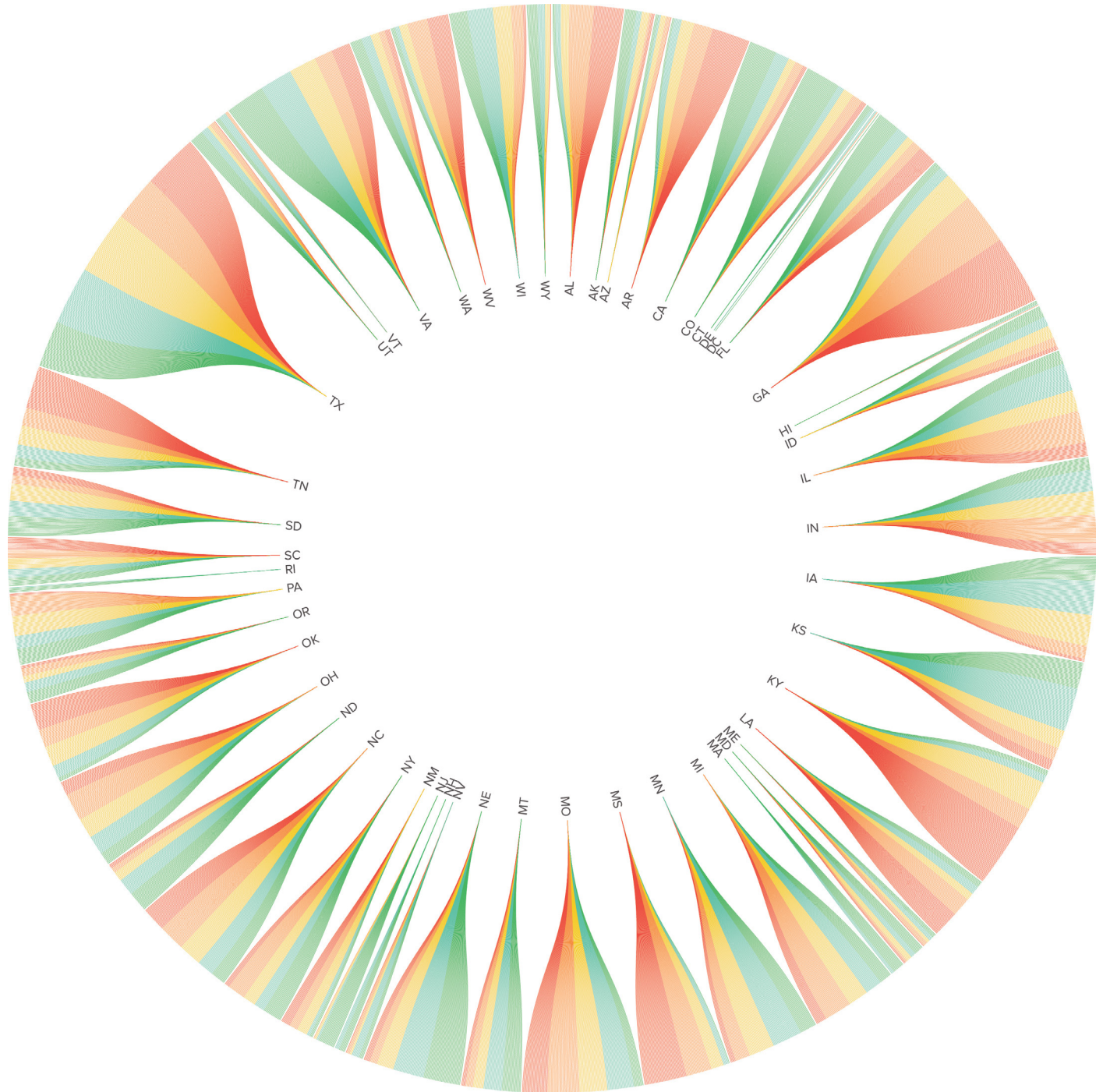


Sharecare's
COMMUNITY WELL-BEING INDEX
2019 Metro Area & County Rankings Report



Each line represents one of 3,140 U.S. counties, grouped by the states they comprise. The highest performing counties – those in the top quintile in this year's ranking – are in green, with corresponding color variations that move toward red at the opposite end of the spectrum, representing the lowest performing counties in 2019.

Vision

While much of healthcare policy and resources are defined and allocated at the national and state levels, over time, research continues to demonstrate the hyperlocal nature of healthcare, including how the difference in just one zip code can impact everything from healthcare delivery quality and condition burden to air pollution, access to healthy foods, and educational attainment opportunities.

Accordingly, and as a continuation of our state rankings released in August of this year, Sharecare and Boston University's School of Public Health (BUSPH), anchored in their Biostatistics and Epidemiology Data Analytics Center (BEDAC), are excited to publish our Community Well-Being Index (CWBI) metro area and county rankings, which include context tied to individual risk factors and perceptions through well-being combined with community risk through social determinants of health (SDOH).

For the first time in rankings history, these results are based on scores and rankings across all 383 metro areas as well as 99.9% of counties, providing community well-being visibility for metro areas not included previously in rankings, and ensuring coverage for historically underserved areas and communities considered rural.

The importance of achieving this level of coverage cannot be understated. In some states, over 3,000 ranks and 50+ points separated the highest and lowest ranked counties, demonstrating the variability that occurs within and across states, and supporting the need not only to comprehend these local differences, but also to deploy hyper-targeted interventions that

promote and augment community well-being equity.

With projected U.S. healthcare expenditures north of \$4 trillion in 2020, and in the midst of an unprecedented pandemic, it is our hope and mission that these results enable stakeholders across the health continuum to maximize virtual care and community-based interventions for the geographies and populations that need them the most, creating a new generation of

community-driven care and bending the trend on our nation's health crisis.

Let's create a future where we are all together better.

Jeff Arnold
Founder and CEO, Sharecare

Sandro Galea, MD, DrPH
Dean, Boston University School of Public Health



Community Well-Being Index

The Community Well-Being Index is a comprehensive measure that evaluates health risk across 10 domains found within two smaller indices – the Well-Being Index, which covers five domains, and the Social Determinants of Health Index, which covers an additional five domains.

