2016

ACSM AMERICAN FITNESS INDEX®

Actively Moving America to Better Health

Health and Community Fitness Status of the 50 Largest Metropolitan Areas

Anthem® Foundation

AMERICAN COLLEGE of SPORTS MEDICINE®
www.acsm.org

ACKNOWLEDGEMENTS

This report is supported by a grant from the Anthem Foundation. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the Anthem Foundation.

ACSM AMERICAN FITNESS INDEX® ADVISORY BOARD

Chair: Walter R. Thompson, Ph.D., FACSM
(Georgia State University)

Vice-Chair: Barbara E. Ainsworth, Ph.D., M.P.H., FACSM, FNAK
(Arizona State University)

Steven N. Blair, P.E.D., FACSM
(University of South Carolina)

Jacqueline Epping, M.Ed., FACSM
(U.S. Centers for Disease Control and Prevention)

John M. Jakicic, Ph.D., FACSM
(University of Pittsburgh)

Elizabeth A. Joy, M.D., M.P.H., FACSM
(Intermountain Healthcare/
University of Utah School of Medicine)

NiCole R. Keith, Ph.D., FACSM
(Indiana University/Regenstrief Institute, Inc.)

Roseann M. Lyle, Ph.D., FACSM
(Purdue University)

Melinda M. Manore, Ph.D., R.D., FACSM
(Oregon State University)

Kenneth E. Powell, M.D., M.P.H., FACSM
(Epidemiologic and Public Health Consultant)

Angela Smith, M.D., FACSM
(Nemours/Alfred I. duPont Hospital for Children,
Thomas Jefferson University)

Stella Lucia Volpe, Ph.D., R.D., LDN, FACSM
(Drexel University)

REPORT AUTHORS

Brenda E. Chamness, M.S., MCHES
Senior Director, Strategic Health Programs

Terrell W. Zollinger, Dr.P.H.
Professor Emeritus, Indiana University
Richard M. Fairbanks School of Public Health
Principal, T. Zollinger and Associates, LLC

Jessica M. Coffing, M.P.H.
Research Associate, T. Zollinger and Associates, LLC

Walter R. Thompson, Ph.D., FACSM
Regents Professor and Associate Dean, Georgia State University
Chair, ACSM American Fitness Index® Advisory Board

Barbara E. Ainsworth, Ph.D., M.P.H., FACSM, FNAK
Regents Professor, Arizona State University
Vice-Chair, ACSM American Fitness Index® Advisory Board

Marie N. Lewis, CHES
Research Administration and Programs Coordinator

ACSM AMERICAN FITNESS INDEX® RESEARCH TEAM

Terrell W. Zollinger, Dr.P.H.
Professor Emeritus, Indiana University
Richard M. Fairbanks School of Public Health
Principal, T. Zollinger and Associates, LLC

Jessica M. Coffing, M.P.H.
Research Associate, T. Zollinger and Associates, LLC

Derek A. Zollinger, M.S.
Research Associate, T. Zollinger and Associates, LLC

AMERICAN COLLEGE OF SPORTS MEDICINE STAFF

Brenda E. Chamness, M.S., MCHES
Senior Director, Strategic Health Programs

Marie N. Lewis, CHES
Research Administration and Programs Coordinator

Questions and comments on the report should be directed to the American College of Sports Medicine at afi@acsm.org.

Report design by Kern Graphic Design, Indianapolis, Indiana (www.kerngraphicdesign.com).

ACSM AMERICAN FITNESS INDEX®
HEALTH AND COMMUNITY FITNESS STATUS OF THE 50 LARGEST METROPOLITAN AREAS

2016 EDITION

Table of Contents

Executive Summary 7

Background and Need for Action 9

ACSM American Fitness Index® (AFI) Program 10
- ACSM American Fitness Index® Program Components 10
- Implementation 10
- ACSM American Fitness Index® Advisory Board 10

Methodology 11
- Why Choose Metropolitan Statistical Areas (MSAs) Over Cities? 11
- How Were the Indicators Selected for the Data Index? 11
- What Data Sources Were Used to Create the Data Index? 11
- How Was the Data Index Built? 11
- How Should the Scores and Ranks Be Interpreted? 12
- How Were the Areas of Excellence and Improvement Priority Areas Determined? 12
- What Are the Limitations of the AFI Data Report? 13
- References 13

Metropolitan Area Snapshots
- Atlanta, GA 14
- Austin, TX 16
- Baltimore, MD 18
- Birmingham, AL 20
- Boston, MA 22
- Buffalo, NY 24
- Charlotte, NC 26
- Chicago, IL 28
- Cincinnati, OH 30
- Cleveland, OH 32
- Columbus, OH 34
- Dallas, TX 36
- Denver, CO 38
- Detroit, MI 40
- Hartford, CT 42
- Houston, TX 44
- Indianapolis, IN 46

Metropolitan Area Snapshots (continued)
Jacksonville, FL 48
Kansas City, MO-KS 50
Las Vegas, NV 52
Los Angeles, CA 54
Louisville, KY 56
Memphis, TN 58
Miami, FL 60
Milwaukee, WI 62
Minneapolis-St. Paul, MN 64
Nashville, TN 66
New Orleans, LA 68
New York, NY 70
Oklahoma City, OK 72
Orlando, FL 74
Philadelphia, PA 76
Phoenix, AZ 78
Pittsburgh, PA 80
Portland, OR 82
Providence, RI 84
Raleigh, NC 86
Richmond, VA 88
Riverside, CA 90
Sacramento, CA 92
Saint Louis, MO-IL 94
Salt Lake City, UT 96
San Antonio, TX 98
San Diego, CA 100
San Francisco, CA 102
San Jose, CA 104
Seattle, WA 106
Tampa, FL 108
Virginia Beach, VA 110
Washington, DC 112

Appendix A – Data Sources 114
Appendix B – Members of the Expert Panel 117
Appendix C – U.S. Values, MSA Averages and MSA Ranges for AFI Indicators 119
Appendix D – Counties in MSAs 121

Anthem®
Foundation

May 2016

Dear Colleagues,

For the past nine years, the Anthem Foundation has proudly supported the American College of Sports Medicine (ACSM) American Fitness Index® (AFI). In that time, we've watched the index become a recognized and credible resource that can positively influence health and well-being in communities across the country.

Our partnership allows us to leverage ACSM's research expertise to provide the AFI data report as a reliable measure of community fitness for the country's 50 largest metropolitan statistical areas (MSAs). The report is a one-of-a-kind, evidence-based analysis of each MSA's strengths and challenges, providing substantive data that can be used to affect real change. To quote *The Washington Post* in a story about AFI and the Anthem Foundation, "*Most lists of 'America's fittest cities' are ridiculous, but the American College of Sports Medicine puts out a legit one each year that actually tells us something about people's health habits and the opportunities their communities provide to stay fit.*"

This year is no different. Once again, the Anthem Foundation and ACSM have joined together to provide the 2016 edition of the ACSM American Fitness Index. As you will read, the report identifies a number of positive outcomes, including 60 percent of the MSAs improving their fitness ranking when compared to last year. We're also very excited that Cincinnati, Ohio ranked number one in the community/environmental category just two years after implementing a customized strategic plan designed by ACSM based on the AFI report for that MSA.

These success stories demonstrate our mutual commitment to enhance the health and well-being of individuals, families and communities.

As always, we encourage you to use and share this year's report, in an effort to influence positive and healthy change. To learn more, please visit AmericanFitnessIndex.org.

Sincerely,

Craig Samitt, MD
Chief Clinical Officer
Anthem, Inc.

Executive Summary

With support and funding from the Anthem Foundation in 2007, the American College of Sports Medicine (ACSM) launched the ACSM American Fitness Index® (AFI) program in 2008 to help communities identify opportunities to improve the health of its residents and expand community assets to better support active, healthy lifestyles. The AFI Data Report reflects a composite of personal health measures, preventive health behaviors, levels of chronic disease conditions, as well as environmental and community resources and policies that support physical activity. In addition, demographic and economic diversity are included for each metropolitan area to illustrate the unique attributes of each city. Communities with the highest scores in the AFI Data Report are considered to have strong *community* fitness, a concept analogous to individuals having strong *personal* fitness.

The 50 largest metropolitan areas in the United States, as defined by the U.S. Office of Management and Budget using data from the U.S. Census Annual Estimates of Population, were included in this 2016 data report for the AFI program. Metropolitan Statistical Areas (MSAs) were chosen as the unit of measurement because they represent the group of counties comprising the larger urban areas where residents live, work and access community resources.

The AFI program is unique for several reasons:

- Cities are defined by MSAs;
- Personal health indicators, as well as community and environmental indicators, are included in the data report;
- Data obtained from reputable sources, and scientific methodologies are used to ensure validity and reliability;
- Unique areas of strength and opportunities for improvement are included for each MSA to help guide community action;
- Data indicators are tracked and reported in five-year Data Trend Reports (http://americanfitnessindex.org/afi-trend-reports/);
- Materials, resources and connections to health promotion partners are provided by the AFI program to help cities improve their indicators (http://americanfitnessindex.org/acsm-american-fitness-index-resources/); and
- Local, state and national health promotion partners form a network to support collaborative program efforts.

The first step in creating the report for the AFI program involved developing a strategy to identify, gather, analyze and present MSA-level data on the population, health and built environment of the communities. Measures were identified, assessed and scored by a national expert panel for inclusion into an index to compare each MSA's attributes with the overall U.S. values and with the other large metropolitan areas. Based on benchmark comparisons, suggested areas of excellence and improvement priority areas for each MSA were noted.

There was considerable diversity in community fitness levels among the 50 MSAs. However, for the 2016 AFI Data Report results, the Washington, DC MSA occupied the number one spot for the third year in a row. Since 2008, the Washington, DC MSA has continued to rank near the top by investing in the community and environmental indicators that support a healthy and active lifestyle. Although, it continues to lead the way, many other MSAs have comparable ranking scores.

Cities that ranked near the top of the index have more strengths and resources that support healthy living and fewer challenges that hinder it. The opposite is true for cities near the bottom of the index. All cities are commended for their areas of excellence and encouraged to focus future efforts on their improvement priority areas to achieve a healthy and active population.

Rank	Metropolitan Area	SCORE
1	Washington-Arlington-Alexandria, DC-VA-MD-WV	77.9
2	Minneapolis-St. Paul-Bloomington, MN-WI	76.7
3	Denver-Aurora-Lakewood, CO	72.6
4	Portland-Vancouver-Hillsboro, OR-WA	69.6
5	San Francisco-Oakland-Hayward, CA	69.3
6	Seattle-Tacoma-Bellevue, WA	69.0
7	Boston-Cambridge-Newton, MA-NH	67.0
8	Salt Lake City, UT	65.5
9	Hartford-West Hartford-East Hartford, CT	65.3
10	San Diego-Carlsbad, CA	64.1
11	San Jose-Sunnyvale-Santa Clara, CA	63.4
12	Chicago-Naperville-Elgin, IL-IN-WI	63.1
13	Sacramento-Roseville-Arden-Arcade, CA	62.4
14	Atlanta-Sandy Springs-Roswell, GA	62.3
15.5*	Austin-Round Rock, TX	59.3
15.5*	Raleigh, NC	59.3
17	Baltimore-Columbia-Towson, MD	56.5
18	Richmond, VA	55.1
19	Virginia Beach-Norfolk-Newport News, VA-NC	54.6
20	Milwaukee-Waukesha-West Allis, WI	54.2**
21	Providence-Warwick, RI-MA	54.2**
22	New York-Newark-Jersey City, NY-NJ-PA	53.8
23	Cincinnati, OH-KY-IN	52.7
24	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	52.3
25	Cleveland-Elyria, OH	52.1
26	Tampa-St. Petersburg-Clearwater, FL	51.7
27	Pittsburgh, PA	51.3
28	Saint Louis, MO-IL	50.9
29	Los Angeles-Long Beach-Anaheim, CA	50.8
30	Kansas City, MO-KS	50.3
31	Jacksonville, FL	49.5
32	Miami-Fort Lauderdale-West Palm Beach, FL	48.2
33	New Orleans-Metairie, LA	46.0
34	Phoenix-Mesa-Scottsdale, AZ	44.9
35	Buffalo-Cheektowaga-Niagara Falls, NY	43.6
36	Riverside-San Bernardino-Ontario, CA	42.7
37	Dallas-Fort Worth-Arlington, TX	42.2
38	Columbus, OH	41.6
39	Charlotte-Concord-Gastonia, NC-SC	41.4
40	Houston-The Woodlands-Sugar Land, TX	40.6
41	Las Vegas-Henderson-Paradise, NV	40.4**
42	Detroit-Warren-Dearborn, MI	40.4**
43	Orlando-Kissimmee-Sanford, FL	40.3
44	Birmingham-Hoover, AL	39.4
45	San Antonio-New Braunfels, TX	35.0
46	Nashville-Davidson-Murfreesboro-Franklin, TN	34.2
47	Memphis, TN-MS-AR	33.3
48	Louisville/Jefferson County, KY-IN	31.8
49	Oklahoma City, OK	29.5
50	Indianapolis-Carmel-Anderson, IN	26.6

* There was a tie in the ranking between the MSAs.

**The scores shown have been rounded to the nearest tenth of a point resulting in some apparent ties; however, the rankings are based on the full calculated score values that were not equal in those cases.

Background and Need for Action

Physical activity for all!

Being physically active is one of the most important ways adults and children can improve and maintain their overall health.[1-4] For adults, regular exercise can reduce the risk of premature death, heart disease, stroke, high blood pressure, type 2 diabetes, breast cancer, colon cancer and the risk of falls. For children and adolescents, regular physical activity can decrease body fat and improve bone health, cardiorespiratory fitness and muscular strength. Physical activity also can decrease the risk of depression in adults and reduce depression symptoms in young people.[1-4]

Emerging public health information suggests that to reach the U.S. Centers for Disease Control and Prevention's goal to improve health and fitness, prevent disease and disability, and enhance quality of life for all Americans through physical activity, we must create a culture that integrates physical activity into our daily lives.[2] The ACSM AFI program developed a valid and reliable measure of health and community fitness at a metropolitan level to:

- provide community leaders with information to understand the personal, community, societal and environmental influences on physical activity and healthy eating;
- develop strategies to promote physical activity at multiple levels of influence;
- take action through local community mobilization with the AFI Community Action Guide, health promotion partners and other best practices;[5-8] and,
- monitor changes in the measures as a result of community programs and other factors.

While the AFI Data Report report provides detailed information for cities at the MSA level, the *My AFI* (http://americanfitnessindex.org/myafi/index.php) community application tool integrates the components of the AFI program into a health promotion approach that can be used by other communities not included in the AFI data report. Using this tool, leaders can understand the individual, societal and behavioral factors related to physical activity in their own community and implement culturally focused activities that are meaningful to their residents.

Overall, the goal of the AFI program is to help improve the health of the nation and promote active lifestyles by supporting local programming to develop a sustainable, healthy community culture. To accomplish this goal, community leaders and health planners need to be aware of their community's health status and behaviors; key indicators, such as obesity and chronic disease rates, related to physical inactivity; built environment and resources; and policies that support a healthy community. The AFI program is specifically designed to provide these data and other valuable assistance to cities to help further efforts to improve the health and quality of life of residents, promote healthier lifestyles and encourage community resource development to support physical activity.

ACSM American Fitness Index® Program

With support and funding from the Anthem Foundation (www.anthem.foundation), the AFI program was created to develop a valid and reliable measure of the health and community fitness at the metropolitan level in the United States. The AFI program provides valuable resources that can help communities focus their programming efforts as well as assist them in developing collaborative activities and partnerships with other organizations that contribute to health promotion. Using the AFI Data Report, communities will be able to identify opportunities to improve the health status of their residents. Additionally, as communities implement targeted programs to improve health status and environmental resources, they will be able to measure their progress using the relevant AFI elements in future reports.

ACSM American Fitness Index® Program Components

The AFI program improves the health, fitness and quality of life of citizens through four key components:

- **Data:** Collect, aggregate and report metropolitan-level data related to healthy lifestyles, health outcomes and community resources that support a physically active society. Disseminate the AFI Data Report to give an accurate snapshot of the health status and contributing factors in major metropolitan areas across the nation.
- **Data Tracking:** Report MSA health trends in five-year increments beginning with the 2009-2013 Data Trend Reports.
- **Resources:** Serve as a resource for promoting and integrating research, education and practical applications of sports medicine and exercise science to maintain and enhance physical performance, fitness, health and quality of life.
- **Health Promotion Partners:** Help communities connect and partner with existing organizations and local, state and national programs on physical activity and healthy lifestyles initiatives.

Implementation

This ninth full-edition data report for the AFI program focuses on data collection and analysis for the 50 largest metropolitan areas in the United States. The program's data report shows the results of identifying, collecting, analyzing, weighing and aggregating relevant data at the metropolitan level. The metropolitan areas in this report represent the 50 largest MSAs defined by the U.S. Office of Management and Budget in 2013 using data from the 2010 U.S. Census Annual Estimates of Population.

ACSM American Fitness Index® Advisory Board

The AFI program would not be possible without direction from the knowledgeable volunteers who make up the AFI Advisory Board. The AFI Advisory Board is comprised of experts with a vested interest in the fields of health and physical activity who volunteer their time to support the mission of the AFI program.

The AFI Advisory Board was created in 2007 to assist in the development of the AFI program and continues to offer on-going guidance to the program. Members of the AFI Advisory Board assure the AFI Data Report and overall program adhere to the ACSM Guiding Principles for Healthy Communities and the goals of the AFI program by:

- accurately translating the science into practice;
- actively participating in strategic planning for the program;
- critically reviewing all program documentation and collateral materials; and
- continually providing expert guidance and feedback to communities.

ACSM greatly appreciates the contributions of our AFI Advisory Board members:

- *Chair:* Walter R. Thompson, Ph.D., FACSM (Georgia State University)
- *Vice-Chair:* Barbara E. Ainsworth, Ph.D., M.P.H., FACSM, FNAK (Arizona State University)
- Steven N. Blair, P.E.D., FACSM (University of South Carolina)
- Jacqueline N. Epping, M.Ed., FACSM (U.S. Centers for Disease Control and Prevention)
- John M. Jakicic, Ph.D., FACSM (University of Pittsburgh)
- Elizabeth A. Joy, M.D., M.P.H., FACSM (Intermountain Healthcare/University of Utah School of Medicine)
- NiCole R. Keith, Ph.D., FACSM (Indiana University/Regenstrief Institute, Inc.)

- Roseann M. Lyle, Ph.D., FACSM (Purdue University)
- Melinda M. Manore, Ph.D., R.D., FACSM (Oregon State University)
- Kenneth E. Powell, M.D., M.P.H., FACSM (Epidemiologic and Public Health Consultant)
- Angela D. Smith, M.D., FACSM (Nemours/Alfred I. duPont Hospital for Children, Thomas Jefferson University)
- Stella Lucia Volpe, Ph.D., R.D., LDN, FACSM (Drexel University)

Methodology

Scientific evidence, expert opinion and statistical methodologies were employed to select, weigh and combine the elements used to produce the AFI Data Report.

Why Choose MSAs Over Cities?

Defining a "city" by its city limits overlooks the interaction between the core of the city and the surrounding suburban areas. Residents outside the city limits have access to fitness-related resources in their suburban area as well as the city core; likewise, the residents within the city limits may access resources in the surrounding areas. Thus, the metropolitan area, including both the city core and the surrounding suburban areas, act as a unit to support the wellness efforts of residents of the area. Consequently, the MSA data were used where possible in constructing the AFI Data Report. It is understood that various parts of the central city and surrounding suburban area may have very different demographic and health behavior characteristics, as well as access to community-level resources to support physical activity. Currently, the nationally available data needed to measure these characteristics and resources are not available to allow comparisons of all of the smaller geographical levels in the MSAs. However, it would be possible for communities within the MSA to collect local data using the measurements and strategy outlined in *My AFI* (http://americanfitnessindex.org/my-afi/) to identify opportunities and to monitor improvements occurring as a result of their initiatives.

How Were the Indicators Selected for the Data Index?

Elements included in the data index must have met the following criteria to be included:

- Be related to the level of health status and/or physical activity environment for the MSA;
- Be measured recently and reported by a reputable agency or organization;
- Be available to the public;
- Be measured routinely and provided in a timely fashion; and
- Be modifiable through community effort (for example, smoking rate is included, climate is not).

What Data Sources Were Used to Create the Data Index?

The most current publicly available data at the time of analysis from federal reports and past studies provided the information used in this version of the data index. The largest single data source for the personal health indicators was the Behavioral Risk Factor Surveillance System (BRFSS) provided by the U.S. Centers for Disease Control and Prevention. Through a survey, conducted by the Center for City Park Excellence, the Trust for Public Land provided many of the community/environmental indicators, and the U.S. Census American Community Survey was the source for most of the MSA descriptions. The U.S. Department of Agriculture; State Report Cards (School Health Policies and Programs Study by the CDC); and the Federal Bureau of Investigation's (FBI) Uniform Crime Reporting Program also provided data used in the MSA description. The data index elements and its data sources are shown in Appendix A.

How Was the Data Index Built?

Initial elements for the AFI Data Report were scored for relevance by a panel of 26 health and physical activity experts in 2008 (listed in Appendix B). Two Delphi method-type rounds of scoring were used to reach consensus on whether each item should be included in the data index and the weight it should carry in the calculations. The data elements used in the AFI Data Report were reviewed and updated in 2015. Specifically, a new environmental/community measure, "percent within a 10-minute walk to a park" was added. Because of changes in the components of the index, comparisons between the individual elements that did not change in the 2015

and 2016 AFI Data Reports can be compared with earlier years' data, but the overall score and the sub-scores for 2015 and 2016 are not comparable to earlier years.

From this process, 32 currently available indicators were identified and weighted for the index and 16 description variables were selected. The MSA description elements were not included in the data index calculation, but were shown for cities to use for comparison purposes. A weight of 1 was assigned to those elements that were considered to be of little importance by the panel of experts; 2 for those items considered to be of moderate importance; and 3 to those elements considered to be of high importance to include in the data index. Each item used in the scoring was first ranked (worse value = 1) and then multiplied by the weight assigned by consensus of the expert panel. The weighted ranks were then summed by indicator group to create scores for the personal health indicators and community/environmental indicators. Finally, the MSA scores were standardized to a scale with the upper limit of 100 by dividing the MSA score by the maximum possible value and multiplying by 100.

