TX-07	976
37.	WI-05	1,335
38.	MN-01	1,504
39.	IL-09	840
40.	NY-17	727
41.	HI-02	849
42.	AZ-06	1,698
43.	WI-02	1,511
44.	NC-04	1,354
45.	PA-18	1,211
46.	TX-02	1,685
47.	CA-15	742
48.	FL-07	1,082
49.	MN-06	1,075
50.	VA-07	1,268
51.	IL-05	811
52.	NE-01	1,495
53.	IL-07	488
54.	MO-02	1,450
55.	TX-10	1,337
56.	ME-01	1,555
57.	AZ-09	839
58.	VT-01	1,710
59.	TX-21	1,509
60.	GA-07	876
61.	PA-07	1,157
62.	MD-06	1,469
63.	TX-24	1,105
64.	MA-04	1,277
65.	CA-20	813
66.	NC-13	887
67.	MD-04	1,148
68.	UT-01	1,831
69.	LA-06	1,003
70.	CA-24	1,295
71.	IA-01	1,764
72.	IA-04	1,682
73.	TX-26	776
74.	IL-06	1,341
75.	MN-05	1,122
76.	OH-16	736
77.	VA-01	1,813
78.	IL-11	757
79.	FL-21	981
80.	TX-31	934
81.	WA-02	1,305
82.	CA-02	1,669
83.	CO-01	1,867
84.	FL-23	853
85.	CO-04	1,448
86.	PA-16	1,032
87.	CA-39	700

CONGRESSIONAL DISTRICT RANKINGS

2ND QUINTILE

Rank	District	Sample Size
88.	MA-07	1,074
89.	MT-01	3,308
90.	OR-01	1,641
91.	CA-26	941
92.	CO-07	1,044
93.	IA-03	1,613
94.	PA-06	1,761
95.	WI-03	1,606
96.	PA-02	869
97.	GA-05	1,106
98.	NJ-05	1,310
99.	IN-05	1,455
100.	ND-01	1,621
101.	SD-01	1,812
102.	CA-04	1,588
103.	NH-02	1,233
104.	MA-09	1,264
105.	CA-30	716
106.	UT-02	2,100
107.	TX-22	684
108.	CA-28	1,105
109.	IL-14	806
110.	OH-12	964
111.	MD-05	1,000
112.	MD-03	1,523
113.	VA-06	1,432
114.	NE-03	1,377
115.	WA-09	987
116.	MA-03	1,004
117.	NH-01	1,343
118.	NV-03	861
119.	IL-18	1,016
120.	NY-16	595
121.	GA-11	1,090
122.	ID-02	1,897
123.	AZ-05	1,440
124.	MA-06	1,167
125.	IL-08	658
126.	CT-02	1,363
127.	CA-27	1,091
128.	MI-14	481
129.	NY-03	905
130.	NY-27	1,187
131.	CA-42	877
132.	MN-08	1,474
133.	WY-01	1,784
134.	GA-04	1,251
135.	AZ-08	1,374
136.	PA-08	1,261
137.	WI-08	1,224
138.	NJ-11	984
139.	CT-04	967
140.	TX-19	1,047
141.	CA-22	767
142.	IA-02	1,625
143.	NY-12	722
144.	WA-04	1,583
145.	CA-03	1,318
146.	RI-02	801
147.	WA-10	995
148.	FL-18	1,137
149.	FL-22	729
150.	TX-25	971
151.	FL-19	1,221
152.	TX-09	665
153.	CO-03	1,673
154.	CO-05	1,554
155.	MI-08	984
156.	NJ-12	832
157.	NY-20	1,389
158.	MI-02	1,401
159.	IL-10	795
160.	MI-07	1,466
161.	TX-28	579
162.	CA-05	833
163.	CA-50	1,005
164.	CA-38	813
165.	WA-05	1,779
166.	OR-05	1,466
167.	WA-08	1,570
168.	CA-07	719
169.	AK-01	1,474
170.	SC-02	1,513
171.	IL-13	1,330
172.	CT-05	927
173.	KS-01	1,578
174.	NM-01	1,653