Well-Being Index (WBI)



PHYSICAL



COMMUNITY



PURPOSE



SOCIAL



FINANCIAL

Social Determinants of Health Index (SDOH)



HEALTHCARE ACCESS



FOOD ACCESS



RESOURCE ACCESS



ECONOMIC SECURITY



HOUSING & TRANSPORTATION

Community Well-Being Index Methods

The Sharecare Community Well-Being Index (CWBI) is comprised of two indices and 10 underlying domains targeted toward understanding both individual health risk and opportunity and risk tied to an individual's surroundings and environment:

Well-Being Index (WBI): based on over 3 million surveys collected since 2008, and over 360,000 surveys collected across digital and mail modalities in 2019 alone, the WBI measures individual health risks and perceptions across physical and financial resilience, social and community context, and everyday purpose:

- Physical: having good health and enough energy to get things done daily
- Financial: managing your economic life to increase security and reduce stress
- Social: having supportive relationships and love in your life
- Community: liking where you live, feeling safe, and having pride in your community
- Purpose: liking what you do each day and being motivated to achieve your goals



Social Determinants of Health Index (SDOHi): derived from over 600 elements of social determinants of health (SDOH) data from sources including American Community Survey (ACS), United States Department of Agriculture (USDA), Area Health Resources, National Park Service, Centers for Disease Control and Prevention (CDC), National Aeronautics and Space Administration (NASA), and more, the SDOHi focuses on health risk tied to an individual's surroundings. Through 17 items that carry the greatest explanatory power with respect to key outcomes, the SDOHi is comprised of five domains across:

- Healthcare access: Concentration of MDs, OBGYNs, and pediatric specialists per 1,000 residents
- Food access: Presence of grocery stores within one mile of underserved populations, including Black individuals, children, and seniors



- Resource access: Quantity of libraries and religious institutions per 10,000 residents, employment rates for people over 65, and presence of grocery stores within 20 miles
- Housing & transportation: Home values, ratio of home value to income, and public transit use
- Economic security: Rates of employment, labor force participation, individuals with health insurance coverage, and household income above poverty level

Through equal weighting across well-being and social determinants, CWBI delivers an overarching metric that provides insights for the next generation of community-driven care, affording the opportunity to evaluate health risk across multiple levels and viewpoints, and enabling new data-driven interventions across people, policy, and places.

For more information on the Well-Being Index, Social Determinants of Health Index, and the Community Well-Being Index, please visit [our methods page](#).

To access the Community Well-Being Index State Rankings Report, please visit [our reports page](#).

Evolving Well-Being Rankings & Results

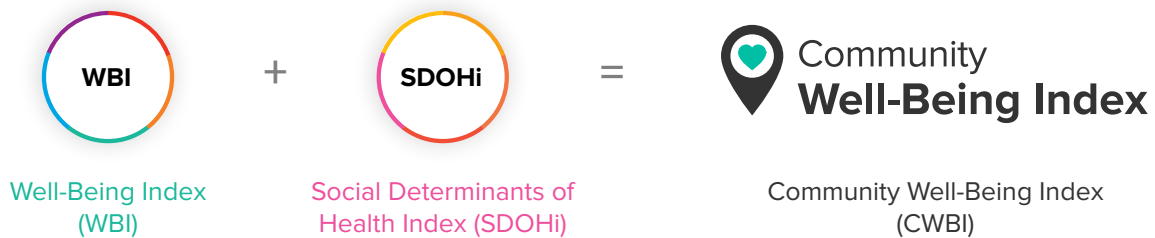
This year's rankings represent two major evolutions relative to community well-being measurement:

Comprehensive Coverage: through small area estimation (Wenjun, Li, 2009) and multiple imputation (Peter Cummings, 2013) – techniques widely used in similar applications and published in journals such as the Journal of American Medical Association and Statistics in Medicine – these findings offer visibility into scores

and ranks for 99.9% of counties and all 383 metropolitan statistical areas (MSAs) for the first time in Well-Being Index history, also increasing coverage in rural and underserved areas.

New Indices: in order to evolve our longstanding history of measuring individual health risk through the Sharecare Well-Being Index

(WBI), Sharecare and BUSPH have combined the WBI with a new Social Determinants of Health Index (SDOHi) to create our next-generation Community Well-Being Index (CWBI), integrating individual risk and risk tied to an individual's environment and surroundings into a single measure.



'Place' means simply our immediate, day-to-day surroundings. It is where factors like economics, our social environment, and the physical infrastructure of our surroundings coalesce into the space we navigate each day. Place can be a city, a town, a neighborhood, or the overlapping influence of all three. The common link is that place touches our lives daily; deciding what we see, hear, taste; shaping our health in good ways and bad. If our air is polluted, if our neighborhood is stressful and noisy, if our local market does not carry nutritious food, then it is less likely that we will be able to live a healthy life. If, however, our air is clean, our market supplies an abundance of quality food, if we live in a quiet, low-crime neighborhood, our chance of being healthy is much better. Taken together, the influence of these conditions suggests that our zip code is a better predictor of our health than is our genetic code.

Dr. Sandro Galea – WELL

Metro Area Results Overview

Based on rankings across all 383 US Metropolitan Statistical Areas (MSAs), Greater San Francisco assumed the top spot in the CWBI for this year's rankings, demonstrating how the Golden City's strong infrastructure and high levels of physical well-being support and enhance broader community resilience. Following state trends where California assumed a top five ranking in our state CWBI results, San Jose (CA) also scored a spot in the top five for 2019, lending to concentrations of high community well-being in northern California.

Other top-ranked MSAs include Ann Arbor (MI), ranked #1 in healthcare access, Stamford (CT), and Boston (MA), also lending to trends observed at the state level, where Massachusetts ranked #2 behind Hawaii and both Connecticut and New Hampshire landed positions in the top quintile in the CWBI.

At the bottom, Sebring (FL) took the last position in this year's rankings, diverging from state-level CWBI results where Florida ranked in the top 20, reinforcing the diverse nature of our most geographically southern state.

Other bottom-ranked MSAs include Hammond (LA), Danville (IL), Farmington (NM), and Albany (GA); three of four of these MSAs reside in states that fell in the bottom quintile in the CWBI, including Georgia (#41), New Mexico (#42), and Louisiana (#44).

