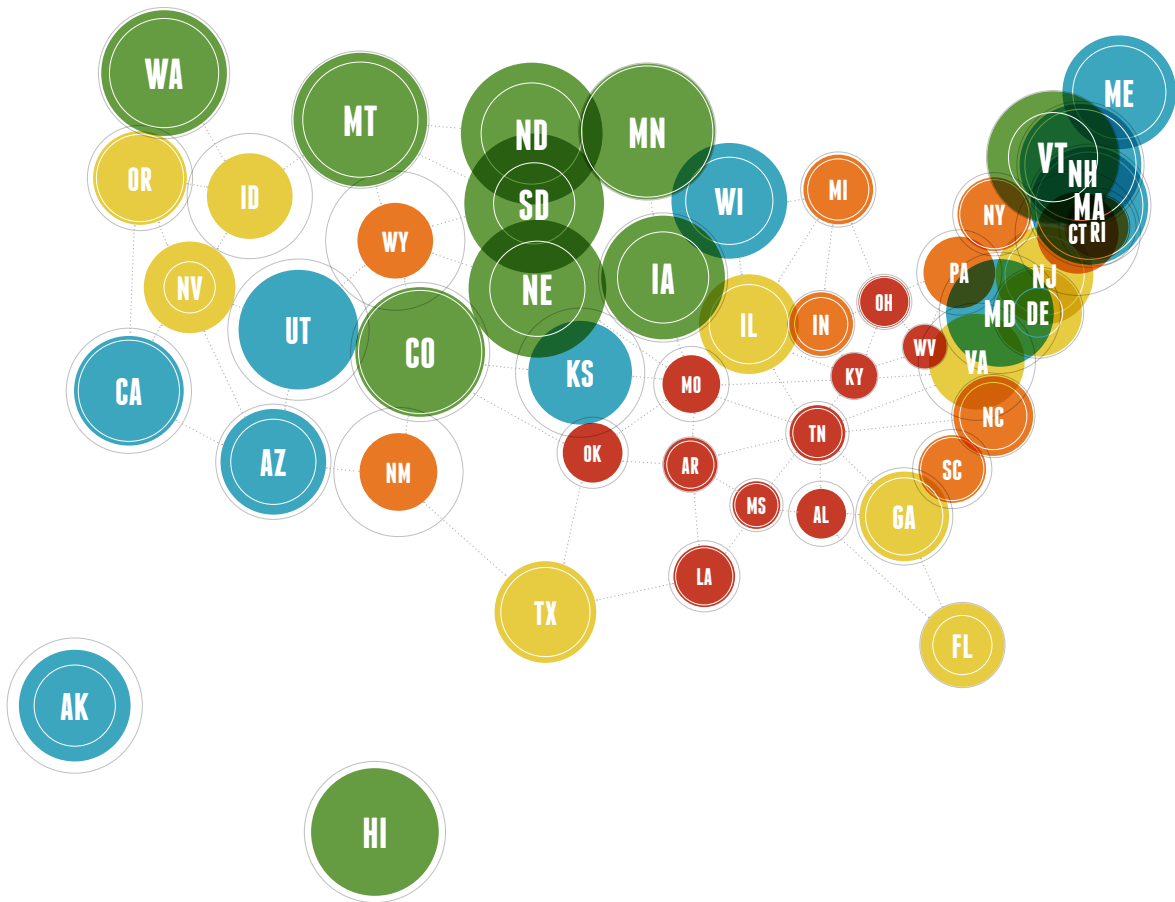


# STATE OF AMERICAN WELL-BEING

2013 STATE, COMMUNITY, AND CONGRESSIONAL DISTRICT ANALYSIS



A Note of Thanks to Our Team:

Sangeeta Agrawal	Susan Frankle	Marc Malloy	Deacon Rohrer
Carl Black	Christopher Gregory	Ryan McWaters	Judy Schultz
Patrick Bogart	Molly Hardin	Bruce Middlebrooks	Lindsey Sharpe
Chris Cigarran	Jim Harter	Ed Muller	Vicki Shepard
Sandy Cummings	Lauren Kannry	Jim Pope	Melanie Standish
Kurt Deneen	Ann Kent	Bob Porter	Doug Stover
Daryle Dowell	Ben Klima	Joy Powell	John Turner
Chuck Eberl	Diana Liu	Tom Rath	Dan Witters

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.

For press inquiries, please contact:

Healthways  
Bruce Middlebrooks  
bruce.middlebrooks@healthways.com  
615-614-4463

Gallup  
Leticia McCadden  
Leticia\_McCadden@gallup.com  
202-715-3156

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## LETTER FROM THE CEOs

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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

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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

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# INTRODUCTION

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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.

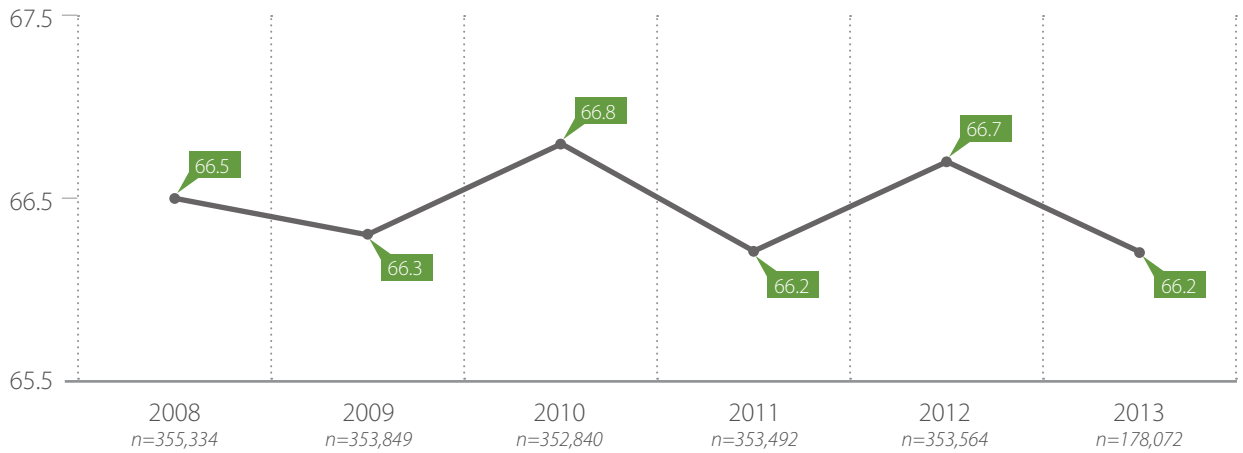
Finally, we note a few interesting trends related to occupations and well-being. Professionals, managers, and business owners have the highest well-being, while transportation, manufacturing and installation, and repair workers consistently have the lowest.