3RD QUINTILE

Rank	District	Sample Size
175.	WI-06	1,564
176.	NY-21	1,390
177.	WI-07	1,442
178.	VA-04	1,018
179.	CA-32	572
180.	AL-06	1,533
181.	NY-24	1,283
182.	AZ-02	1,750
183.	KS-04	1,257
184.	NY-25	1,213
185.	CA-47	725
186.	ID-01	1,965
187.	MN-07	1,564
188.	UT-04	886
189.	OR-04	2,226
190.	TX-20	1,084
191.	OH-14	949
192.	TX-23	689
193.	CA-13	936
194.	NY-04	815
195.	TX-12	1,202
196.	CA-16	880
197.	TX-17	1,053
198.	NY-18	928
199.	SC-01	1,460
200.	CA-19	641
201.	PA-12	1,734
202.	WA-06	1,830
203.	FL-09	860
204.	CA-36	1,007
205.	MA-02	1,331
206.	TN-05	1,480
207.	CA-35	581
208.	CA-25	905
209.	MI-11	906
210.	NY-22	1,388
211.	CA-44	403
212.	VA-02	1,447
213.	AZ-01	1,625
214.	MO-06	1,206
215.	OR-03	1,559
216.	OH-03	1,422
217.	NJ-04	1,153
218.	GA-03	1,415
219.	OR-02	2,185
220.	OK-05	1,299
221.	AZ-03	1,059
222.	IN-03	1,375
223.	VA-05	1,820
224.	PA-05	1,620
225.	NJ-09	698
226.	FL-01	1,512
227.	CA-10	906
228.	NJ-03	1,350
229.	IL-17	1,286
230.	OH-07	1,413
231.	MD-01	1,709
232.	MI-10	828
233.	AR-03	1,509
234.	NY-02	796
235.	SC-04	1,085
236.	AZ-04	1,501
237.	NV-02	1,499
238.	CA-01	1,890
239.	CT-01	1,492
240.	CA-29	621
241.	FL-10	942
242.	CA-31	666
243.	CA-09	902
244.	TX-16	741
245.	NY-23	1,536
246.	NC-06	1,464
247.	FL-16	1,446
248.	OH-05	1,333
249.	MD-07	746
250.	MI-01	1,530
251.	TX-08	1,092
252.	NY-26	1,261
253.	TN-08	1,514
254.	IL-03	832
255.	FL-11	1,295
256.	PA-04	1,605
257.	FL-15	928
258.	DE-01	1,658
259.	PA-09	1,617
260.	OH-01	1,491
261.	NM-03	1,323

CONGRESSIONAL DISTRICT RANKINGS

4TH QUINTILE

Rank	District	Sample Size
262.	ME-02	1,684
263.	MA-01	1,318
264.	NY-07	1,107
265.	OK-01	1,701
266.	GA-10	966
267.	TX-36	795
268.	WA-03	1,696
269.	TX-04	1,324
270.	NC-02	2,045
271.	IN-04	1,456
272.	MO-05	1,329
273.	NJ-01	1,166
274.	MO-01	1,340
275.	TX-06	1,344
276.	FL-13	1,234
277.	AL-05	1,396
278.	TX-11	1,389
279.	NM-02	1,607
280.	NC-12	470
281.	CA-37	765
282.	IL-16	1,178
283.	FL-14	937
284.	NY-19	1,284
285.	PA-10	1,598
286.	CA-46	636
287.	AR-02	1,355
288.	CA-43	377
289.	TX-14	1,179
290.	NY-01	1,046
291.	MI-04	1,386
292.	NJ-06	1,042
293.	NC-07	1,305
294.	OH-04	1,585
295.	MI-09	1,235
296.	CA-51	892
297.	TX-01	1,246
298.	LA-01	1,521
299.	FL-06	1,385
300.	NY-05	663
301.	FL-26	657
302.	NC-01	1,634
303.	CT-03	1,273
304.	AZ-07	946
305.	FL-12	1,369
306.	FL-27	361
307.	NV-04	658
308.	IL-04	822
309.	FL-08	1,395
310.	IN-06	1,475
311.	MI-03	1,036
312.	PA-03	1,884
313.	PA-15	1,268
314.	PA-13	768
315.	IL-02	701
316.	GA-01	1,222
317.	IL-12	1,301
318.	NC-11	1,407
319.	LA-02	874
320.	MO-04	1,426
321.	OK-04	1,514
322.	IN-01	1,254
323.	TX-34	468
324.	MD-02	1,501
325.	RI-01	1,005
326.	MO-07	1,387
327.	WI-01	1,689
328.	KY-03	1,305
329.	CA-40	455
330.	TX-30	716
331.	NC-05	1,788
332.	NY-06	560
333.	PA-11	1,230
334.	OH-11	1,225
335.	CA-41	822
336.	TX-27	882
337.	KS-02	1,446
338.	OK-03	1,764
339.	KY-06	1,137
340.	CA-21	1,172
341.	SC-03	1,299
342.	FL-02	1,316
343.	IN-09	1,188
344.	TX-15	961
345.	TN-02	1,422
346.	PA-17	1,090
347.	OH-10	1,069
348.	LA-03	1,296