The following formula summarizes the scoring process:

$$\text{MSA Score}_k = \left(\left(\sum_{i=1}^{n} r_{ki}\, w_{ki}\right)/\text{MSA Score}_{max}\right)*100$$

r = MSA rank on indicator
w = weight assigned to indicator
k = indicator group
n = 15 for personal health indicators and 17 for community/environmental indicators
MSA Score_{max} = hypothetical score if an MSA ranked best on each of the elements

The individual weights also were averaged for both indicator groups to create the total score. Both the indicator group scores and the total scores for the 50 cities were then ranked (best = 1) as shown on the Metropolitan Area Snapshots.

How Should the Scores and Ranks Be Interpreted?

It is important to consider both the score and rank for each city. While the ranking lists the MSAs from the highest to the lowest score, the scores for many cities are very similar, indicating that there is relatively little difference among them. For example, the score for Sacramento was 62.4 while the score for Atlanta was 62.3. While Sacramento was ranked higher than Atlanta, these two metropolitan areas were actually very similar across all of the indicators; thus, there is little difference in the community wellness levels of the two MSAs. Also, while one city carried the highest rank (Washington, DC) and another carried the lowest rank (Indianapolis, IN), this does not necessarily mean that the highest ranked city has excellent values across all indicators and the lowest ranked city has the lowest values on all the indicators. The ranking merely indicates that, relative to each other, some cities scored better than others.

How Were the Areas of Excellence and Improvement Priority Areas Determined?

The Areas of Excellence and Improvement Priority Areas for each MSA were listed to assist communities in identifying potential areas where they might focus their efforts using approaches adopted by those cities that have strengths in the same area. This process involved comparing the data index elements of the MSA to a target goal. The target goals for the personal health indicators were derived by generating the **90th percentile** from the **pooled 2008-2012 AFI** Data Report data. For those additional personal health indicators that were added later, the target goal was 90% of the currently available values. The target goals for the community health indicators were derived by calculating the **average** from the **pooled 2008-2012 AFI data**. New community indicators target goals were an average from the 2015 values. Data indicators with values equal to or better than the target goal were considered "Areas of Excellence." Data indicators with values worse than 20% of the target goal were listed as "Improvement Priority Areas."

What Are the Limitations of the AFI Data Report?

The items used for the personal health indicators were based on self-reported responses to the BRFSS and are subject to the well-known limitations of self-reported data. Since this limitation applies to all metropolitan areas included in this report, the biases should be similar across all areas, so the relative differences should still be valid. In addition, the BRFSS data collection method changed in 2011 relative to weighting methodology and the addition of the cell phone sampling frame; thus measures before and after 2011 are not exactly comparable. As indicated on the FBI website, data on violent crimes may not be comparable across all metropolitan areas because of differences in law enforcement policies and practices from area to area. The Trust for Public Land community/environmental indicators only includes city-level data, rather than data for the complete MSA. Consequently, most of the community/environmental indicators shown on the MSA tables are for the main city in the MSA and do not include resources in the rest of the MSA. Not all city-level data were available for each MSA from the Trust for Public Land. For those MSAs missing data their scores were adjusted for the ranking calculation.

References

1. U.S. Department of Health and Human Services, Office of the Surgeon General National Prevention Council (2011). National Prevention Strategy. Retrieved from http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf.

2. U.S. Centers for Disease Control and Prevention (n.d). Physical Activity. Retrieved from http://www.cdc.gov/physicalactivity/.

3. American College of Sports Medicine. (n.d). About ACSM. Retrieved from http://www.acsm.org/am/template.cfm?section=about_acsm.

4. U.S. Department of Health and Human Services, Healthy People 2020. (n.d.). Physical Activity. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=33.

5. Sallis JF, Floyd MF, Rodriguez DA, Saelens BE. Role of built environments in physical activity, obesity, and cardiovascular disease. *American Heart Association*. 2012; 125, 729-737. doi: 10.1161/CIRCULATIONAHA.110.969022.

6. Sallis JF, Cerin E, Conway TL, et al. Physical activity in relation to urban environments in 14 cities worldwide: a cross-sectional study. *Lancet*. 2016; pii: S0140-6736(15)01284-2. doi: 10.1016/S0140-6736(15)01284-2. http://www.ncbi.nlm.nih.gov/pubmed/27045735.

7. Sallis JF, Spoon C, Cavill N, et al. Co-benefits of designing communities for active living: an exploration of the literature. *Int J Behav Nutr Phys Act.* 2015;12:30. doi: 10.1186/s12966-015-0188-2 http://www.ncbi.nlm.nih.gov/pubmed/25886356#.

8. Suglyama T, Cerin E, Owen N, et al. Perceived neighbourhood environmental attributes associated with adult' recreational walking: IPEN study. *Health Place*. 2014; Jul;28:22-30. doi: 10.1016/j.healthplace.2014.03.003. Epub 2014 Apr 11. http://www.ncbi.nlm.nih.gov/pubmed/24721737#.

ATLANTA, GA

(Atlanta-Sandy Springs-Roswell, GA MSA)

Total Score = 62.3; Rank = 14

Areas of Excellence (at or better than target goal):

- Higher percent of population within a 10 minute walk to a park
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent obese
- Higher percent with asthma
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer dog parks per capita

Description of Atlanta-Sandy Springs-Roswell, GA MSA

Population	5,614,323
Percent less than 18 years old	25.4%
Percent 18 to 64 years old	63.8%
Percent 65 years old and older	10.8%
Percent male	48.5%
Percent high school graduate or higher	88.3%
Percent White	55.3%
Percent Black or African American	33.5%
Percent Asian	5.5%
Percent Other Race	5.7%
Percent Hispanic/Latino	10.4%
Percent unemployed	5.2%
Median household income	$56,166.00
Percent of households below poverty level	11.9%
Violent crime rate/100,000*	398.4
Percent with disability	10.2%

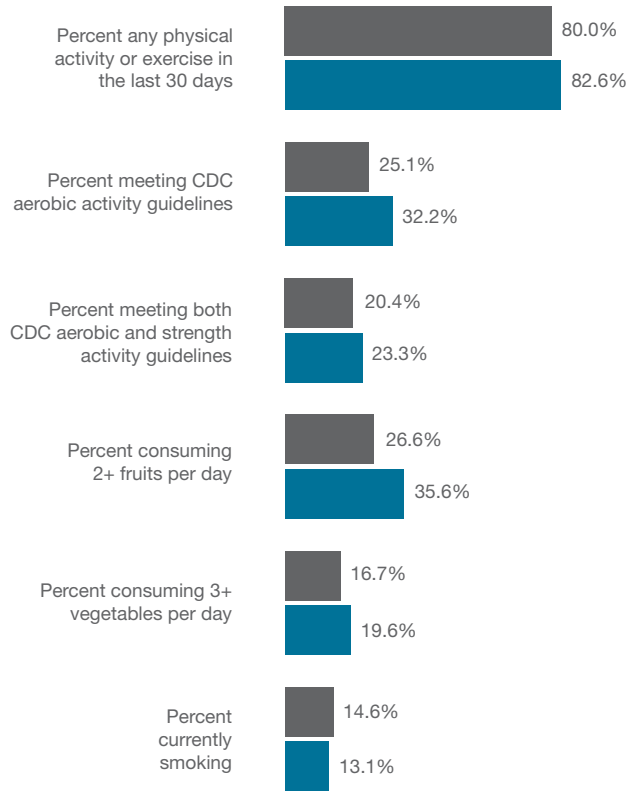
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

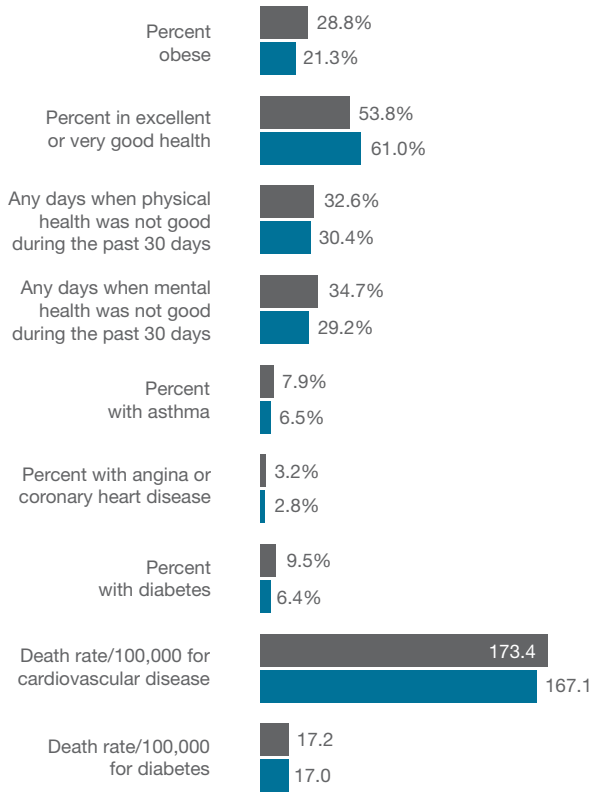
Personal Health Indicators – Score = 64.8; Rank = 14

Atlanta Target Goal*

Health Behaviors



Chronic Health Problems

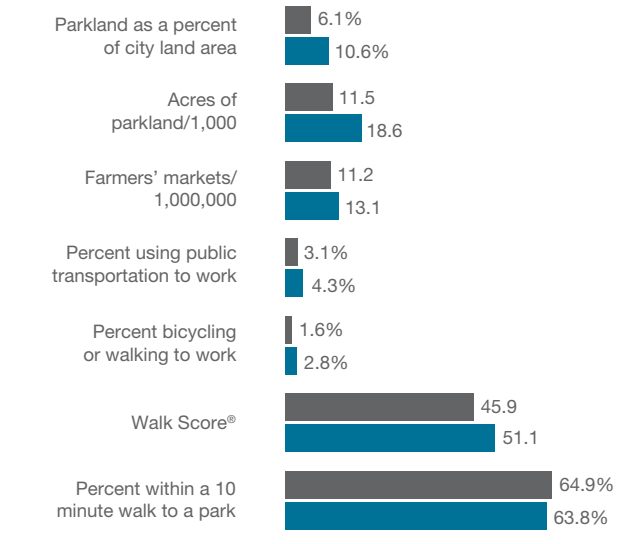


Community/Environmental Indicators – Score = 59.9; Rank = 20

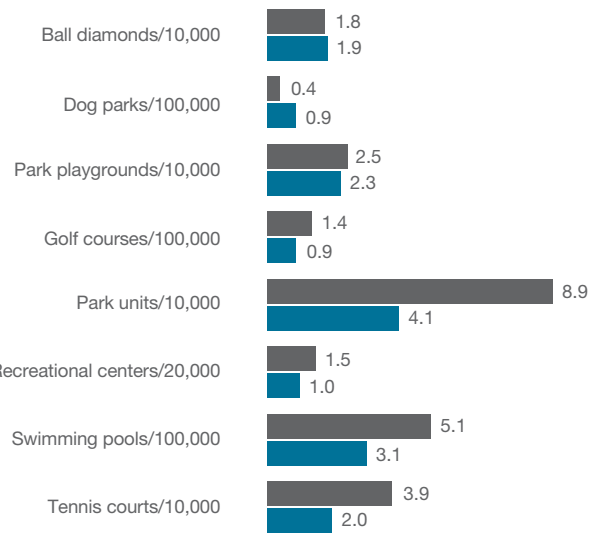
(note: most of these data were available only for the main city in the MSA)

Atlanta Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

AUSTIN, TX

(Austin-Round Rock, TX MSA)

Total Score = 59.3; Rank = 15.5

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower percent of days when physical health was not good during the past 30 days
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- More dog parks per capita
- More swimming pools per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent obese
- Higher percent with diabetes
- Lower percent using public transportation to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer recreation centers per capita
- Fewer tennis courts per capita

Description of Austin-Round Rock, TX MSA

Population	1,943,299
Percent less than 18 years old	24.2%
Percent 18 to 64 years old	66.4%
Percent 65 years old and older	9.4%
Percent male	50.1%
Percent high school graduate or higher	88.9%
Percent White	79.8%
Percent Black or African American	7.5%
Percent Asian	5.3%
Percent Other Race	7.4%
Percent Hispanic/Latino	32.0%
Percent unemployed	3.3%
Median household income	$63,603.00
Percent of households below poverty level	10.2%
Violent crime rate/100,000*	290.9
Percent with disability	8.9%

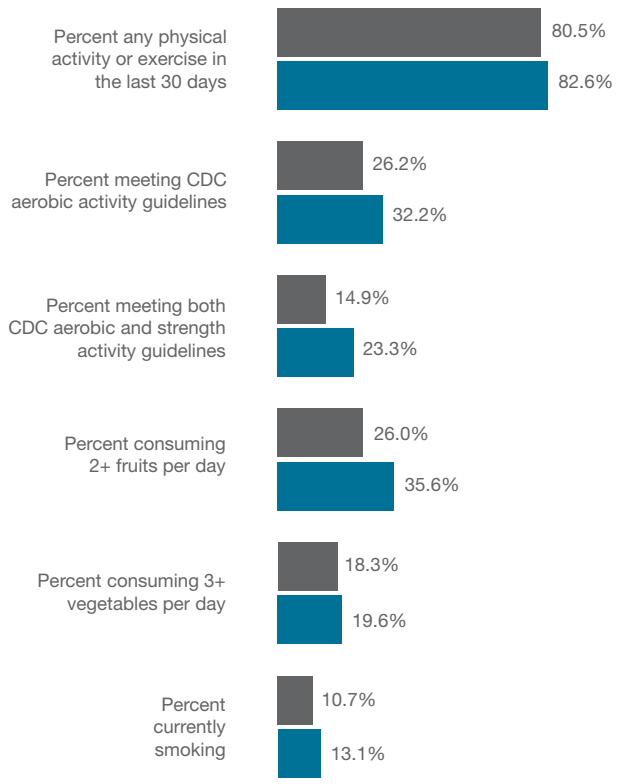
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

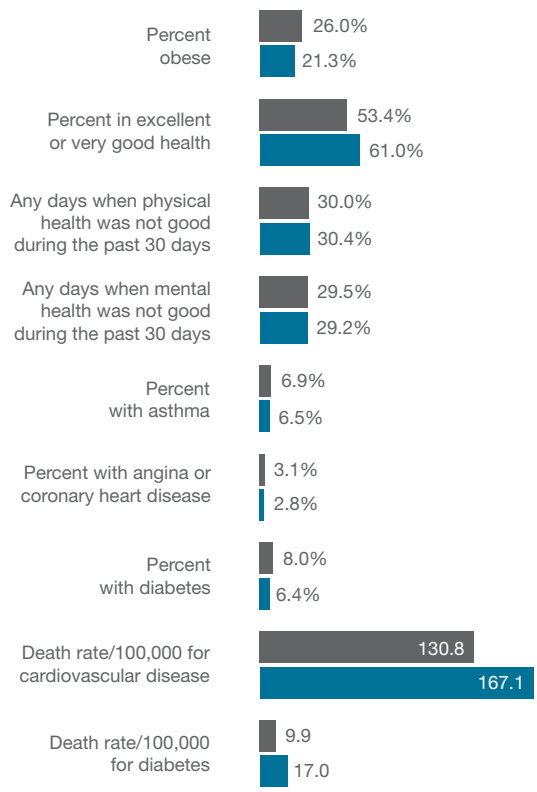
Personal Health Indicators – Score = 72.2; Rank = 7

Austin Target Goal*

Health Behaviors



Chronic Health Problems

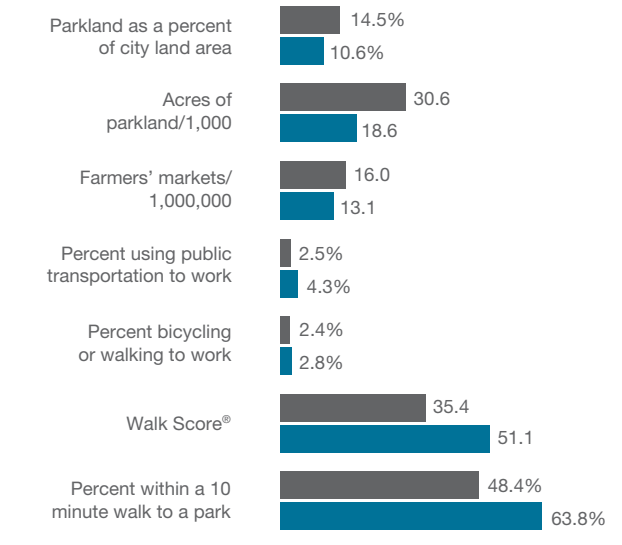


Community/Environmental Indicators – Score = 46.9; Rank = 33

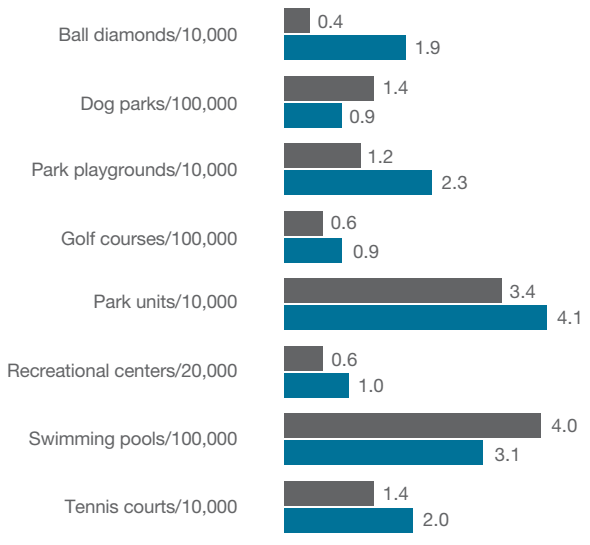
(note: most of these data were available only for the main city in the MSA)

Austin Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

BALTIMORE, MD

(Baltimore-Columbia-Towson, MD MSA)

Total Score = 56.5; Rank = 17

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More park playgrounds per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Lower park-related expenditures per capita

Description of Baltimore-Columbia-Towson, MD MSA

Population	2,785,874
Percent less than 18 years old	22.3%
Percent 18 to 64 years old	63.7%
Percent 65 years old and older	14.0%
Percent male	48.2%
Percent high school graduate or higher	90.3%
Percent White	61.3%
Percent Black or African American	29.3%
Percent Asian	5.3%
Percent Other Race	4.1%
Percent Hispanic/Latino	5.3%
Percent unemployed	4.5%
Median household income	$71,501.00
Percent of households below poverty level	7.7%
Violent crime rate/100,000*	588.5
Percent with disability	11.2%

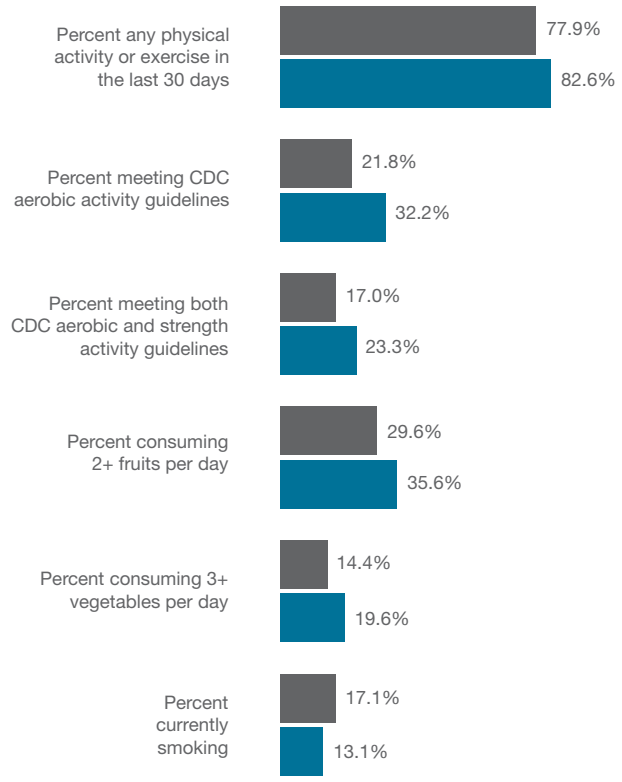
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

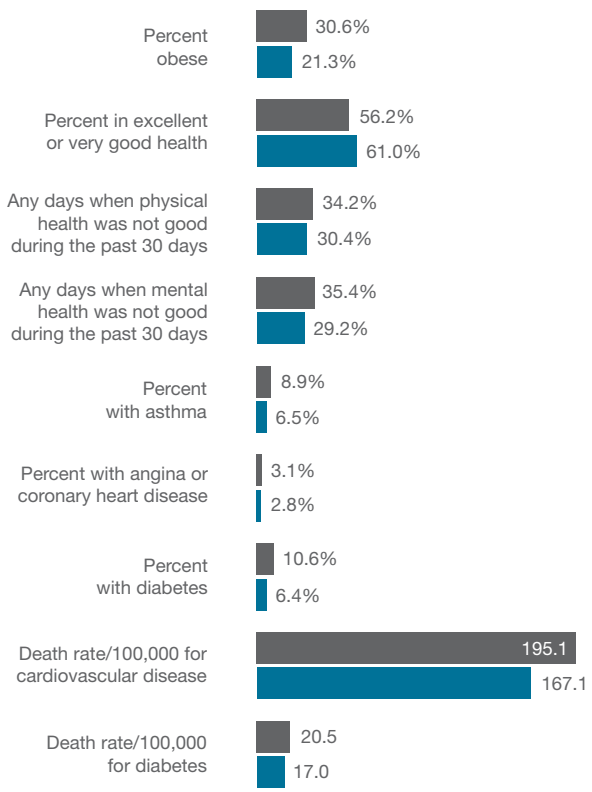
Personal Health Indicators – Score = 50.2; Rank = 24

