



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

STRESS IN AMERICA™:
THE **IMPACT**
OF **DISCRIMINATION**

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ABOUT THE *STRESS IN AMERICA*™ SURVEY

Since 2007, the American Psychological Association has commissioned an annual nationwide survey as part of its Mind/Body Health campaign to examine the state of stress across the country and understand its impact. The *Stress in America*™ survey measures attitudes and perceptions of stress among the general public and identifies leading sources of stress, common behaviors used to manage stress and the impact of stress on our lives. The results of the survey draw attention to the serious physical and emotional implications of stress and the inextricable link between the mind and body.

FOR A HEALTHY MIND AND BODY, TALK TO A PSYCHOLOGIST

APA's Mind/Body Health campaign educates the public about the connection between psychological and physical health and how lifestyle and behaviors can affect overall health and wellness. This multifaceted social marketing campaign addresses resilience and the mind-body connection through the Internet, social media, strategic partnerships and a nationwide grassroots network of psychologists offering free educational programs in local communities.

ABOUT THE AMERICAN PSYCHOLOGICAL ASSOCIATION

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States. APA's membership includes nearly 122,500 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.



METHODOLOGY	1
THE IMPACT OF DISCRIMINATION	6
Experiencing Discrimination in America	6
Discrimination Associated With Higher Stress Levels and Health Disparities	8
The Health Disparities and Stress Connection	9
Stress Levels Reflect Racial and Ethnic Disparities in Other Areas of Life	11
Living in a Stressful Environment	12
Definitions	13
STRESS SNAPSHOT	14
Rise in Extreme Stress Accompanies Increase in Stress-Related Symptoms and Poor Health	14
Stress Greatly Impacts Adults' Health and Behaviors, Particularly Unhealthy Eating	16
Adults Remain Largely Optimistic and Emotional Support May Mitigate Stress	18
Stress Snapshot: Gender	19
Stress Snapshot: Generations	20
Stress Snapshot: Race and Ethnicity	21
Stress Snapshot: Individuals with Disabilities	21
Stress Snapshot: Sexual Orientation and Gender Identity	22
APPENDIX: GUIDELINES FOR READING QUESTIONS AND INTERPRETING DATA	23



METHODOLOGY

2015 STRESS IN AMERICA™ SURVEY METHODS

The 2015 *Stress in America*™ survey was conducted online within the United States by Harris Poll on behalf of the American Psychological Association (APA) between August 3 and 31, 2015, among 3,361 adults aged 18+ who reside in the U.S. Interviews were conducted in English (n=2972), Spanish (n=306), Chinese (n=66), Vietnamese (n=9) and Korean (n=8). Respondents for this survey were selected from among those who have agreed to participate in Harris Poll surveys. Data are weighted to reflect their proportions in the population. Weighting variables included age, gender, race/ethnicity, education, region and household income. Propensity score weighting also was used to adjust for respondents' propensity to be online. In addition to the demographic variables listed, data from Hispanic respondents were weighted for acculturation, taking into account respondents' household language as well as ability to read and speak in English and Spanish.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error, which are most often not possible to fully estimate and control, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, Harris Poll avoids the words “margin of error,” as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for unweighted, random samples with 100 percent response rates. These are only theoretical because no published polls — whether conducted by telephone or online — come close to the ideal probability sample given the sources of error previously noted. Because the sample is based on those who were invited and agreed to participate in an online research panel, no estimates of theoretical sampling error can be calculated.

Sample Size and Key Sample Definition

SAMPLE SIZE

Throughout this report, different segments of adults are discussed. Demographic subgroups of adults (n=3361 total) are defined below and include:

- Gender: Male: n=1104; Female: n=2244
- Race/Ethnicity: White: n=1071; Hispanic: n=813; Black: n=825; Asian: n=416; American Indian or Alaska Native: n=199
- Generation: Millennials (18 to 36 years old): n=1190; Gen Xers (37 to 50 years old): n=649; Baby Boomers (51 to 69 years old): n=1130; Matures (age 70 or older): n=392
- Poverty Level: At or below 200 percent of the annual federal poverty guidelines: n=1168; More than 200 percent of the annual poverty guidelines: n=1897
- Region: East: n=687; Midwest: n=632; South: n=1209; West: n=832



- Urbanicity: Urban: n=1304; Suburban: n=1389; Rural: n=668
- Emotional Support: Yes: n=2366; No: n=674
- Disability: Persons living with a disability: n=1088; Persons living without a disability: n=2222
- LGBT: LGBT: n=233; Non-LGBT: n=3043

RACE/ETHNICITY DEFINITION

Harris Poll's methods for asking about and categorizing race and ethnicity are in accordance with the approach taken by the U.S. Census Bureau, which treats race and ethnicity as two separate and distinct categories, examined in two separate questions.¹ Per the Census' framework, ethnicity is categorized as either "Hispanic or Latino" or "not Hispanic or Latino." Race comprises five categories: 1) White, 2) Black/African-American—referenced in the report as Black, 3) Asian, 4) Native American/Alaskan Native—referenced in the report as American Indian/Alaska Native (AI/AN), and 5) Hawaiian Native or other Pacific Islander. The Census further describes that the concept of race reflects self-identification by people according to the race or races with which they most closely identify and that people who report themselves as Hispanic can be of any race.

Using the framework described above and the questions at right, if respondents identified as Hispanic in Q1, for the purposes of this research, they were included in the Hispanic subgroup regardless of their responses to the subsequent questions examining race. All other respondents were identified based solely on their answers to Q2. Very few indicated they were of mixed race or some other race. Those who did are included in the total sample, but have been excluded from the racial/ethnic analysis, as there were too few (1 percent of the total sample) to analyze separately.

POVERTY LEVEL DEFINITION

The proportion of respondents in poverty was calculated based on the 2015 Federal Poverty Guidelines.² The calculation takes into account annual household income, as well as the number of persons living in the household. For the purposes of this research, poverty was defined as being at or below 200 percent of the federal annual poverty guidelines. For example, a family of four is considered to be living in poverty if their annual household income is \$48,500 or less.

¹ United States Census Bureau. (n.d.). *Hispanic origin*. Retrieved from <http://www.census.gov/population/hispanic/about/faq.html>

² Medicaid.gov. (2015). *2015 Federal Poverty Guidelines*. Retrieved from <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/downloads/2015-federal-poverty-level-charts.pdf>

QUESTIONS TO DEFINE RACE/ETHNICITY

BASE: U.S. RESPONDENTS

Q1: Are you of Spanish or Hispanic origin, such as Latin American, Mexican, Puerto Rican, or Cuban?

- 1) Yes, of Hispanic origin
- 2) No, not of Hispanic origin
- 3) Decline to answer

Q2: Do you consider yourself...?

- 1) White
- 2) Black
- 3) Asian or Pacific Islander
- 4) Native American or Alaskan Native
- 5) Mixed racial background
- 6) Some other race
- 7) African-American
- 8) Decline to answer

BASE: OTHER RACE

Q3: What other race do you consider yourself?

BASE: MIXED RACIAL BACKGROUND

Q4: You indicated that you consider yourself of a mixed racial background. With which of the following racial groups do you most closely identify? Please select all that apply.

- 1) White
- 2) Black
- 3) African-American
- 4) Asian or Pacific Islander
- 5) Native American or Alaskan Native
- 6) Some other race
- 7) Decline to answer



EMOTIONAL SUPPORT DEFINITION

Emotional support was defined using the question below from the National Health and Nutrition Examination Survey (NHANES). Respondents who said “yes” to the question below were categorized as having emotional support, and those who said “no” were categorized as not having emotional support. Those who said “I do not need help” were not included in analyses examining the impact of emotional support.

QUESTION TO DEFINE EMOTIONAL SUPPORT

Q: Is there someone you can ask for emotional support if you need it, such as talking over problems or helping you make a difficult decision?

- 1) Yes
- 2) No
- 3) I don't need help

DISABILITY DEFINITION

Disability was defined using the question below. Respondents who selected “yes, myself only” or “yes, both myself and someone else” for any of the four conditions listed were qualified as persons with a disability. Respondents who selected “yes, someone else only” or “no” were considered to not have a disability. Respondents who selected “decline to answer” were excluded from the classification.

QUESTION TO DEFINE DISABILITY

Q: Do you, or does anyone in your household, have any of the following conditions?

- *Blindness or a severe visual impairment in either eye*
- *Deafness or hard of hearing in either ear*
- *A long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying*
- *A long-lasting physical, mental or emotional condition that increases the difficulty of learning, remembering or concentrating*

- 1) Yes, myself only
- 2) Yes, someone else only
- 3) Yes, both myself and someone else
- 4) No
- 5) Decline to answer



LGBT DEFINITION

Using the questions below, LGBT was defined as those who indicated they were transgender or other (Q1) OR consider themselves to be lesbian, gay, bisexual or other (Q2). Non-LGBT was defined as those who identify as male or female exclusively (Q1) and heterosexual (Q2).

QUESTIONS TO DEFINE LGBT

Q1: Are you...?

- 1) Male
- 2) Female
- 3) Transgender
- 4) Other

Q2: Of the following, which do you consider yourself to be?

- 1) Heterosexual (straight)
- 2) Lesbian
- 3) Gay
- 4) Bisexual
- 5) Other
- 6) Not sure
- 7) Decline to answer

Measurement of Experience With Discrimination

The survey measured two types of discrimination: 1) day-to-day, and 2) major forms of discrimination. The questions used in this survey were adapted from The Everyday Discrimination Scale³ and Major Experiences of Discrimination Scale.⁴ The percentage for “experiencing any discrimination” is reflective of the percentage who said they experienced the following:

- At least one of the five day-to-day stressors “less than once a year” or more often (Q1); or
- Ever experienced one of nine major forms of discrimination (Q2).

Similarly, the average number of discrimination experiences was calculated using the sum of the frequency rating of the five day-to-day stressors (Q1) and the sum of the nine major forms of discrimination (Q2). A respondent was categorized as having experienced discrimination if they indicated they experienced at least one day-to-day type of discrimination at least “less than once a year” or more often or at least one of the nine forms of major discrimination ever in their lives.

QUESTION TO DEFINE EXPERIENCE WITH DAY-TO-DAY DISCRIMINATION

BASE: ALL QUALIFIED RESPONDENTS

Q1: In your day-to-day life, how often have any of the following things happened to you?

- You are treated with less courtesy or respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- You are threatened or harassed.

- 1) Never
- 2) Less than once a year
- 3) A few times a year
- 4) A few times a month
- 5) At least once a week
- 6) Almost everyday

³Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: socioeconomic status, stress, and discrimination. *Journal of Health Psychology, 2*(3), 335–351.

⁴Williams, D. R., González, H. M., Williams, S., Mohammed, S. A., Moomal, H., & Stein, D. J. (2008). Perceived discrimination, race and health in South Africa: Findings from the South Africa Stress and Health Study. *Social Science and Medicine, 67*(4), 441–452.



QUESTION TO DEFINE EXPERIENCE WITH MAJOR FORMS OF DISCRIMINATION

BASE: ALL QUALIFIED RESPONDENTS

Q2: In the following questions, we are interested in the way other people have treated you or your *beliefs* about how other people have treated you. Can you tell me if *any* of the following has ever happened to you:

- Have you ever been unfairly fired from a job?
- Have you ever been unfairly denied a promotion?
- For unfair reasons, have you ever not been hired for a job?
- Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
- Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?
- Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
- Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?
- Have you ever been treated unfairly when receiving health care? [Note: not from the Major Experiences of Discrimination Scale]
- Have you ever been treated unfairly while using transportation (e.g., buses, taxis, trains, at an airport, etc.)? [Note: not from the Major Experiences of Discrimination Scale]

- 1) Yes
- 2) No

Notes on Additional Analyses

In order to confirm that the higher reported average stress levels noted for Hispanic Americans were not due to other demographic differences (i.e., age) between racial/ethnic subgroups, two additional analyses were conducted.

- 1) All data were weighted to reflect the general profile of U.S. adults across races/ethnicities (i.e., racial/ethnic groups were not weighted separately to their own demographic targets).
- 2) A linear regression.