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.



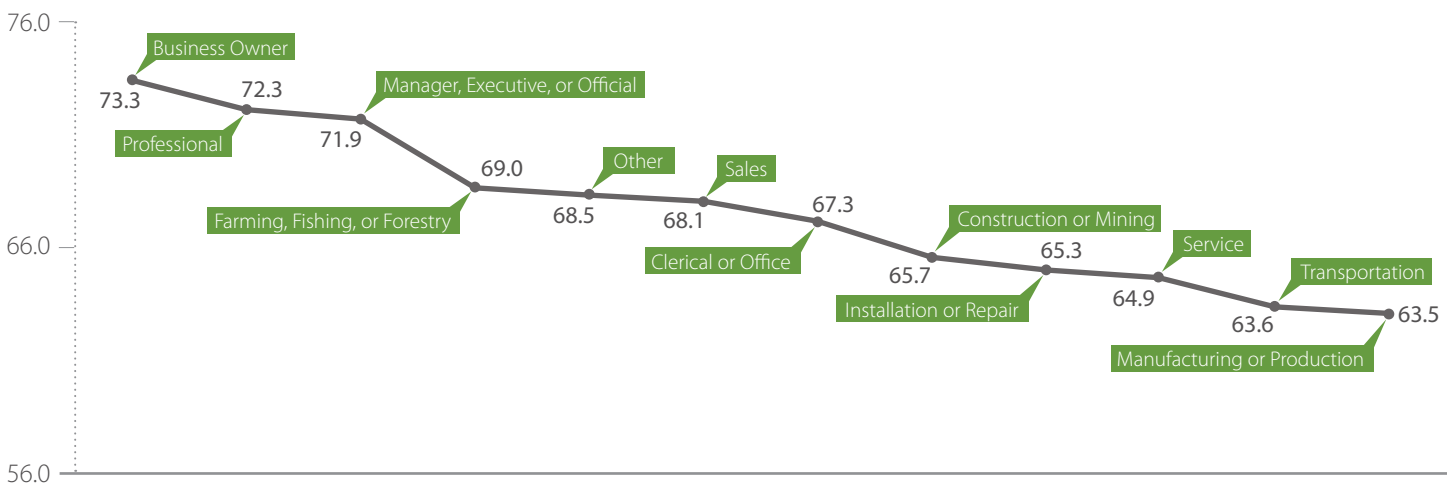
# NATIONAL RESULTS & TOP 10 WELL-BEING SUMMARIES

## NATIONAL WELL-BEING SCORE, 2008–2013



<b>LIFE EVALUATION</b>	44.5	48.1	49.8	48.8	49.5	48.2
<b>EMOTIONAL HEALTH</b>	79.1	78.7	79.3	79.0	79.4	79.2
<b>WORK ENVIRONMENT</b>	51.4	49.1	48.2	47.2	47.8	48.0
<b>PHYSICAL HEALTH</b>	76.9	76.6	76.9	76.7	77.0	76.4
<b>HEALTHY BEHAVIOR</b>	63.7	63.1	64.1	63.4	64.5	63.7
<b>BASIC ACCESS</b>	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)

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# NATIONAL RESULTS AND TOP 10 WELL-BEING SUMMARIES

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## TOP MID-SIZE COMMUNITIES

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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

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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

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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.

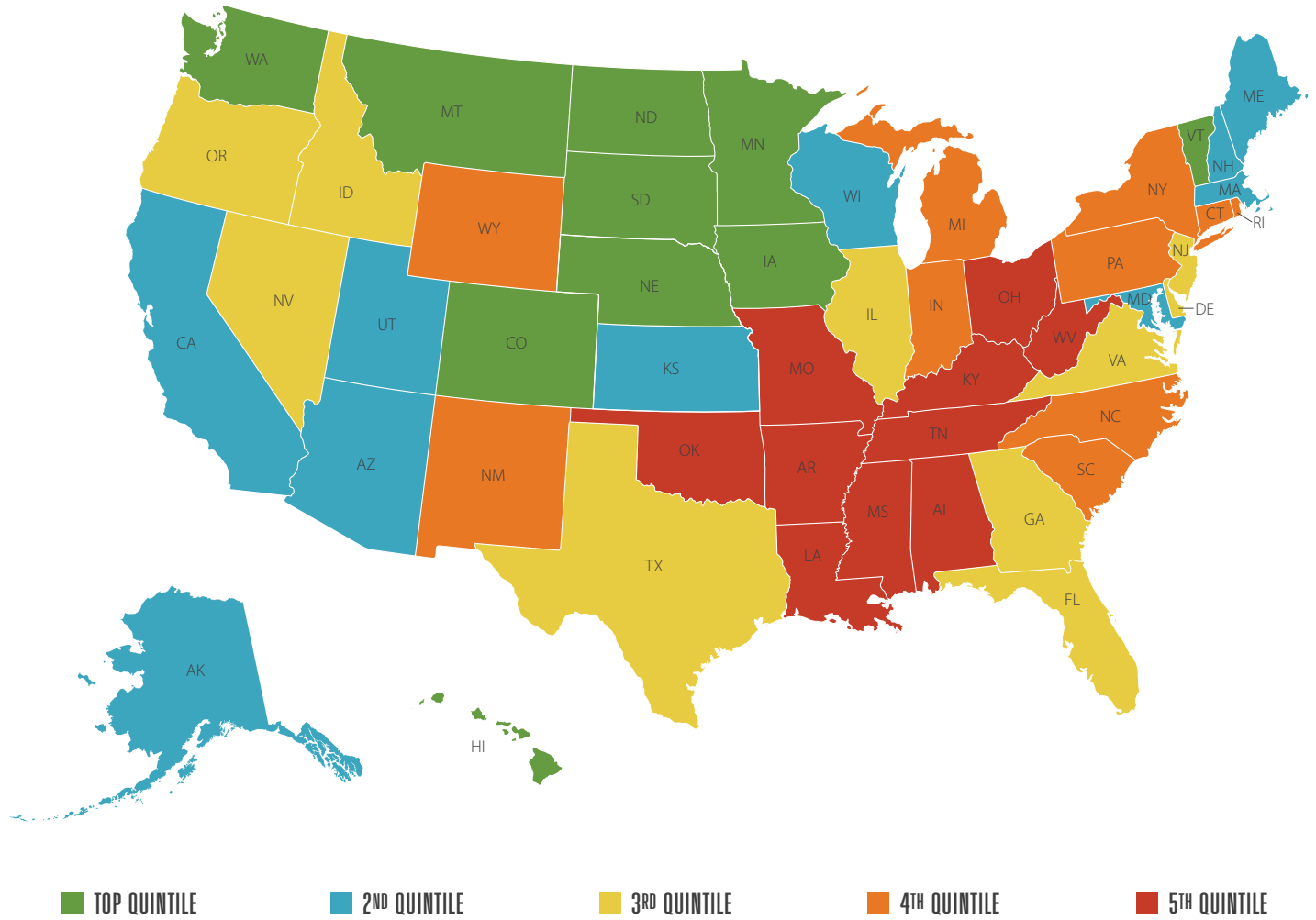
In examining well-being at the state level, some states are distinguished year after year on certain characteristics reported by their residents. Colorado, for example, is always at or near the best in the nation for the lowest obesity rate. Utah has the fewest smokers. Massachusetts has boasted the 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