Baltimore | Target Goal*

Health Behaviors



Chronic Health Problems

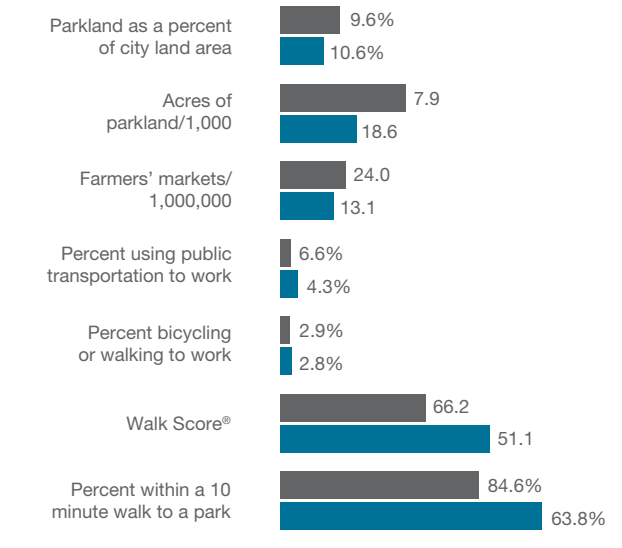


Community/Environmental Indicators – Score = 62.6; Rank = 11

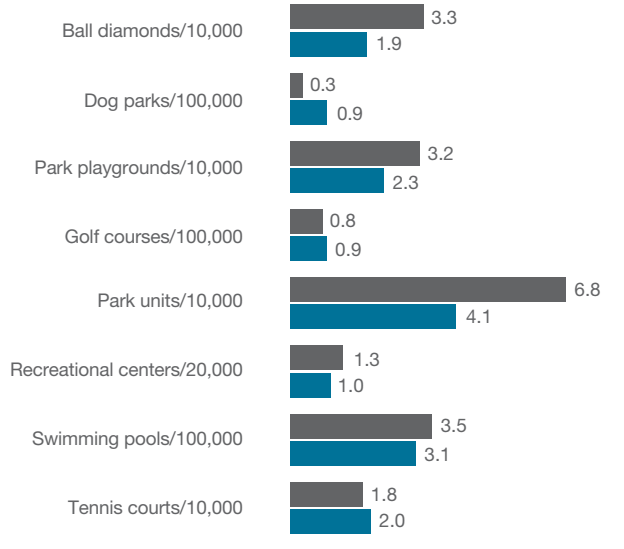
(note: most of these data were available only for the main city in the MSA)

Baltimore | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

BIRMINGHAM, AL

(Birmingham-Hoover, AL MSA)

Total Score = 39.4; Rank = 44

Areas of Excellence (at or better than target goal):

- Lower death rate for diabetes
- More farmers' markets per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower park-related expenditures per capita

Description of Birmingham-Hoover, AL MSA

Population	1,143,772
Percent less than 18 years old	23.2%
Percent 18 to 64 years old	62.1%
Percent 65 years old and older	14.7%
Percent male	48.0%
Percent high school graduate or higher	87.4%
Percent White	65.9%
Percent Black or African American	28.5%
Percent Asian	1.4%
Percent Other Race	4.2%
Percent Hispanic/Latino	4.2%
Percent unemployed	4.8%
Median household income	$47,046.00
Percent of households below poverty level	14.3%
Violent crime rate/100,000*	576.5
Percent with disability	15.5%

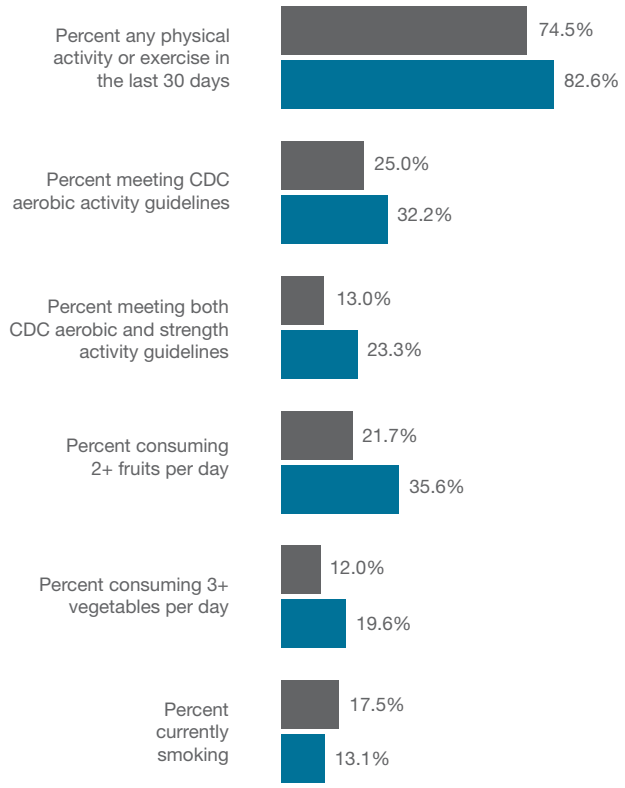
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

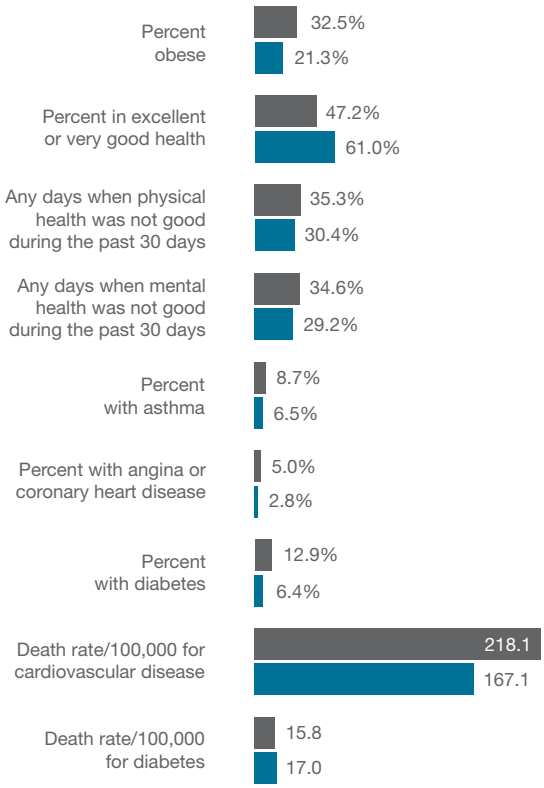
Personal Health Indicators – Score = 25.7; Rank = 49

Birmingham | Target Goal*

Health Behaviors



Chronic Health Problems

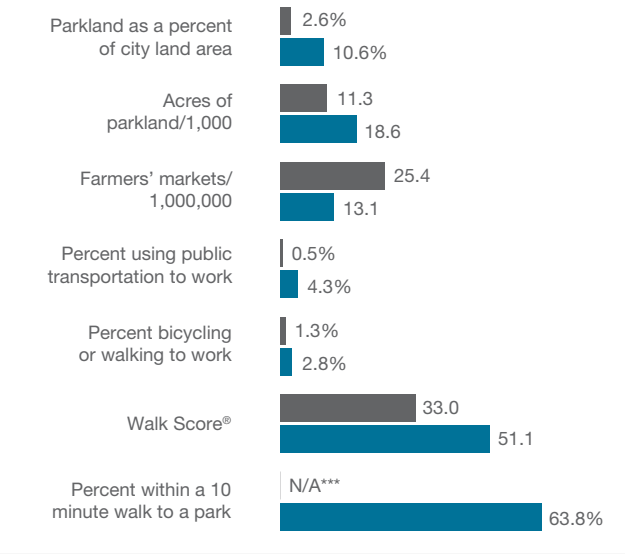


Community/Environmental Indicators – Score = 53.3; Rank = 27

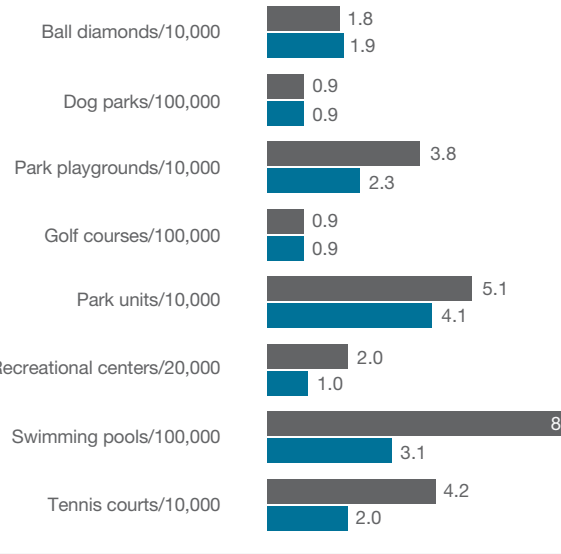
(note: most of these data were available only for the main city in the MSA)

Birmingham | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

BOSTON, MA

(Boston-Cambridge-Newton, MA-NH MSA)

Total Score = 67.0; Rank = 7

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More park playgrounds per capita
- More park units per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer golf courses per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

Description of Boston-Cambridge-Newton, MA-NH MSA

Population	4,732,161
Percent less than 18 years old	20.6%
Percent 18 to 64 years old	65.1%
Percent 65 years old and older	14.3%
Percent male	48.5%
Percent high school graduate or higher	90.8%
Percent White	77.3%
Percent Black or African American	7.7%
Percent Asian	7.4%
Percent Other Race	7.7%
Percent Hispanic/Latino	10.2%
Percent unemployed	4.3%
Median household income	$75,667.00
Percent of households below poverty level	7.4%
Violent crime rate/100,000*	N/A‡
Percent with disability	10.7%

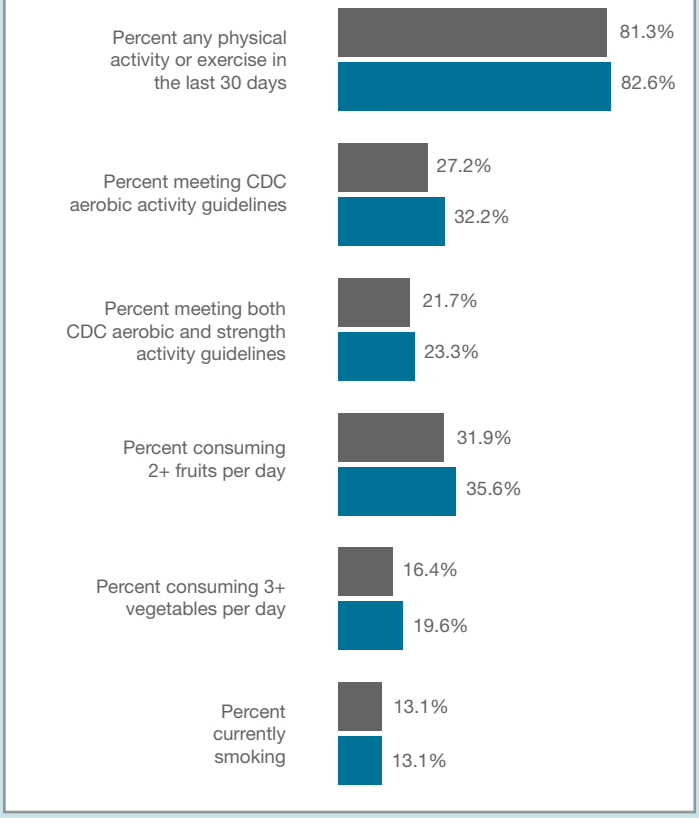
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.
‡This measure was not available.

ACSM American Fitness Index® Components

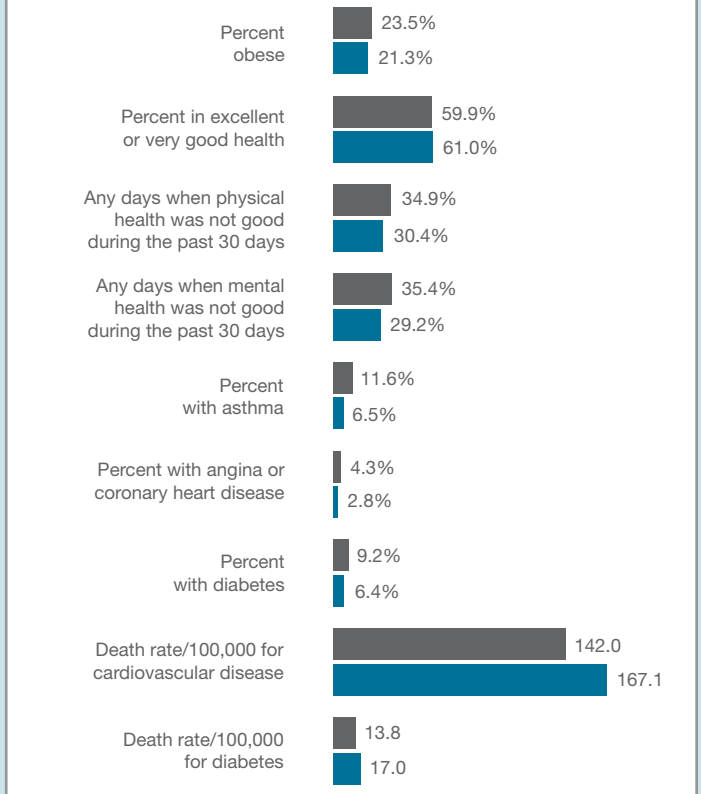
Personal Health Indicators – Score = 71.4; Rank = 9

Boston Target Goal*

Health Behaviors



Chronic Health Problems

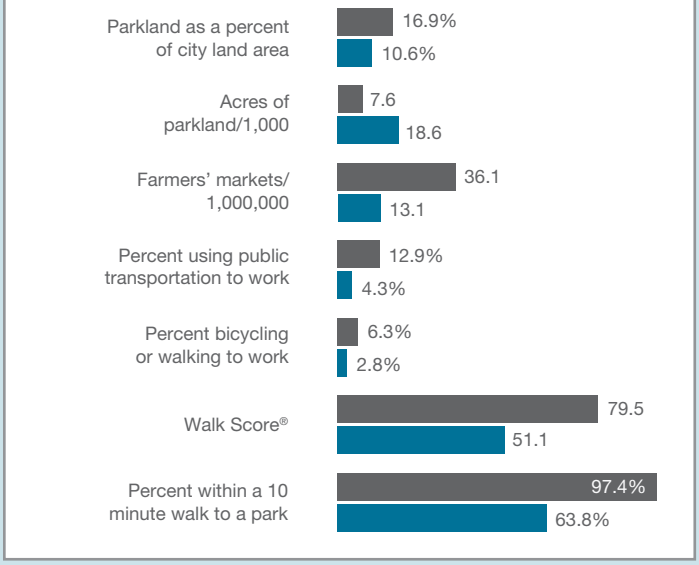


Community/Environmental Indicators – Score = 62.8; Rank = 9

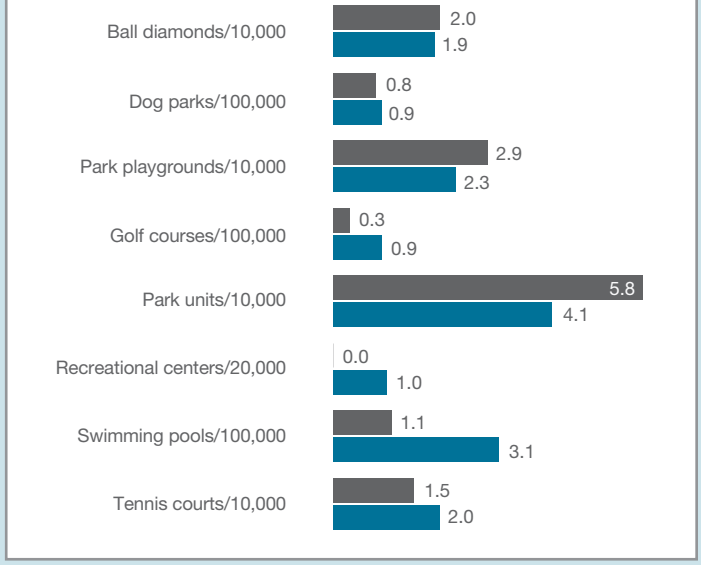
(note: most of these data were available only for the main city in the MSA)

Boston Target Goal**

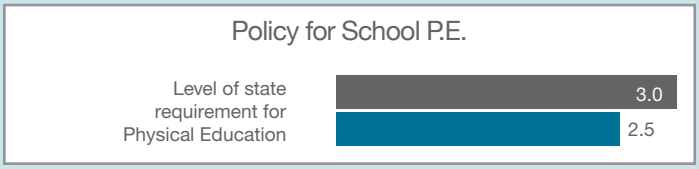
Built Environment



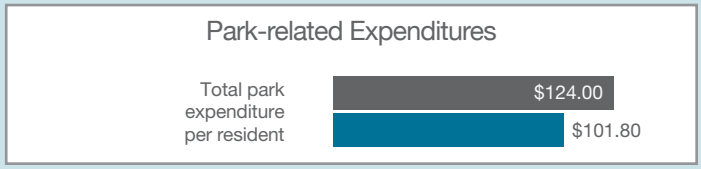
Recreational Facilities



Policy for School P.E.



Park-related Expenditures



*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

BUFFALO, NY

(Buffalo-Cheektowaga-Niagara Falls, NY MSA)

Total Score = 43.6; Rank = 35

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher Walk Score®
- More ball diamonds per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More swimming pools per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer recreation centers per capita
- Lower park-related expenditures per capita

Description of Buffalo-Cheektowaga-Niagara Falls, NY MSA

Population	1,136,360
Percent less than 18 years old	20.6%
Percent 18 to 64 years old	62.7%
Percent 65 years old and older	16.7%
Percent male	48.5%
Percent high school graduate or higher	90.7%
Percent White	79.9%
Percent Black or African American	12.3%
Percent Asian	2.9%
Percent Other Race	5.0%
Percent Hispanic/Latino	4.6%
Percent unemployed	3.7%
Median household income	$50,074.00
Percent of households below poverty level	10.5%
Violent crime rate/100,000*	435.5
Percent with disability	13.5%

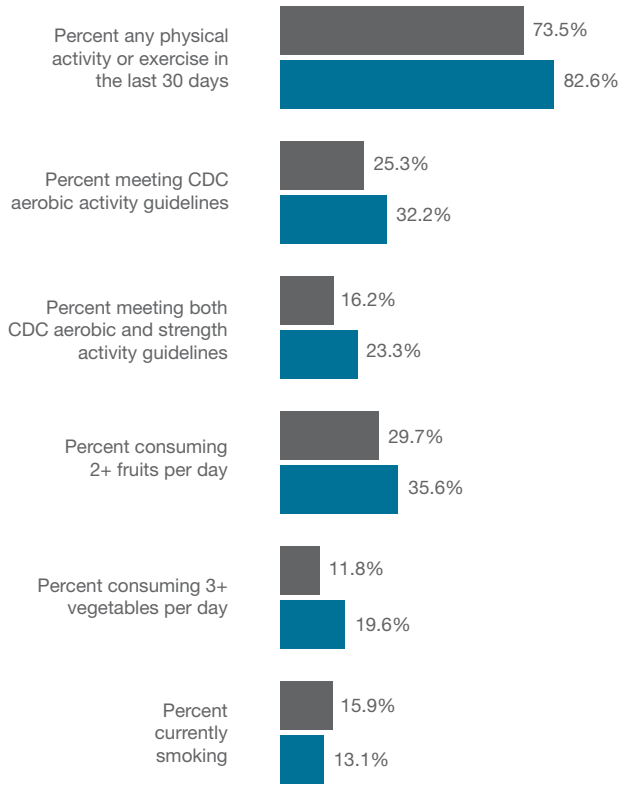
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

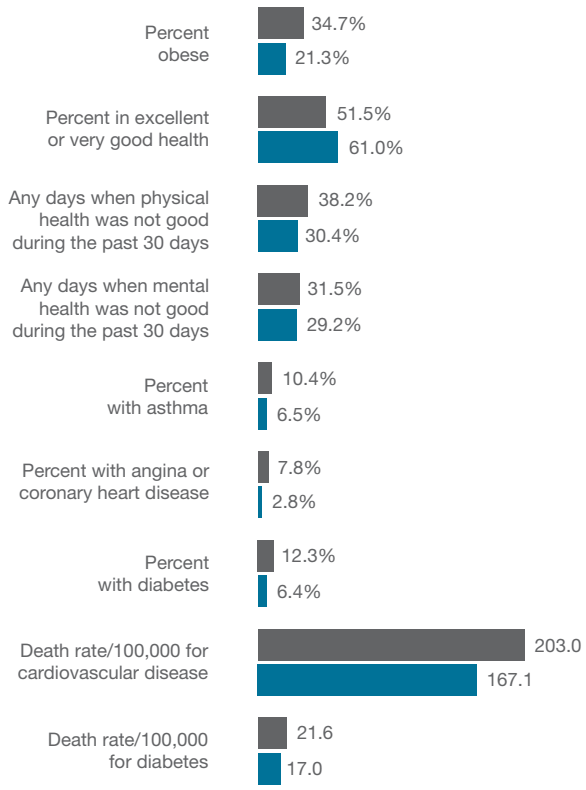
Personal Health Indicators – Score = 28.4; Rank = 44

Buffalo Target Goal*

Health Behaviors



Chronic Health Problems

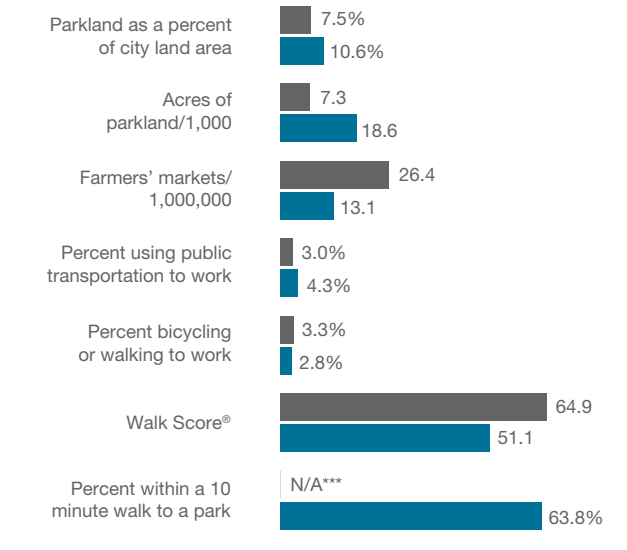


Community/Environmental Indicators – Score = 58.9; Rank = 21

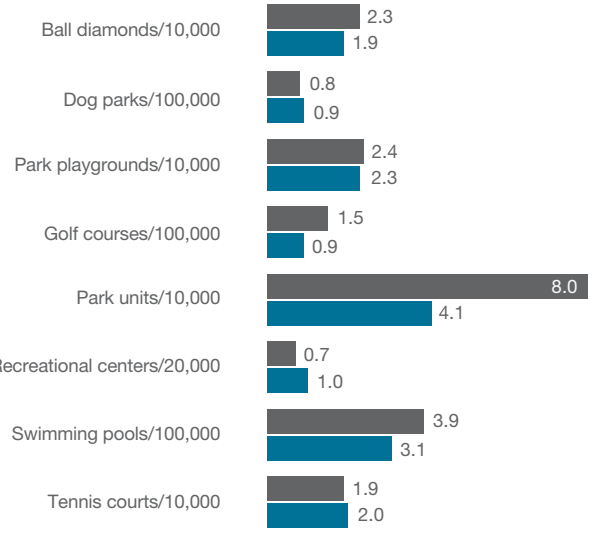
(note: most of these data were available only for the main city in the MSA)