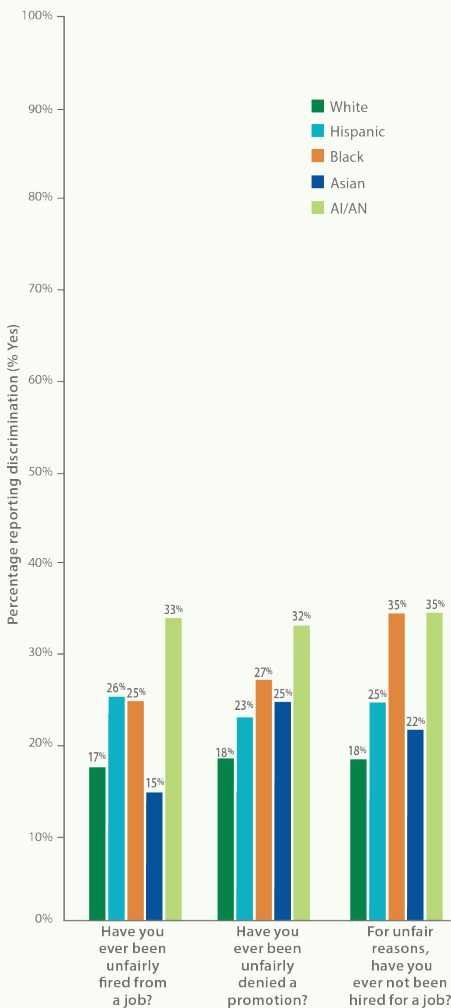
The outcomes of these two analyses confirmed that Hispanic Americans have higher reported stress levels, on average, than other racial/ethnic groups. After applying the general profile weights to all racial/ethnic subgroups to make them the same demographically for age, gender, income and education, the overall stress level was still significantly higher for Hispanic Americans compared to White Americans, Black Americans, Asian Americans and the total sample.

The linear regression was conducted using the overall stress rating (Q605) as the dependent variable, with gender, age, income and race/ethnicity as the independent variables. Variables that have a statistically significant linear relationship with stress are determined by significant values equal to or less than 0.05. The analysis revealed that being female, being younger, having a lower income and being Hispanic have significant impacts on overall reported stress level.



STRESS IN AMERICA™: THE IMPACT OF DISCRIMINATION

REPORTED EMPLOYMENT-RELATED
DISCRIMINATION VARIES AMONG GROUPS (% YES)



BASE: ALL QUALIFIED RESPONDENTS White (n=1071); Hispanic (n=813); Black (n=825); Asian (n=416); AI/AN (n=199)

MQ4 In the following questions, we are interested in the way other people have treated you or your beliefs about how other people have treated you. Can you tell me if any of the following has ever happened to you:

A wealth of psychological research shows that discrimination can exacerbate stress. Moreover, discrimination-related stress is linked to mental health issues, such as anxiety and depression, even in children.^{1,2} In this year's examination of the state of *Stress in America™*, the American Psychological Association (APA) highlights the connection between discrimination and stress, along with the resulting impacts on relationships, employment and overall health.

Experiencing Discrimination in America

Nearly seven in 10 adults in the U.S. (69 percent) report having experienced any discrimination, with 61 percent reporting experiencing day-to-day discrimination, such as being treated with less courtesy or respect, receiving poorer service than others, and being threatened or harassed. Within this report, discrimination is reported across subgroups of adults, including age, race or ethnicity,³ disability, gender, sexual orientation and gender identity. For example, adults with a disability are twice as likely as adults without a disability to say that their life has been harder (a lot or some) because of discrimination and that discrimination has interfered with them being able to live a full and productive life (for both references: 19 percent of adults with a disability vs. 9 percent of adults without a disability).⁴ For all groups surveyed, the most commonly reported experiences of major discrimination relate to employment.

Almost half of all adults (47 percent) report experiencing major forms of discrimination, which include police unfairly stopping, searching, questioning, physically threatening or abusing them; neighbors making life difficult for them or their family upon moving into a neighborhood; a teacher or advisor discouraging them from continuing their education; or experiencing unfair treatment when receiving health care.

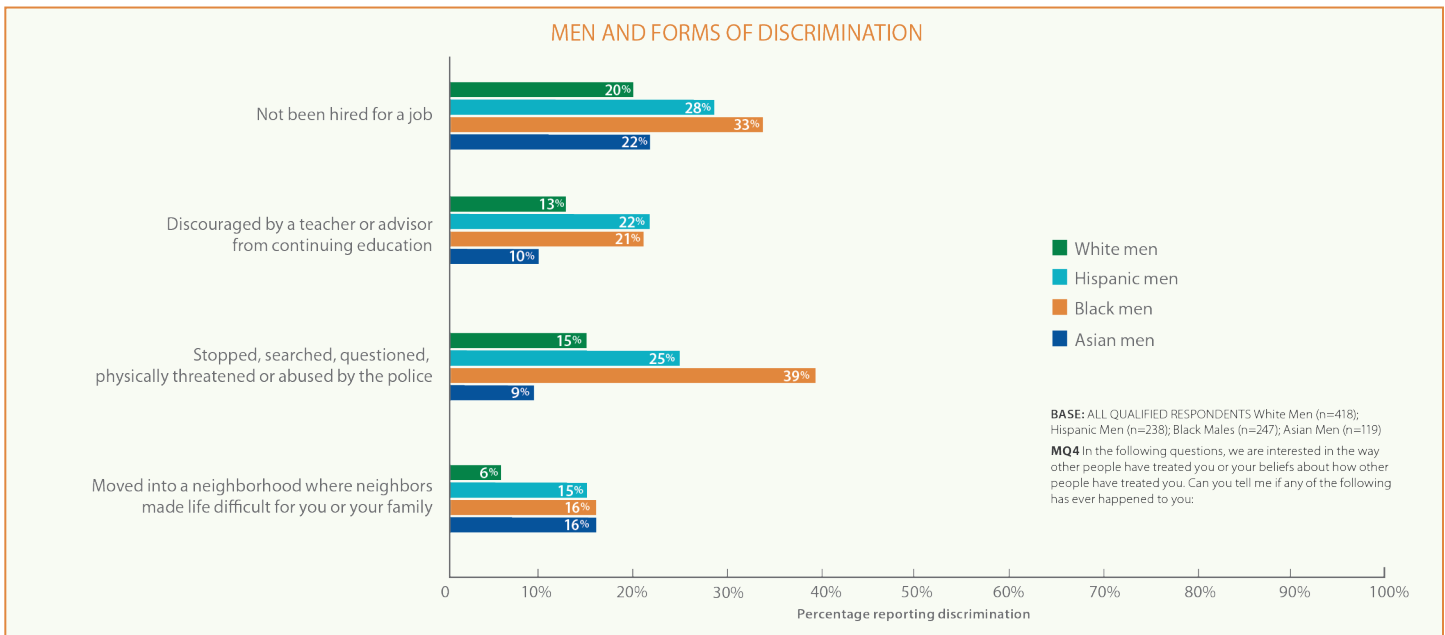
¹ Anderson, K. F. (2013). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects. *Sociological Inquiry*, 83, 55–81. doi: 10.1111/j.1475-682X.2012.00433.x

² Sirin, S. R., Rogers-Sirin, L., Cressen, J., Gupta, T., Ahmed, S. F., & Novoa, A. D. (2015). Discrimination-related stress effects on the development of internalizing symptoms among Latino adolescents. *Child Development*. doi: 10.1111/cdev.12343

³ APA's reference to races and ethnicities are in accordance with the approach taken by the U.S. Census Bureau, which treats race and ethnicity as two separate and distinct categories, examined in two separate questions. This approach is further explained in the Methodology section. The concept of race reflects self-identification by people according to the race or races with which they most closely identify and that people who report themselves as Hispanic can be of any race. This survey comprises responses from adults living in America, regardless of residency or citizenship status.

⁴ Please refer to the Methodology section for this report's definition of "disability."





Nearly two in five Black men (39 percent vs. 19 percent of all men) say that police have unfairly stopped, searched, questioned, physically threatened or abused them. More than one in three Asian men report being unfairly denied a promotion (35 percent vs. 24 percent of all men).

At least seven in 10 American Indian/Alaska Natives (AI/AN) (81 percent), Blacks (76 percent), Asians (74 percent) and Hispanics (72 percent) report having experienced everyday discrimination, such as being treated with less courtesy or respect, being treated as if they are not smart or receiving poorer service than others, compared to 61 percent of all adults.

Thirty-four percent of AI/AN, 23 percent of Blacks, 19 percent of Hispanics, 11 percent of Whites and 11 percent of Asians report experiencing these slights almost every day or at least once a week.

Nearly 2 in 5 Black men say that police have unfairly stopped, searched, questioned, physically threatened or abused them.

While Black (71 percent), Asian (64 percent), Hispanic (56 percent) and AI/AN (36 percent) adults report that race is the main reason they think they experienced day-to-day discrimination, White adults overall are most likely to attribute the experience to age (33 percent).⁵

Around half or more Black (60 percent), AI/AN (50 percent), Asian (49 percent) and Hispanic (45 percent) adults say their lives have been at least a little harder because of discrimination, with one in 10 AI/AN and nearly the same percentage of Black adults (8 percent) saying it has made life a lot harder.

Nearly one-quarter of adults who are LGBT (23 percent) say that they have been unfairly stopped, searched, questioned, physically threatened or abused by the police.⁶ This group of adults also reports being unfairly not hired for a job (33 percent) and being unfairly discouraged by a teacher or advisor to continue their education (24 percent).

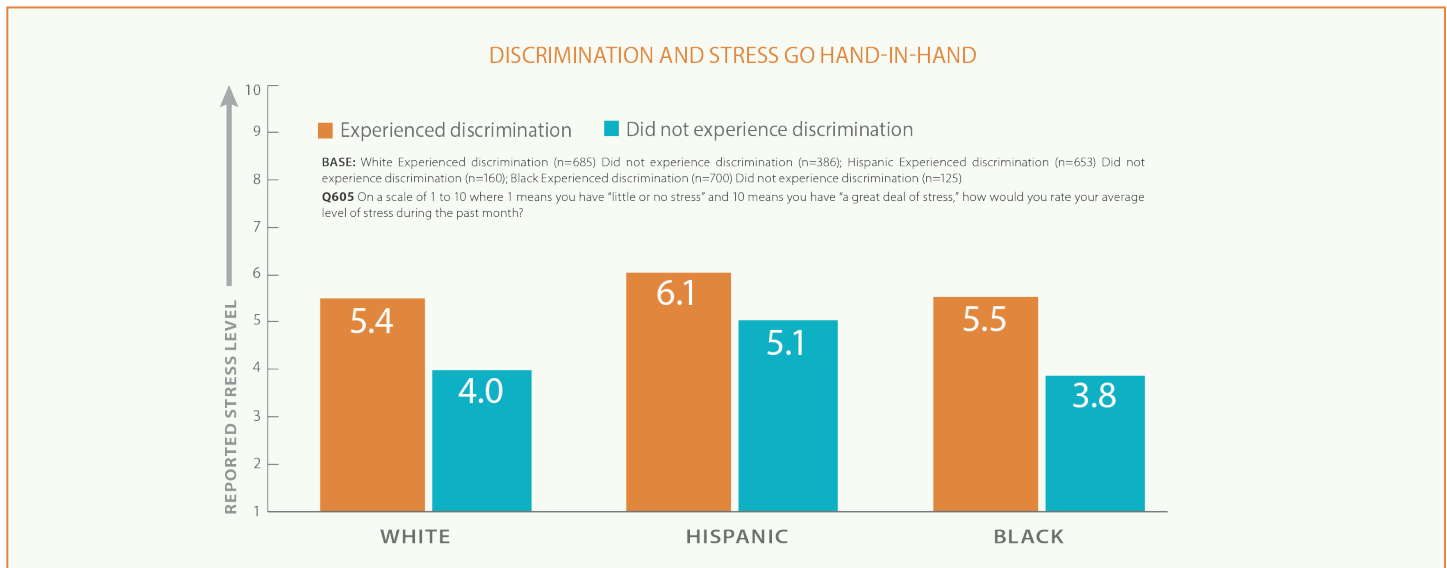
Younger adults are the most likely to say they have experienced any discrimination (75 percent of Millennials, compared to 72 percent of Gen Xers, 67 percent of Boomers and 56 percent of Matures).⁷

⁵ Race includes the following stubs: "My race"; "My shade of skin color"; and "My ancestry or national origins."

⁶ Per the Methodology section, LGBT was defined as those who indicated they were transgender or other, OR consider themselves to be lesbian, gay, bisexual or other. Non-LGBT was defined as those who identify as male or female exclusively, and heterosexual.