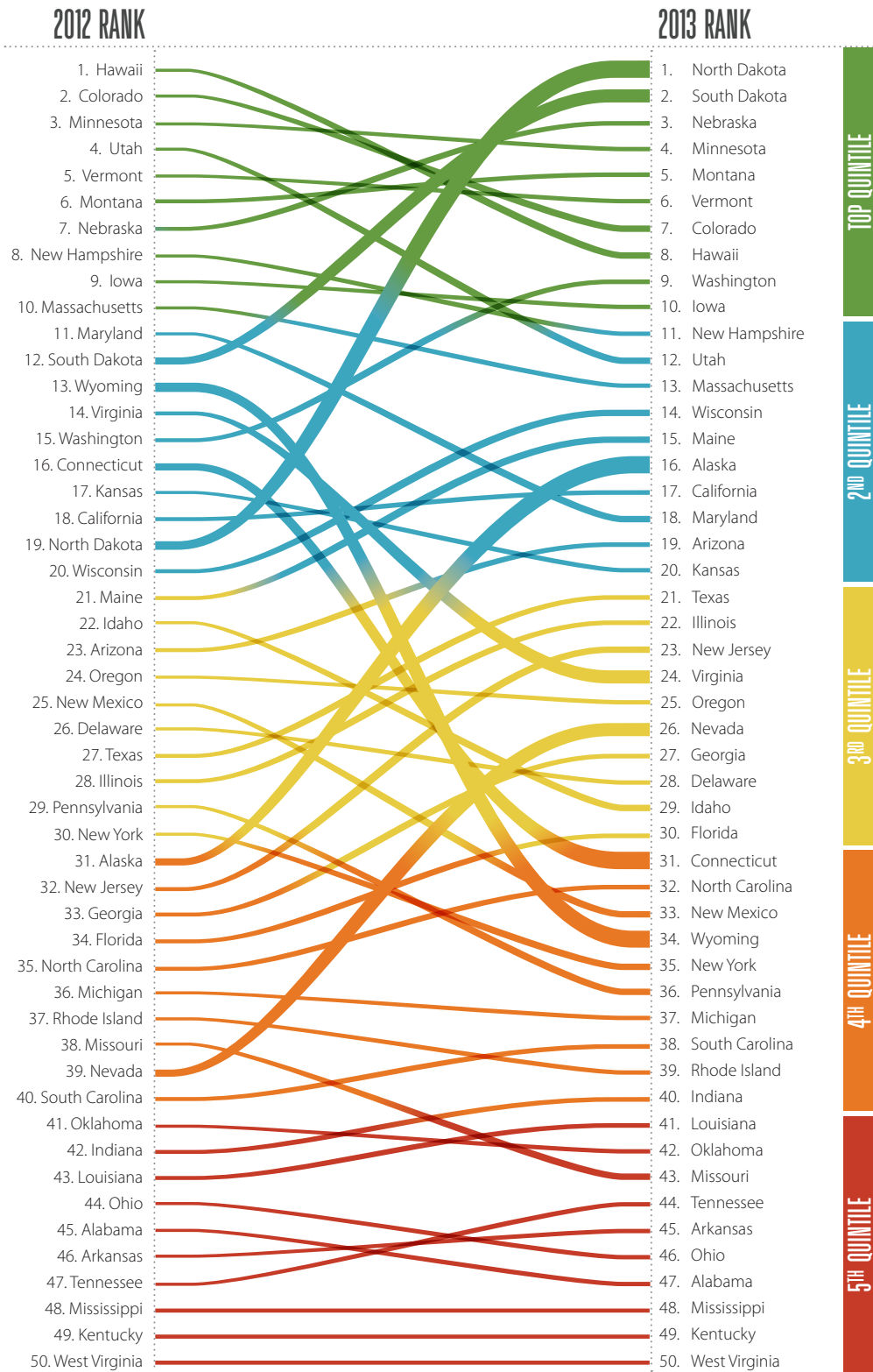
## SURVEY SAMPLE SIZE BY STATE

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

# STATE RANK 2012 - 2013





# STATE RANKINGS BY YEAR

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



## AVERAGE STATE RANKINGS, 2008 - 2013

TOP QUINTILE		2 <sup>ND</sup> QUINTILE		3 <sup>RD</sup> QUINTILE		4 <sup>TH</sup> QUINTILE		5 <sup>TH</sup> 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

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## CLIENT PERSPECTIVES

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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.

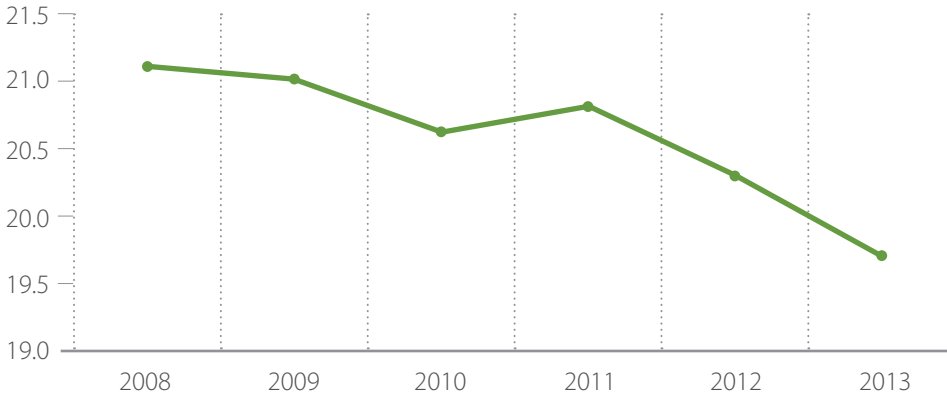
Our journey began with a well-being initiative for our own employees. This has created a sense of community, camaraderie, and enthusiasm. It's teaching us how we can inspire and empower one another and, more importantly, the larger community we serve.