Top 10 and Bottom 10 MSAs by Community Well-Being Index Ranking, 2019

Top MSAs

1. San Francisco-Oakland-Hayward, CA
2. Ann Arbor, MI
3. Bridgeport-Stamford-Norwalk, CT
4. San Jose-Sunnyvale-Santa Clara, CA
5. Boston-Cambridge-Newton, MA-NH
6. Boulder, CO
7. Urban Honolulu, HI
8. Iowa City, IA
9. New York-Newark-Jersey City, NY-NJ-PA
10. San Diego-Carlsbad, CA

Bottom MSAs

374. Carbondale-Marion, IL
375. Weirton-Steubenville, WV-OH
376. Longview, WA
377. Muskegon, MI
378. Hinesville, GA
379. Albany, GA
380. Farmington, NM
381. Danville, IL
382. Hammond, LA
383. Sebring, FL



Spotlight: Urban Honolulu, Hawaii

The Honolulu MSA ranks 7th in CWBI, 9th in SDOHi, and 41st in WBI with top 10 ranks for housing and transportation (2nd) and social well-being (9th). A community-wide well-being improvement project called Blue Zones Project focused on community engagement and policy and environmental change has strengthened this MSA's position in the rankings. Blue Zones Project was brought to Hawaii by HMSA in 2015 with projects in communities across Oahu, Hawai'i Island, and Maui Island. Across Urban Honolulu, Blue Zones Project works with restaurants, grocery stores, worksites, community organizations, and policymakers to improve the places where people live, work and play. Being an urban community, many residents are commuters who spend the majority of their day at their place of work. Large employers in this community have embraced Blue Zones Project concepts and have shown significant improvement in the well-being of their employees.

One such organization, Hawaiian Telcom, became a Certified Blue Zones Worksite in 2019 by transforming their policies to ban smoking on campus, creating opportunities for employees across the company to connect with each other, and working with area restaurants to offer healthy options for dining and catering. This has resulted in significant increases in employee self-reported satisfaction and decreases in employees' RealAge. Additionally, locally owned grocery chain Foodland has improved healthy offerings for customers in seven of their Oahu-based stores by creating Blue Zones checkout lanes with healthy choices, labeling healthy items and highlighting local farmers.

In an effort to create more vibrant, public spaces, one project focused on improving a community gathering space in Urban Honolulu called Old Stadium Park. Efforts to revitalize the space were visioned by community

members and leaders, and executed by a team of volunteers, community organizations and policymakers. The community has come together around several Blue Zones Project led activities, including park cleanups to restore the space, walking groups to increase community presence, and yoga in the park. Because the park is located in an urban area, the community came together on a street art "painted bulbout" project to implement traffic calming measures, and to increase safety and walkability. This is further supported by a 2019 city council resolution to create a master plan for the park, which will be executed over several years. Blue Zones Project efforts such as this one in the Honolulu MSA support residents' well-being through innovative initiatives that bring a community together around a common goal.

Community Well-Being Index

San Francisco's top ranking in CWBI was gained by achieving strong scores across both SDOHi and WBI, in which it ranked #1 and #30 respectively, and rankings in the top 10% for domains across housing and transportation (#1), food access (#4),

healthcare (#15), and physical well-being (#19).

Sebring (FL) assumed the last position overall in the CWBI after ranking in the bottom 10% of MSAs across WBI, SDOHi, and 7 of 10 CWBI domains. The only scores

achieved outside the bottom 10% of MSAs were in healthcare access, resource access, and housing and transportation, and for these domains, Sebring still fell in the bottom half of all MSAs, ranking #257, #211 and #193, respectively.

Overall Community Well-Being Index Rank	Well-Being Index Rank	Well-Being Index Domains					Social Determinants of Health Index Rank	Social Determinants of Health Index Domains				
		Purpose	Social	Financial	Community	Physical		Food Access	Healthcare Access	Resource Access	Housing and Transportation	Economic Security
1. San Francisco-Oakland-Hayward, CA	30	40	69	39	78	19	1	4	15	250	1	75
2. Ann Arbor, MI	9	9	36	14	14	13	7	201	1	205	54	88
382. Hammond, LA	381	379	336	383	353	378	374	379	333	238	254	330
383. Sebring, FL	383	383	383	382	373	383	372	343	257	211	193	379

■ Well-Being Index Top Quintile
■ Well-Being Index Bottom Quintile
■ Social Determinants of Health Index Top Quintile
■ Social Determinants of Health Index Bottom Quintile

Well-Being Index

While The Villages (FL) ranked #51 in the CWBI based on moderate to low levels of social determinants, the well-known retirement community assumed the top spot for the Well-Being Index and all five WBI domains, demonstrating strong resilience for aging populations in this central Florida community.

Other themes in the top include Naples (FL) - a veteran "well-being elite" MSA - ranking in the top five for social well-being, community well-being, and the WBI overall. In addition, Wenatchee (WA) achieved five top-five scores, Dubuque (IA)

assumed four top-five positions, and Corvallis (OR) landed three top-five positions across well-being rankings.

Just over 100 miles south of The Villages (FL), Sebring (FL) ranked last in the CWBI, assumed the last position for the WBI overall, as well as WBI domains across social, purpose, and physical well-being.

Hammond (LA), fell in the bottom spot for financial well-being, and further, ranked in the bottom 10% for all well-being domains except for social.

Odessa (TX) landed at the bottom for community well-being due to low rates of individuals who like where they live, as well as low levels of civic engagement and recognition.

Other notable trends at the bottom of this year's well-being rankings include MSAs across Louisiana and Illinois being represented in the bottom five of the WBI as well as three different well-being domains.