5TH QUINTILE

Rank	District	Sample Size
349.	SC-06	745
350.	TX-13	1,236
351.	NY-11	572
352.	CA-34	492
353.	IL-15	1,116
354.	TN-04	1,607
355.	NY-09	421
356.	FL-04	1,373
357.	MS-01	1,361
358.	IL-01	1,249
359.	MS-03	1,218
360.	PA-14	1,498
361.	NJ-08	853
362.	MI-12	907
363.	CA-23	768
364.	TN-07	1,422
365.	OH-15	733
366.	OH-13	1,033
367.	GA-13	595
368.	NC-08	1,291
369.	AL-03	1,370
370.	TN-06	1,254
371.	NY-08	819
372.	GA-09	1,376
373.	TX-29	344
374.	MI-06	1,117
375.	IN-07	980
376.	KY-04	1,356
377.	NC-10	1,442
378.	FL-25	448
379.	MO-03	1,273
380.	FL-17	989
381.	WI-04	1,142
382.	CA-06	939
383.	AL-02	1,377
384.	FL-05	1,099
385.	NC-03	1,358
386.	FL-03	1,266
387.	SC-05	1,181
388.	IN-02	1,515
389.	OK-02	1,512
390.	VA-03	1,172
391.	FL-20	1,023
392.	KY-02	1,589
393.	CA-08	1,493
394.	GA-08	979
395.	TX-05	1,194
396.	NJ-10	608
397.	SC-07	1,007
398.	VA-09	1,430
399.	NJ-02	1,145
400.	GA-12	1,033
401.	IN-08	1,443
402.	OH-02	1,008
403.	OH-09	939
404.	GA-02	1,176
405.	AL-04	1,411
406.	AL-01	1,276
407.	OH-08	1,080
408.	PA-01	1,411
409.	OH-06	1,420
410.	MI-05	1,032
411.	TN-09	685
412.	WV-01	1,218
413.	NY-14	719
414.	LA-04	1,406
415.	NY-13	705
416.	NV-01	923
417.	TN-01	1,489
418.	KY-01	1,706
419.	TN-03	1,443
420.	WV-02	1,217
421.	MS-02	1,256
422.	LA-05	1,246
423.	AL-07	785
424.	GA-14	796
425.	FL-24	706
426.	AR-01	1,505
427.	TX-18	568
428.	AR-04	1,363
429.	MO-08	1,213
430.	NY-15	450
431.	MS-04	1,033
432.	MI-13	576
433.	WV-03	1,202
434.	KY-05	1,374