**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:

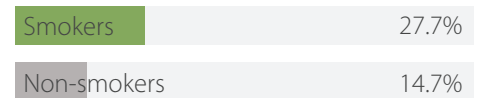
Have less money for healthcare/medicine:



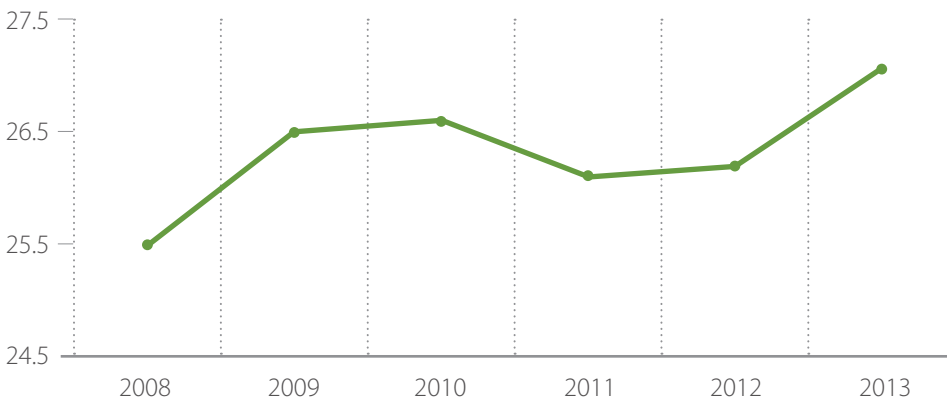
Have fewer visits to the dentist:



Have higher rates of depression:



## OBESITY

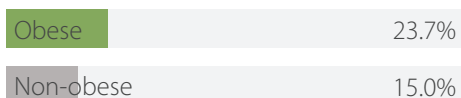


### People who report that they are obese are most likely:

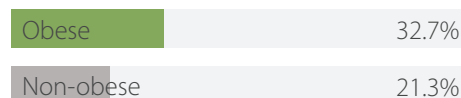
- Male
- Between the ages of 45 to 64
- To have a blue collar job if employed (transportation workers have the highest rate)
- To make less than \$36,000 a year
- To have a technical/vocational education or no high school degree

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

Have higher rates of depression:



Experience more physical pain:



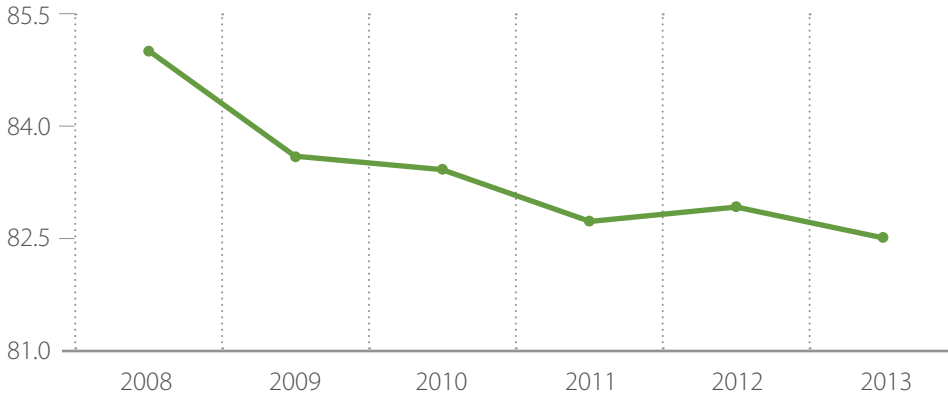
Exercise less:



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

# INSIGHTS ON AMERICANS AND THEIR WELL-BEING

## 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%

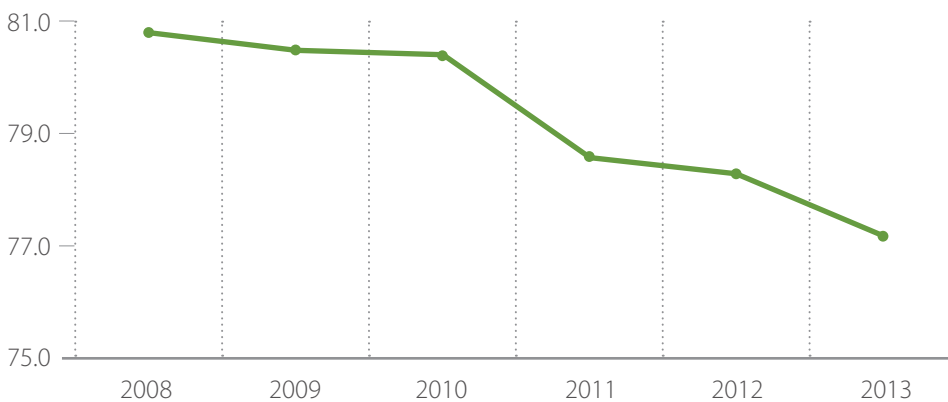
Have a higher smoking rate:

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%

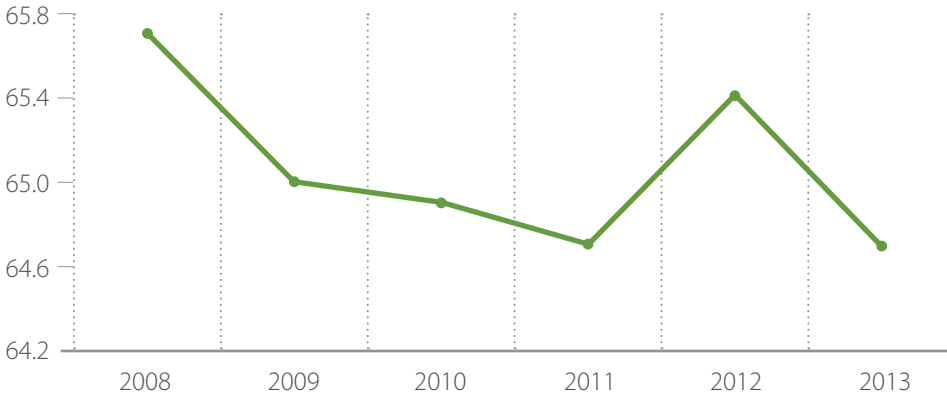
Have fewer visits to the dentist:

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

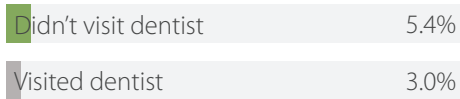


**People who report that they haven't visited the dentist in the last 12 months are most likely:**

- 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:



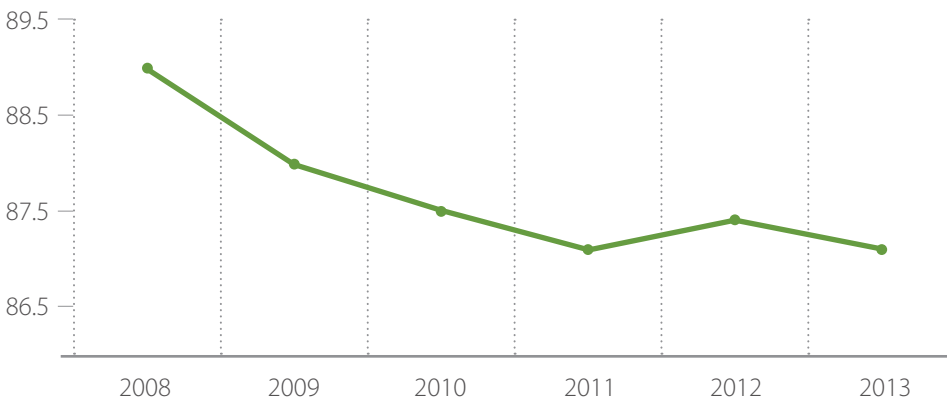
Have higher rates of obesity:



Have higher rates of diabetes:



## JOB SATISFACTION



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

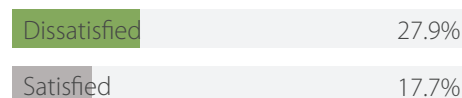
- Between the ages of 18 to 29
- To have a blue collar job if employed (service industry workers have the lowest rate)
- To make less than \$36,000 a year
- To have less than a high school degree or some college education

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

Feel less well-rested:



Have higher smoking rates:



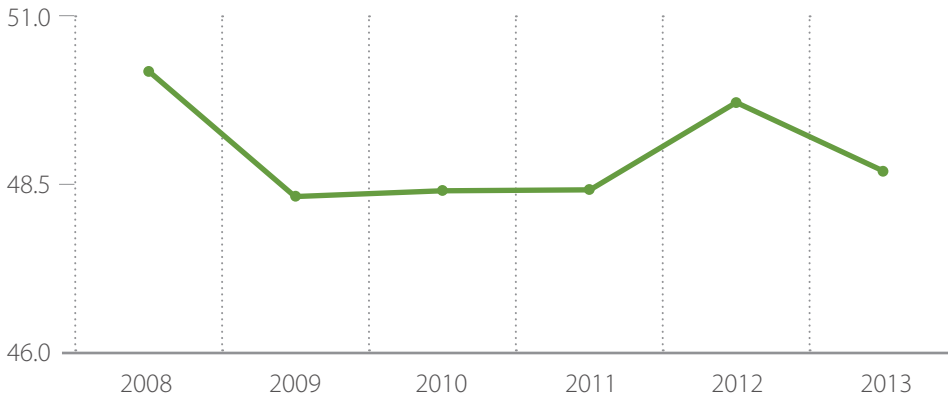
Have lower overall well-being scores:



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

# INSIGHTS ON AMERICANS AND THEIR WELL-BEING

## EXERCISE—SENIORS

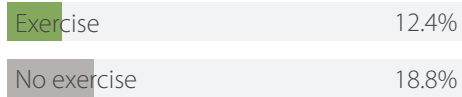


Seniors 65+ who report that they exercise 3-7 times per week are most likely:

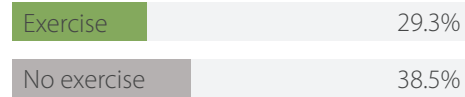
- Male
- To make over \$60,000 annually
- To have a post high school education

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

Experience less depression:



Experience less back and neck pain:



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



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



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## MARKET RECOMMENDATIONS

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### 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.

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# MARKET RECOMMENDATIONS

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## 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

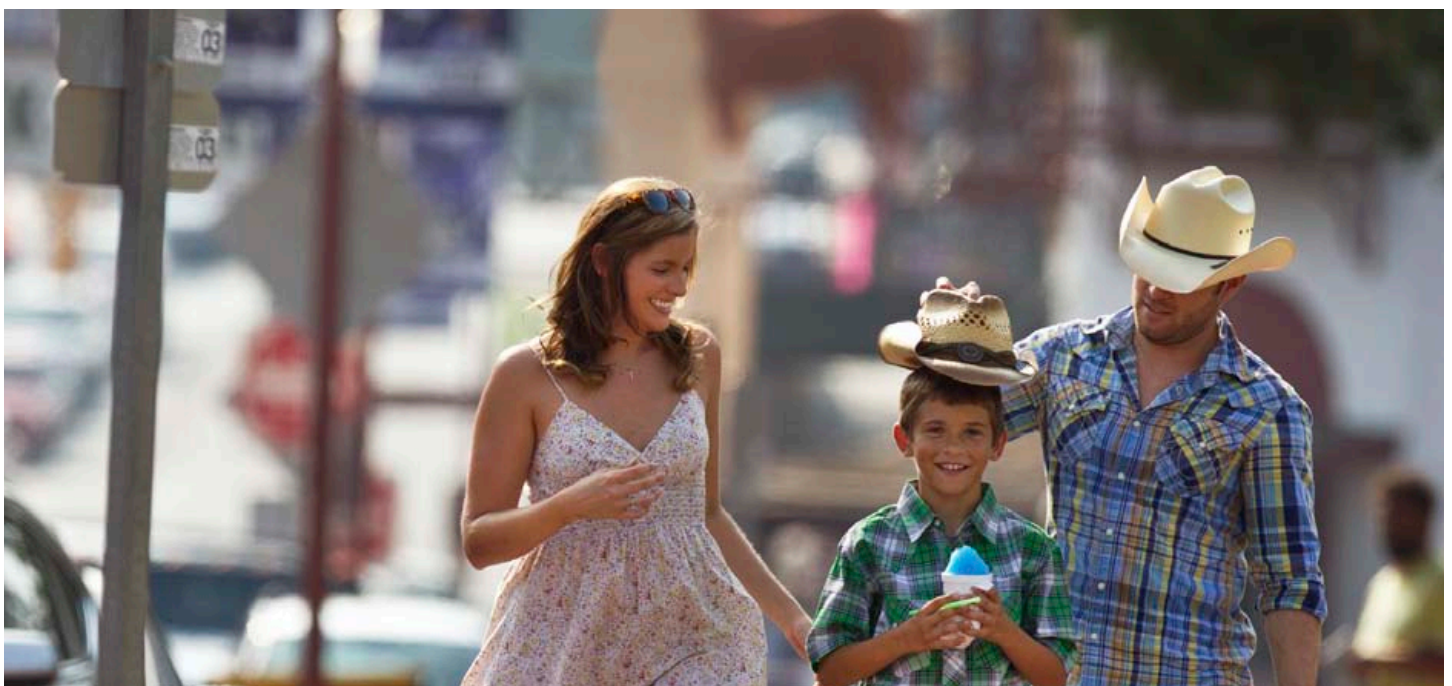
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In understanding and improving Americans' well-being, arguably nothing is more important than what is taking place in our nation's cities and smaller communities.