⁷ Per the Methodology section, Millennials are defined as people 18 to 36 years old; Gen Xers are defined as people 37 to 50 years old; Baby Boomers are defined as people 51 to 69 years old; and Matures are defined as people age 70 or older.





Thirty percent of women cite gender as a reason for day-to-day discrimination, compared to just 8 percent of men.

trying to prepare for possible insults from other people before leaving home (25 percent of AI/AN, 23 percent of Blacks, 21 percent of Hispanics and 15 percent of Asians and Whites).

Discrimination Associated With Higher Stress Levels and Health Disparities

Regardless of the cause, experiencing discrimination is associated with higher reported stress and poorer reported health. While average reported stress levels in the United States have seen a slight increase in the past two years (5.1 in 2015 and 4.9 in 2014 on a 10-point scale, where 1 is "little or no stress" and 10 is "a great deal of stress"), some segments of the population are more likely to report experiencing higher average stress levels.

For many adults, dealing with discrimination results in a state of heightened vigilance and changes in behavior, which in itself can trigger stress responses — that is, even the anticipation of discrimination is sufficient to cause people to become stressed.⁸ AI/AN adults are most likely (43 percent) to take care about what they say and how they say it, as well as to avoid certain situations, to cope with day-to-day discrimination. Hispanic and Black adults (31 percent and 29 percent, respectively) are most likely to say they feel a need to take care with their appearance to get good service or avoid harassment. Many adults also report

Dealing with discrimination results in a state of heightened vigilance and changes in behavior, which in itself can trigger stress responses ... so even the anticipation of discrimination can cause stress.

Adults who are LGBT who have experienced discrimination have average stress levels of 6.4, compared to 6.0 for LGBT adults overall. Among adults who are non-LGBT, stress levels are 5.5 for those who have experienced discrimination and 5.0 for non-LGBT adults overall. This also is seen across racial groups: Average stress levels of those reporting discrimination (6.1 on a 10-point scale for Hispanics, 5.5 for Blacks and 5.4 for Whites) were higher than for those not reporting it (5.1 for Hispanics, 3.8 for Blacks and 4.0 for Whites).

Among generations, the discrimination/stress divide can be seen within the larger population of Millennials.⁹ More than half of Asian Millennials (51 percent) and 47 percent of Black Millennials say that discrimination is a very or somewhat significant source of stress, compared to 31 percent of Hispanic and 26 percent of White Millennials reporting the same.

⁸ Sawyer, P. J., Major, B., Casad, B. J., Townsend, S. S. M., & Mendes, W. B. (2012). Discrimination and the stress response: Psychological and physiological consequences of anticipating prejudice in interethnic interactions. *American Journal of Public Health, 102*(5), 1020–1026. Retrieved from <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300620>

⁹ Generations: Millennials (18 to 36 years old): n=1190; Gen Xers (37 to 50 years old): n=649; Baby Boomers (51 to 69 years old): n=1130; Matures (age 70 or older): n=392.



More than one in 10 adults (13 percent) say they have been treated unfairly when receiving health care, and significantly more AI/AN adults (28 percent) report experiencing discrimination when receiving health care treatment.

Adults with disabilities are more likely than those without a disability to say discrimination is a somewhat or significant source of stress (26 percent vs. 18 percent).

Almost half of adults who did not report experiencing discrimination (45 percent) report excellent or very good health, compared to 31 percent who report experiencing discrimination. Forty-six percent of Whites who say they have not experienced discrimination report excellent/very good health, while only 34 percent of Whites who have experienced discrimination report excellent/very good health (Hispanics: 37 percent vs. 29 percent; Blacks: 32 percent vs. 28 percent, respectively).

Despite the stress, the majority of adults who report experiencing discrimination (59 percent) feel that they have dealt quite well or very well with it and any resulting changes or problems.

Younger adults are less likely than older generations to report having dealt well with discrimination. Sixty-one percent of Boomers and 86 percent of Matures report that they have dealt quite well or very well with having experienced discrimination and any resulting changes or problems, compared to about half of younger adults (51 percent of Millennials and 53 percent of Gen Xers) saying the same.

Forty percent of adults who are LGBT say they have dealt quite well or very well with having experienced discrimination and any resulting changes or problems, while 60 percent of non-LGBT adults say the same.

Having emotional support appears to improve the way that individuals view their coping abilities with discrimination.¹⁰ Sixty-five percent of adults overall who say they experienced discrimination and indicate that they had emotional support also say they coped quite or very well, compared to 37 percent of those who report not having emotional support.

Differences by racial and ethnic groups also reveal that higher percentages of those who say they experienced discrimination and indicate they had emotional support said they coped quite or very well, compared to those who report not having support. For Whites, 69 percent of those who say they experienced discrimination and indicate that they had emotional support report coping quite or very well, compared to 36 percent of those who report not having emotional support (Blacks: 63 percent vs. 30 percent; Hispanics: 54 percent vs. 38 percent).

All groups appear to do better when they have emotional support. Those who indicate that they did not have emotional support also report higher stress levels (6.3 average level on a 10-point scale compared to 5.0 for people with emotional support). Across population groups, average stress levels of those without support (6.8 for Hispanics, 6.3 for Blacks and 6.2 for Whites) were higher than for those with emotional support (5.7 for Hispanics, 5.1 for Blacks and 4.9 for Whites).

The Health Disparities and Stress Connection

While overall life expectancy at birth in the United States reached a record high in 2012, significant numbers of adults across different subgroups also are experiencing disproportionate rates of health disparities, including mortality rates.¹¹ The results from this year's *Stress in America*™ survey also suggest that stress is a significant health disparity in itself, and stress also may be associated with other health disparities.

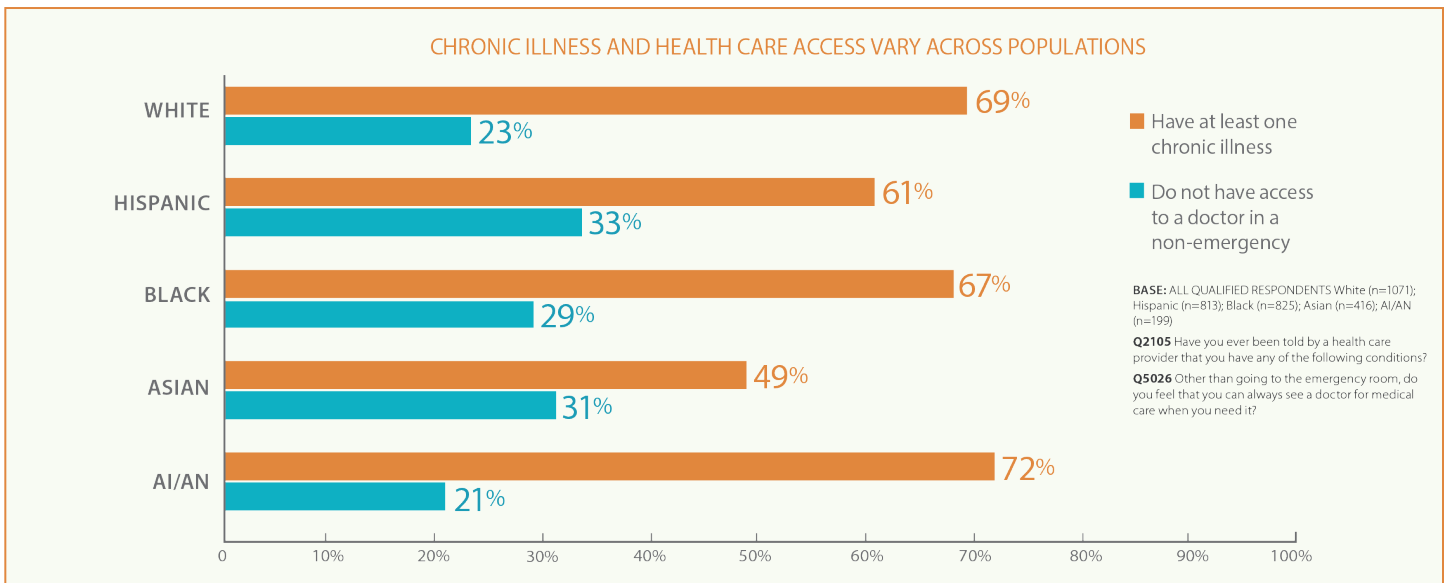
Nearly one-quarter of adults (23 percent) report that their health is “fair” or “poor,” and one in five (20 percent) report being diagnosed as overweight. Among certain subgroups, the percentage reporting “fair” or “poor” health is significantly greater than adults overall, and other health disparities emerge among these groups.

More than one-quarter of AI/AN (39 percent), Blacks (30 percent) and Hispanics (29 percent) report that they are in fair or poor health, compared to 23 percent of adults overall.

¹⁰This report defines “having emotional support” as having someone to ask for emotional support, such as talking over problems or helping with difficult decisions.

¹¹Xu, J. Q., Kochanek, K. D., Murphy, S. L., & Arias, E. (2014). Mortality in the United States, 2012. (NCHS Data Brief No. 168). Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db168.htm>





More than two-fifths of those who say they have been diagnosed with a chronic illness (42 percent) report also having a disability, compared with only 17 percent of those who do not have a chronic illness. One-third of adults overall (33 percent) report having a disability, with the highest percentages of AI/AN (44 percent) and Whites (36 percent) reporting this, followed by Blacks (30 percent), Hispanics (28 percent) and Asians (20 percent).

Rates of having received at least one chronic illness diagnosis are consistent across most subgroup populations, with almost seven in 10 of all adults (67 percent) saying that they have received a chronic illness diagnosis, including mental health-related conditions.

Rates of health care access, however, differ widely. Hispanics are the most likely to report that they do not have access to a non-emergency doctor when they need it (33 percent), followed by 31 percent of Asians, 29 percent of Blacks, and significantly fewer Whites (23 percent) and AI/AN (21 percent). Rates of health care insurance coverage also differ across groups: 20 percent of Hispanics report having no health insurance, followed by 15 percent of Blacks, 14 percent of AI/AN, 6 percent of Asians and 5 percent of Whites.

Hispanics are the most likely to report that they do not have access to a non-emergency doctor when they need it.

Research shows a connection between poor health and chronic stress, and this year's survey findings seem to corroborate this connection.^{12,13} Among all adults, those who report experiencing extreme levels of stress (a rating of 8, 9 or 10 on a 10-point scale) are twice as likely to report fair or poor health, compared to those with low stress levels.

Adults who report being in fair or poor health have higher average stress levels than those who report being in excellent or very good health (5.9 vs. 4.6 on a 10-point scale).

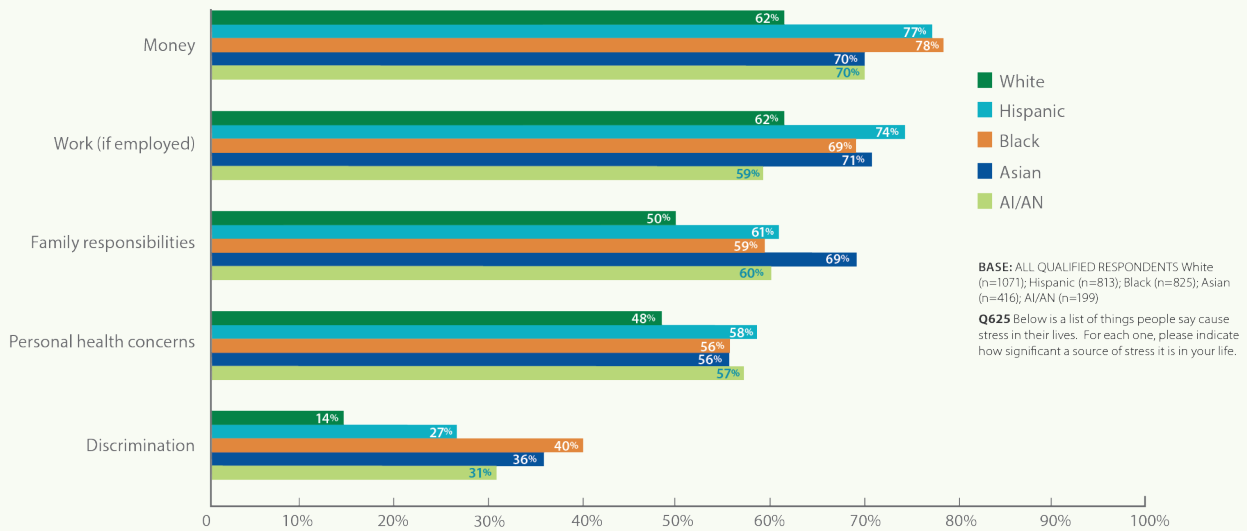
Nearly half of Black adults who rate their stress as extreme (46 percent) report fair or poor health, while only 22 percent who report low stress levels say the same. One in three Hispanics who report having extreme stress (35 percent) also report being in fair or poor health, compared to 19 percent of Hispanics reporting low stress.