CONGRESSIONAL DISTRICT RANKINGS—ALPHABETICAL

District	Rank
AK-01	169
AL-01	406
AL-02	383
AL-03	369
AL-04	405
AL-05	277
AL-06	180
AL-07	423
AR-01	426
AR-02	287
AR-03	233
AR-04	428
AZ-01	213
AZ-02	182
AZ-03	221
AZ-04	236
AZ-05	123
AZ-06	42
AZ-07	304
AZ-08	135
AZ-09	57
C	
CA-01	238
CA-02	82
CA-03	145
CA-04	102
CA-05	162
CA-06	382
CA-07	168
CA-08	393
CA-09	243
CA-10	227
CA-11	20
CA-12	5
CA-13	193
CA-14	1
CA-15	47
CA-16	196
CA-17	11
CA-18	7
CA-19	200
CA-20	65
CA-21	340
CA-22	141
CA-23	363
CA-24	70
CA-25	208
CA-26	91
CA-27	127
CA-28	108
CA-29	240
CA-30	105
CA-31	242
CA-32	179
CA-33	17
CA-34	352
CA-35	207
CA-36	204
CA-37	281
CA-38	164
CA-39	87
CA-40	329
CA-41	335
CA-42	131
CA-43	288
CA-44	211
CA-45	6
CA-46	286
CA-47	185
CA-48	2
CA-49	35
CA-50	163
CA-51	296
CA-52	30
CA-53	32
CO-01	83
CO-02	3
CO-03	153
CO-04	85
CO-05	154
CO-06	12
CO-07	92
CT-01	239
CT-02	126
CT-03	303
CT-04	139
CT-05	172
D	
DC-01	9
DE-01	258
F	
FL-01	226
FL-02	342
FL-03	386
FL-04	356
FL-05	384
FL-06	299
FL-07	48
FL-08	309
FL-09	203
FL-10	241
FL-11	255
FL-12	305
FL-13	276
FL-14	283
FL-15	257
FL-16	247
FL-17	380
FL-18	148
FL-19	151
FL-20	391
FL-21	79
FL-22	149
FL-23	84
FL-24	425
FL-25	378
FL-26	301
FL-27	306
G	
GA-01	316
GA-02	404
GA-03	218
GA-04	134
GA-05	97
GA-06	16
GA-07	60
GA-08	394
GA-09	372
GA-10	266
GA-11	121
GA-12	400
GA-13	367
GA-14	424
H	
HI-01	8
HI-02	41
I	
IA-01	71
IA-02	142
IA-03	93
IA-04	72
ID-01	186
ID-02	122
IL-01	358
IL-02	315
IL-03	254
IL-04	308
IL-05	51
IL-06	74
IL-07	53
IL-08	125
IL-09	39
IL-10	159
IL-11	78
IL-12	317
IL-13	171
IL-14	109
IL-15	353
IL-16	282
IL-17	229
IL-18	119
IN-01	322
IN-02	388
IN-03	222
IN-04	271
IN-05	99
IN-06	310
IN-07	375
IN-08	401
IN-09	343
K	
KS-01	173
KS-02	337
KS-03	22
KS-04	183
KY-01	418
KY-02	392
KY-03	328
KY-04	376