Buffalo Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

CHARLOTTE, NC

(Charlotte-Concord-Gastonia, NC-SC MSA)

Total Score = 41.4; Rank = 39

Areas of Excellence (at or better than target goal):

- Lower percent of days when mental health was not good during the past 30 days
- Lower death rate for cardiovascular disease
- More acres of parkland per capita
- More farmers' markets per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Charlotte-Concord-Gastonia, NC-SC MSA

Population	2,380,314
Percent less than 18 years old	24.6%
Percent 18 to 64 years old	63.0%
Percent 65 years old and older	12.4%
Percent male	48.5%
Percent high school graduate or higher	88.1%
Percent White	68.1%
Percent Black or African American	22.1%
Percent Asian	3.2%
Percent Other Race	6.6%
Percent Hispanic/Latino	9.7%
Percent unemployed	6.0%
Median household income	$53,549.00
Percent of households below poverty level	11.7%
Violent crime rate/100,000*	392.2
Percent with disability	11.7%

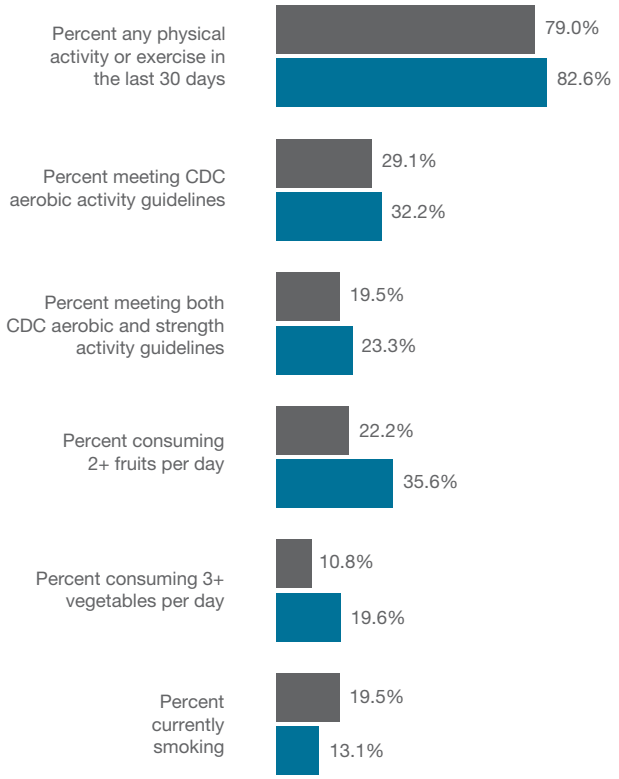
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

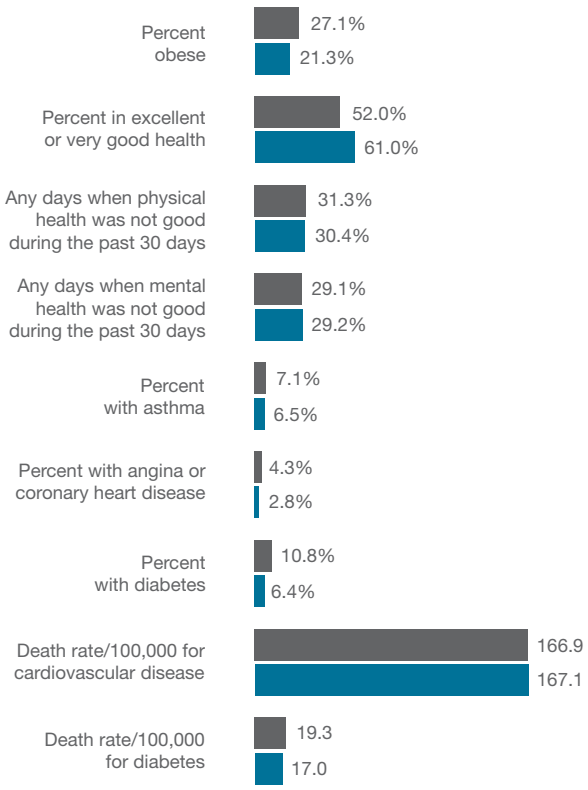
Personal Health Indicators – Score = 54.4; Rank = 20

Charlotte Target Goal*

Health Behaviors



Chronic Health Problems

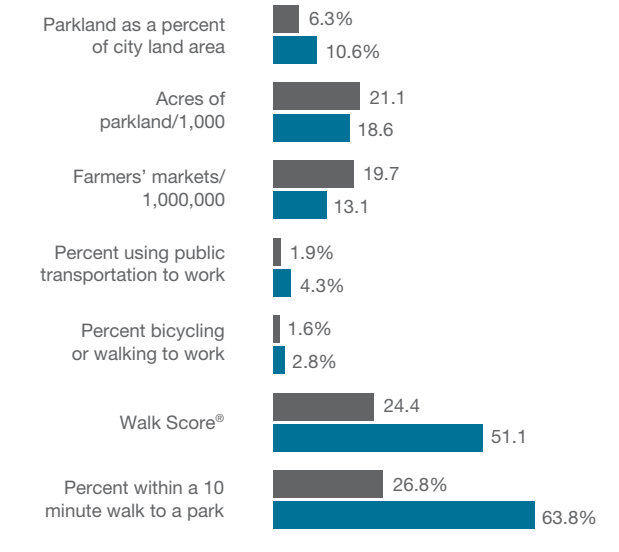


Community/Environmental Indicators – Score = 28.9; Rank = 50

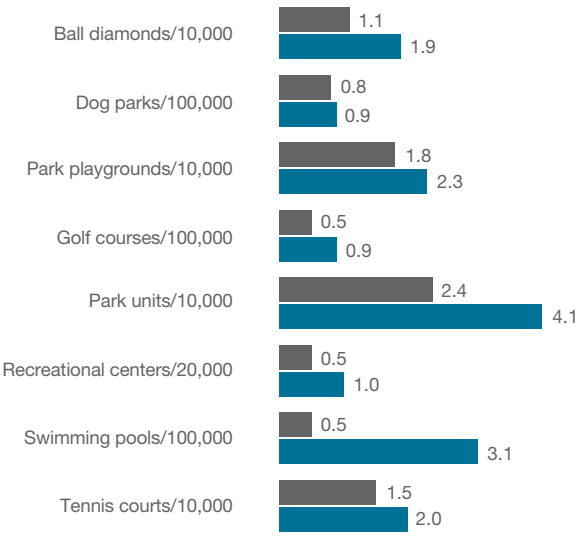
(note: most of these data were available only for the main city in the MSA)

Charlotte Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

CHICAGO, IL

(Chicago-Naperville-Elgin, IL-IN-WI MSA)

Total Score = 63.1; Rank = 12

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More park playgrounds per capita
- More recreation centers per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer golf courses per capita
- Fewer park units per capita

Description of Chicago-Naperville-Elgin, IL-IN-WI MSA

Population	9,554,598
Percent less than 18 years old	23.7%
Percent 18 to 64 years old	63.5%
Percent 65 years old and older	12.8%
Percent male	48.9%
Percent high school graduate or higher	87.5%
Percent White	66.3%
Percent Black or African American	16.8%
Percent Asian	6.3%
Percent Other Race	10.5%
Percent Hispanic/Latino	21.7%
Percent unemployed	5.6%
Median household income	$61,598.00
Percent of households below poverty level	10.5%
Violent crime rate/100,000*	380.1
Percent with disability	10.0%

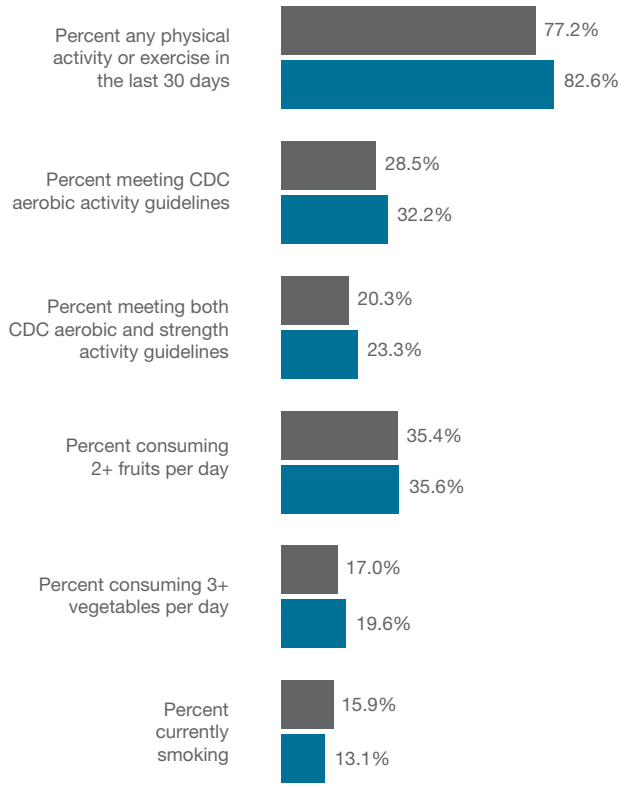
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

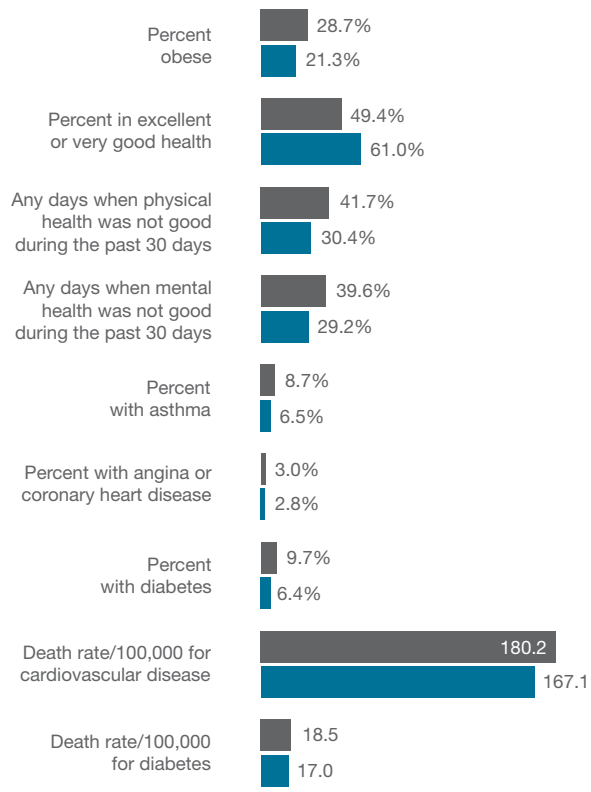
Personal Health Indicators – Score = 61.2; Rank = 17

Chicago | Target Goal*

Health Behaviors



Chronic Health Problems

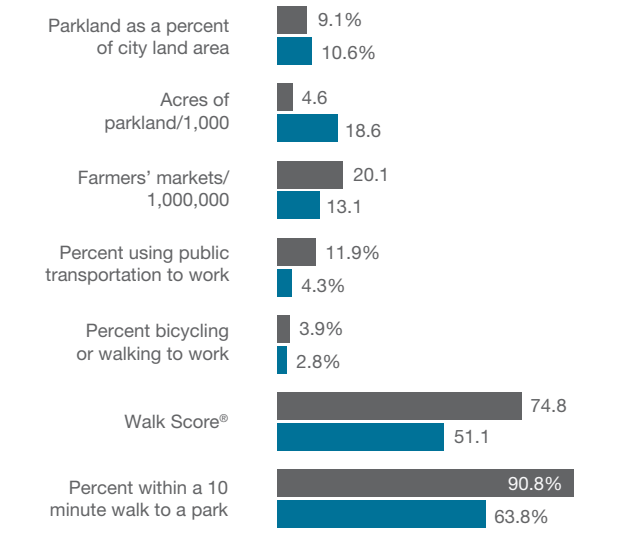


Community/Environmental Indicators – Score = 64.9; Rank = 7

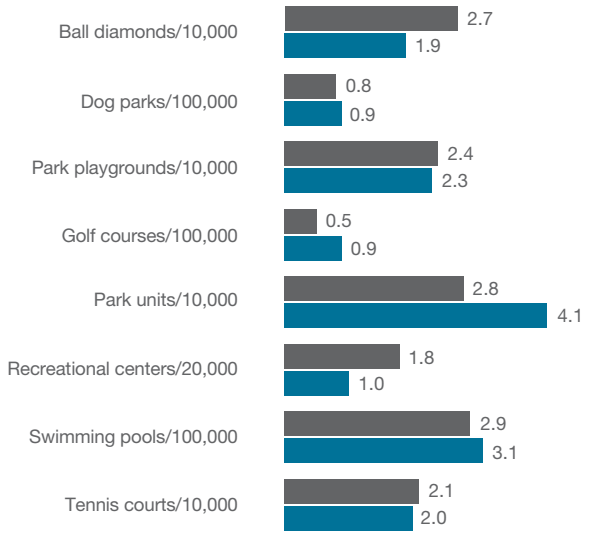
(note: most of these data were available only for the main city in the MSA)

Chicago | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

CINCINNATI, OH

(Cincinnati, OH-KY-IN MSA)

Total Score = 52.7; Rank = 23

Areas of Excellence (at or better than target goal):

- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent using public transportation to work

Description of Cincinnati, OH-KY-IN MSA

Population	2,149,449
Percent less than 18 years old	24.1%
Percent 18 to 64 years old	62.2%
Percent 65 years old and older	13.7%
Percent male	49.0%
Percent high school graduate or higher	90.4%
Percent White	82.2%
Percent Black or African American	12.3%
Percent Asian	2.2%
Percent Other Race	3.3%
Percent Hispanic/Latino	2.9%
Percent unemployed	4.5%
Median household income	$55,729.00
Percent of households below poverty level	9.7%
Violent crime rate/100,000*	267.3
Percent with disability	12.6%

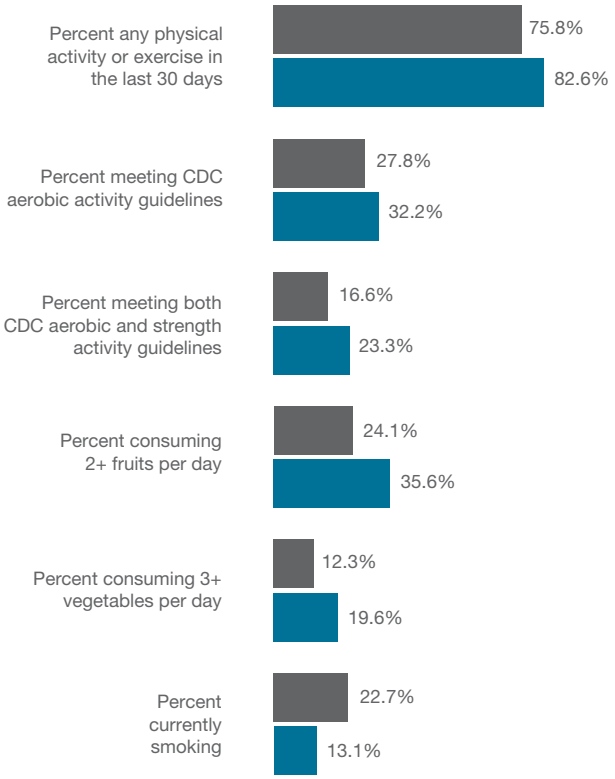
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

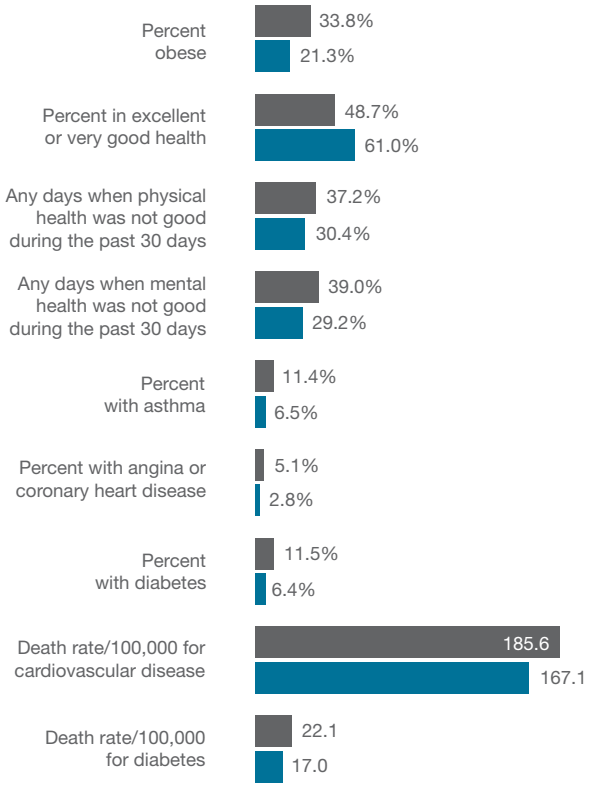
Personal Health Indicators – Score = 26.0; Rank = 48

Cincinnati | Target Goal*

Health Behaviors



Chronic Health Problems

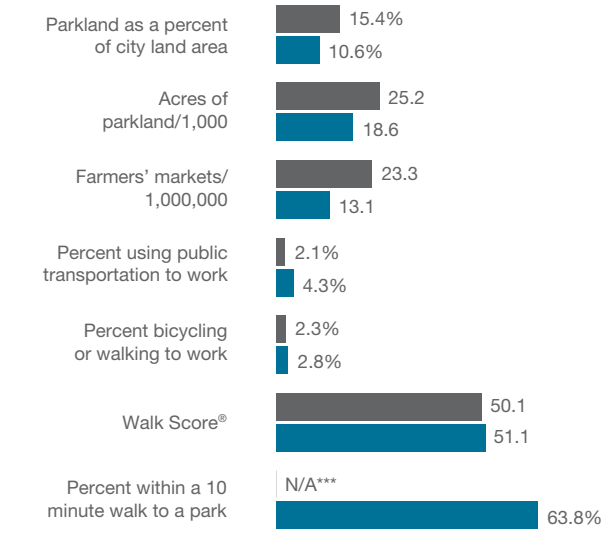


Community/Environmental Indicators – Score = 79.7; Rank = 1

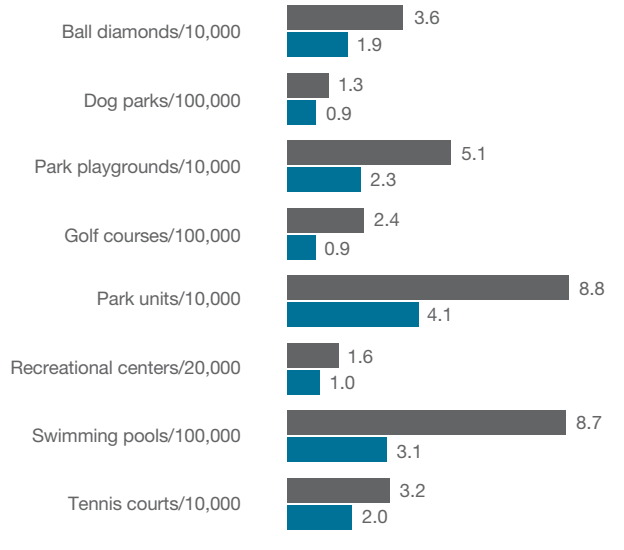
(note: most of these data were available only for the main city in the MSA)

Cincinnati | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

CLEVELAND, OH

(Cleveland-Elyria, OH MSA)

Total Score = 52.1; Rank = 25

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More park playgrounds per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer dog parks per capita
- Fewer park units per capita

Description of Cleveland-Elyria, OH MSA

Population	2,063,598
Percent less than 18 years old	21.9%
Percent 18 to 64 years old	61.6%
Percent 65 years old and older	16.5%
Percent male	48.2%
Percent high school graduate or higher	89.2%
Percent White	73.9%
Percent Black or African American	20.0%
Percent Asian	2.2%
Percent Other Race	3.9%
Percent Hispanic/Latino	5.3%
Percent unemployed	5.4%
Median household income	$49,889.00
Percent of households below poverty level	11.7%
Violent crime rate/100,000*	N/A‡
Percent with disability	14.0%

*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

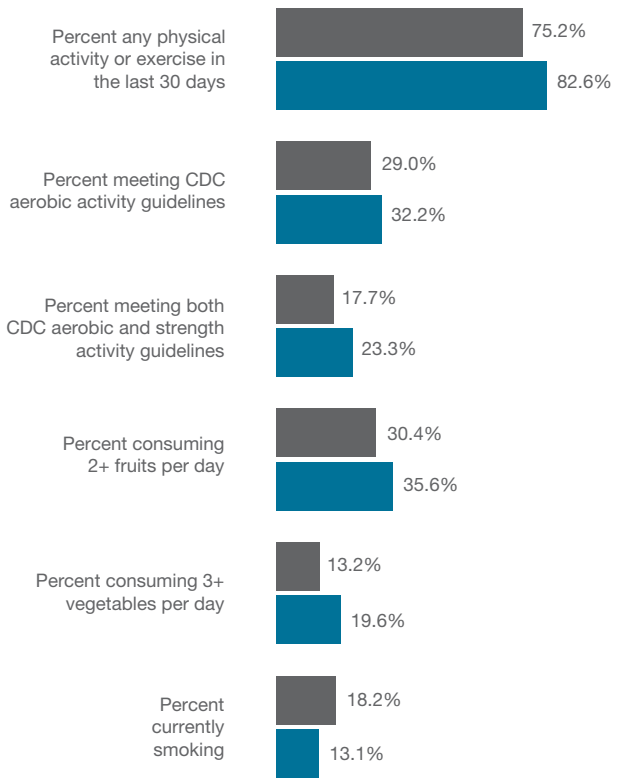
‡This measure was not available.