¹² Djuric, Z., Bird, C., Furumoto-Dawson, A., Rauscher, G., Ruffin, M., Stowe, R. ... Masi, C. (2008). Biomarkers of psychological stress in health disparities research. *Open Biomark Journal*, (January 1), 7-19.

¹³ Schneiderman, N., Ironson, G., & Siegel, S. D. (2005). STRESS AND HEALTH: Psychological, behavioral, and biological determinants. *Annual Review of Clinical Psychology*, 1, 607-628. Retrieved from <http://doi.org/10.1146/annurev.clinpsy.1.102803.144141>



WHITE ADULTS OFTEN LESS LIKELY TO RATE COMMON STRESSORS AS SIGNIFICANT STRESS (INCLUDING DISCRIMINATION)



About half of adults who are LGBT (49 percent) report that their stress has increased, whereas only 34 percent of adults who are not LGBT say the same. In addition, adults who are LGBT also are less likely than adults who are non-LGBT to report that they are in very good or excellent health (24 percent and 36 percent, respectively).

Almost 1/2 of adults who are LGBT report increased stress in the past year.

Stress Levels Reflect Racial and Ethnic Disparities in Other Areas of Life

The *Stress in America*™ survey finds year after year that money and work are the sources of stress that adults most commonly rate as significant. While overall unemployment rates have been falling since the Great Recession, some groups are faring better than others, particularly White adults.^{14,15} With lower unemployment rates and reported higher wealth, White adults are significantly less likely than Hispanic and Black adults to say that money is a very or somewhat significant source of stress.¹⁶

There is a growing financial divide among races and ethnicities. According to DEMOS and Brandeis University's Institute for Assets & Social Policy, a median White household has about 13 times as much wealth as a median Hispanic household and almost 16 times as much wealth as a median Black household. While 78 percent of Black adults, 77 percent of Hispanics and 70 percent of Asians and AI/AN say that money is a very or somewhat significant source of stress, significantly fewer Whites (62 percent) report feeling significantly or somewhat stressed by money.

Similar trends can be seen with regard to employment. The unemployment rate according to the Bureau of Labor Statistics for Whites is much lower than for other groups (4.3 percent for Whites, compared to 9.4 for Blacks and 6.4 for Hispanics), with the exception of Asians (3.9 percent).¹⁷ The *Stress in America*™ survey found that employed White adults are slightly less likely than others, with the exception of AI/AN, to say that work is a very or somewhat significant stressor in their lives (62 percent of Whites say this, compared to 74 percent of Hispanics, 71 percent of Asians, 69 percent of Blacks and 59 percent of AI/AN). Whites also are significantly less likely to rate job stability as a significant source of stress (30 percent of Whites say this, compared to 55 percent of Hispanics, 52 percent of Asians, 50 percent of Blacks and 47 percent of AI/AN).

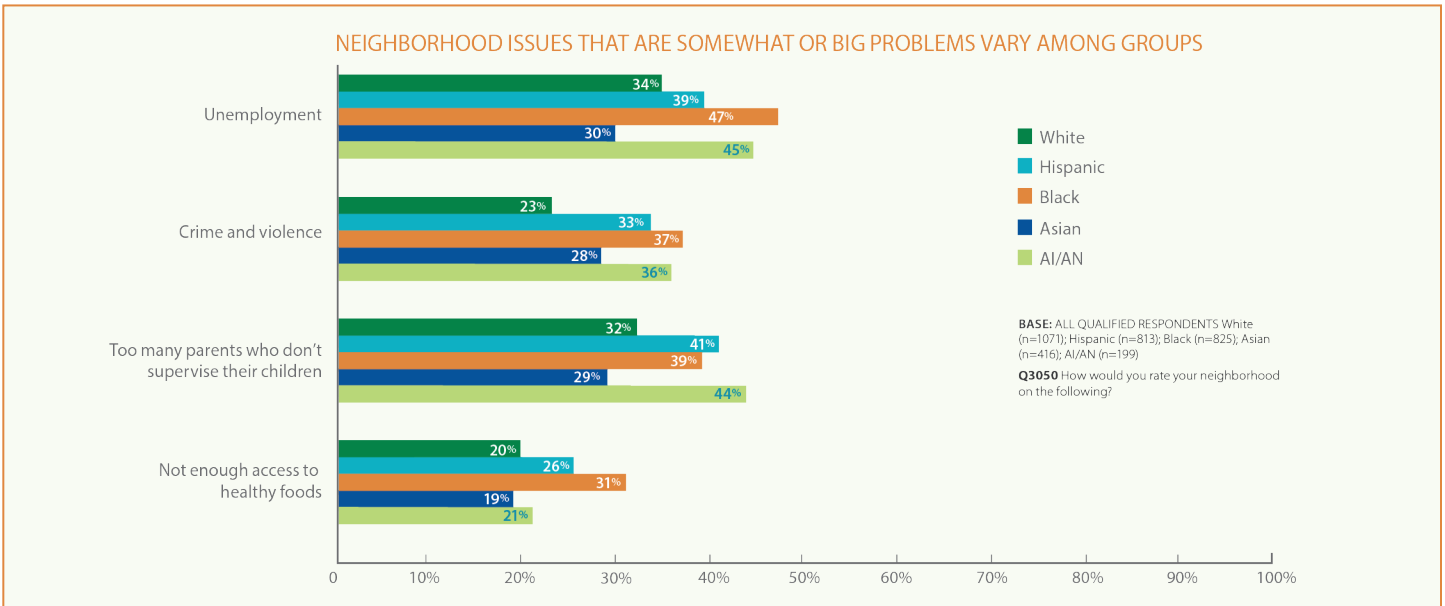
¹⁴ United States Department of Labor. (2016). Labor force statistics from the Current Population Survey: Unemployment rate. *Bureau of Labor Statistics*. Retrieved from <http://data.bls.gov/timeseries/LNS14000000>

¹⁵ United States Department of Labor. (2016). Labor force statistics from the Current Population Survey: E-16. Unemployment rates by age, sex, race, and Hispanic or Latino ethnicity. Retrieved from http://www.bls.gov/web/empst/cpsee_e16.htm

¹⁶ Sullivan, L., Meschede, T., Dietrich, L., Shapiro, T., Traub, A., Ruetschlin, C., & Draut, T. (2015). The racial wealth gap: Why policy matters. *Demos and Institute on Assets and Social Policy*. Retrieved from http://www.demos.org/sites/default/files/publications/RacialWealthGap_1.pdf

¹⁷ Bureau of Labor Statistics. (2015). The employment situation – November 2015 [News release]. Retrieved from <http://www.bls.gov/news.release/pdf/empst.pdf>





Family responsibilities vary among population groups as a very or somewhat significant source of stress. Asian adults are the most likely to report stress from family responsibilities (69 percent), followed by 61 percent of Hispanics, 60 percent of AI/AN, 59 percent of Blacks and 50 percent of Whites.

Personal health concerns also seem to cause stress among adults. More than half of Hispanics (58 percent) say personal health concerns are a very or somewhat significant source of stress, along with 57 percent of AI/AN, 56 percent of Blacks and Asians and 48 percent of Whites.

Whites are significantly less likely to rate job stability as a significant source of stress compared to other races and ethnicities.

Living in a Stressful Environment

Survey findings show that adults in urban areas have a significantly higher reported stress level on average than those in suburban and rural settings (urban: 5.6 on a 10-point scale, vs. 5.0 for suburban and 4.7 for rural).

White (43 percent) and Asian (55 percent) adults most commonly live in suburban environments, whereas Hispanic (51 percent) and Black (49 percent) adults most commonly report living in urban areas. AI/AN adults are the most likely to report living in small towns or rural areas (41 percent).

Forty-six percent of adults living in urban areas rate crime and violence as big problems or somewhat of a problem, compared to 19 percent of rural adults and 17 percent of suburban adults saying the same. Similarly, 34 percent of adults in urban areas consider not enough access to healthy foods as a big problem or somewhat of a problem, compared to 20 percent of adults living in rural areas and 13 percent of those in suburban areas saying the same.

In addition, adults living in suburban neighborhoods are less likely to rate unemployment as a big or somewhat big problem (22 percent compared to 48 percent of urban and 43 percent of rural neighborhoods saying the same).

Stress disparities appear across racial groups within the same settings. In urban environments, the average stress level is highest for Hispanics (6.0, compared to 5.5 for Whites, 5.2 for Blacks and 5.1 for Asians).

Regardless of setting, however, some groups are more likely to rate other neighborhood issues as a big problem or somewhat of a problem, including unemployment, not enough access to healthy foods, and poorly maintained community/recreational parks and facilities. In particular, Blacks, AI/AN and Hispanics are more likely (47 percent, 45 percent and 39 percent, respectively) to say unemployment is a big problem or somewhat of a problem, compared to 34 percent of Whites and 30 percent of Asians indicating the same.

Blacks and Hispanics are more likely (31 percent and 26 percent, respectively) to say not having enough access to healthy foods is a big or somewhat big problem (compared to 21 percent of AI/AN, 20 percent of Whites and 19 percent of Asians saying the same). Similarly, Blacks and Hispanics are more likely (27 percent and 25 percent, respectively) to report poorly maintained community/recreational parks and facilities as a big or somewhat big problem (compared to 20 percent of Asians, 19 percent of AI/AN and 17 percent of Whites saying the same).

In general, the percentage of non-White groups in poverty is higher than that of Whites, with the exception of Asians.¹⁸ More than four in 10 AI/AN (45 percent), Hispanics (42 percent) and Blacks (41 percent) report being in poverty, as compared to 24 percent of Whites and Asians. When looking at these groups in total, AI/AN, Hispanics and Blacks also have the highest reported average stress levels (5.4, 5.9 and 5.2, respectively).

Definitions

Definitions and sample sizes of all subgroups can be located in the Methodology section.

HEALTH: A state of complete physical, mental and social well-being and not just the absence of sickness or frailty. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

HEALTH DISPARITIES: Population group differences in health that are closely linked with social and economic disadvantages. Health disparities negatively affect groups of people who have

systematically experienced greater social or economic life obstacles. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation or geographic location. Other characteristics include cognitive, sensory or physical disability. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

HEALTH INEQUALITY: Differences, variations and disparities in the health achievements of individuals and groups of people. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

HEALTH INEQUITY: A difference or disparity in health outcomes among population groups that is systematic, avoidable and unjust. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

LIFE EXPECTANCY: The average number of years a population of a certain age would be expected to live, given a set of age-specific death rates in a given year. Life expectancy is a summary mortality measure often used to describe the overall health status of a population. Healthy People 2020 monitors two life expectancy measures:

- 1) Life expectancy at birth
- 2) Life expectancy at age 65

<http://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status>

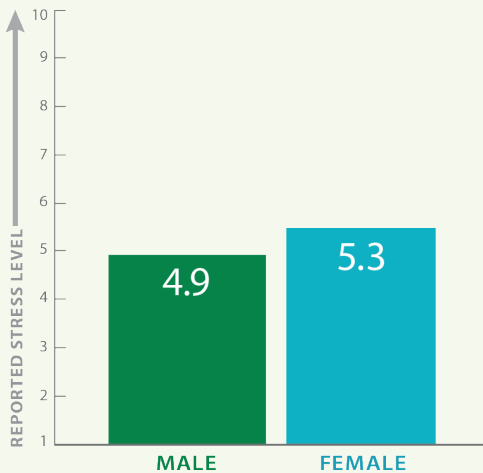
SOCIAL DETERMINANTS OF HEALTH: The complex, integrated and overlapping social structures and economic systems that are responsible for health inequities. These social structures and economic systems include social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power and resources throughout local communities, nations and the world. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

¹⁸ Please refer to the Methodology section for this report's definition of "poverty."