CONGRESSIONAL DISTRICT RANKINGS—ALPHABETICAL

District	Rank
KY-05	434
KY-06	339
L	
LA-01	298
LA-02	319
LA-03	348
LA-04	414
LA-05	422
LA-06	69
M	
MA-01	263
MA-02	205
MA-03	116
MA-04	64
MA-05	26
MA-06	124
MA-07	88
MA-08	23
MA-09	104
MD-01	231
MD-02	324
MD-03	112
MD-04	67
MD-05	111
MD-06	62
MD-07	249
MD-08	18
ME-01	56
ME-02	262
MI-01	250
MI-02	158
MI-03	311
MI-04	291
MI-05	410
MI-06	374
MI-07	160
MI-08	155
MI-09	295
MI-10	232
MI-11	209
MI-12	362
MI-13	432
MI-14	128
MN-01	38
MN-02	14
MN-03	24
MN-04	28
MN-05	75
MN-06	49
MN-07	187
MN-08	132
MO-01	274
MO-02	54
MO-03	379
MO-04	320
MO-05	272
MO-06	214
MO-07	326
MO-08	429
MS-01	357
MS-02	421
MS-03	359
MS-04	431
MT-01	89
N	
NC-01	302
NC-02	270
NC-03	385
NC-04	44
NC-05	331
NC-06	246
NC-07	293
NC-08	368
NC-09	31
NC-10	377
NC-11	318
NC-12	280
NC-13	66
ND-01	100
NE-01	52
NE-02	27
NE-03	114
NH-01	117
NH-02	103
NJ-01	273
NJ-02	399
NJ-03	228
NJ-04	217
NJ-05	98
NJ-06	292
NJ-07	33
NJ-08	361
NJ-09	225
NJ-10	396
NJ-11	138
NJ-12	156
NM-01	174
NM-02	279
NM-03	261
NV-01	416
NV-02	237
NV-03	118
NV-04	307
NY-01	290
NY-02	234
NY-03	129
NY-04	194
NY-05	300
NY-06	332
NY-07	264
NY-08	371
NY-09	355
NY-10	25
NY-11	351
NY-12	143
NY-13	415
NY-14	413
NY-15	430
NY-16	120
NY-17	40
NY-18	198
NY-19	284
NY-20	157
NY-21	176
NY-22	210
NY-23	245
NY-24	181
NY-25	184
NY-26	252
NY-27	130
O	
OH-01	260
OH-02	402
OH-03	216
OH-04	294
OH-05	248
OH-06	409
OH-07	230
OH-08	407
OH-09	403
OH-10	347
OH-11	334
OH-12	110
OH-13	366
OH-14	191
OH-15	365
OH-16	76
OK-01	265
OK-02	389
OK-03	338
OK-04	321
OK-05	220
OR-01	90
OR-02	219
OR-03	215
OR-04	189
OR-05	166
P	
PA-01	408
PA-02	96
PA-03	312
PA-04	256
PA-05	224
PA-06	94
PA-07	61
PA-08	136
PA-09	259
PA-10	285
PA-11	333
PA-12	201
PA-13	314
PA-14	360
PA-15	313
PA-16	86
PA-17	346
PA-18	45
R	
RI-01	325
RI-02	146

CONGRESSIONAL DISTRICT RANKINGS—ALPHABETICAL

District	Rank
S	
SC-01	199
SC-02	170
SC-03	341
SC-04	235
SC-05	387
SC-06	349
SC-07	397
SD-01	101
T	
TN-01	417
TN-02	345
TN-03	419
TN-04	354
TN-05	206
TN-06	370
TN-07	364
TN-08	253
TN-09	411
TX-01	297
TX-02	46
TX-03	29
TX-04	269
TX-05	395
TX-06	275
TX-07	36
TX-08	251
TX-09	152
TX-10	55
TX-11	278
TX-12	195
TX-13	350
TX-14	289
TX-15	344
TX-16	244
TX-17	197
TX-18	427
TX-19	140
TX-20	190
TX-21	59
TX-22	107
TX-23	192
TX-24	63
TX-25	150
TX-26	73
TX-27	336
TX-28	161
TX-29	373
TX-30	330
TX-31	80
TX-32	19
TX-34	323
TX-36	267
U	
UT-01	68
UT-02	106
UT-03	13
UT-04	188
V	
VA-01	77
VA-02	212
VA-03	390
VA-04	178
VA-05	223
VA-06	113
VA-07	50
VA-08	4
VA-09	398
VA-10	10
VA-11	34
VT-01	58
W	
WA-01	15
WA-02	81
WA-03	268
WA-04	144
WA-05	165
WA-06	202
WA-07	21
WA-08	167
WA-09	115
WA-10	147
WI-01	327
WI-02	43
WI-03	95
WI-04	381
WI-05	37
WI-06	175
WI-07	177
WI-08	137
WV-01	412
WV-02	420
WV-03	433
WY-01	133

ABOUT THE STATE, COMMUNITY, AND CONGRESSIONAL DISTRICT REPORTS

SURVEY DATES

The most recently updated data in this report were based on data collected in these time periods:
State Results: January 2 through December 29, 2013
Community and Congressional District Results:
January 2 through December 30, 2012 and January 2 through December 29, 2013