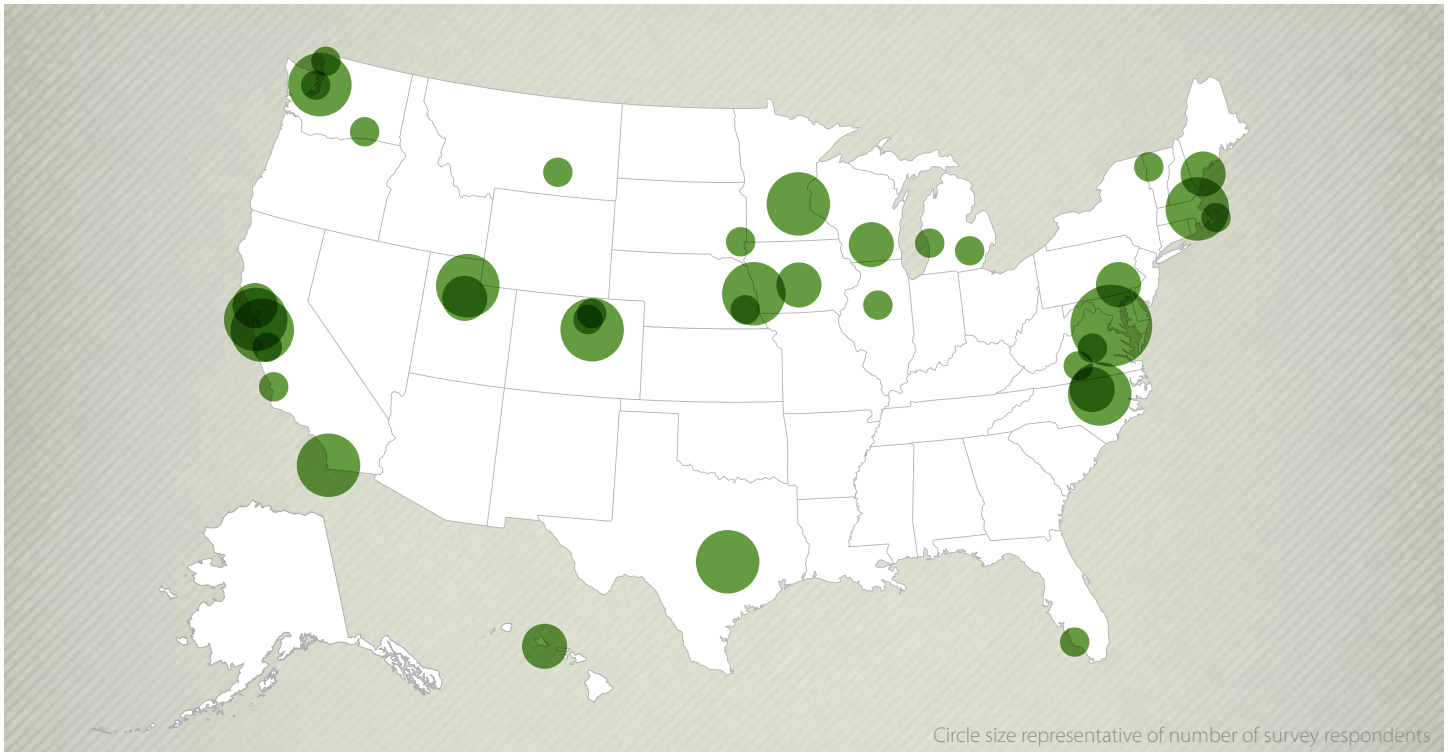
Many innovative communities are actively setting up public and private interventions to create environments that promote sustainable and measurable well-being improvement. Public infrastructure investments such as bike lanes, sidewalks, and better access to public transportation support the incorporation 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

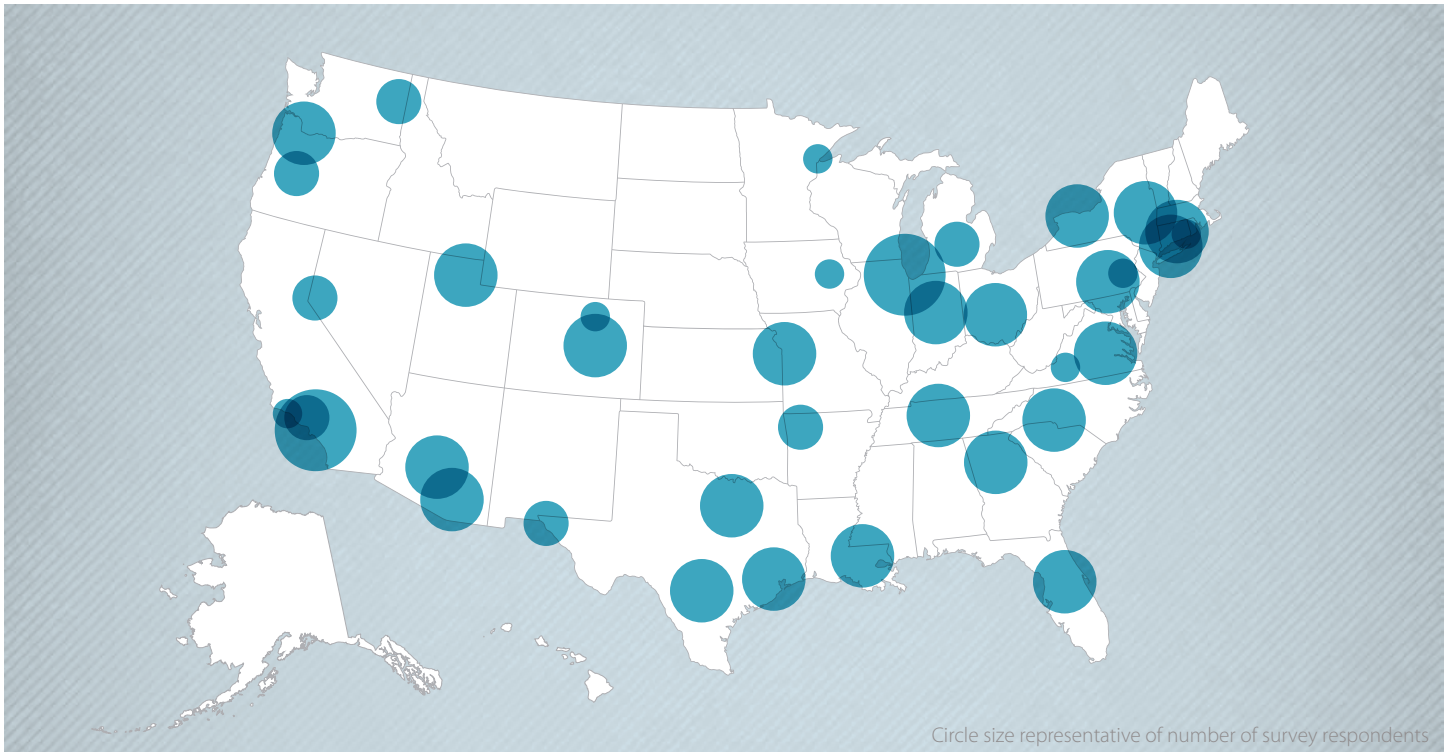
1. Provo-Orem, UT
2. Boulder, CO
3. Fort Collins-Loveland, CO
4. Honolulu, HI
5. San Jose-Sunnyvale-Santa Clara, CA
6. Ann Arbor, MI
7. Naples-Marco Island, FL
8. San Luis Obispo-Paso Robles, CA
9. San Francisco-Oakland-Fremont, CA
10. Lincoln, NE
11. Washington-Arlington-Alexandria, DC-VA-MD-WV
12. 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