STRESS SNAPSHOT

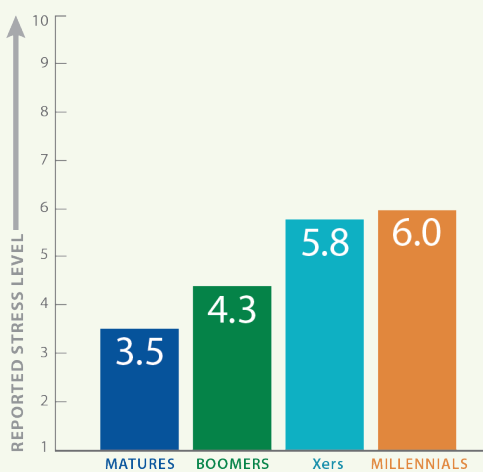
AVERAGE STRESS LEVEL BY GENDER



BASE: ALL QUALIFIED RESPONDENTS 2015 (Male n=1104; Female n=2244)

Q605 On a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?

AVERAGE STRESS LEVEL BY GENERATION



BASE: ALL QUALIFIED RESPONDENTS 2015 (Echoes/Millennials n=1190; Xers n=649; Boomers n=1130; Matures n=392)

Q605 On a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?

Since 2007, the *Stress in America*™ survey has examined how stress affects the health and well-being of adults living in the United States. In 2015, reported overall stress levels increased slightly, with greater percentages of adults reporting extreme levels of stress than in 2014. Overall, adults report that stress has a negative impact on their mental and physical health. A sizeable proportion do not feel they are doing enough to manage their stress.

As for the sources of their stress, adults are more likely to find family responsibilities stressful than they have in the past. Since 2007, the survey has found that money and work are the top two sources of very or somewhat significant stress (67 percent and 65 percent in 2015, respectively). This year, for the first time, the survey reveals that family responsibilities are the third most common stressor (54 percent), followed by personal health concerns (51 percent), health problems affecting the family (50 percent) and the economy (50 percent).

Over time, younger generations and women consistently have struggled with stress. These populations have reported higher average stress levels and been more likely than their counterparts to say that their stress has increased in the last year. Adults with disabilities and adults who are Lesbian, Gay, Bisexual, and Transgender (LGBT) also report higher average stress levels and are more likely than their counterparts to say that their stress has increased in the last year.

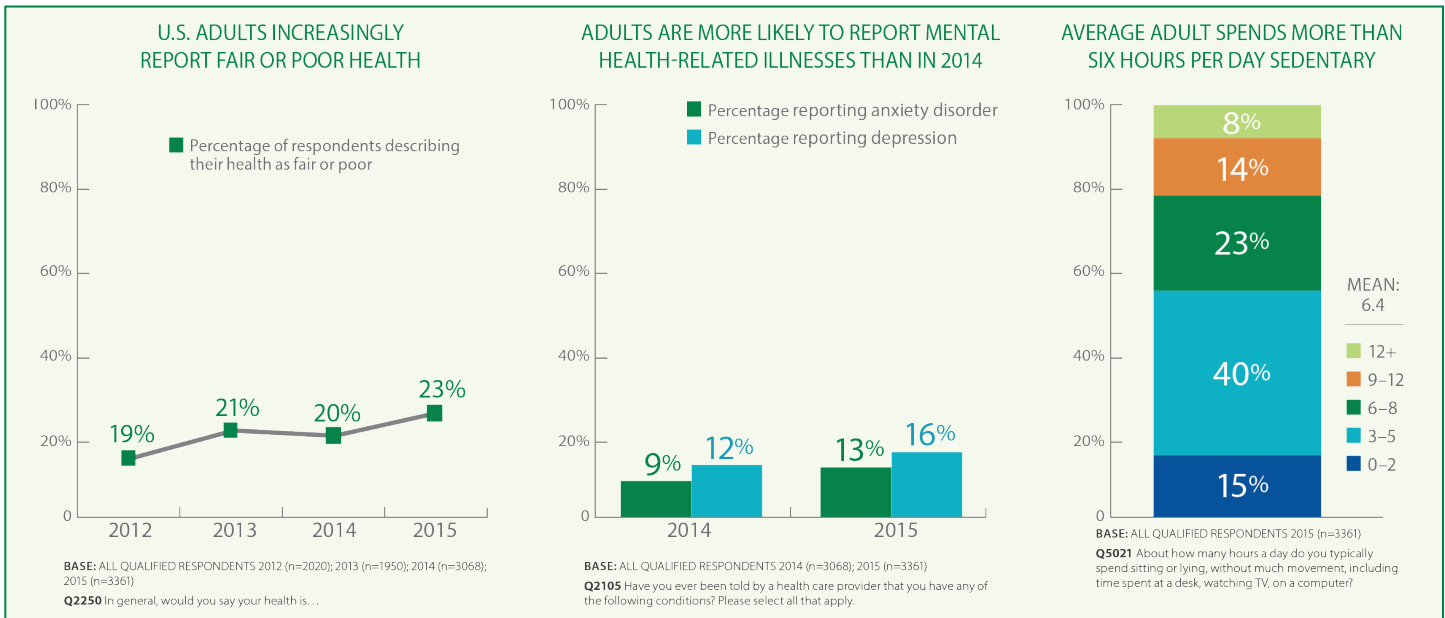
Money and work remain the top two sources of very/somewhat significant stress, but family responsibilities emerged as the third most common stressor in 2015.

Rise in Extreme Stress Accompanies Increase in Stress-Related Symptoms and Poor Health

Though adults today report an average stress level only slightly higher than in 2014, significantly greater percentages report experiencing extreme stress levels. In addition, higher proportions of adults report experiencing at least one symptom of stress.

Adults rate their average stress level as 5.1 on a 10-point scale, where 1 is "little or no stress" and 10 is "a great deal of stress," slightly up from 4.9 in 2014.





Adults' reported stress levels are higher than what they believe is healthy (3.8 on a 10-point scale). The gap between average reported and perceived healthy stress levels is consistent with last year (a gap of 1.3 in 2015 vs. 1.2 in 2014).

Extreme stress is associated with this slight increase in overall stress. Adults are more likely than last year to report experiencing extreme stress (a rating of 8, 9 or 10 on a 10-point scale). Twenty-four percent of adults report these levels, compared to 18 percent in 2014. This represents the highest percentage reporting extreme stress since 2010.

More than one-third of adults (34 percent) report that their stress increased over the past year. Only 16 percent report decreased stress in the past year.

In addition, a greater percentage of adults than last year report experiencing at least one symptom of stress (78 percent vs. 75 percent in 2014).

Along with greater stress, many adults are coping with health and lifestyle challenges. The majority of adults report having at least one chronic illness. In addition, many adults lack exercise and remain sedentary for much of the day. More than 10 percent of adults also report having a mental health-related diagnosis.

Since the question was first asked in 2010, the percentage of adults reporting that their health is "fair" or "poor" is at

its highest — 23 percent — significantly higher than the 19 percent in 2012 and the 20 percent reported in 2014. In addition, while 41 percent report that they are in good health, the percentage reporting excellent or very good health has decreased slightly (35 percent vs. 38 percent in 2014).

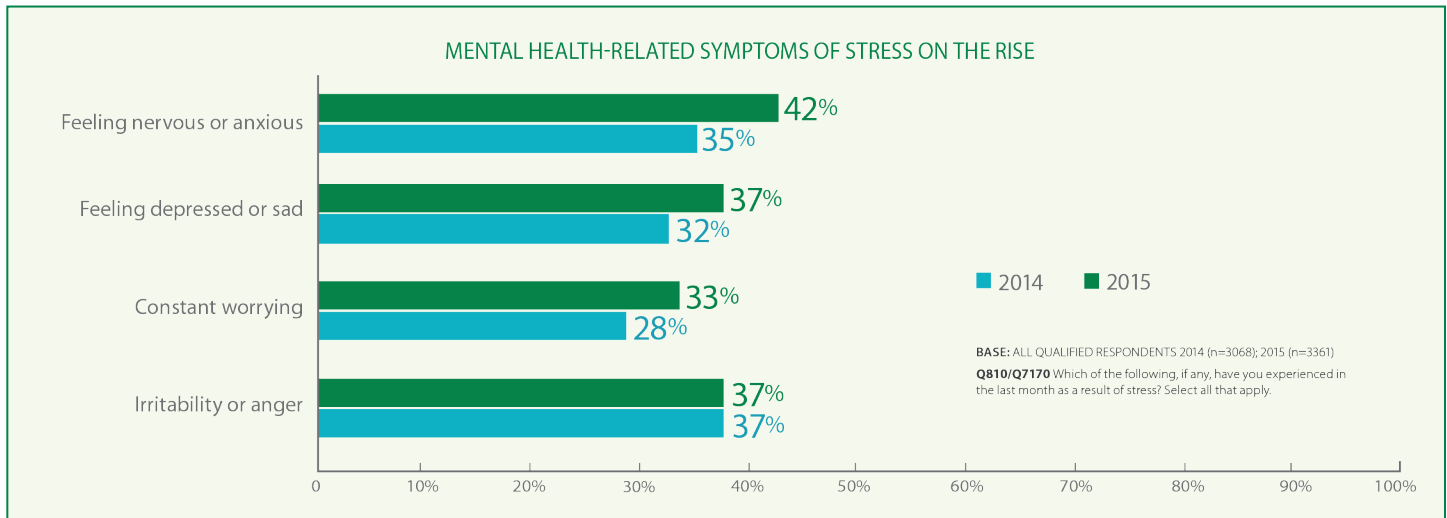
A greater percentage of adults report chronic illnesses than in 2014, with 67 percent reporting that they have received a diagnosis for at least one chronic illness (compared to 60 percent in 2014).

34% of adults report an increase of stress over the past year, whereas only 16% report decreased stress.

Many adults report diagnoses of mental health-related chronic illnesses, such as depression (16 percent) and anxiety disorder (13 percent), up from 12 percent and 9 percent in 2014, respectively.

Physically, adults are faring the same or slightly worse as in 2014. Thirty-two percent report high blood pressure in 2015 (compared to 28 percent in 2014), and 58 percent of adults are overweight or obese (based on body mass index calculated using self-reported height and weight), on par with 2014 (57 percent).





Although half of adults (50 percent) report engaging in exercise or physical activity that makes them sweat or breathe hard at least a few times a week, 22 percent report never exercising or doing such physical activity.

In addition, adults spend an average of 6.4 hours a day in sedentary activities — sitting or lying, without much movement — including time spent at a desk, watching TV or on a computer. Forty-five percent of adults report doing so for 6 to 12+ hours a day.

About 2 in 5 report overeating or eating unhealthy foods in the past month due to stress.

Stress Greatly Impacts Adults' Health and Behaviors, Particularly Unhealthy Eating

The *Stress in America*™ survey finds that significantly higher percentages of adults than last year report that stress impacts their physical and mental health. For example, a substantial number of individuals report physical and mental health-related symptoms, such as headaches or feeling anxious or depressed. They also report changes in their behaviors due to stress, such as yelling at their loved ones, ignoring responsibilities and canceling social plans.

Adults today are significantly more likely than last year to recognize the connection between stress and physical and mental health. Almost one-third report that stress has a very strong or strong impact on their body/physical health and mental health (31 and 32 percent in 2015, compared to 25 and 28 percent in 2014, respectively).