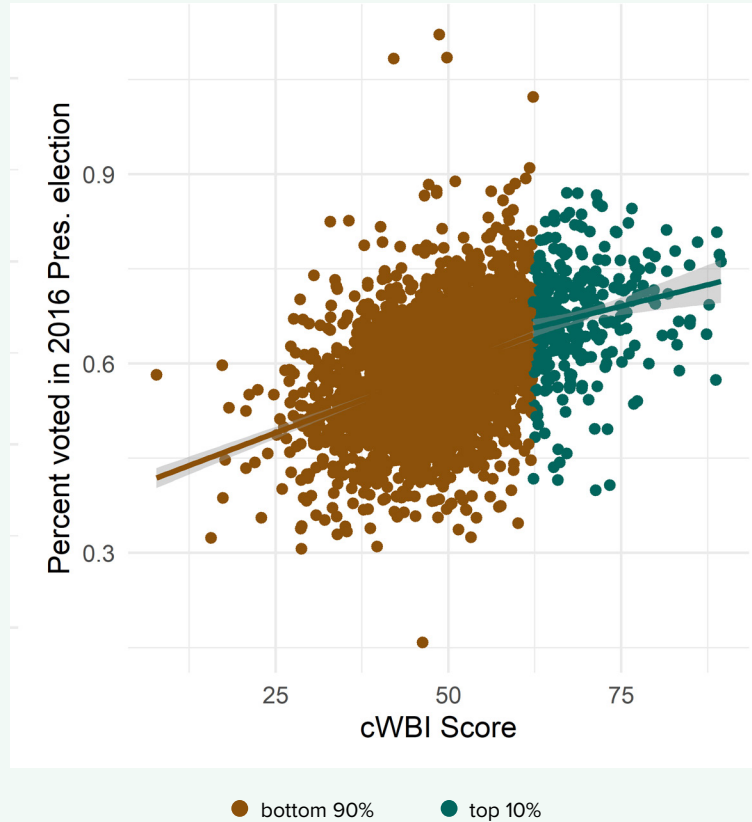
Relationship Between Voter Participation & Community Well-Being

Prior findings from Sharecare indicate states that fell in the top quintile for voter participation in the 2016 presidential election exhibited mean CWBI scores 7+ points greater than states that fell in the bottom quintile for voter participation.*







For MSAs, we note similar trends, including one that shows metro areas in the top quintile for voter participation in the 2016 presidential election exhibited CWBI scores 10+ points higher than MSAs who fell in the bottom quintile for voter participation. For counties, the difference in mean CWBI scores for the top and bottom quintile for voter participation increases to 12+ points.

These trends observed across states, MSAs, and counties, reinforce the connection between civic participation and community health and well-being, demonstrating the importance of establishing resilience and environments that enable individuals to exercise their right to vote, thereby promoting enhanced outlook through feelings of control and alignment to our nation's leadership.

*Alaska is excluded from this analysis.



Top 5 and Bottom 5 MSAs by Well-Being Index Element, 2019

	Top 5 MSAs	Bottom 5 MSAs
Well-Being Index Overall 	<ol style="list-style-type: none"> 1. The Villages, FL 2. Dubuque, IA 3. Naples-Immokalee-Marco Island, FL 4. Wenatchee, WA 5. Corvallis, OR 	<ol style="list-style-type: none"> 379. Longview, WA 380. Carbondale-Marion, IL 381. Hammond, LA 382. Danville, IL 383. Sebring, FL
Physical 	<ol style="list-style-type: none"> 1. The Villages, FL 2. Wenatchee, WA 3. Punta Gorda, FL 4. Corvallis, OR 5. Atlantic City-Hammonton, NJ 	<ol style="list-style-type: none"> 379. Gadsden, AL 380. Carbondale-Marion, IL 381. Longview, WA 382. Kokomo, IN 383. Sebring, FL
Financial 	<ol style="list-style-type: none"> 1. The Villages, FL 2. Fond du Lac, WI 3. Corvallis, OR 4. Wenatchee, WA 5. Madison, WI 	<ol style="list-style-type: none"> 379. Yakima, WA 380. Macon-Bibb County, GA 381. Burlington, NC 382. Sebring, FL 383. Hammond, LA
Social 	<ol style="list-style-type: none"> 1. The Villages, FL 2. Walla Walla, WA 3. Naples-Immokalee-Marco Island, FL 4. Provo-Orem, UT 5. Dubuque, IA 	<ol style="list-style-type: none"> 379. St. Joseph, MO-KS 380. Chico, CA 381. Utica-Rome, NY 382. Michigan City-La Porte, IN 383. Sebring, FL
Community 	<ol style="list-style-type: none"> 1. The Villages, FL 2. Naples-Immokalee-Marco Island, FL 3. Wenatchee, WA 4. Santa Fe, NM 5. Dubuque, IA 	<ol style="list-style-type: none"> 379. Albany, GA 380. Shreveport-Bossier City, LA 381. Decatur, IL 382. Fayetteville, NC 383. Odessa, TX
Purpose 	<ol style="list-style-type: none"> 1. The Villages, FL 2. Dubuque, IA 3. Santa Fe, NM 4. Wenatchee, WA 5. Provo-Orem, UT 	<ol style="list-style-type: none"> 379. Hammond, LA 380. Chico, CA 381. Muskegon, MI 382. Danville, IL 383. Sebring, FL



Spotlight: The Villages, Florida

One of the fastest growing MSAs in the country, The Villages, FL is a unique community comprised predominately of individuals aged 55 and older, and with very limited population under the age of 19. In addition to representing a broadly homogeneous population from the standpoint of age, The Villages MSA is 98.3% White or Caucasian (Source: Wikipedia), and in 2019, individuals in this community also achieved the highest average median credit score nationally (source: WalletHub), representing an exceedingly homogenous population from the standpoint of race and fiscal stability.

While the Community Well-Being Index (CWBI) and associated studies largely demonstrate and reinforce the importance of diversity in fostering high levels of well-being and social determinants of health, The Villages metro area represents an exception to this premise, including top rankings in well-being in spite of a highly homogenous population, and differentiated needs from the standpoint of social determinants of health based on an almost exclusively 55+ population.

Accelerating in well-being:

For this year's rankings, The Villages ranked #1 for well-being overall, as well as for all 5 well-being domains, demonstrating strong individual health across physical and financial resilience, connections to social networks and community, and every day purpose.

Factors that enabled The Villages to sweep well-being rankings for 2019 include resources and amenities tailored specifically toward facilitating optimal well-being for an aging population, including 50 golf courses, 11 parks, and 32 neighborhood centers to encourage daily movement, 8 regional centers and 2 performing arts centers to promote creativity and community, a Lifelong Learning College to enable ongoing knowledge and purpose, thousands of social clubs to keep individuals connected, and more (source: The Villages).

Outlier in social determinants of health:

While The Villages swept well-being rankings based on a community that

caters specifically to the resident population and their needs, The Villages performed lower across select social determinants of health measures – in part, due to differing circumstances compared to other metro areas nationally.

One example is in healthcare access where presence of healthcare resources like pediatricians and OBGYNs are less relevant due to limited child bearing population and residents under the age of 19. In addition, economic variables like labor force participation and employment rates are inherently lower in a retirement setting.

While remaining committed to SDOHi domains identified through advanced statistical techniques, Sharecare and BUSPH recognize outliers like The Villages, and accordingly, recommend communities reflect and analyze CWBI rankings relative to their specific circumstances, population, and unique community characteristics.