ACSM American Fitness Index® Components

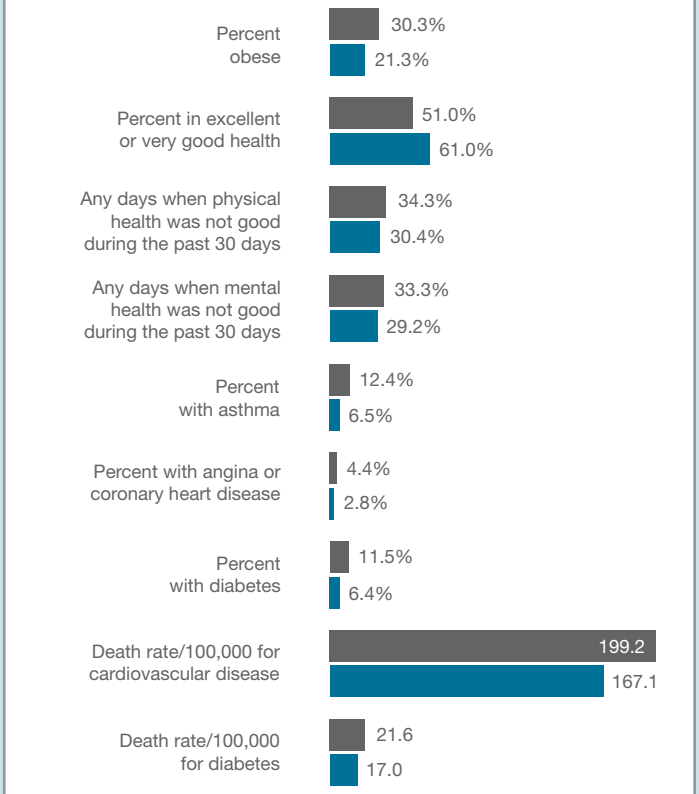
Personal Health Indicators – Score = 43.5; Rank = 33

Cleveland Target Goal*

Health Behaviors



Chronic Health Problems

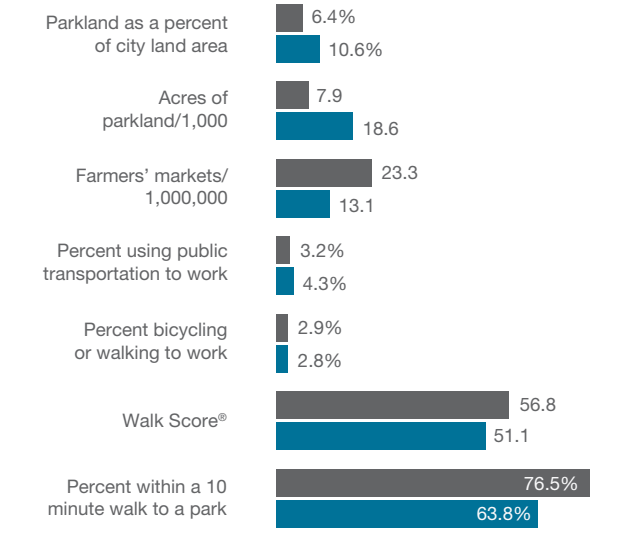


Community/Environmental Indicators – Score = 60.4; Rank = 19

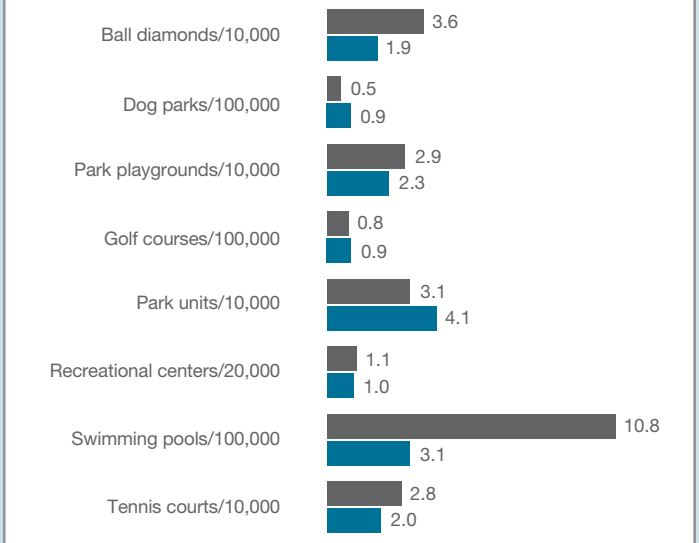
(note: most of these data were available only for the main city in the MSA)

Cleveland Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

COLUMBUS, OH
(Columbus, OH MSA)

Total Score = 41.6; Rank = 38

Areas of Excellence (at or better than target goal):
- More farmers' markets per capita
- More park units per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

Description of Columbus, OH MSA

Population	1,994,536
Percent less than 18 years old	24.1%
Percent 18 to 64 years old	63.9%
Percent 65 years old and older	12.0%
Percent male	49.2%
Percent high school graduate or higher	90.5%
Percent White	77.4%
Percent Black or African American	14.6%
Percent Asian	3.6%
Percent Other Race	4.3%
Percent Hispanic/Latino	3.8%
Percent unemployed	3.8%
Median household income	$56,371.00
Percent of households below poverty level	10.8%
Violent crime rate/100,000*	294.9
Percent with disability	11.7%

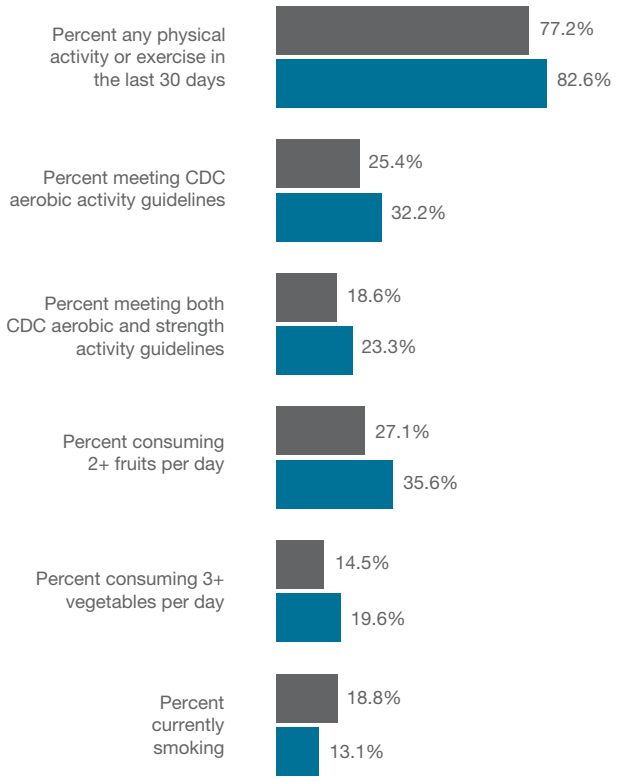
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

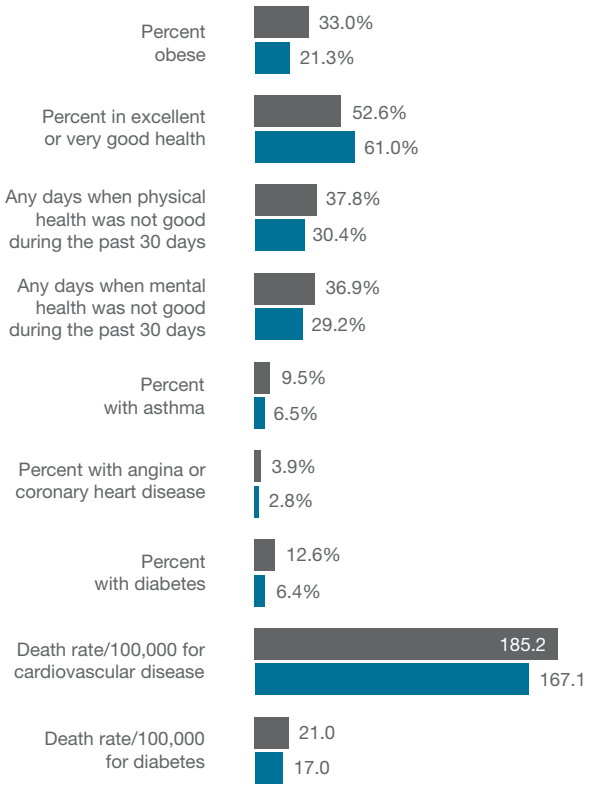
Personal Health Indicators – Score = 37.9; Rank = 38

Columbus | Target Goal*

Health Behaviors



Chronic Health Problems

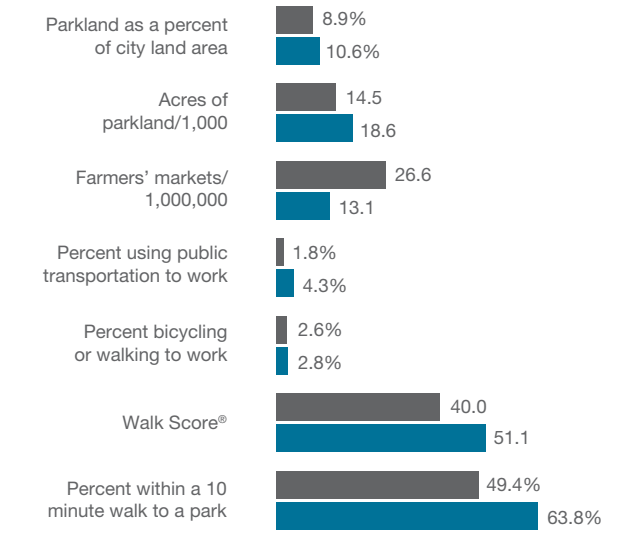


Community/Environmental Indicators – Score = 45.2; Rank = 34

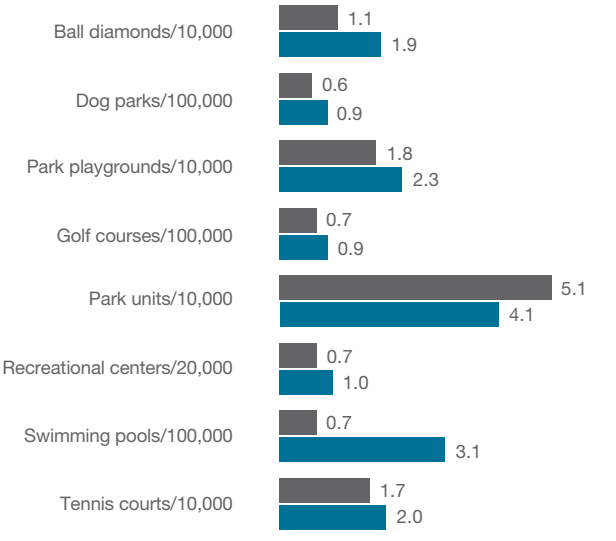
(note: most of these data were available only for the main city in the MSA)

Columbus | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

DALLAS, TX

(Dallas-Fort Worth-Arlington, TX MSA)

Total Score = 42.2; Rank = 37

Areas of Excellence (at or better than target goal):

- Lower percent of days when physical health was not good during the past 30 days
- Lower percent of days when mental health was not good during the past 30 days
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with diabetes
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita

Description of Dallas-Fort Worth-Arlington, TX MSA

Population	6,954,330
Percent less than 18 years old	26.7%
Percent 18 to 64 years old	63.1%
Percent 65 years old and older	10.2%
Percent male	49.2%
Percent high school graduate or higher	84.3%
Percent White	70.3%
Percent Black or African American	15.2%
Percent Asian	5.9%
Percent Other Race	8.5%
Percent Hispanic/Latino	28.2%
Percent unemployed	4.1%
Median household income	$59,530.00
Percent of households below poverty level	11.6%
Violent crime rate/100,000*	N/A‡
Percent with disability	9.7%

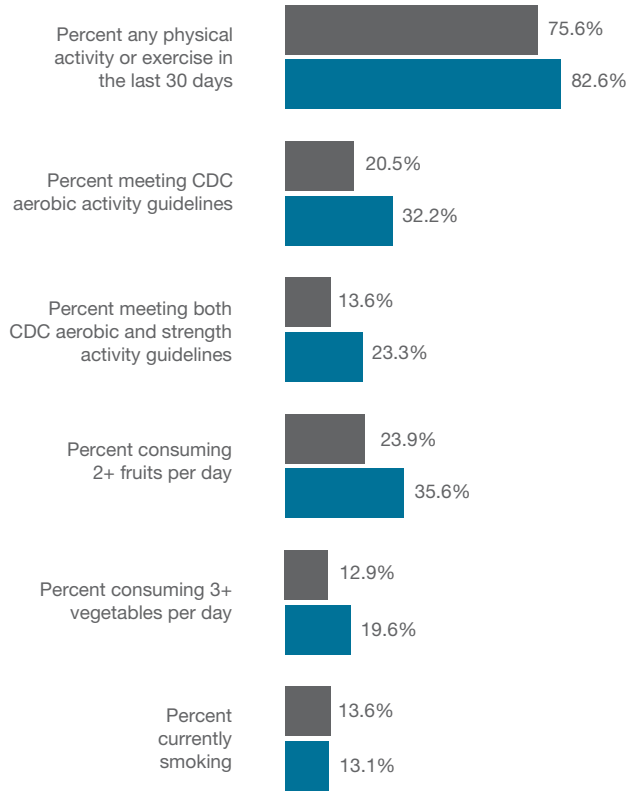
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.
‡This measure was not available.

ACSM American Fitness Index® Components

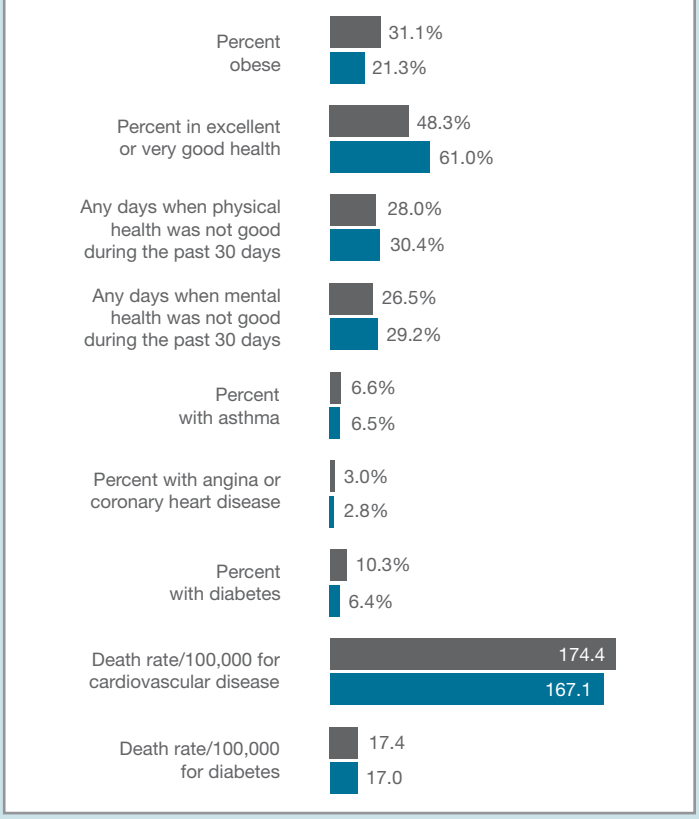
Personal Health Indicators – Score = 48.2; Rank = 28

Dallas Target Goal*

Health Behaviors



Chronic Health Problems

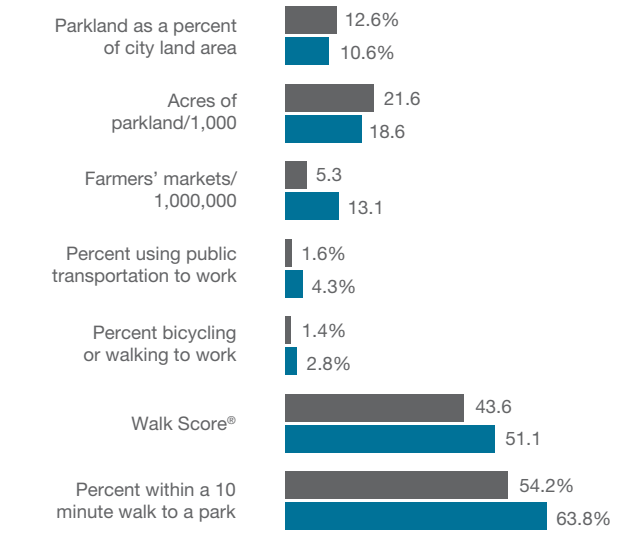


Community/Environmental Indicators – Score = 36.4; Rank = 42

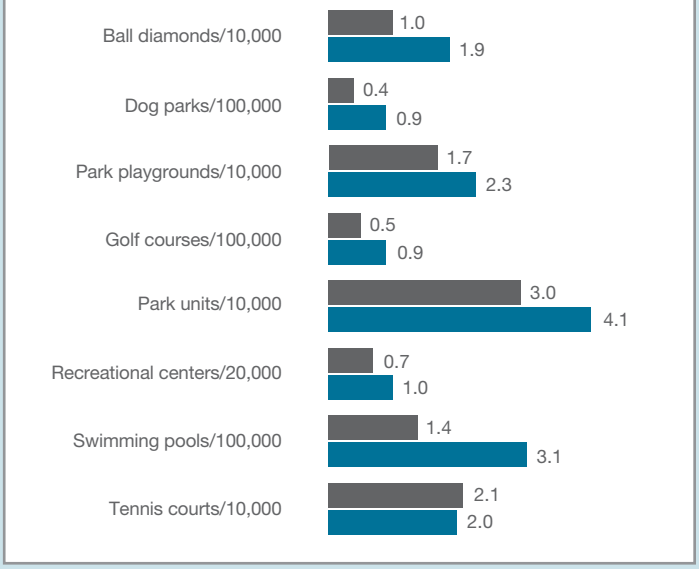
(note: most of these data were available only for the main city in the MSA)

Dallas Target Goal**

Built Environment

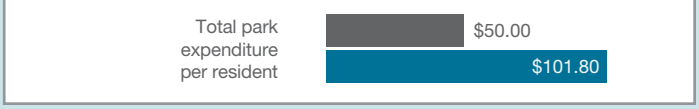


Recreational Facilities



Policy for School P.E.

Park-related Expenditures



*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

DENVER, CO

(Denver-Aurora-Lakewood, CO MSA)

Total Score = 72.6; Rank = 3

Areas of Excellence (at or better than target goal):

- Higher percent of any physical activity or exercise in the last 30 days
- Lower percent obese
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent with asthma
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita

Description of Denver-Aurora-Lakewood, CO MSA

Population	2,754,258
Percent less than 18 years old	23.8%
Percent 18 to 64 years old	64.5%
Percent 65 years old and older	11.7%
Percent male	49.9%
Percent high school graduate or higher	89.7%
Percent White	82.3%
Percent Black or African American	5.6%
Percent Asian	3.9%
Percent Other Race	8.3%
Percent Hispanic/Latino	22.8%
Percent unemployed	3.3%
Median household income	$66,870.00
Percent of households below poverty level	7.4%
Violent crime rate/100,000*	331.2
Percent with disability	9.6%

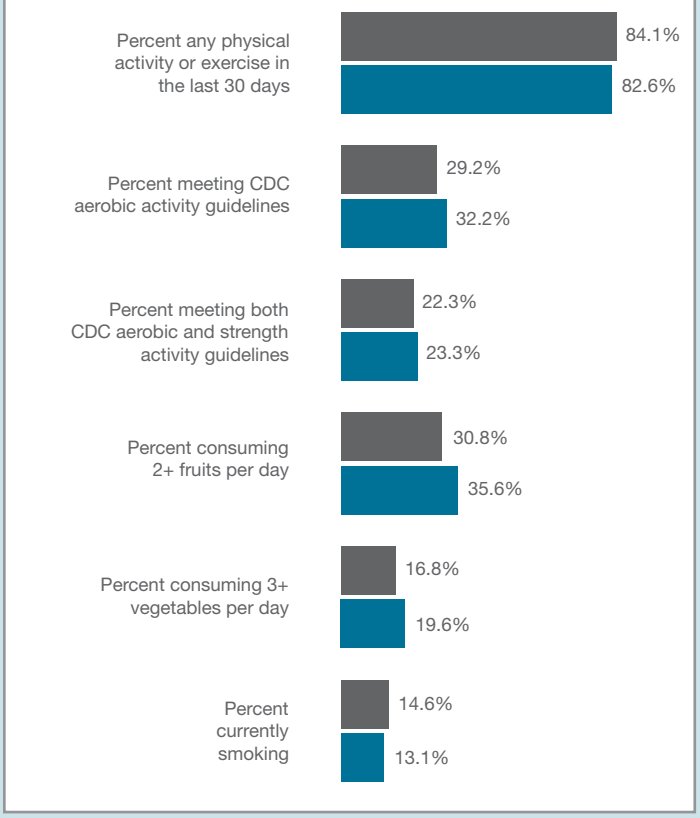
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