SAMPLE INFORMATION

Yearly Gallup-Healthways Well-Being Index surveys completed by respondents aged 18 and older:

2013: 178,072	2010: 352,840
2012: 353,564	2009: 353,849
2011: 353,492	2008: 355,334

Maximum sample sizes for most recent results included in this report:

States: 17,053 respondents

Communities: 23,003 respondents

Congressional Districts: 3,308 respondents

Minimum sample sizes for most recent results included in this report:

States: 547 respondents
Communities: 459 respondents
Congressional Districts: 344 respondents

MARGIN OF ERROR

In years that overall national results were based on more than 350,000 respondents, one can say with 95% confidence that the margin of sampling error for those results is ±0.2 percentage points.

In 2013, for results based on 178,072 respondents, one can say with 95% confidence that the margin of sampling error for those results is ±0.3 percentage points.

Margin of sampling error of composite results at various sample sizes:

0 (bottom) — 100 (top) Scale

- For results based on 5,000, ±0.4
- For results based on 1,000, ±0.9
- For results based on 500, ±1.3
- For results based on 300, ±1.6

In addition to sampling error, question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of public opinion polls.

WELL-BEING INDEX COMPOSITE RESULT

The Well-Being Index composite result is an average of six domains: life evaluation, emotional health, physical health, healthy behaviors, work environment, and basic access. Among states, overall Well-Being Index results ranged from a high of 70.4 (North Dakota) to a low of 61.4 (West Virginia). The 2013 national average for Well-Being was 66.2, Life Evaluation 48.2, Emotional Health 79.2, Physical Health 76.4, Healthy Behaviors 63.7, Work Environment 48.0, and Basic Access 81.9.

WELL-BEING INDEX DOMAINS

The Life Evaluation Index is partially based on the Cantril Self-Anchoring Striving Scale and combines the evaluation of one's present life situation with one's anticipated life situation five years from now. The Emotional Health Index is primarily a composite of respondents' daily experiences, asking respondents to think about how they felt yesterday along nine dimensions. The Physical Health Index is comprised of questions related to: Body Mass Index, disease burden, sick days, physical pain, daily energy, history of disease, and daily health experiences. The Healthy Behavior Index includes items measuring life style habits with established relationships to health outcomes. The Work Environment Index surveys workers on several factors to gauge their feelings and perceptions about their work environment. The Basic Access Index is based on 13 items measuring residents' access to food, shelter, healthcare, and a safe and satisfying place to live.

POSITION SCALE

Each state is positioned from 1-50, based on composite scores as compared to all states. Each congressional district is positioned from 1-434, based on composite scores as compared to all congressional districts. Each Metropolitan Statistical Area (community) is positioned from 1-189, based on composite scores as compared to all Metropolitan Statistical Areas.

WELL-BEING INDEX METHODOLOGY OVERVIEW

Interviews are conducted with respondents on landline telephones and cellular phones, with interviews conducted in Spanish for respondents who are primarily Spanish-speaking. Each sample of national adults includes a minimum quota of 50% cellphone respondents and 50% landline respondents, with additional minimum quotas by time zone within region. Landline telephone and cellphone numbers are selected using random-digit-dial methods. Landline respondents are chosen at random within each household on the basis of which member had the most recent birthday.

Samples are weighted to correct for unequal selection probability, nonresponse, and double coverage of landline and cell users in the two sampling frames. They are also weighted to match the national demographics of gender, age, race, Hispanic ethnicity, education, region, population density, and phone status (cellphone only/landline only/both, cellphone mostly, and having an unlisted landline number). Demographic weighting targets are based on the most recent Current Population Survey figures for the aged 18 and older U.S. population. Phone status targets are based on the most recent National Health Interview Survey. Population density targets are based on the most recent U.S. Census. All reported margins of sampling error include the computed design effects for weighting.

Gallup · Healthways
Well-Being Index®

STATE OF AMERICAN WELL-BEING