Social Determinants of Health Index

Ranked #1 in the CWBI, Greater San Francisco also scored the top position in this year's SDOHi, including top scores for housing and transportation as well as a top-five ranking for the food access domain.

Ann Arbor (MI) -- ranked #2 in CWBI -- assumed the #1 position for the healthcare access domain.

Other top rankings were assumed by Sioux Falls (SD), ranked #1 in economic security; Barnstable Town (MA), ranked #1 in resource access; and Los Angeles (CA), ranked #1 in food access.

Homosassa Springs (FL) assumed the bottom position in the SDOHi, landing in the bottom five for food access and ranking in the bottom 10% for three of five SDOHi domains: economic security, healthcare access, and food access.

Although it ranked #1 in the WBI and all five WBI domains, The Villages (FL) assumed the bottom position in healthcare access, representing an outlier when it comes to measures of healthcare resource access across pediatricians and OBGYNs. This is in addition to The Villages representing an outlier in relation to economic variables, including inherently lower levels of labor force participation in a retirement setting (see spotlight above).

Other bottom-ranking scores were assumed by El Centro (CA), ranked last in economic security; Steubenville (WV-OH), ranked last in housing and transportation; East Stroudsburg (PA), ranked last in food access; and Mission (TX), ranked last in resource access.

Housing and Transportation

While recognizing Greater San Francisco's CWBI ranking was supported by a top ranking in housing and transportation, it is important to acknowledge this subdomain is based on presence of high-value homes and recommended home-to-income ratios, and does not take into account presence of affordable homes.

This paradigm is also true in looking at CWBI state rankings where Hawaii landed the top position for housing and transportation, exhibiting the highest percentage of homes valued over \$500K of all 50 states.






Access Variables

While access to quality healthcare, food, and resources are critical to achieving optimal levels of well-being and resilience, it is important to note that these variables can be misleading – in particular, for populations that live on state, metro area, and county borders.

While the presence of resources in a county or city may be indicative of funding and wealth, it is important to recognize that access is relative to specific location and the relative proximity of the surrounding resources – no matter if those resources cross state, city, and county boundaries. In addition, access is relative to one's specific circumstances, including having the time, fiscal means, and education required to consume those resources.

Therefore, combining specific place with context tied to the person supports a more holistic view of individual health risk and opportunity.

Top 5 and Bottom 5 MSAs by Social Determinants of Health Index Element, 2019

	Top 5 MSAs	Bottom 5 MSAs
Social Determinants of Health Index Overall	<ol style="list-style-type: none"> 1. San Francisco-Oakland-Hayward, CA 2. San Jose-Sunnyvale-Santa Clara, CA 3. New York-Newark-Jersey City, NY-NJ-PA 4. Washington-Arlington-Alexandria, DC-VA-MD-WV 5. Boston-Cambridge-Newton, MA-NH 	<ol style="list-style-type: none"> 379. Beckley, WV 380. Muskegon, MI 381. Lake Havasu City-Kingman, AZ 382. Hinesville, GA 383. Homosassa Springs, FL
Food Access 	<ol style="list-style-type: none"> 1. Los Angeles-Long Beach-Anaheim, CA 2. San Jose-Sunnyvale-Santa Clara, CA 3. Miami-Fort Lauderdale-West Palm Beach, FL 4. San Francisco-Oakland-Hayward, CA 5. New York-Newark-Jersey City, NY-NJ-PA 	<ol style="list-style-type: none"> 379. Hammond, LA 380. Homosassa Springs, FL 381. California-Lexington Park, MD 382. Hinesville, GA 383. East Stroudsburg, PA
Healthcare Access 	<ol style="list-style-type: none"> 1. Ann Arbor, MI 2. Iowa City, IA 3. Durham-Chapel Hill, NC 4. Gainesville, FL 5. Burlington-South Burlington, VT 	<ol style="list-style-type: none"> 379. Weirton-Steubenville, WV-OH 380. Ocean City, NJ 381. Hanford-Corcoran, CA 382. Gettysburg, PA 383. The Villages, FL
Resource Access 	<ol style="list-style-type: none"> 1. Barnstable Town, MA 2. Pittsfield, MA 3. Santa Fe, NM 4. Ocean City, NJ 5. Parkersburg-Vienna, WV 	<ol style="list-style-type: none"> 379. Jacksonville, NC 380. Riverside-San Bernardino-Ontario, CA 381. Bakersfield, CA 382. Hanford-Corcoran, CA 383. McAllen-Edinburg-Mission, TX
Housing and Transportation 	<ol style="list-style-type: none"> 1. San Francisco-Oakland-Hayward, CA 2. Urban Honolulu, HI 3. New York-Newark-Jersey City, NY-NJ-PA 4. Bridgeport-Stamford-Norwalk, CT 5. Washington-Arlington-Alexandria, DC-VA-MD-WV 	<ol style="list-style-type: none"> 379. Wichita Falls, TX 380. Bay City, MI 381. Saginaw, MI 382. Danville, IL 383. Weirton-Steubenville, WV-OH
Economic Security 	<ol style="list-style-type: none"> 1. Sioux Falls, SD 2. Bismarck, ND 3. Midland, TX 4. Appleton, WI 5. Fargo, ND-MN 	<ol style="list-style-type: none"> 379. Sebring, FL 380. Visalia-Porterville, CA 381. Lake Havasu City-Kingman, AZ 382. Merced, CA 383. El Centro, CA

Due to the volume of counties included in this year's ranking (n = 3,140), our inaugural report focuses on high-level trends across U.S. counties, including differences in the top and bottom decile, trends across counties in and outside of metro areas, and county rankings' alignment with MSA and state rankings.

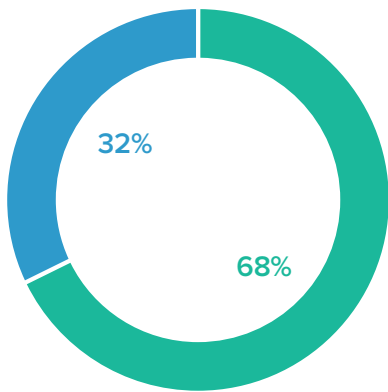
Themes in the Top 10% and Bottom 10%

When comparing counties that represent the top 10% of CWBI rankings nationally (n = 341) with counties that represent the bottom 10% of CWBI rankings nationally, we note that 68% of counties ranked in the top 10% are counties considered a part of an MSA, compared to only 32% of the top 10% being comprised of counties outside a major metropolitan area.