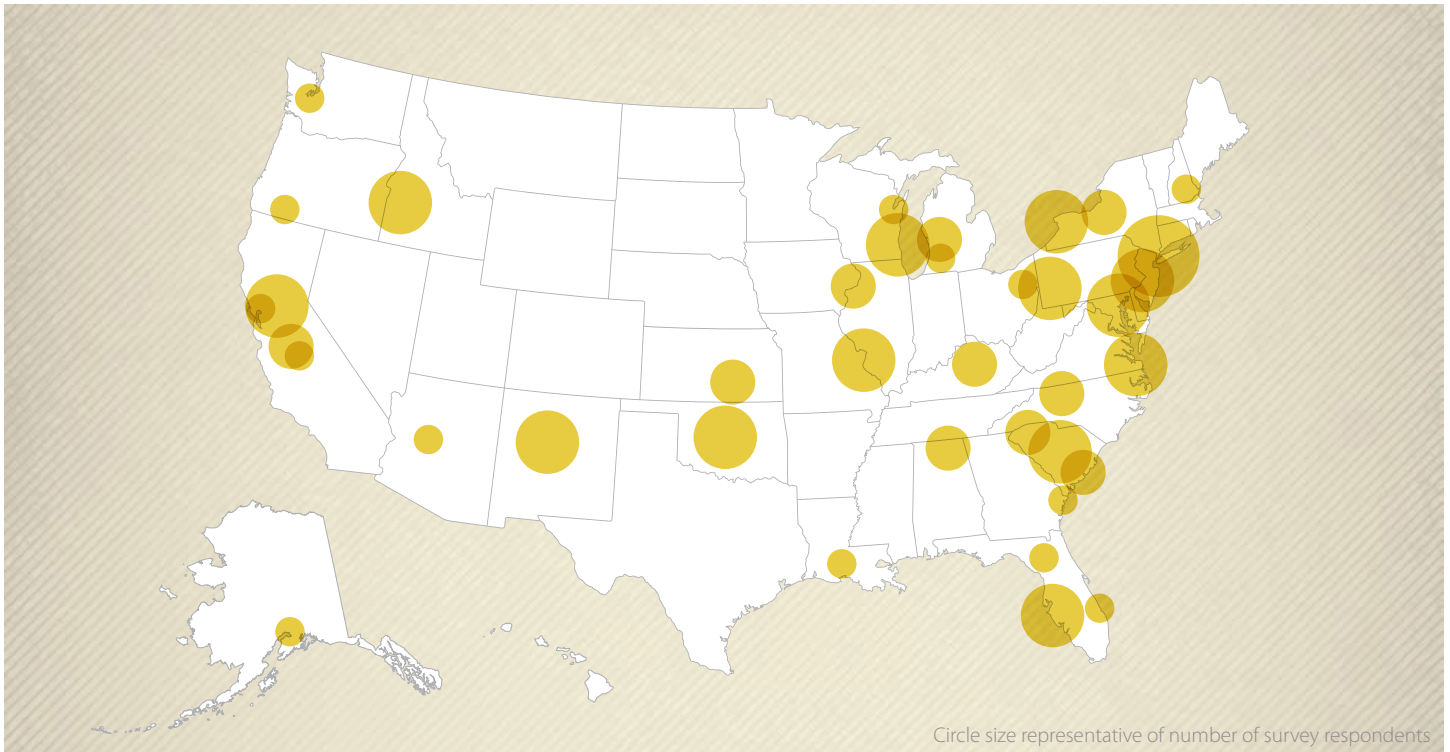
## 2ND QUINTILE

- 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



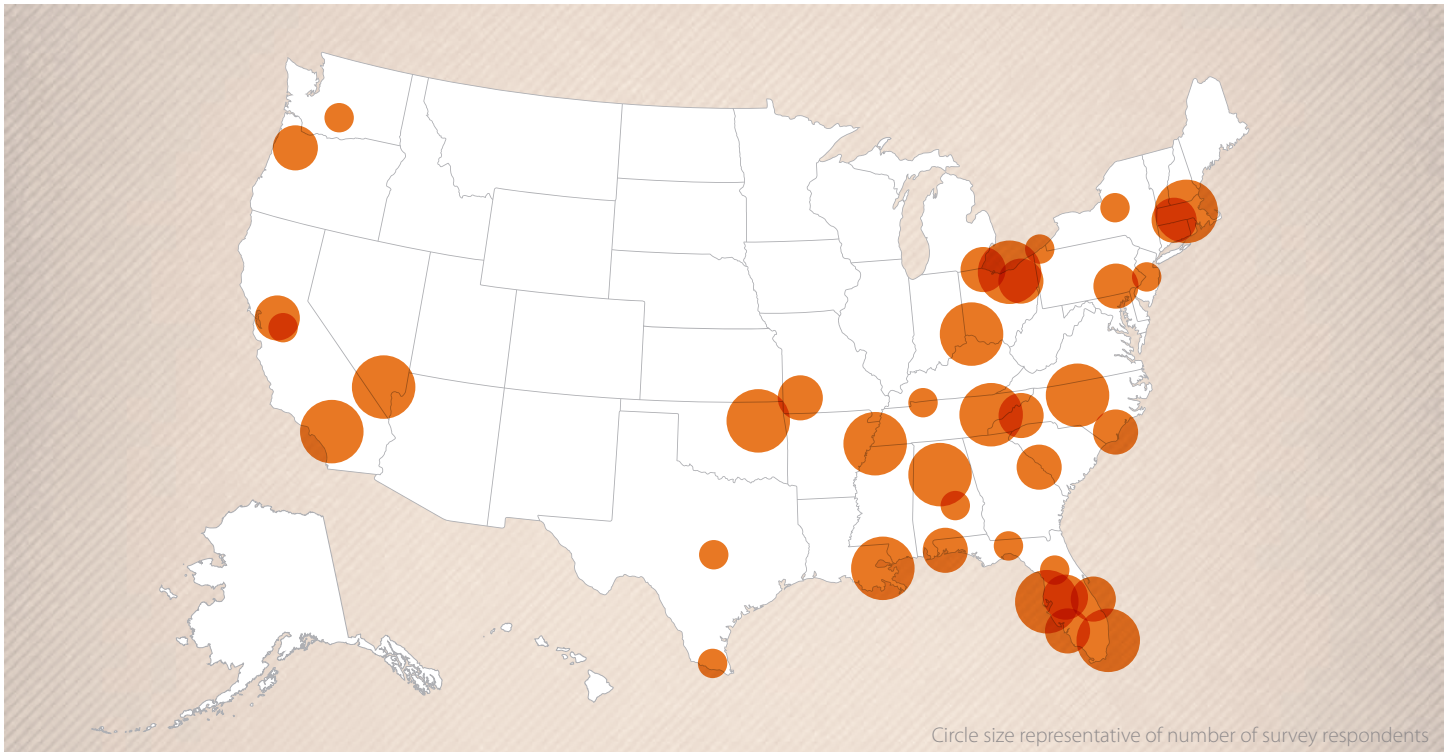
## 3RD QUINTILE

- 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. Philadelphia-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

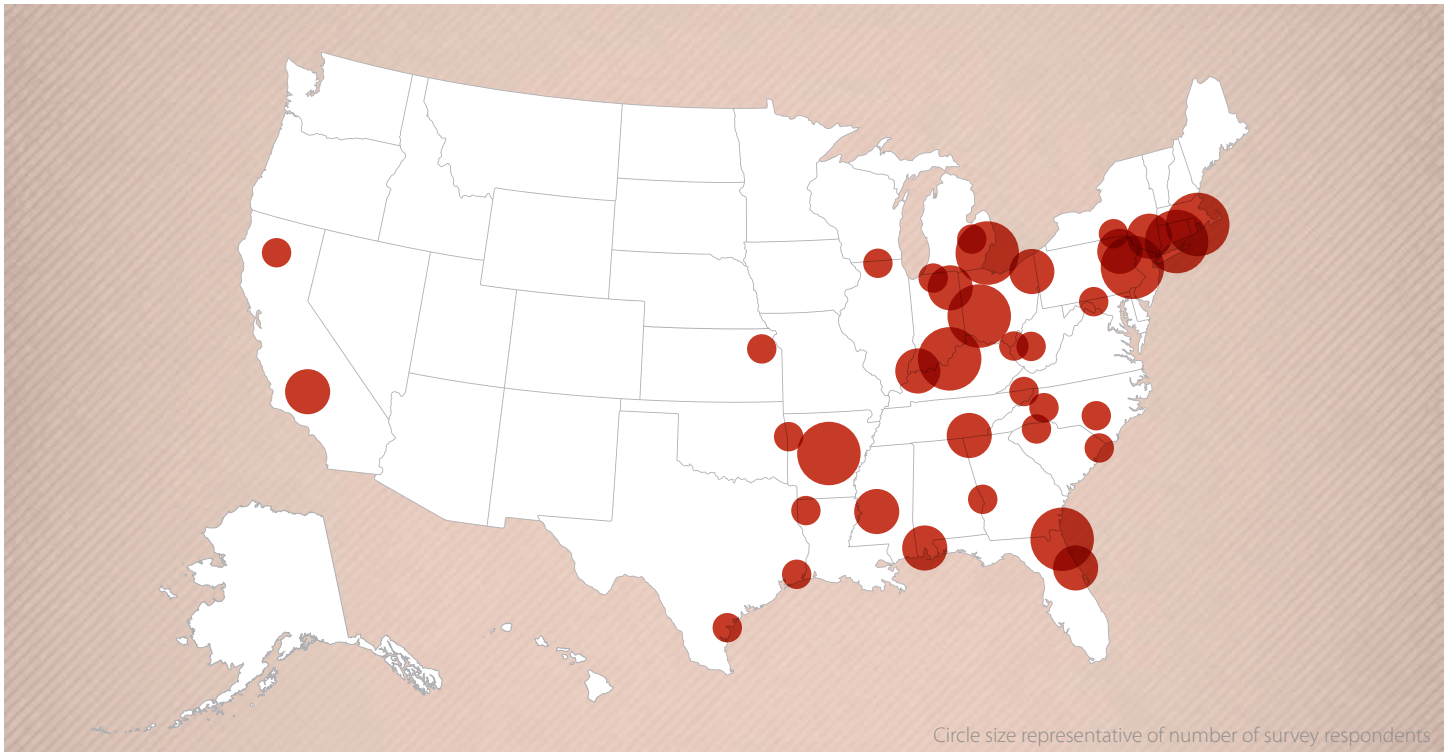
- 115. Utica-Rome, NY
- 116. Yakima, WA
- 117. Erie, PA
- 118. Greensboro-High Point, NC
- 119. Montgomery, AL
- 120. New Orleans-Metairie-Kenner, LA
- 121. Ocala, FL
- 122. Springfield, MA
- 123. Worcester, MA
- 124. Miami-Fort Lauderdale-Pompano Beach, FL
- 125. Tallahassee, FL
- 126. Wilmington, NC

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

## COMMUNITY—SURVEY SAMPLE SIZE

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

## CONGRESSIONAL DISTRICT RANKINGS

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# CONGRESSIONAL DISTRICT RANKINGS

## TOP QUINTILE

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



## CONGRESSIONAL DISTRICT RANKINGS

### 2<sup>ND</sup> QUINTILE

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

# CONGRESSIONAL DISTRICT RANKINGS

## 3RD QUINTILE

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



## CONGRESSIONAL DISTRICT RANKINGS

### 4TH QUINTILE

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

# CONGRESSIONAL DISTRICT RANKINGS

## 5<sup>TH</sup> QUINTILE

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

## CONGRESSIONAL DISTRICT RANKINGS—ALPHABETICAL

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

# CONGRESSIONAL DISTRICT RANKINGS—ALPHABETICAL

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

## CONGRESSIONAL DISTRICT RANKINGS—ALPHABETICAL

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

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# ABOUT THE STATE, COMMUNITY, AND CONGRESSIONAL DISTRICT REPORTS

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## SURVEY DATES

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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

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### 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

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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  $\pm 0.2$  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  $\pm 0.3$  percentage points.

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

0 (bottom) — 100 (top) Scale

- For results based on 5,000,  $\pm 0.4$
- For results based on 1,000,  $\pm 0.9$
- For results based on 500,  $\pm 1.3$
- For results based on 300,  $\pm 1.6$

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

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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

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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

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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

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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.



STATE OF  
AMERICAN  
WELL-BEING