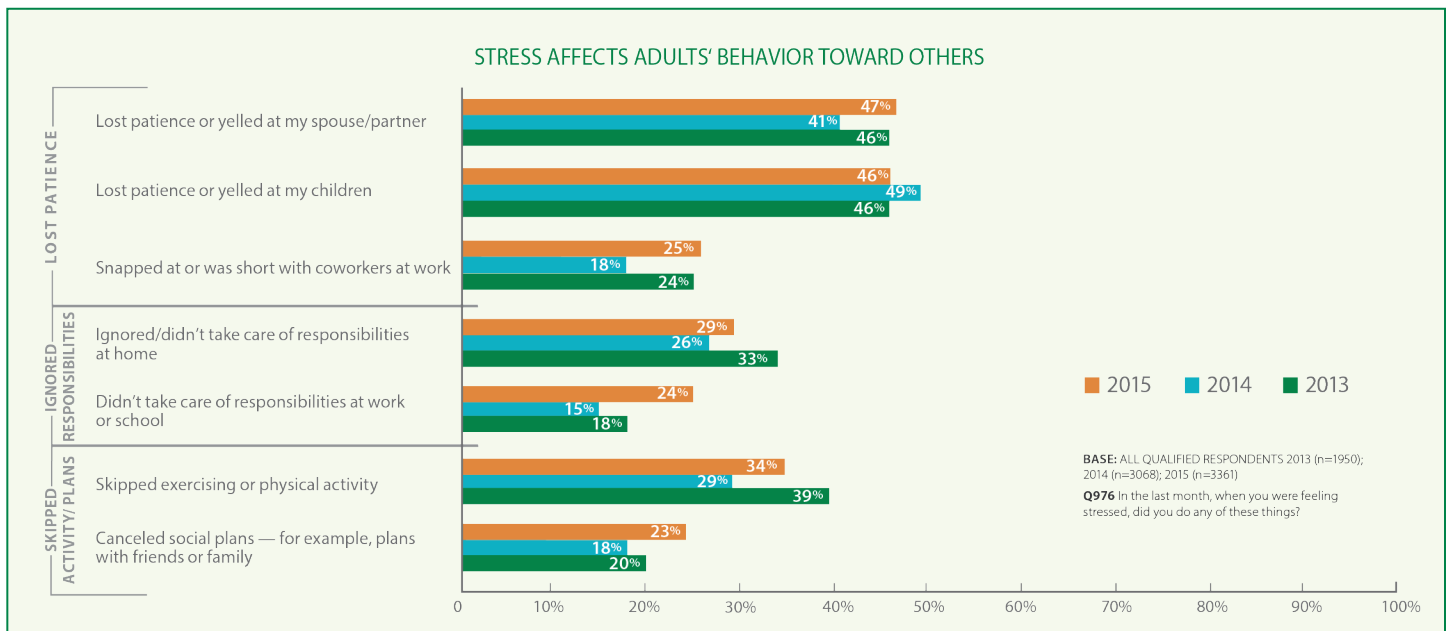
Significant percentages of adults also report experiencing mental health-related symptoms as a result of stress in the past month, such as feeling nervous or anxious (42 percent vs. 35 percent in 2014), feeling depressed or sad (37 percent vs. 32 percent in 2014) and constant worrying (33 percent vs. 28 percent in 2014). As in 2014, 37 percent report irritability or anger as a result of stress.

About two in five adults (39 percent) report overeating or eating unhealthy foods in the past month due to stress, compared to 33 percent in 2014. This represents a return to the percentage reporting the same in 2011.

At the same time, 31 percent of adults admit to skipping a meal in the past month due to stress. Just 25 percent said the same in 2014.

Adults also are more likely to report changes in sleeping habits (33 percent vs. 27 percent in 2014), headaches (32 percent vs. 27 percent in 2014) and an inability to concentrate (27 percent vs. 23 percent in 2014) due to stress in the past month.





Sleeping well appears to be on the decline. While adults report sleeping an average of 6.7 hours per night, just 33 percent report their sleep quality as good, which is down from 37 percent in 2014. And nearly half (46 percent) report fair or poor sleep quality — an increase from 41 percent in 2014.

In addition, nearly half of adults (46 percent) report lying awake at night due to stress in the past month, which is a jump from 42 percent in 2014.

For many adults, stress affects their behavior toward others. Almost half of adults who have a spouse or partner (47 percent) report losing patience with or yelling at them in the past month when they were feeling stressed. In addition, 46 percent of parents (defined as those with children under 18 living at home) report similar behavior with their children. One-quarter (25 percent) of those employed report snapping at or being short with co-workers because of stress.

Although stress negatively affects several facets of their lives, many adults report active stress management practices, and greater numbers of adults favorably view psychologists' ability to help with stress management.

When it comes to managing their stress, a higher percentage of adults than last year say that they feel they are doing enough (63 percent vs. 58 percent in 2014). Despite this, the number of adults saying that they are not doing enough

to manage their stress remains consistent at 21 percent, compared to 22 percent in 2014.

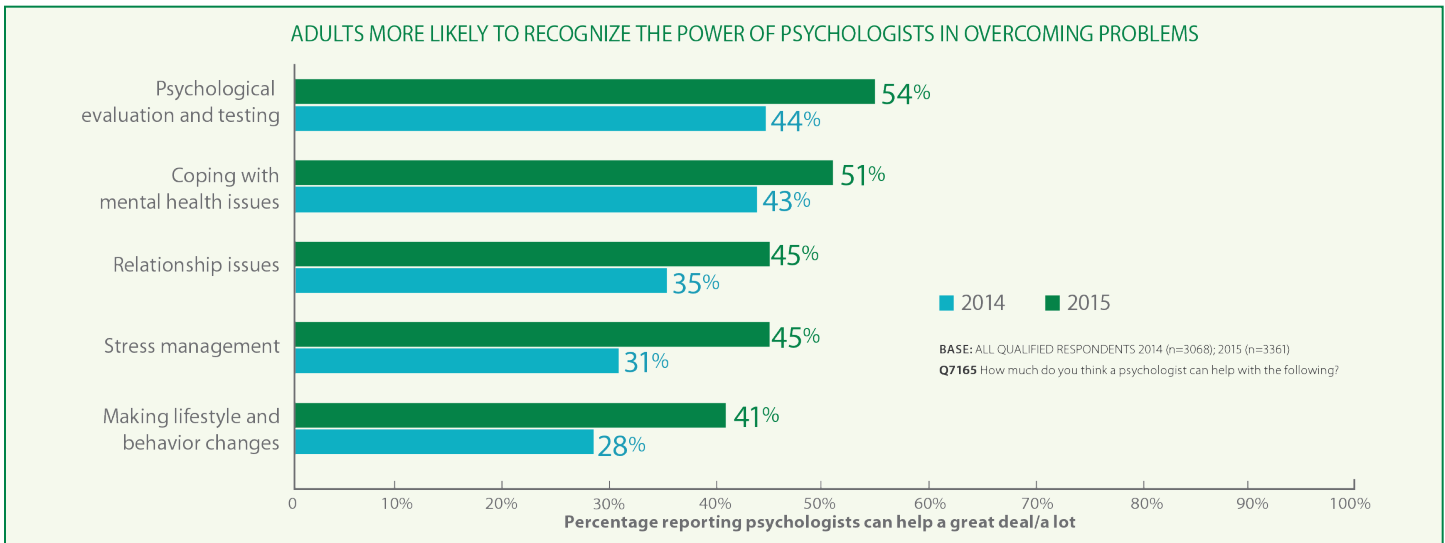
Although the majority of adults in the U.S. report doing enough to manage their stress, many adults rarely engage in stress management activities. About half (49 percent) say that they engage in such activities a few times a month or less. Nearly one in five adults (18 percent) say they never engage in stress relief activities.

Interestingly, those who say they are doing enough to manage their stress are more likely than those who say they are not doing enough to also say they do not engage in stress management activities (21 percent vs. 13 percent). This may suggest that those who feel they are doing enough may not feel it necessary to engage in specific stress management activities.

When it comes to stress management, 47 percent of adults engage in active methods, such as exercising or walking, meditation or yoga, and playing sports.

47% of adults engage in active methods of stress management such as exercising or walking, meditation or yoga, and playing sports.





The six most common stress relief activities include listening to music (46 percent), exercising or walking (43 percent), surfing the Internet/going online (40 percent), watching television or movies for more than two hours per day (39 percent), reading (35 percent) and spending time with family (also 35 percent).

When it comes to the helpfulness of psychologists, nearly half of adults have positive regard for psychologists in their ability to help manage stress, with 45 percent saying they think a psychologist can help a great deal or a lot. In 2014, just 31 percent said the same.

In addition, more than half (51 percent) think psychologists can help a great deal or a lot when it comes to coping with mental health issues, up from 43 percent in 2014.

Four in 10 adults (41 percent) also said they think psychologists can help a great deal or a lot with making lifestyle or behavior changes, up from 28 percent in 2014.

Adults Remain Largely Optimistic, and Emotional Support May Mitigate Stress

Even while struggling to cope with stress, many adults report optimistic outlooks and findings that point to the power of emotional support. The majority of adults feel confident in their problem-handling skills, and they expect good things to happen to them rather than bad. However, a significantly greater percentage of adults than the previous year report that in the last month, their

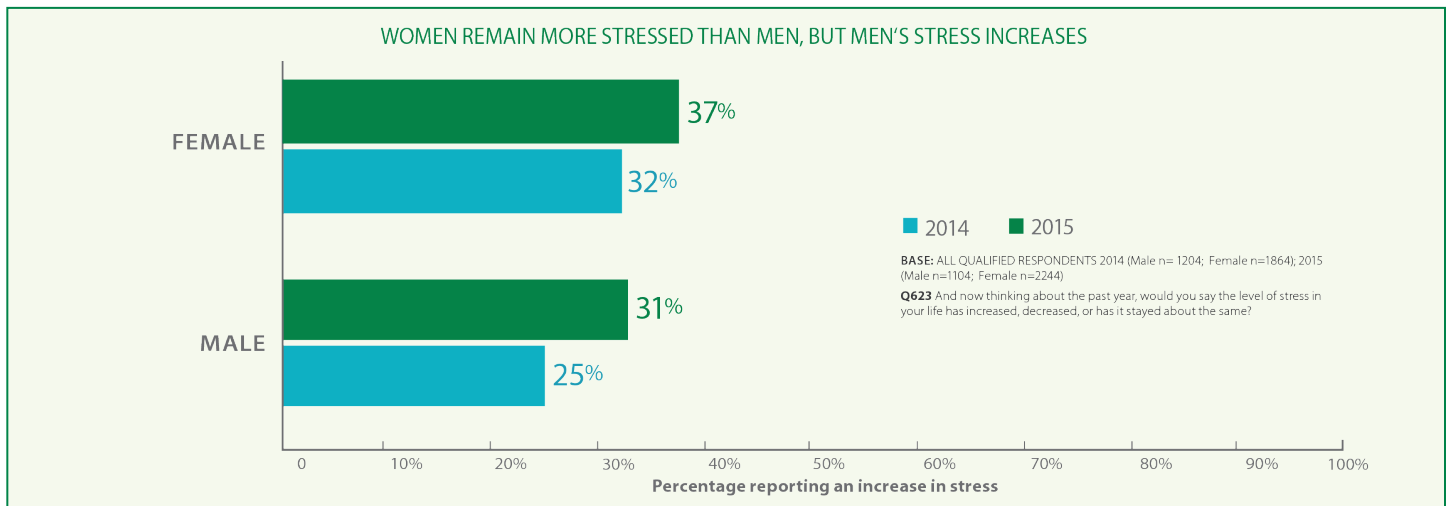
difficulties were too numerous to overcome, with slightly more than half (55 percent) saying they could have used more emotional support.

Many adults report feeling positive about their lives and their futures in the last month. Nearly six in 10 (59 percent) report that they felt confident in the last month about their ability to handle personal problems fairly or very often, compared to 52 percent saying the same in 2014. Almost half of adults (46 percent) report feeling fairly or very often that things were going their way, compared to only 38 percent saying the same in 2014.

Despite increased positivity, one-quarter of adults (25 percent) report feeling fairly or very often in the last month that difficulties were piling up so high that they could not overcome them, compared to 16 percent in 2014 saying the same. The percentage reporting feeling fairly or very often unable to control the important things in their lives remained consistent (24 percent vs. 23 percent in 2014).

A similar trend appears when examining adults' levels of emotional support. While seven in 10 (70 percent vs. 66 percent in 2014) report that there is someone they can ask for emotional support if they need it, such as talking over problems or helping make a difficult decision, many adults report that they could have used more emotional support to help them cope with difficulties. More than half (55 percent compared to 49 percent in 2014) report that they could have used at least a little more emotional support than they received in the past 12 months.





Adults who receive emotional support report lower stress levels than those who said they receive no emotional support.

While adults report having fewer close personal relationships (relatives or non-relatives with whom they feel at ease, to whom they can talk about personal matters and upon whom they can call for help) than in 2014 (4.1 in 2015 vs. 4.5 in 2014), the proportion reporting that they had no close relationships at all decreased from 9 percent in 2014 to 6 percent in 2015.

The power of emotional support can be seen in its association with adults' stress levels. On average, those adults reporting that they receive emotional support report lower stress levels than those reporting that they receive no emotional support (5.0 vs. 6.3, respectively).

STRESS SNAPSHOT: Gender

While Men Experience Increased Stress, Women Still Largely Bear the Brunt

Since *Stress in America*™ began in 2007 to explore U.S. adults' experiences with stress, women consistently have reported higher average stress levels than men, and 2015 is no exception. This year, however, it appears that men experienced increased stress compared to 2014, and they also report a higher average stress level than last year. Neither gender is faring much better than last year when it comes to doing enough to manage their stress.