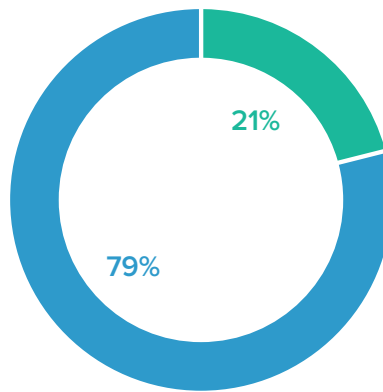
Conversely, the bottom 10% of counties is predominately comprised of counties outside major metropolitan areas, including 79% of the bottom 10% falling outside an MSA, and only 21% of the bottom 10% being comprised of counties considered part of a major metropolitan area. This trend aligns with rural vs. urban trends noted in our CWBI state report, including the finding that on average, counties considered urban achieved higher well-being scores in comparison to their rural counterparts.

In addition, and in looking across CWBI domain scores in the top 10% vs. the bottom 10%, we note the largest score differentials across SDOHi domains in healthcare access and economic security, where on average, counties in the top 10% represent scores almost 17 points higher than counties in the bottom 10% of the CWBI. Among well-being domains, the largest differential is in the financial well-being domain, including counties in the top 10% representing scores almost 10 points higher than counties in the bottom 10% for CWBI. This trend reinforces and further highlights the critical connection between economic and fiscal security and community well-being at the county level (see discussion section for additional details on this relationship).

% Top Decile Based on CWBI



% Bottom Decile Based on CWBI



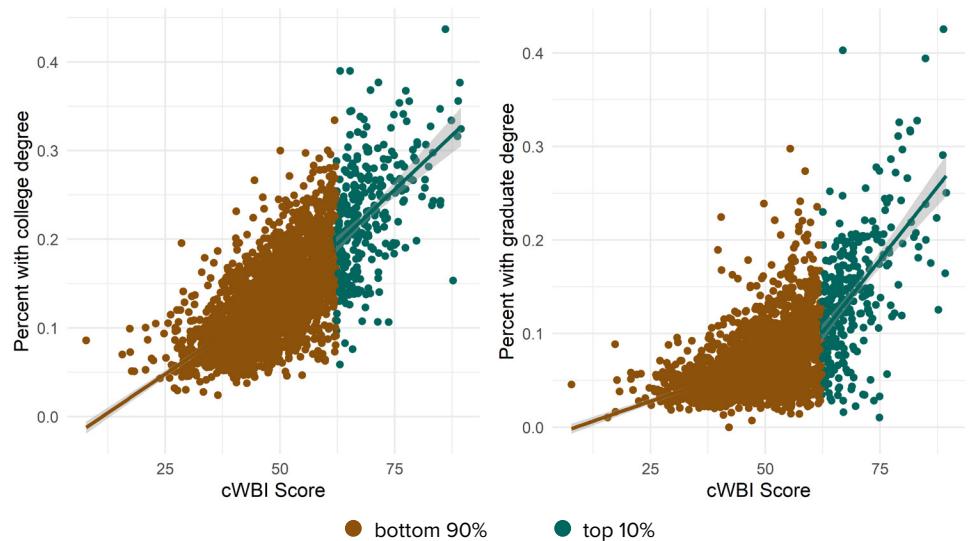
■ MSA ■ Non-MSA

Themes in the Top 10% and Bottom 10%

Other key themes comparing the top 10% vs. the bottom 10% of counties based on CWBI include:

- **Education:** the top 10% of counties represents over 3 times the percentage of individuals with a graduate degree, and more than 2.5 times the percentage of individuals with a college degree
- **MDs & Healthcare Resources:** as observed through our healthcare access SDOHi domain, when averaged across counties within decile groups, the top 10% of counties represents over seven times the number of MDs per capita, compared to the bottom 10%, including on average, less than 1 MD per 1,000 residents for counties ranked in the bottom 10% based on the CWBI
- **Physical Inactivity:** counties in the top 10% based on CWBI rankings represent on average 1 in 5 individuals who are physically inactive, compared to almost 1 in 3 individuals who are physically inactive in the bottom 10% of counties based on the CWBI
- **Voter Participation:** based on voter participation in the 2016 presidential election, counties in the top 10% of the CWBI saw on average almost 2 in 3 eligible voters participate, compared to on average just over 1 in 2 eligible voters participating in the bottom 10% of counties based on the CWBI
- **Parks & Greenspace:** counties in the top 10% represent 1.5 times more parks per square mileage than counties in the bottom 10% for the CWBI
- **Home Values:** compared to counties in the bottom 10% of this year's CWBI, counties in the

CWBI County Scores & % Higher Education



top 10% represent over 10 times the percentage of homes valued at \$500K or more, including on average, almost 1 in 5 homes valued over \$500K in the top 10% of counties