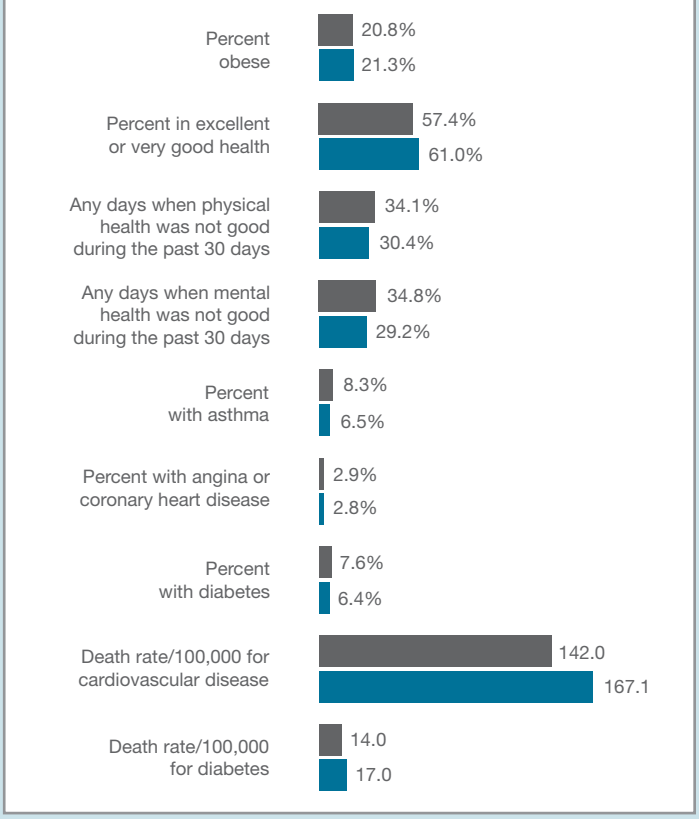
Personal Health Indicators – Score = 82.7; Rank = 1

Denver Target Goal*

Health Behaviors



Chronic Health Problems

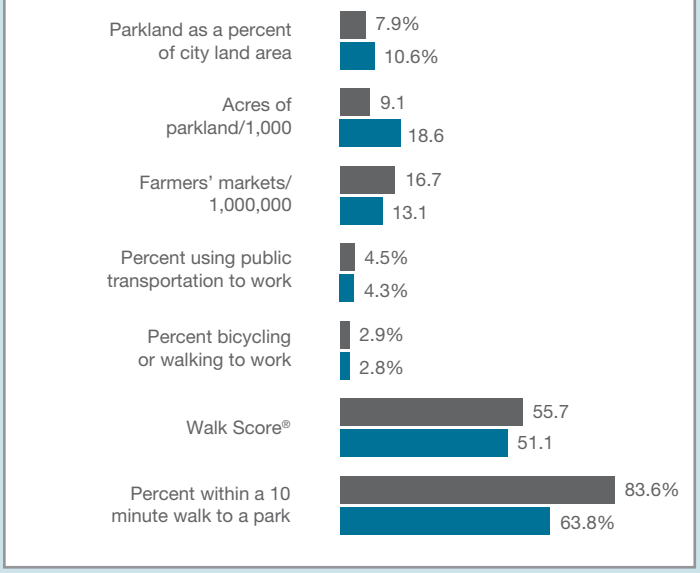


Community/Environmental Indicators – Score = 62.8; Rank = 8

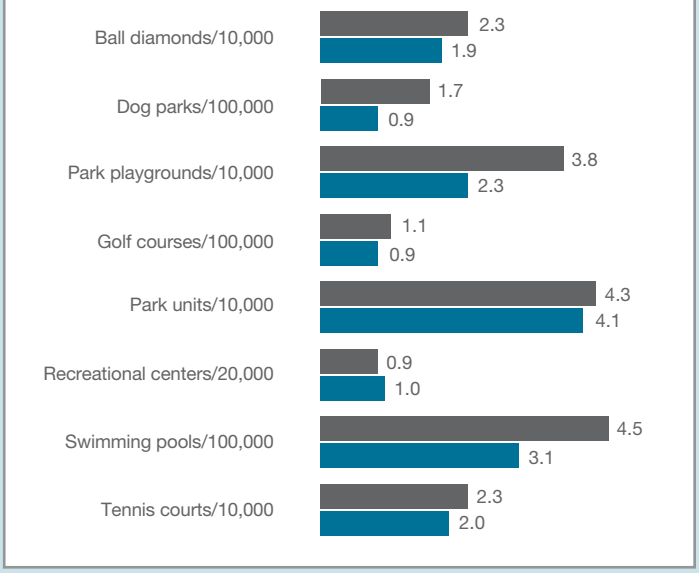
(note: most of these data were available only for the main city in the MSA)

Denver Target Goal**

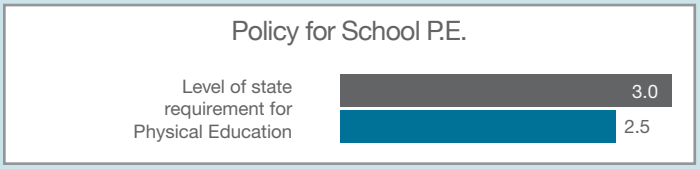
Built Environment



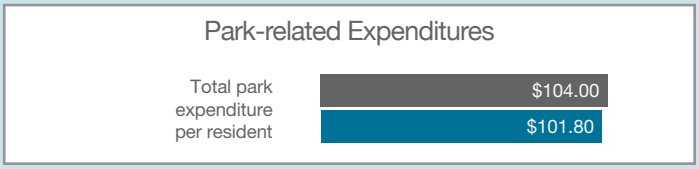
Recreational Facilities



Policy for School P.E.



Park-related Expenditures



*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

DETROIT, MI

(Detroit-Warren-Dearborn, MI MSA)

Total Score = 40.4; Rank = 42

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More park playgrounds per capita
- More park units per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita

Description of Detroit-Warren-Dearborn, MI MSA

Population	4,296,611
Percent less than 18 years old	22.9%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	14.7%
Percent male	48.5%
Percent high school graduate or higher	89.1%
Percent White	69.9%
Percent Black or African American	22.4%
Percent Asian	3.9%
Percent Other Race	3.7%
Percent Hispanic/Latino	4.2%
Percent unemployed	5.6%
Median household income	$52,462.00
Percent of households below poverty level	12.1%
Violent crime rate/100,000*	529.4
Percent with disability	14.4%

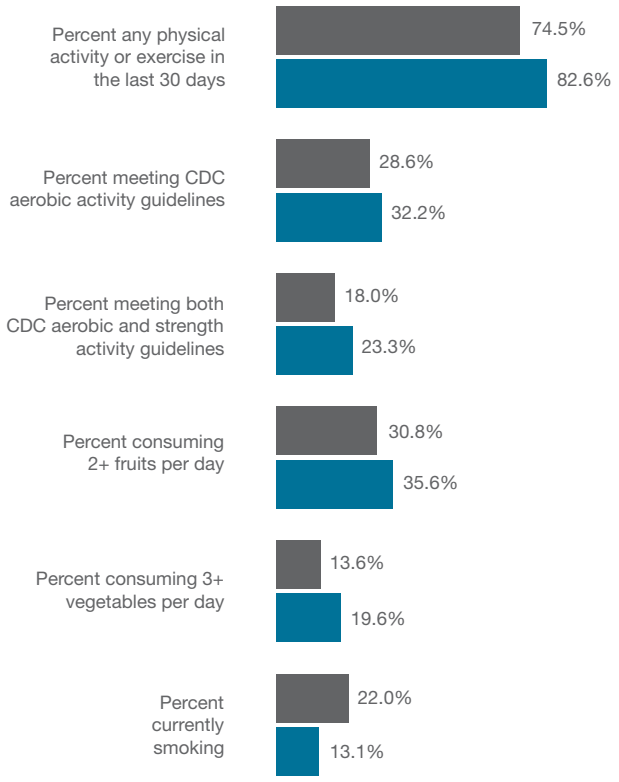
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

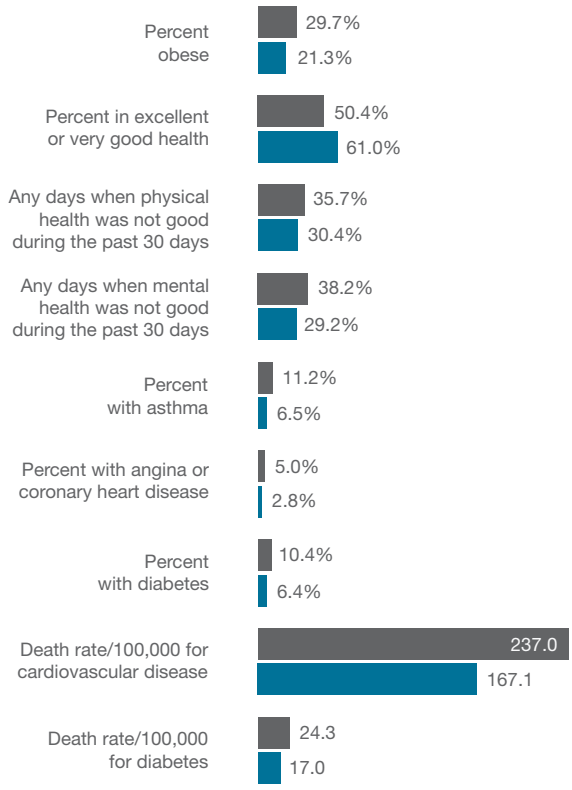
Personal Health Indicators – Score = 38.1; Rank = 37

Detroit Target Goal*

Health Behaviors



Chronic Health Problems

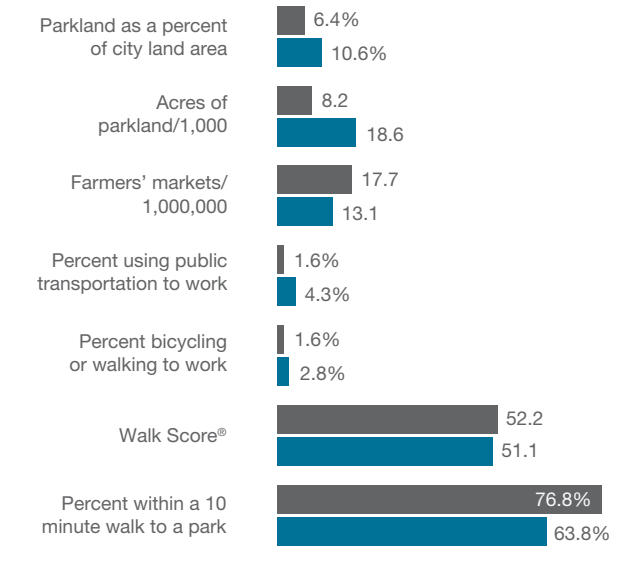


Community/Environmental Indicators – Score = 42.5; Rank = 36

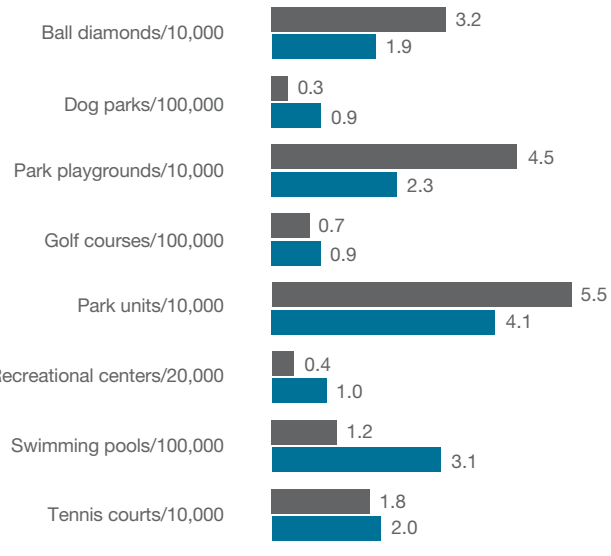
(note: most of these data were available only for the main city in the MSA)

Detroit Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

HARTFORD, CT

(Hartford-West Hartford-East Hartford, CT MSA)

Total Score = 65.3; Rank = 9

Areas of Excellence (at or better than target goal):

- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher Walk Score®
- More ball diamonds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Fewer dog parks per capita
- Lower park-related expenditures per capita

Description of Hartford-West Hartford-East Hartford, CT MSA

Population	1,214,295
Percent less than 18 years old	21.0%
Percent 18 to 64 years old	63.3%
Percent 65 years old and older	15.7%
Percent male	48.7%
Percent high school graduate or higher	90.2%
Percent White	76.8%
Percent Black or African American	11.0%
Percent Asian	4.5%
Percent Other Race	7.6%
Percent Hispanic/Latino	14.0%
Percent unemployed	5.2%
Median household income	$68,532.00
Percent of households below poverty level	8.0%
Violent crime rate/100,000*	252.2
Percent with disability	11.7%

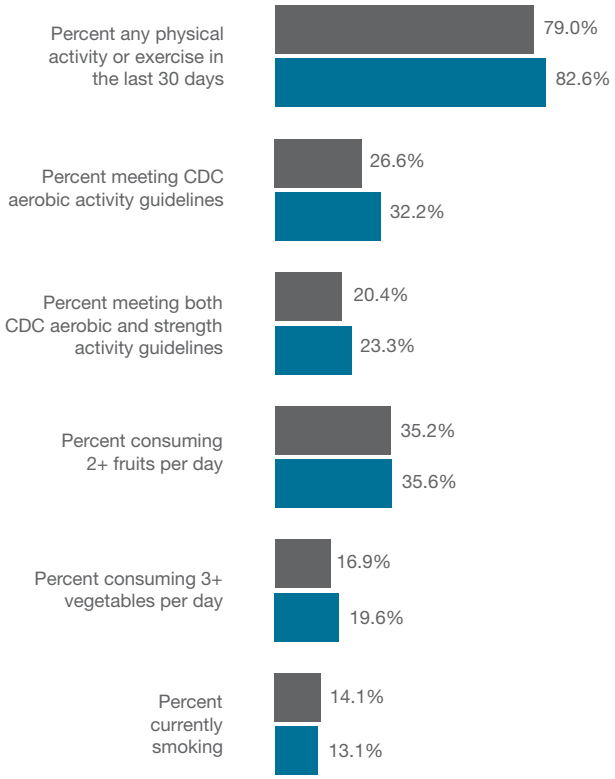
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

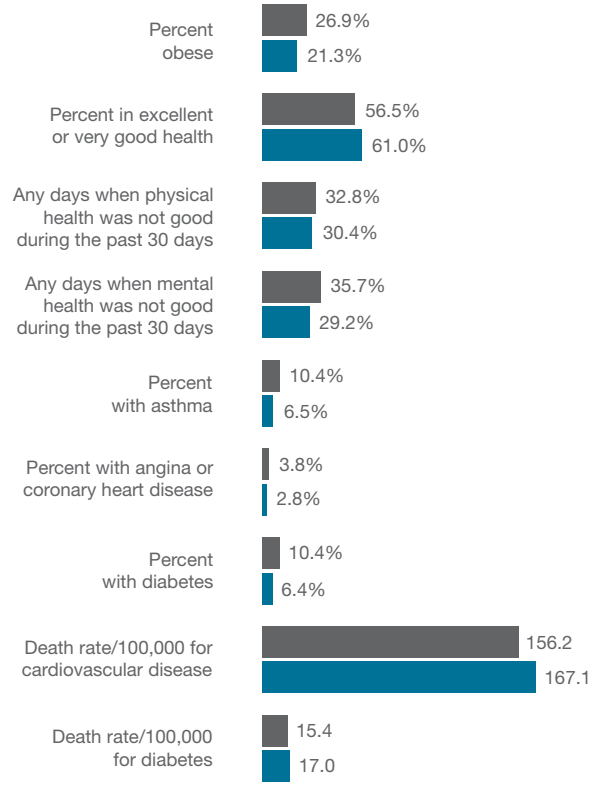
Personal Health Indicators – Score = 68.4; Rank = 11

Hartford Target Goal*

Health Behaviors



Chronic Health Problems

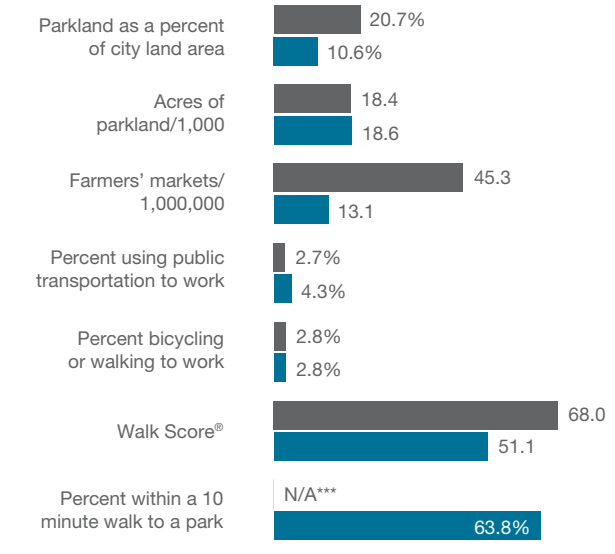


Community/Environmental Indicators – Score = 62.1; Rank = 14

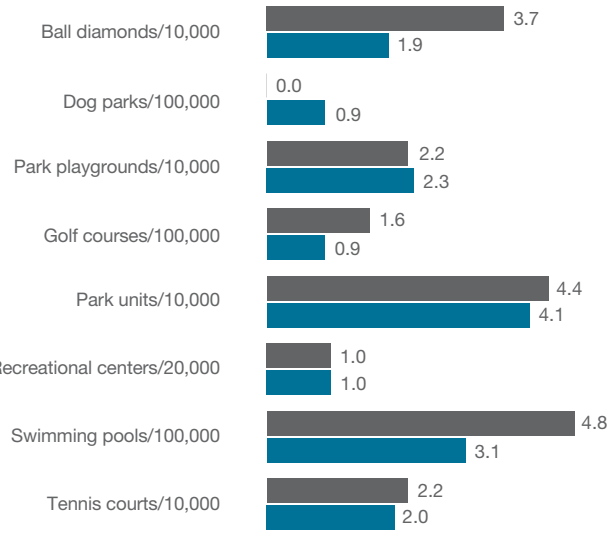
(note: most of these data were available only for the main city in the MSA)

Hartford Target Goal**

Built Environment

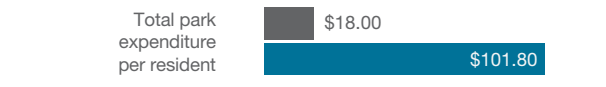


Recreational Facilities



Policy for School P.E.

Park-related Expenditures



*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

HOUSTON, TX

(Houston-The Woodlands-Sugar Land, TX MSA)

Total Score = 40.6; Rank = 40

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower percent of days when physical health was not good during the past 30 days
- Lower percent with asthma
- Higher percent of city land area as parkland
- More acres of parkland per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with diabetes
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Houston-The Woodlands-Sugar Land, TX MSA

Population	6,490,180
Percent less than 18 years old	27.0%
Percent 18 to 64 years old	63.2%
Percent 65 years old and older	9.8%
Percent male	49.7%
Percent high school graduate or higher	82.0%
Percent White	65.8%
Percent Black or African American	17.2%
Percent Asian	7.3%
Percent Other Race	9.7%
Percent Hispanic/Latino	36.3%
Percent unemployed	3.8%
Median household income	$60,072.00
Percent of households below poverty level	12.2%
Violent crime rate/100,000*	567.4
Percent with disability	9.7%

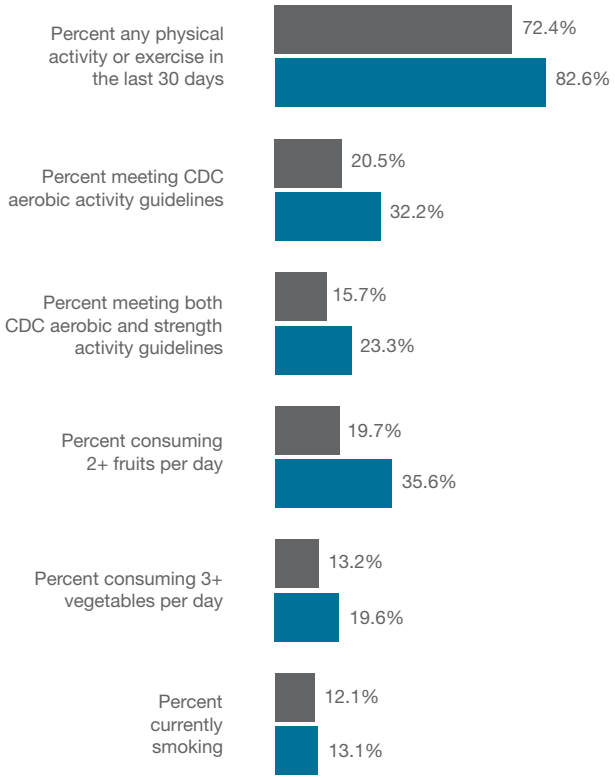
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

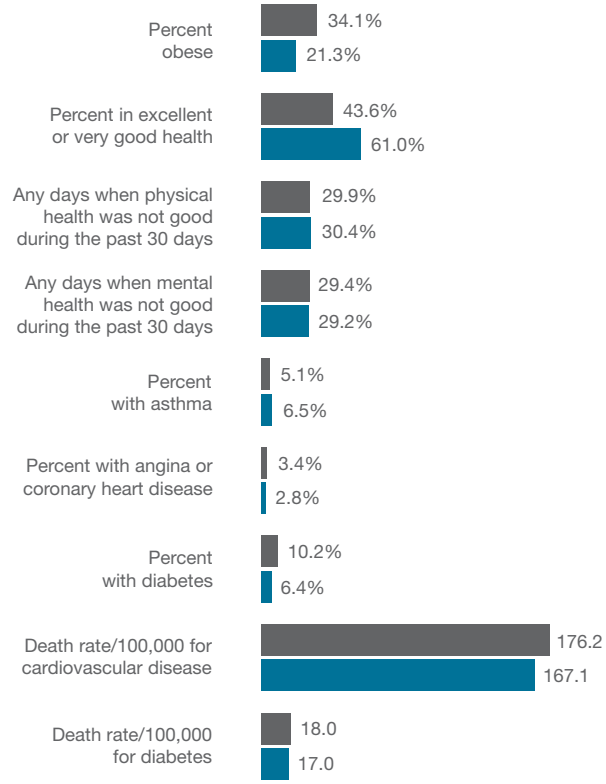
Personal Health Indicators – Score = 42.8; Rank = 34