While women's reported average stress levels are still higher than men's (5.3 vs. 4.9 on a 10-point scale), the gap has closed slightly (5.2 vs. 4.5 in 2014).

Men are nearly as likely as women to report that their stress has increased over the past year. While nearly four in 10 women (37 percent compared to 32 percent in 2014) report that their stress has increased over the past year, 31 percent of men report the same (compared to 25 percent in 2014).

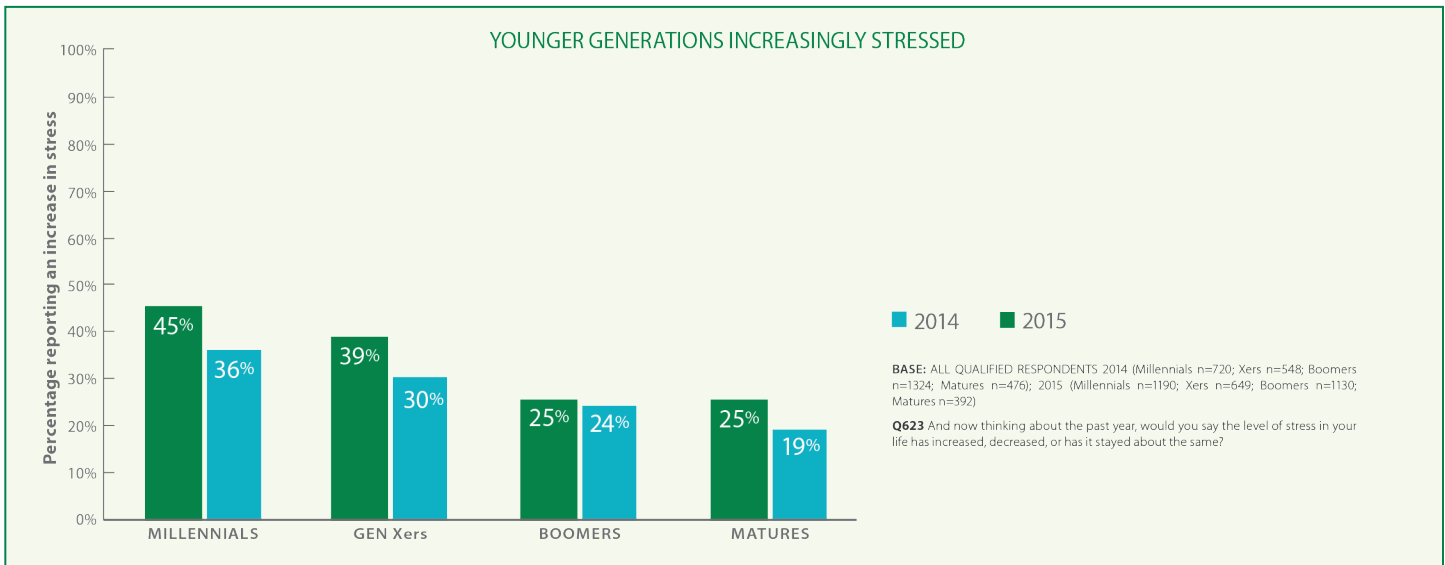
Regardless of gender, both men and women rate money (67 percent and 66 percent, respectively) and work (68 percent and 62 percent, respectively) as significant sources of stress.

Similar percentages of women and men report engaging in some stress management activities, such as exercising or walking (42 percent vs. 43 percent), going online (40 percent vs. 41 percent), and watching TV or movies for more than two hours a day (40 percent vs. 38 percent).

However, greater percentages of women than men report engaging in certain activities, such as spending time with friends or family (41 percent vs. 28 percent), reading (41 percent vs. 28 percent), praying (35 percent vs. 25 percent) and eating (32 percent vs. 21 percent) for stress management.

Despite their stress relief efforts, both genders similarly report feeling that they are not doing enough to manage stress (21 percent of women vs. 19 percent of men).





STRESS SNAPSHOT: Generations

Younger Adults Continue to Report More Stress; Money and Work Are Top Culprits

On average, younger adults report higher stress levels, and are more likely than older generations to report that their stress has increased in the past year. While they also are more likely than older generations to report engaging in stress relief activities, they are most likely to say they do not feel they are doing enough to manage their stress.

On average, Millennials and Gen Xers report higher levels of stress than Boomers and Matures (6.0, 5.8, 4.3 and 3.5 on a 10-point scale, respectively) and have done so since 2012.

Millennials and Gen Xers are more likely to rate money as a significant source of stress (82 and 73 percent) than Boomers (58 percent) or Matures (41 percent). Millennials also are more likely than Gen Xers, Boomers and Matures to say that work is a significant source of stress (79 percent of Millennials, compared to 67 percent of Gen Xers, 48 percent of Boomers and 37 percent of Matures).

There appears to be a sharp spike in younger adults saying their stress levels have increased in the past year (45 percent of Millennials and 39 percent of Gen Xers in 2015, compared to 36 percent and 30 percent in 2014, respectively). These percentages represent a return to

levels seen in 2013, when 45 percent of Millennials and 36 percent of Gen Xers said the same.

More than 1 in 4 younger adults (Millennials and Gen Xers) say they do not feel they are doing enough to manage their stress, compared to 1 in 10 older adults.

Younger adults are more likely than older generations to report engaging in certain coping activities to manage stress. Moreover, younger adults are more likely than older generations to report engaging in sedentary activities, such as listening to music (57 percent of Millennials, 49 percent of Gen Xers, 40 percent of Boomers and 25 percent of Matures), going online (48 percent of Millennials, 42 percent of Gen Xers, 36 percent of Boomers and 32 percent of Matures), eating (37 percent of Millennials, 33 percent of Gen Xers, 19 percent of Boomers and 15 percent of Matures) and playing video games (27 percent of Millennials, 20 percent of Gen Xers, 13 percent of Boomers and 11 percent of Matures).

Despite reporting that they are engaging in various stress management techniques, more than one in four younger adults (30 percent of Millennials and 25 percent of Gen Xers) say they do not feel they are doing enough to manage their stress, compared with about one in 10 older adults (15 percent of Boomers and 6 percent of Matures).



STRESS SNAPSHOT: Race and Ethnicity

Hispanic Adults Carry the Largest Share of Stress Burden

Race and ethnicity seem to play a role in overall stress levels. Over the past four years, Hispanic adults have, on average, reported stress levels that are significantly higher than adults as a whole.¹

On average, Hispanic adults report the highest stress level (5.9 on a 10-point scale vs. 5.1 for all adults), and are more likely than adults as a whole to say their stress has increased in the past year (40 percent vs. 34 percent for all respondents).

In general, Hispanics, Blacks, Asians and American Indian/Alaska Natives (AI/AN) in the U.S. are most likely overall to report common sources of stress as significant, including:

- Money (Hispanics: 77 percent; Blacks: 78 percent; Asians: 70 percent; AI/AN: 70 percent; Whites: 62 percent; All respondents: 67 percent)
- Work, if employed (Hispanics: 74 percent; Blacks: 69 percent; Asians: 71 percent; AI/AN: 59 percent; Whites: 62 percent; All respondents: 65 percent)
- Family responsibilities (Hispanics: 61 percent; Blacks: 59 percent; Asians: 69 percent; AI/AN: 60 percent; Whites: 50 percent; All respondents: 54 percent)
- Personal health concerns (Hispanics: 58 percent; Blacks: 56 percent; Asians: 56 percent; AI/AN: 57 percent; Whites: 48 percent; All respondents: 51 percent)

Black, AI/AN and Hispanic adults are more likely than adults in general to report that they listen to music to help manage stress (Blacks: 60 percent; AI/AN: 56 percent; Hispanics: 52 percent; All respondents: 46 percent). Black adults also are significantly more likely than other races and ethnicities to say that they use prayer as a stress management technique (Blacks: 50 percent; Hispanics: 34 percent; AI/AN: 34 percent; All respondents: 30 percent).

STRESS SNAPSHOT: Individuals with Disabilities

Adults Who Have a Disability Are Nearly Twice as Likely to Experience Extreme Stress

This year's survey findings suggest that adults who live with a disability report higher stress levels and are almost twice as likely as those without a disability to report a stress level in the "extreme" category.² In addition, individuals with disabilities are more likely than those without to cite money, work and health as sources of stress.

Adults with disabilities report an average stress level of 5.5 on a 10-point scale, while those who do not have a disability report an average stress level of 4.8.

Almost twice as many adults with a disability report an extreme stress level of 8, 9 or 10 (compared to adults without a disability).

Delving deeper into the average stress level data shows that almost twice as many adults with a disability as those without report an extreme stress level of 8, 9 or 10 on a 10-point scale (33 percent vs. 18 percent, respectively).

Money (75 percent) and work (73 percent) are the most commonly reported somewhat or very significant sources of stress for adults with disabilities. Adults without disabilities report money and work as sources of stress to a lesser degree (62 and 63 percent, respectively).

Moreover, personal health concerns (69 percent) and health problems affecting their family (60 percent) are somewhat or very significant sources of stress for adults with disabilities. For adults without disabilities, these concerns are somewhat or very significant for 41 percent and 45 percent, respectively.

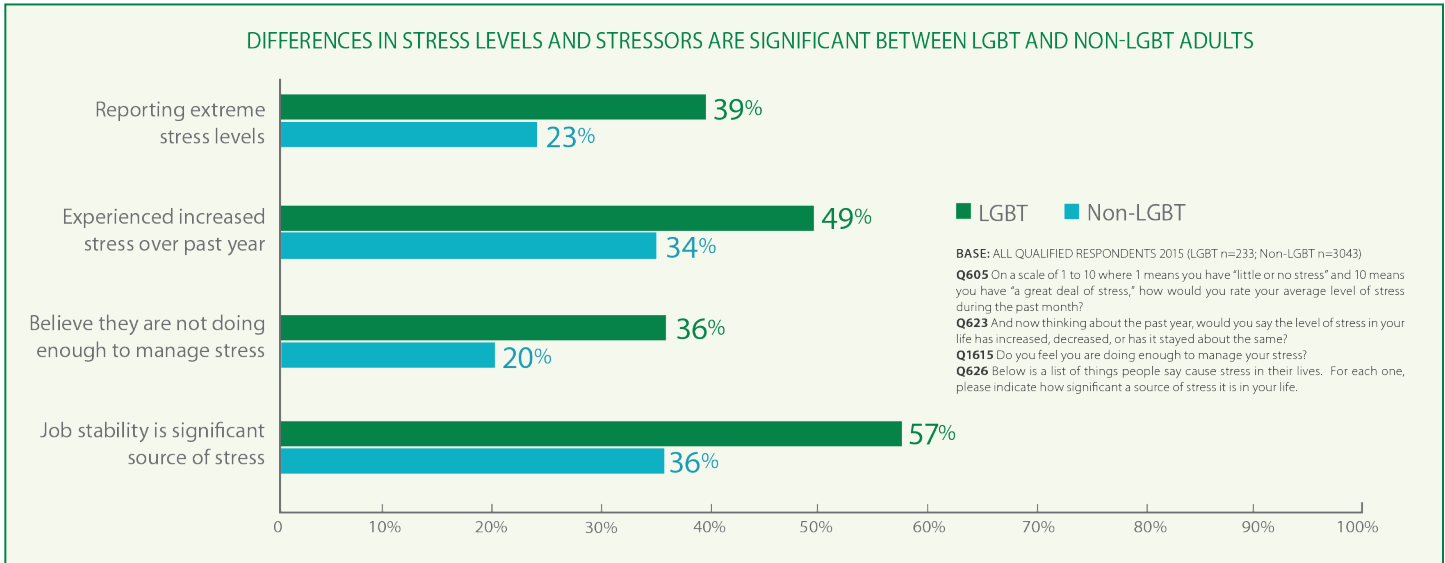
¹ Per the Census' framework, ethnicity is categorized as either "Hispanic or Latino" or "not Hispanic or Latino." Race comprises five categories: 1) White, 2) Black/African-American, 3) Asian, 4) Native American/Alaskan Native, and 5) Hawaiian Native or other Pacific Islander.

² This report defines a "disability" as any of the following conditions:

- A long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing, stairs, reaching, lifting or carrying.
- Deafness or hard of hearing in either ear.
- A long-lasting physical, mental or emotional condition that increases the difficulty of learning, remembering or concentrating.
- Blindness or a severe visual impairment in either eye.