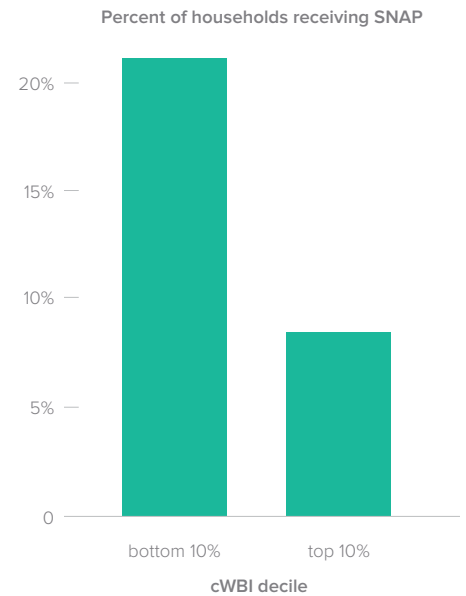
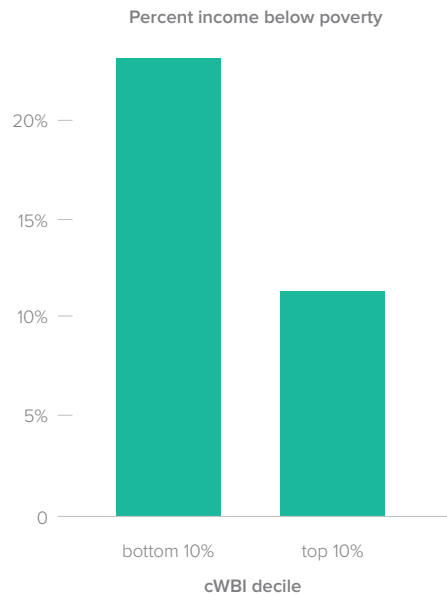
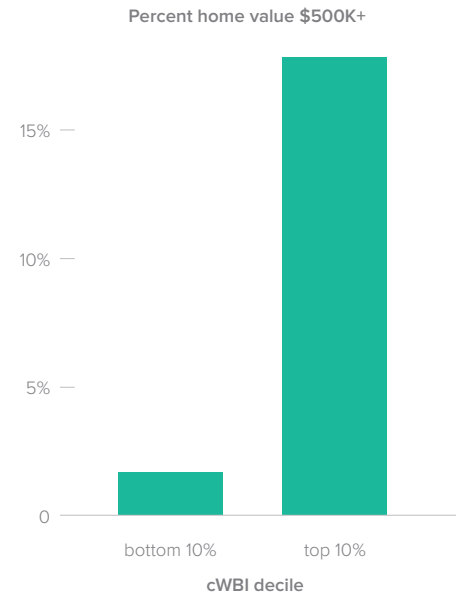
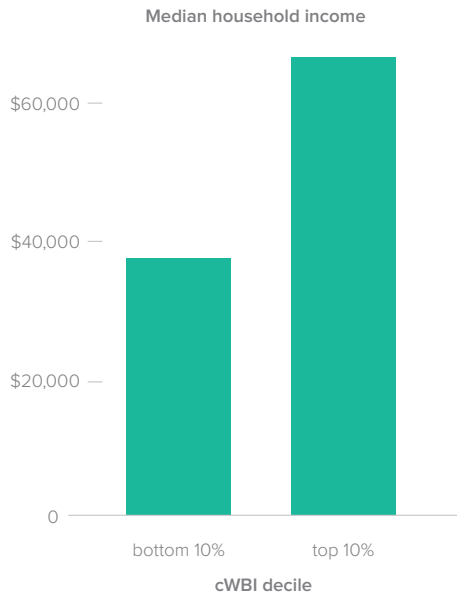
- **Household Income:** compared to counties in the bottom 10%, counties in the top 10% represent median household income levels that are almost 2 times higher; on average, median household income in the top 10% was almost \$70,000, compared to less than \$40,000 for counties in the bottom 10% based on the CWBI

- **Poverty:** the average percent of households receiving SNAP/ living below the poverty line on counties in the bottom 10% of CWBI was more than double the average percent of households receiving SNAP/ living below the poverty line for counties in the top 10% of the CWBI

Top 10% vs. Bottom 10% of CWBI County Rankings Across Financial Variables

In addition to themes identified above, on average, we note that the top 10% of CWBI counties represents a higher percentage of households that speak English less than well. While more holistic data coverage and further analyses are required to evaluate this trend fully, we believe this is linked to higher CWBI scores in urban city centers and metro areas where immigrant and non-English speaking populations are more likely to reside.

Overall, and while several of the variables analyzed above are either directly included in the CWBI measure or have been incorporated in the statistical process for deriving CWBI, these trends further reinforce stark differences in community well-being across our nation's counties, including high variability across key social determinant factors that define the environments, resources, and overall circumstance of where individuals live and work.



County Themes and Alignment with State Rankings

When looking at county themes and alignment to state and MSA rankings, we note that Hawaii (#1), Connecticut (#6), and Massachusetts (#2) saw the largest percentage of counties ranked in the top decline in this year's CWBI; these three states were represented by over 60% of counties in the top decline for the CWBI.

Conversely, zero counties in Alabama (#46), Oklahoma (#45), Delaware (#38), and Arizona (#24) were in the top 10% (note: Delaware only has 3 counties), representing a wider range in rankings among

states with zero counties in the top decile.

In the bottom decile of states, 13 did not have any counties in the bottom 10%. In fact, six of the 13 states with no counties in the bottom 10% landed in the top quintile for the CWBI rankings.

While no Delaware or Arizona counties were represented in the top decile, these states also saw no counties in the bottom decile, representing the only states that did not have any counties ranked in the top 10% or the bottom 10%.

States with the highest percentage of counties represented in the bottom 10% include:

- Mississippi (#50) – 29% of counties in the bottom 10%
- Arkansas (#48) – 29% of counties in the bottom 10%
- Kentucky (#47) – the highest total volume of counties in the bottom 10% (n=40) and the highest percentage of counties in the bottom 10% (33%)

County Themes and Alignment with MSA Rankings

Of the MSAs that had 100% of their counties in the top 10% in the CWBI, Greater Boston was the MSA with the most counties – all seven Boston-based counties – falling in the top 10% of counties nationally. Other notable callouts include top-ranked San Francisco, where all five counties ranked in the top 10%; Miami-Fort Lauderdale where all three counties ranked in the top 10%; and Greater Los Angeles, where both Orange and Los Angeles landed in the top 10%. All

other MSAs with 100% of counties in the top 10% included only 1 county in the MSA.

Only two MSAs saw 100% of their counties in the bottom, and both of those MSAs, Hammond (LA) and Sebring (FL) – only represent a single county. Of note, however, is that both of these metro areas recently experienced significant trauma, including some of the highest levels of crime nationally measured in Hammond, and Sebring experiencing a mass

shooting in 2019.

Three Tennessee-based metro areas saw the highest number of counties falling in the bottom 10% of counties nationally, including Greater Nashville, Greater Knoxville, and Greater Memphis representing 3 of their respective counties in the bottom decile. For Greater Knoxville and Greater Memphis, this represents 33% of nine metro area counties, while for Greater Nashville, this represents 21% of its 14 counties.

Relationships in Rankings Between CWBI Measures

Recognizing the inclusion of each domain in the CWBI measure reflects an inherent connection, we noted in our state report that of the 10 domains across well-being and social determinants, the strongest relationship with CWBI state scores is with the SDOHi domain scores under housing and transportation.

At the MSA level, we also note that of the SDOHi domains, housing and

transportation scores across metro areas carry the strongest relationship with CWBI scores.