Houston Target Goal*

Health Behaviors



Chronic Health Problems

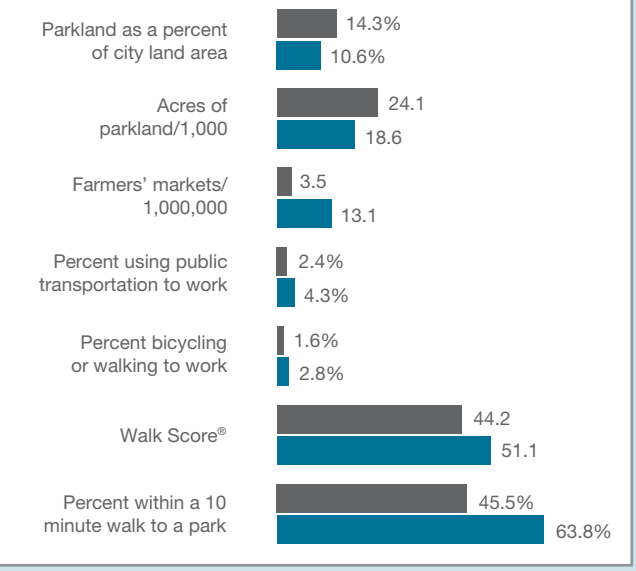


Community/Environmental Indicators – Score = 38.5; Rank = 40

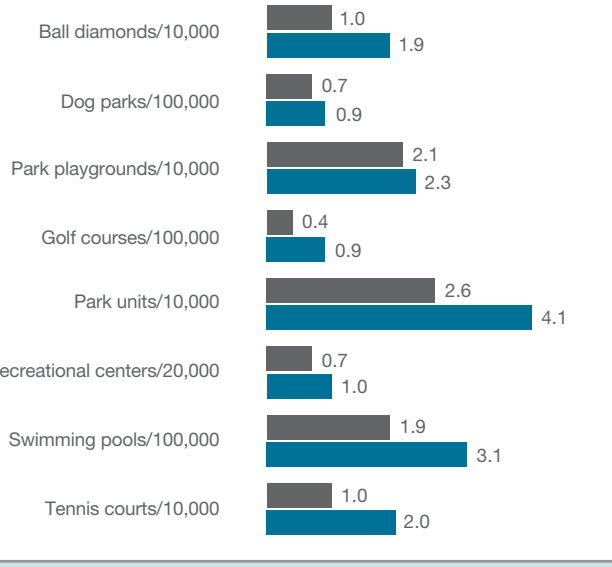
(note: most of these data were available only for the main city in the MSA)

Houston Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

INDIANAPOLIS, IN

(Indianapolis-Carmel-Anderson, IN MSA)

Total Score = 26.6; Rank = 50

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- More golf courses per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Indianapolis-Carmel-Anderson, IN MSA

Population	1,971,274
Percent less than 18 years old	25.2%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	12.4%
Percent male	48.8%
Percent high school graduate or higher	89.0%
Percent White	78.0%
Percent Black or African American	14.7%
Percent Asian	2.8%
Percent Other Race	4.5%
Percent Hispanic/Latino	6.4%
Percent unemployed	4.8%
Median household income	$52,268.00
Percent of households below poverty level	10.6%
Violent crime rate/100,000*	646.3
Percent with disability	12.9%

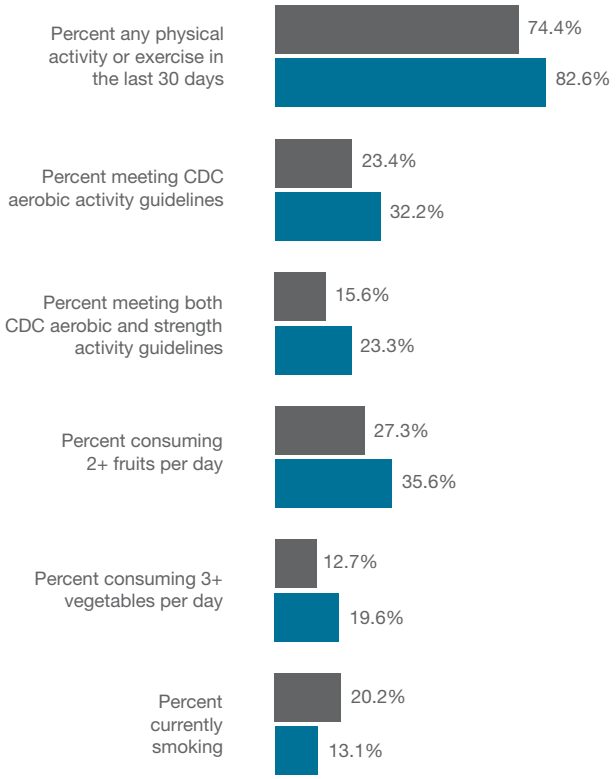
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

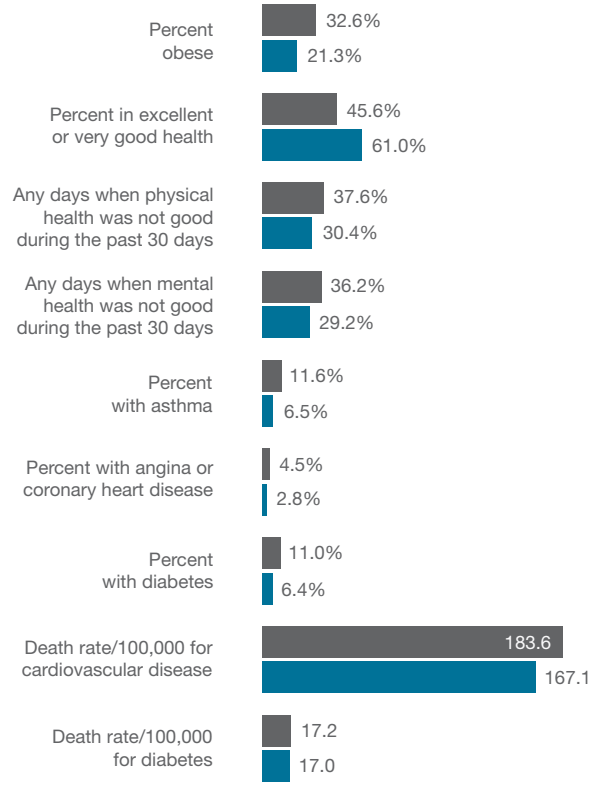
Personal Health Indicators – Score = 24.2; Rank = 50

Indianapolis Target Goal*

Health Behaviors



Chronic Health Problems

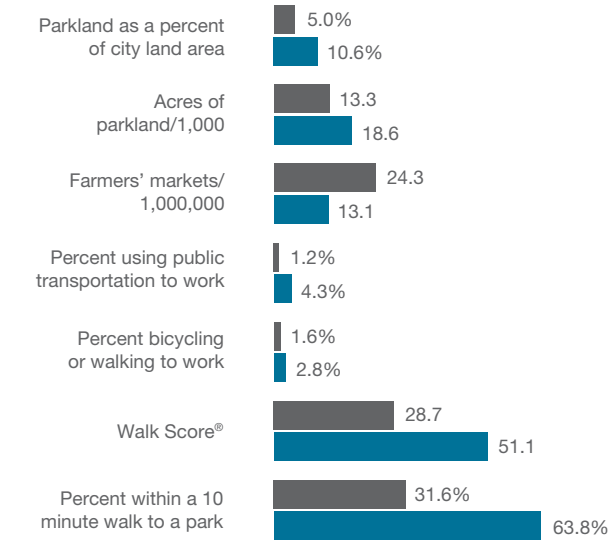


Community/Environmental Indicators – Score = 28.9; Rank = 49

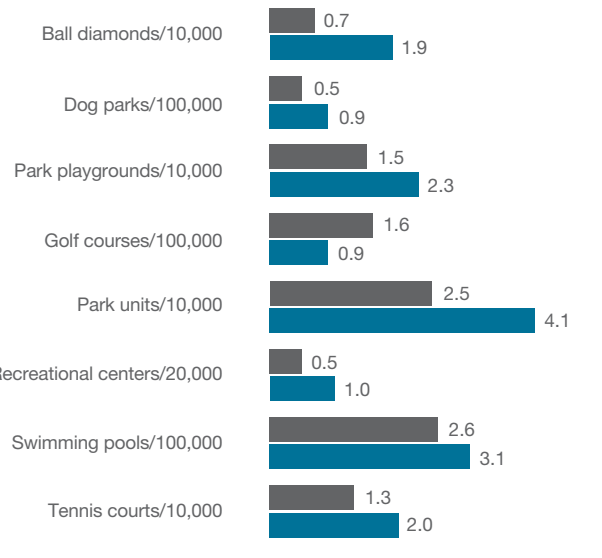
(note: most of these data were available only for the main city in the MSA)

Indianapolis Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

JACKSONVILLE, FL

(Jacksonville, FL MSA)

Total Score = 49.5; Rank = 31

Areas of Excellence (at or better than target goal):

- Higher percent of city land area as parkland
- More acres of parkland per capita
- More ball diamonds per capita
- More park playgrounds per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Higher percent currently smoking
- Higher percent obese
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer dog parks per capita
- Fewer golf courses per capita
- Lower park-related expenditures per capita

Description of Jacksonville, FL MSA

Population	1,419,127
Percent less than 18 years old	22.9%
Percent 18 to 64 years old	62.9%
Percent 65 years old and older	14.2%
Percent male	48.6%
Percent high school graduate or higher	90.0%
Percent White	70.5%
Percent Black or African American	21.8%
Percent Asian	3.7%
Percent Other Race	4.0%
Percent Hispanic/Latino	7.9%
Percent unemployed	5.2%
Median household income	$51,117.00
Percent of households below poverty level	11.5%
Violent crime rate/100,000*	561.1
Percent with disability	13.6%

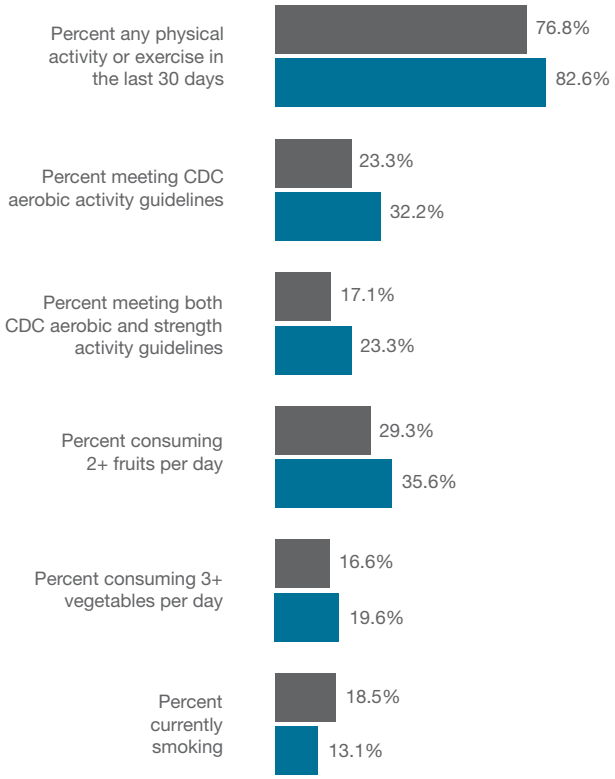
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

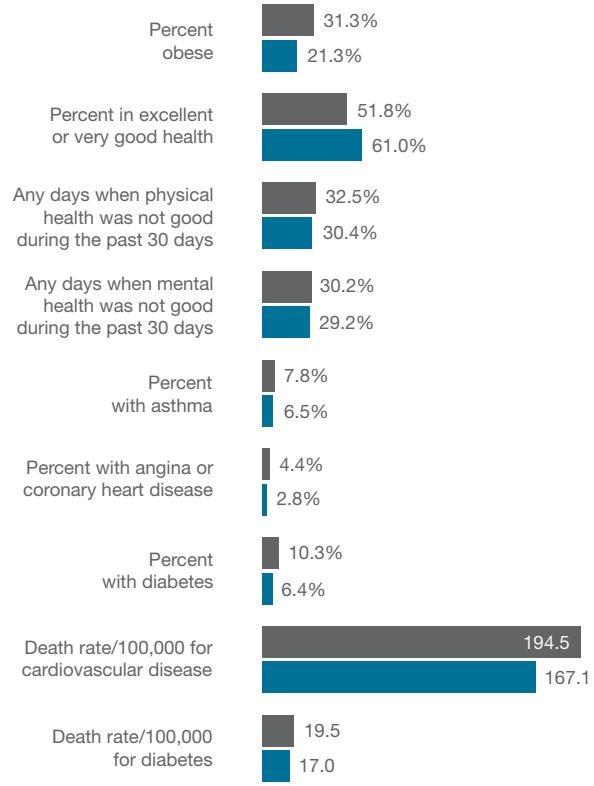
Personal Health Indicators – Score = 49.4; Rank = 27

Jacksonville Target Goal*

Health Behaviors



Chronic Health Problems

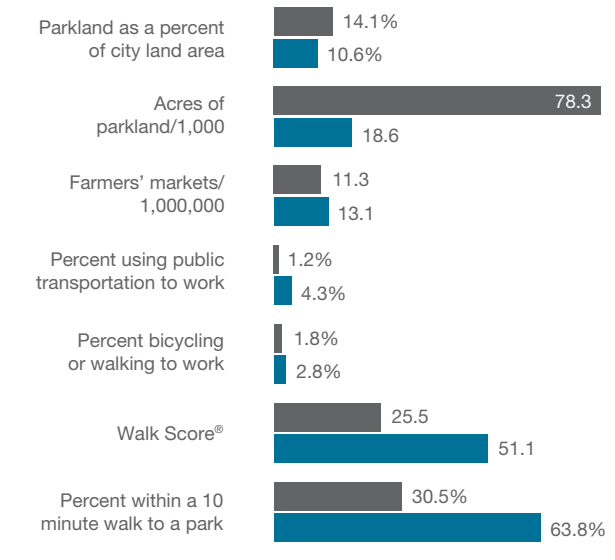


Community/Environmental Indicators – Score = 49.7; Rank = 32

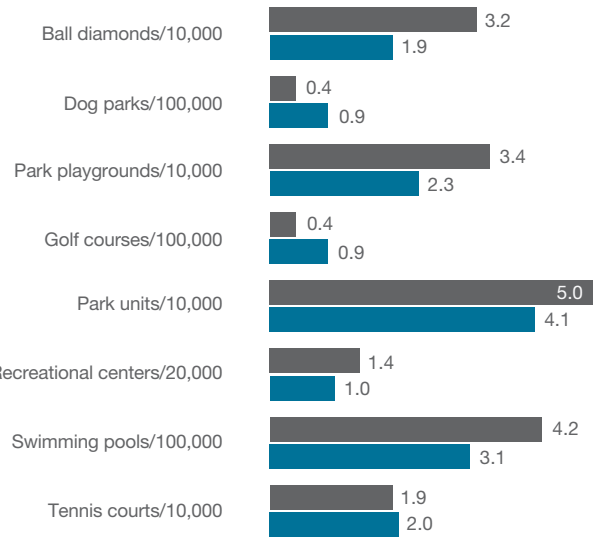
(note: most of these data were available only for the main city in the MSA)

Jacksonville Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

KANSAS CITY, MO

(Kansas City, MO-KS MSA)

Total Score = 50.3; Rank = 30

Areas of Excellence (at or better than target goal):

- Lower death rate for diabetes
- More acres of parkland per capita
- More farmers' markets per capita
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Fewer dog parks per capita
- Fewer recreation centers per capita

Description of Kansas City, MO-KS MSA

Population	2,071,133
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	61.8%
Percent 65 years old and older	13.3%
Percent male	49.1%
Percent high school graduate or higher	91.4%
Percent White	78.5%
Percent Black or African American	12.5%
Percent Asian	2.6%
Percent Other Race	6.3%
Percent Hispanic/Latino	8.7%
Percent unemployed	3.7%
Median household income	$56,994.00
Percent of households below poverty level	8.8%
Violent crime rate/100,000*	482.1
Percent with disability	12.8%

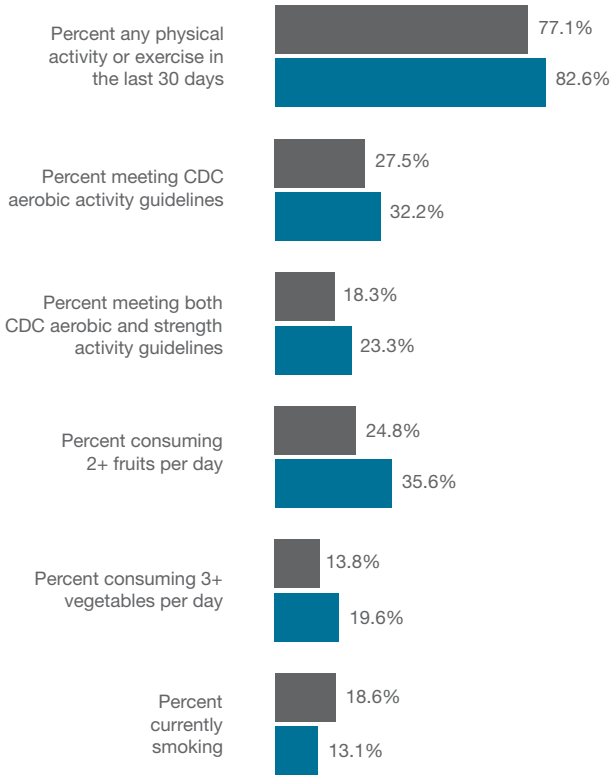
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

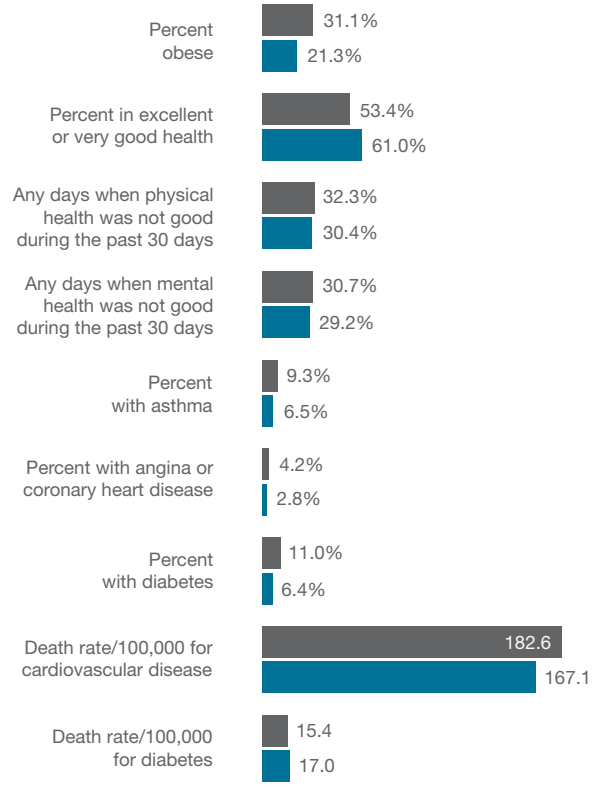
Personal Health Indicators – Score = 50.2; Rank = 25

Kansas City Target Goal*

Health Behaviors



Chronic Health Problems

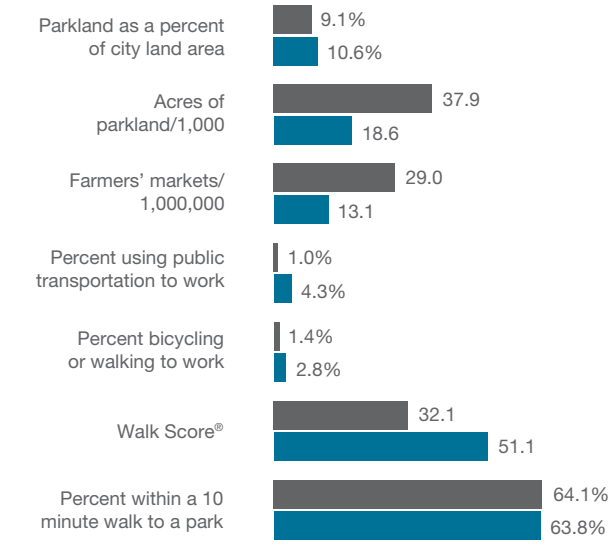


Community/Environmental Indicators – Score = 50.5; Rank = 31

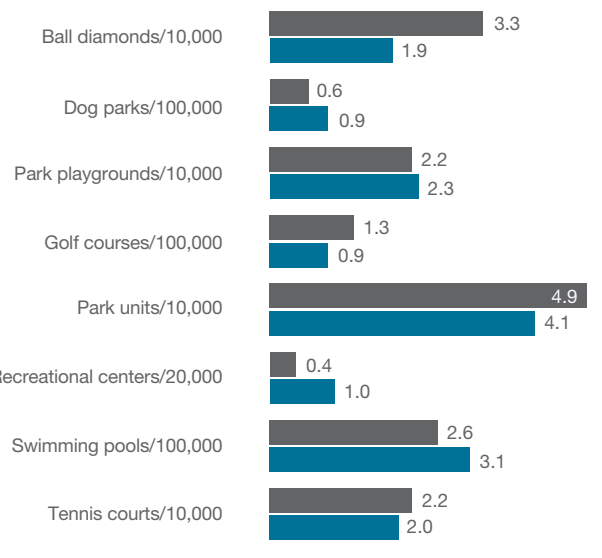
(note: most of these data were available only for the main city in the MSA)

Kansas City Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

LAS VEGAS, NV

(Las Vegas-Henderson-Paradise, NV MSA)

Total Score = 40.4; Rank = 41

Areas of Excellence (at or better than target goal):

- Lower death rate for diabetes
- Higher percent using public transportation to work
- More dog parks per capita
- Higher park-related expenditures per capita

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent consuming 2+ fruits per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- Lower level of state requirement for Physical Education classes

Description of Las Vegas-Henderson-Paradise, NV MSA

Population	2,069,681
Percent less than 18 years old	23.8%
Percent 18 to 64 years old	62.9%
Percent 65 years old and older	13.3%
Percent male	50.1%
Percent high school graduate or higher	84.5%
Percent White	62.5%
Percent Black or African American	11.1%
Percent Asian	9.3%
Percent Other Race	17.1%
Percent Hispanic/Latino	30.3%
Percent unemployed	6.0%
Median household income	$51,214.00
Percent of households below poverty level	11.5%
Violent crime rate/100,000*	743.0
Percent with disability	12.8%