For a comprehensive explanation of this approach, please see the Methodology section.





STRESS SNAPSHOT: Sexual Orientation and Gender Identity

Adults Who Are LGBT Report Higher Stress Levels Than Their Non-LGBT Peers

Adults who are LGBT report higher stress levels, are more likely to report extreme stress levels and report an increase in stress over the past year, compared to adults who are non-LGBT.³

Adults who are LGBT report higher average stress levels than adults who are non-LGBT (6.0 vs. 5.0 on a 10-point scale, respectively).

Adults who are LGBT are more likely than adults who are non-LGBT to report extreme stress levels (39 percent vs. 23 percent, respectively).

Adults who are LGBT are more likely than non-LGBT adults to report experiencing increased stress over the past year (49 percent vs. 34 percent, respectively).

More than one-third of adults who are LGBT (36 percent) believe they are not doing enough to manage their stress, compared to one-fifth (20 percent) of non-LGBT adults saying the same.

Job stability is a somewhat or very significant source of stress for 57 percent of adults who are LGBT, compared to 36 percent of adults who are non-LGBT.

Adults who are LGBT are more likely to report extreme stress levels, compared to non-LGBT adults.

³ LGBT was defined as those who indicated they were Transgender (Q268) or consider themselves to be Lesbian, Gay, Bisexual, or Other (Q498). Non-LGBT was defined as those who identify as Male or Female (Q268) and Heterosexual (Q498).



APPENDIX

GUIDELINES FOR READING QUESTIONS AND INTERPRETING DATA

There are multiple ways to ask questions and collect data when conducting survey research. It is important to think clearly about the goal and purpose of each question so that the best format can be selected. Once data are collected, reporting and interpreting the data accurately is equally important. Maintaining an understanding of the question structure will allow for correct interpretation.

We have provided a few examples here to help readers better understand the purpose of different question structures and the importance of using accurate language when interpreting the data. This does not cover every kind of question that can be asked in survey research; rather, we have included a few question structures that we have found are commonly misreported.

GRID TYPE QUESTION — *evaluating multiple attributes or characteristics on the same scale:*

For each one, please indicate how significant a source of stress it is in your life.

	VERY SIGNIFICANT	SOMEWHAT SIGNIFICANT	NOT VERY SIGNIFICANT	NOT AT ALL SIGNIFICANT
Money	37%	29%	20%	13%
Work	31%	35%	22%	12%
Relationships (e.g., spouse, kids, girl/boyfriend)	21%	26%	26%	27%
Health problems affecting my family	20%	30%	28%	22%
Family responsibilities	21%	32%	25%	22%
Housing costs (e.g., mortgage or rent)	21%	27%	23%	30%
The economy	20%	30%	31%	19%
Job stability	18%	20%	19%	44%
Personal health concerns	20%	31%	29%	20%
Personal safety	11%	19%	34%	36%
Discrimination	9%	12%	22%	57%

WHAT IS A GRID TYPE QUESTION?

- Allows respondents to evaluate multiple attributes or characteristics using the same scale
 - *Attitudes, perceptions, behaviors, etc.*
- Scales can vary and measure a wide variety of attitudes or behaviors
 - *Importance, agreement, likelihood, favorability, etc.*



WHAT DOES A GRID TYPE QUESTION MEASURE?

- Measures the level of endorsement for a particular attitude, perception or behavior (each of the attributes evaluated)
- Evaluates attributes independently
- Provides insight into the strength and depth of feeling for each attribute

WHAT DOES A GRID TYPE QUESTION NOT MEASURE?

- Does not measure absolutes
- Does not ask respondents to “rank” attributes
- Reporting should reflect that respondents did not “rank” items against each other

REPORTING: When reporting on data collected in a grid type question, it is important to remember what these questions do and do not measure.

TYPE OF REPORTING	CORRECT	INCORRECT	RATIONALE
... when reporting on individual attributes evaluated in the grid	<p>Sixty-seven percent of adults say money is a somewhat or very significant source of stress.</p> <p>Sixty-seven percent of adults say money is a significant source of stress, with 37 percent saying it is very significant and 29 percent saying it is a somewhat significant source of stress.</p>	<p>Money is the most significant source of stress (67 percent).</p>	<p>The question measures the degree of significance placed on each item.</p> <p>In each of these examples, the incorrect statement is misleading because the finding is reported as if the question asked for a “ranking” rather than a “rating.”</p>
... when comparing multiple attributes	<p>Many adults say that money (37 percent) and work (31 percent) are a very significant source of stress in their life.</p> <p>Very significant sources of stress are money (37 percent) and work (31 percent), followed by relationships, housing costs (e.g., mortgage or rent) and family responsibilities equally at 21 percent.</p>	<p>The most significant sources of stress are money (37 percent) and work (31 percent).</p> <p>Americans rank money (37 percent) ahead of work (31 percent) as a source of stress.</p> <p>Money (37 percent) is a more significant source of stress than work (31 percent).</p>	<p>With the grid type question format, respondents are not asked to make a direct comparison between the attributes which may have resulted in a different finding. As such, while we can discuss which attributes the sample is <i>most likely</i> to rate “significant,” we cannot state that one is more significant than another.</p>
... when comparing subgroups on individual attributes	<p>Those that earn <\$50K (76 percent) are more likely than those that earn ≥\$50K (59 percent) to say that money is a very or somewhat significant source of stress in their life.</p> <p>More lower income adults (<50K, 76 percent) say money is a very or somewhat significant source of stress than those who earn more (≥50K, 59 percent).</p>	<p>Those who earn <\$50K say money (76 percent somewhat or very significant) is a more significant source of stress than work (64 percent).</p>	

GRID TYPE QUESTIONS: KEY TAKEAWAYS

Grid type questions measure multiple attributes across the same scale.

They are “rating” and not “ranking” questions.

They measure attributes as they relate to each other, but not absolutes.

They indicate the level of endorsement (e.g., importance, agreement, etc.) for each attribute.



WHAT IS A SIMPLE SCALED QUESTION?

- Asks about specific attitudes or behaviors
- Has scales that can vary and measure a wide variety of attitudes or behaviors
 - *Importance, agreement, likelihood, favorability, etc.*

WHAT DOES A SIMPLE SCALED QUESTION MEASURE?

- Measures the level of endorsement for a specific attitude, perception or behavior

WHAT DOES A SIMPLE SCALED QUESTION NOT MEASURE?

- Does not measure how the item being measured relates to other attitudes or behaviors

SIMPLE SCALED QUESTION — *eliciting a specific attitude or behavior from a respondent:*

In general, would you say your health is ...

Excellent	6%
Very good	29%
Good	41%
Fair	21%
Poor	2%

REPORTING: When reporting on simple scaled questions, it is important to remember that these questions answer only the specific question asked. Errors in reporting are less common than with grid type questions described previously.

TYPE OF REPORTING	CORRECT	INCORRECT	RATIONALE
... when reporting on individual attributes evaluated in the grid	<p>Most adults report their overall health as good (41 percent) or very good (29 percent).</p> <p>Very few (6 percent) would say their overall health is excellent.</p>	<p>Thirty-five percent of adults are in excellent or very good health.</p> <p>Most adults are in good health (41 percent) and very few (2 percent) are unhealthy.</p>	<p>The incorrect findings are not specific enough. The question specifically asked respondents to evaluate their own health; it does not represent objective measures of health or the opinion of a qualified health care professional (which may differ from the self-report).</p>
... when comparing subgroups on individual attributes	<p>Both men (38 percent) and women (33 percent) are likely to think their health is excellent or very good.</p>	<p>Men and women are equally healthy (38 percent and 33 percent, respectively).</p>	

SIMPLE SCALED QUESTIONS: KEY TAKEAWAYS

Simple scaled questions measure specific attitudes or behaviors.

Their findings indicate the level of endorsement (e.g., importance, agreement, etc.) for specific attitudes or behaviors.



WHAT IS A MULTIPLE RESPONSE QUESTION?

- Used to understand a range of attitudes, behaviors or perceptions
- Provides insight into the prevalence of different attitudes, behaviors or perceptions

WHAT DOES A MULTIPLE RESPONSE QUESTION MEASURE?

- Measures the prevalence of attitudes, behaviors or perceptions

WHAT DOES A MULTIPLE RESPONSE QUESTION NOT MEASURE?

- Does not necessarily measure the frequency of a specific attitude, behavior or perception
- Does not necessarily measure the strength of the attitudes or perception measured
- Does not specifically capture preference (i.e., “favorites”) among attitudes, behaviors or perceptions or rank order

MULTIPLE RESPONSE QUESTION — asking respondents to report on a range of behaviors, attitudes or perceptions:

Do you do any of the following to manage stress? Please select all that apply.

TOP 10 MOST COMMON RESPONSES	
Listen to music	46%
Exercise or walk	43%
Surf the Internet/go online	40%
Watch TV or movies for more than two hours per day	39%
Spend time with friends or family	35%
Read	35%
Pray	30%
Nap	29%
Eat	27%
Spend time doing a hobby	23%

REPORTING: When reporting on data collected from multiple response questions, it is important to remember that they measure prevalence. They do not necessarily measure frequency, strength of endorsement or preference. Rather, these data are useful to understand the range of behavior or attitudes on a given topic.

TYPE OF REPORTING	CORRECT	INCORRECT	RATIONALE
... when reporting at the aggregate level	<p>The most common ways people manage stress are listening to music, exercising or walking, and surfing the Internet/going online.</p> <p>Almost one in two adults listen to music as a way to manage stress (46 percent).</p> <p>Listening to music, exercising or walking, and surfing the Internet/going online are the most popular ways to manage stress.</p>	<p>Listening to music is the most frequent stress management technique.</p>	<p>In reporting, use of the word “frequently” or “frequency” implies how often a behavior is done.</p> <p>This question, as phrased, measures prevalence (i.e., how many people are doing these activities) rather than actual frequency (i.e., how many times per week or month they are doing each of these).</p> <p>When reporting on subgroups, we know that more people from a particular subsample (i.e., women) engage in a behavior as compared to men. The question does not address whether or not those women engaging in the behavior actually do the behavior more often than men.</p> <p>It is important to consider the whole question as it was asked. As such, results from this question cannot, for example, be used to measure likelihood to listen to music overall — only likelihood to listen to music for the specific purpose of managing stress.</p>



TYPE OF REPORTING	CORRECT	INCORRECT	RATIONALE
...when comparing multiple attributes	<p>Surfing the Internet/going online (40 percent) and watching television or movies for more than two hours per day (39 percent) are equally likely to be used as stress management techniques.</p> <p>Listening to music is more commonly mentioned as a stress management strategy than napping.</p> <p>Listening to music (46 percent) is the stress management technique embraced by the highest percentage of adults, followed by exercising (43 percent).</p>	<p>Listening to music (46 percent) is done more frequently than exercising (43 percent) when it comes to stress management.</p> <p>Adults exercise more than read to manage stress (43 percent vs. 35 percent).</p> <p>Adults prefer listening to music (46 percent) over watching TV (39 percent) as a way to manage stress.</p>	<p>In reporting, use of the word “frequently” or “frequency” implies how often a behavior is done.</p> <p>This question, as phrased, measures prevalence (i.e., how many people are doing these activities) rather than actual frequency (i.e., how many times per week or month they are doing each of these).</p> <p>When reporting on subgroups, we know that more people from a particular subsample (i.e., women) engage in a behavior as compared to men. The question does not address whether or not those women engaging in the behavior actually do the behavior more often than men.</p>
...when comparing subgroups on individual attributes	<p>Women (41 percent) are more likely than men (28 percent) to say they read to manage their stress.</p> <p>More men (11 percent) than women (3 percent) play sports to manage stress.</p>	<p>Women read more frequently than men as a stress management technique.</p> <p>Men play sports more often than women to manage stress.</p>	<p>It is important to consider the whole question as it was asked. As such, results from this question cannot, for example, be used to measure likelihood to listen to music overall — only likelihood to listen to music for the specific purpose of managing stress.</p>

MULTIPLE RESPONSE QUESTIONS: KEY TAKEAWAYS

Multiple response questions measure prevalence of attitudes, behaviors and perceptions.

They provide insight into a range of behaviors or attitudes on a specific topic in question.

They do not necessarily measure the frequency of behaviors.

They do not necessarily measure strength of an attitude or perception.