However, and in looking at counties, economic security scores coincide more closely with overarching CWBI scores, lending to the importance of county-level fiscal stability when it comes to ability to achieve health and well-being.

In addition, and of all ten CWBI domains, economic security carries the strongest relationship with CWBI scores at the county level – once again, reinforcing the importance of measuring and contextualizing location and place when it comes to comprehending and augmenting population health.



Best Practices for Well-Being Impact

At Sharecare, we believe health is a shared ecosystem, not a solo journey. We recognize the importance of measuring community well-being, and, more importantly, that the insights generated from our research are being leveraged to develop not only data-driven and evidence-based digital (high-tech) interventions, but also interventions that are community-based (high-touch). As part of Sharecare's community-driven strategy, we are committed to ensuring that the Community Well-Being Index becomes an accessible hub of well-being insights, unifying all the elements of individual and collective health so everyone can live longer, better.

For the last decade, Sharecare has been sustainably improving the well-being of entire communities through the Blue Zones Project initiative. Now impacting more than 3.5 million people across the U.S. and Canada, 51 communities have joined the Blue Zones Project, working together to make the healthy choice the easy choice by optimizing the life radius – the environments where people live, work and play. Built using lessons from the world's longest-lived populations and cultures, the Blue Zones Project takes a systems approach to implementing evidence-based policies and programs that will move a community toward optimal health and well-being. A community blueprint aimed at executing neighborhood-level strategies to address SDOH and health equity for all is developed with community input and driven by a representative local steering committee. Participating communities have

experienced double-digit drops in obesity and tobacco use and have saved millions of dollars in healthcare costs.

Below are best practices for employers, federal and state government, health plans, life sciences companies, providers, community leaders, and all population health stakeholders as they implement community well-being improvement programs. While differing healthcare verticals play unique roles in healthcare experiences and outcomes, commonalities across best-in-class programs include: multi-modal individual and community interventions; environmental and technological investments that encourage healthier choices; cultural changes and inclusive policies that promote and celebrate well-being; and community well-being measurement to gauge progress.

Assess & Establish

The blueprint for well-being transformation starts with unifying multidisciplinary stakeholders across and beyond the healthcare continuum around a common vision tied to community well-being improvement. By understanding the individual and community risk factors most pervasive across and within communities, as well as the relationships between health risk factors and SDOH, key partners and population health stakeholders have the opportunity to leverage the CWBI framework to drive awareness, stakeholder engagement, and community investment in hyperlocal interventions designed to sustainably improve identified risks.

In responding to COVID-19, stakeholder alignment, sensitivity, and understanding of the relationships between health risk across people and places are paramount in identifying and supporting vulnerable populations as well as maximizing the impact of investments made in overall well-being improvement.

Individual Transformation

Interventions to improve well-being across populations start with the individual. A holistic, ultra-personalized approach that goes beyond physical health to encompass purpose, social, financial, and community factors helps identify and mitigate the underlying root causes of poor health. By delivering a dynamic user experience that includes baseline and real-time measurement for identifying risks, clinically validated content for educating users on both individual risk and risk tied to their surroundings, and evidence-based lifestyle and disease management programs through digital and high-touch modalities, individuals become empowered in their journey toward well-being improvement.

In today's pandemic-impacted environment, we know individual resilience is more important than ever. While preliminary data suggests that financial well-being plays a key role in physical behaviors, data also suggests individuals who possess higher levels of resilience are less vulnerable when it comes to COVID-19 hospitalization and mortality. In addition, individuals who exhibit higher levels of well-being are less likely to experience negative mental and behavioral health issues

Best Practices for Well-Being Impact

as a result of COVID-19, reinforcing the importance of individual interventions that maximize well-being. To minimize risk tied to COVID-19 transmission, delivery through integrated virtual care networks is paramount. Offering a comprehensive suite of digital tools via an integrated member experience allows individuals to engage in their health and well-being safely on a daily basis, and be connected to the appropriate point of care when needed – no matter where they are in their healthcare journey.

Individual to Community Transformation

Recognizing the hyperlocal nature of health, it is critical to create environments that foster a culture of well-being and support individuals in better understanding their own community and how to navigate it for better health. Social determinant issues – limited access to healthy foods and healthcare, and high levels of air pollution, as examples – have been proven to be highly predictive of whether or not individuals have the opportunity to achieve high levels of well-being; therefore, a successful blueprint entails educating individuals about these risks, and, further, creating tech-enabled, geospatial user journeys that support identifying healthy, convenient, and affordable options for daily needs across food, healthcare, fitness, community resources, and beyond. By enhancing awareness tied to location and place, individuals are better equipped to create sustainable healthy habits.

Our communities and cultural norms are evolving constantly against COVID-19, furthering the need to connect individuals contextually to their surroundings via high tech, enabling access to resources while adhering to social distancing guidelines.

Community Transformation

Communities that invest in infrastructures that support active living such as bike paths, walkability, and public transit have residents with better health and well-being outcomes. Research shows residents in communities that are conducive to active lifestyles have significantly lower rates of smoking, obesity, diabetes, high blood pressure, high cholesterol and depression as well as significantly higher rates of exercise, healthy eating, fresh produce consumption, and physical thriving. In addition, racial and socioeconomic well-being inequities require specific infrastructures and policies to mitigate sustained differences in health outcomes. A best-practice community transformation approach calls for deploying interventions across people, policy and places to optimize the life radius. An optimal community blueprint is aimed toward neighborhood-level strategies to address risk across social determinants of health and to achieve health equity.

In addition, as we embrace a new normal in light of COVID-19, it is paramount that we realize “community” encompasses both physical and digital connection points to further promote well-

being. Through a combined high-touch and high-tech approach to community transformation, individuals can engage in both their own health journeys and their communities’ collective health journeys on a daily basis.

Measure Impact

Measurement should be the foundation of any well-being program. Benchmarking individual and community well-being to understand risks and opportunities, prioritizing interventions according to those risks, and then measuring the impact of those interventions is critical to contextualizing improvement. In addition, successful individual and community interventions enable blueprints that can be replicated in other communities, driving results at greater scale and bending the trend on our nation’s health crisis.

The critical nature of measurement cannot be understated. As we continue to study and understand the impact COVID-19 is having on our physical and financial resiliency, our opportunities to connect socially, and our ability to live with purpose, community leaders can come together in new ways, unifying the powers of the collective to amplify benefits and, ultimately, promote better health for all.