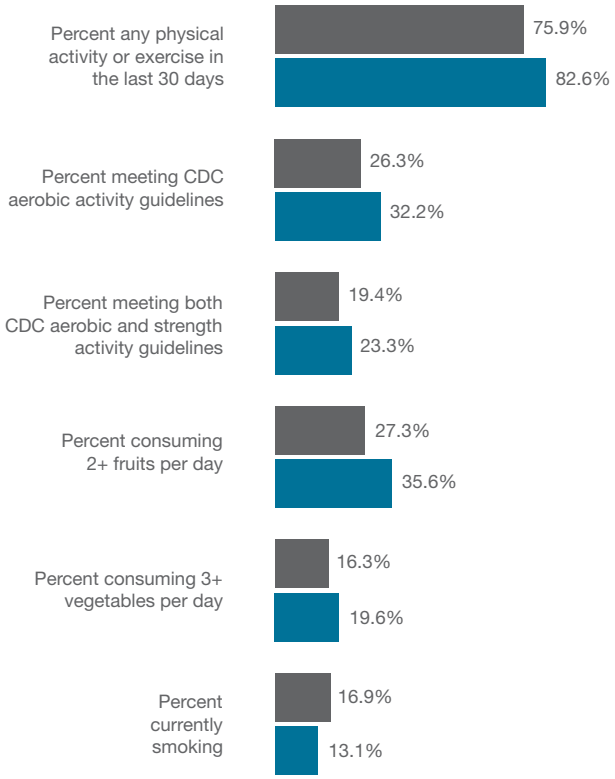
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

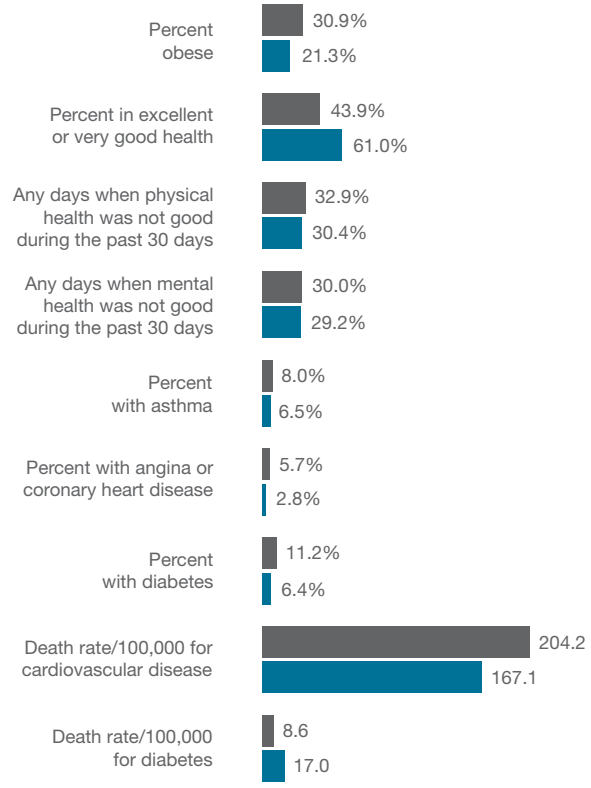
Personal Health Indicators – Score = 45.9; Rank = 32

Las Vegas Target Goal*

Health Behaviors



Chronic Health Problems

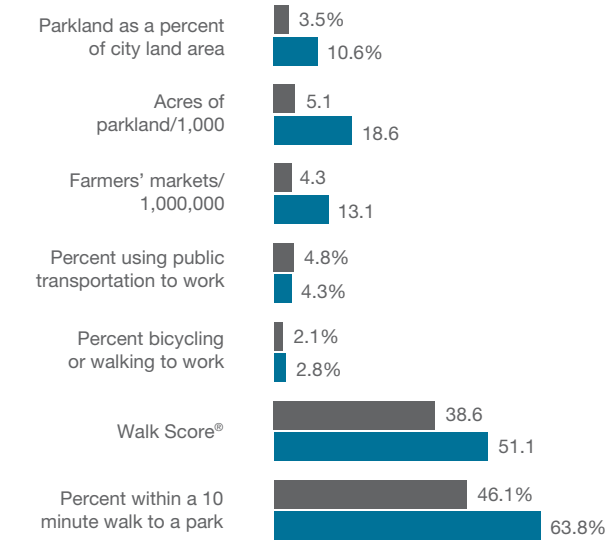


Community/Environmental Indicators – Score = 35.1; Rank = 46

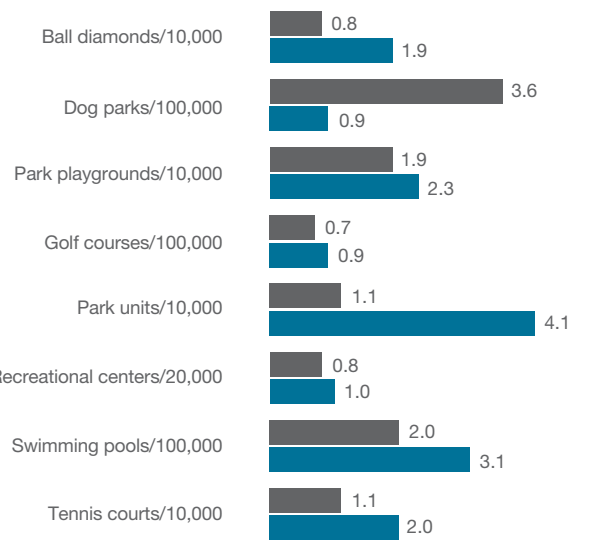
(note: most of these data were available only for the main city in the MSA)

Las Vegas Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

LOS ANGELES, CA

(Los Angeles-Long Beach-Anaheim, CA MSA)

Total Score = 50.8; Rank = 29

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower percent with asthma
- Lower death rate for cardiovascular disease
- Higher percent of city land area as parkland
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- More recreation centers per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of Los Angeles-Long Beach-Anaheim, CA MSA

Population	13,262,220
Percent less than 18 years old	22.8%
Percent 18 to 64 years old	64.8%
Percent 65 years old and older	12.4%
Percent male	49.3%
Percent high school graduate or higher	79.1%
Percent White	55.0%
Percent Black or African American	6.6%
Percent Asian	15.5%
Percent Other Race	23.0%
Percent Hispanic/Latino	45.1%
Percent unemployed	5.3%
Median household income	$60,514.00
Percent of households below poverty level	13.3%
Violent crime rate/100,000*	368.9
Percent with disability	9.5%

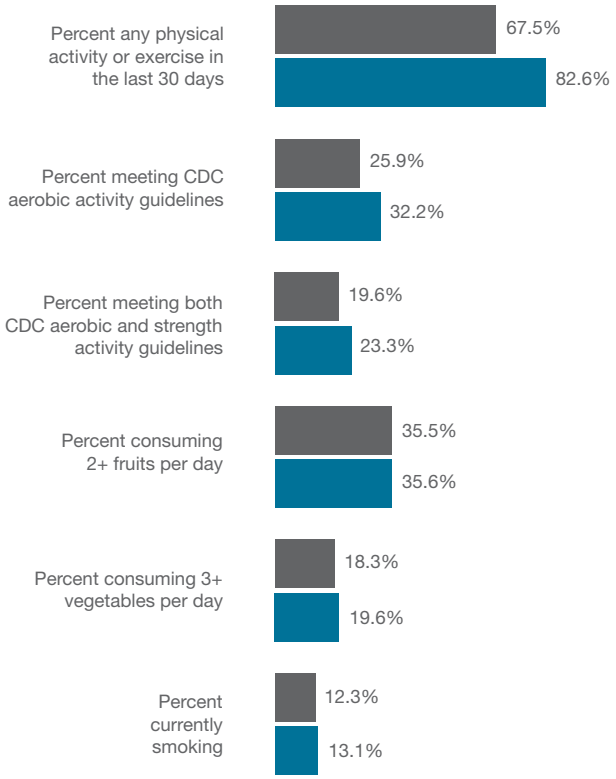
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

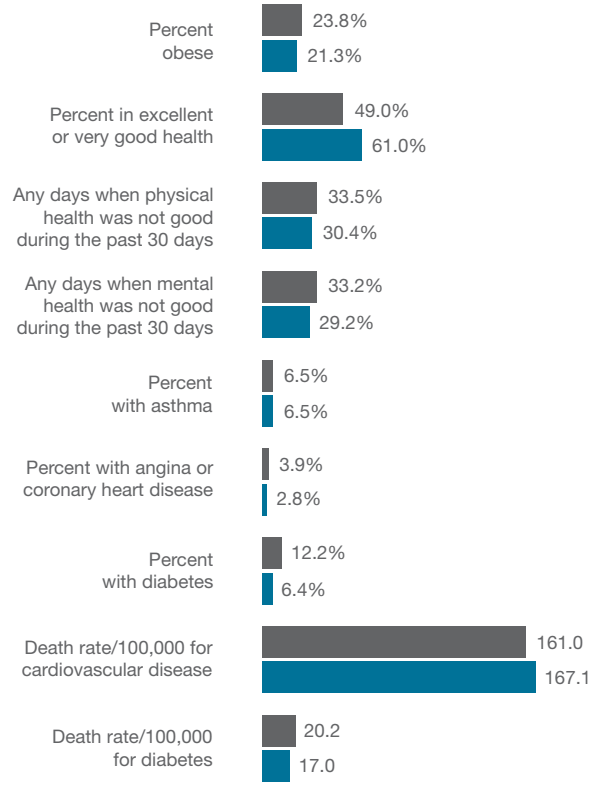
Personal Health Indicators – Score = 61.3; Rank = 16

Los Angeles Target Goal*

Health Behaviors



Chronic Health Problems

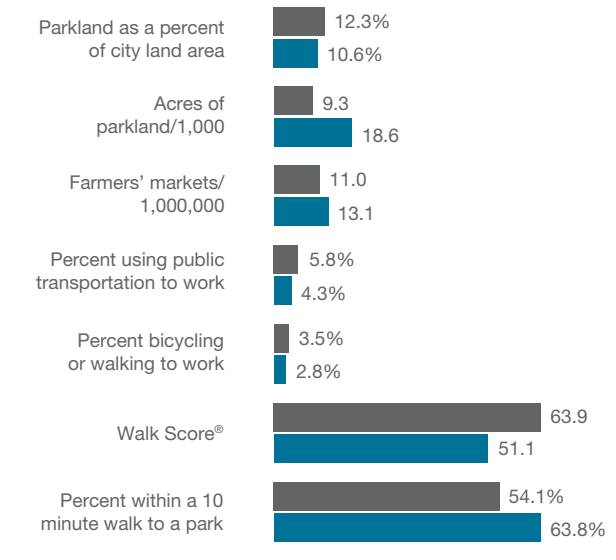


Community/Environmental Indicators – Score = 40.7; Rank = 39

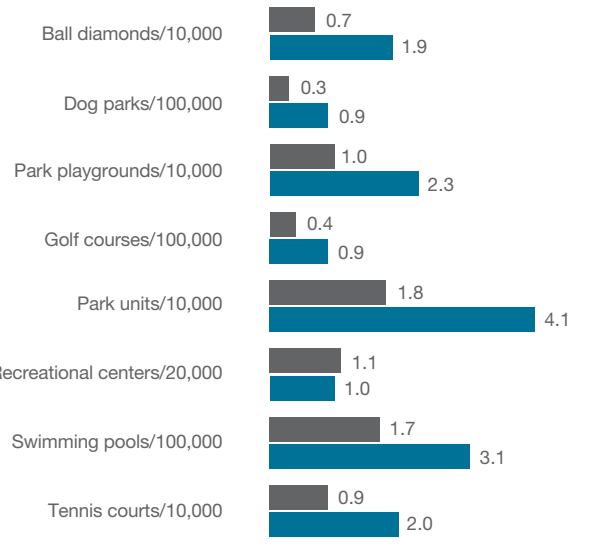
(note: most of these data were available only for the main city in the MSA)

Los Angeles Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

LOUISVILLE, KY

(Louisville/Jefferson County, KY-IN MSA)

Total Score = 31.8; Rank = 48

Areas of Excellence (at or better than target goal):

- Lower death rate for diabetes
- More acres of parkland per capita
- More farmers' markets per capita
- More dog parks per capita
- More golf courses per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita

Description of Louisville/Jefferson County, KY-IN MSA

Population	1,269,702
Percent less than 18 years old	23.2%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	14.4%
Percent male	48.6%
Percent high school graduate or higher	88.2%
Percent White	80.5%
Percent Black or African American	14.2%
Percent Asian	1.8%
Percent Other Race	3.5%
Percent Hispanic/Latino	4.4%
Percent unemployed	4.2%
Median household income	$50,932.00
Percent of households below poverty level	10.5%
Violent crime rate/100,000*	395.0
Percent with disability	14.7%

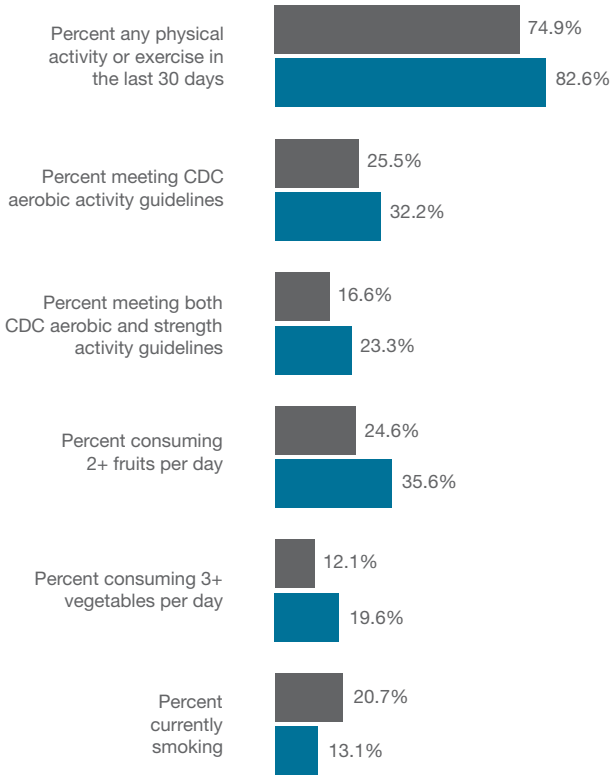
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

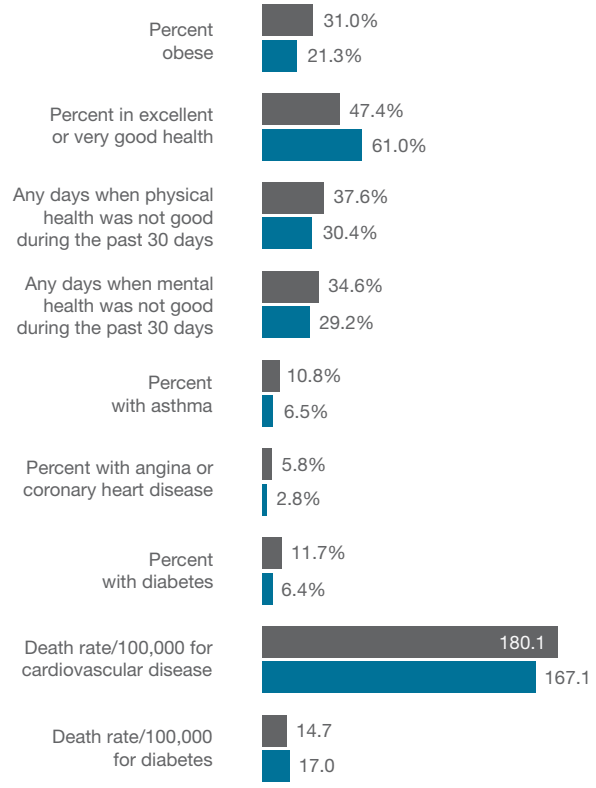
Personal Health Indicators – Score = 28.2; Rank = 45

Louisville Target Goal*

Health Behaviors



Chronic Health Problems

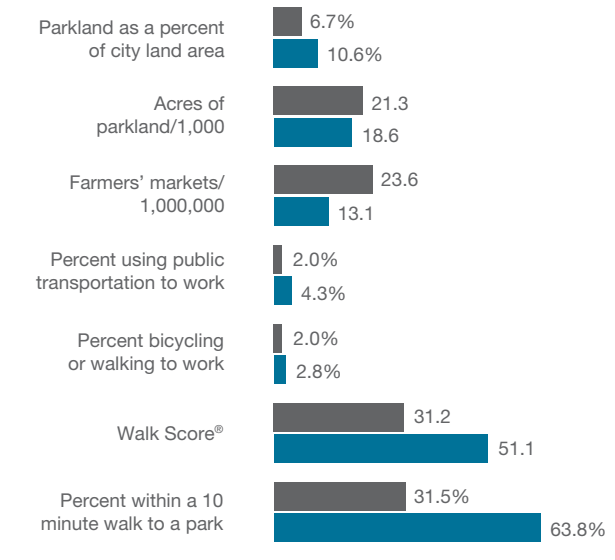


Community/Environmental Indicators – Score = 35.2; Rank = 45

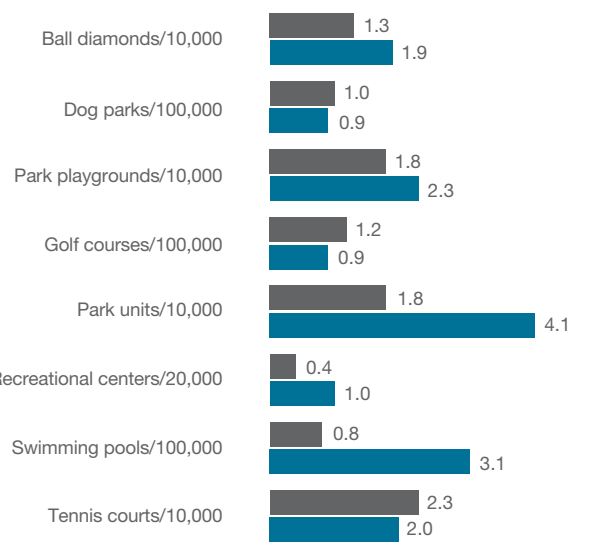
(note: most of these data were available only for the main city in the MSA)

Louisville Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

MEMPHIS, TN

(Memphis, TN-MS-AR MSA)

Total Score = 33.3; Rank = 47

Areas of Excellence (at or better than target goal):

- Lower percent of days when physical health was not good during the past 30 days
- Lower percent of days when mental health was not good during the past 30 days
- More farmers' markets per capita
- More golf courses per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer dog parks per capita
- Fewer park units per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Memphis, TN-MS-AR MSA

Population	1,343,230
Percent less than 18 years old	25.5%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	12.1%
Percent male	47.9%
Percent high school graduate or higher	86.6%
Percent White	47.7%
Percent Black or African American	46.0%
Percent Asian	1.9%
Percent Other Race	4.4%
Percent Hispanic/Latino	5.2%
Percent unemployed	5.8%
Median household income	$45,844.00
Percent of households below poverty level	15.9%
Violent crime rate/100,000*	1,033.5
Percent with disability	13.1%

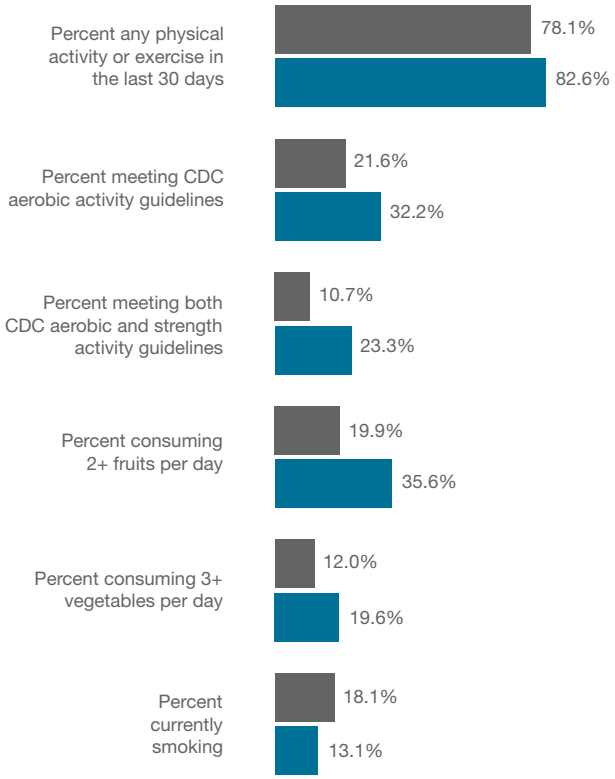
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

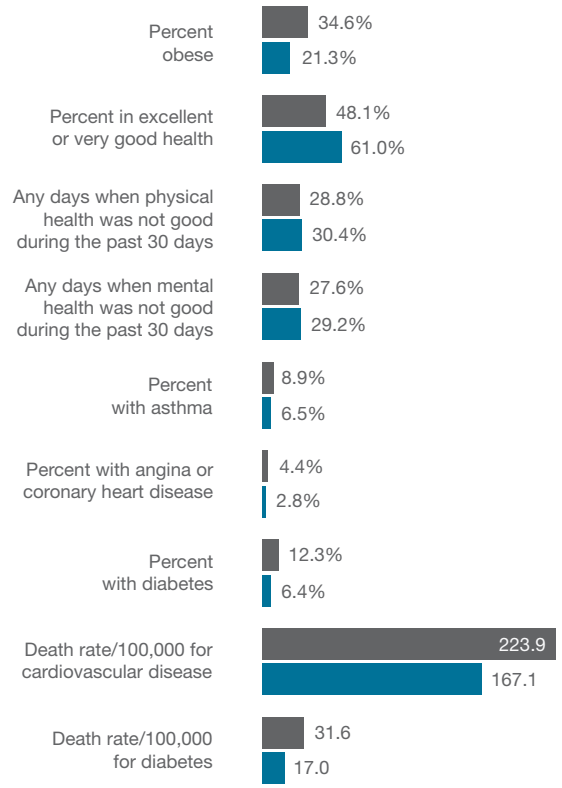
Personal Health Indicators – Score = 30.9; Rank = 42

Memphis Target Goal*

Health Behaviors



Chronic Health Problems

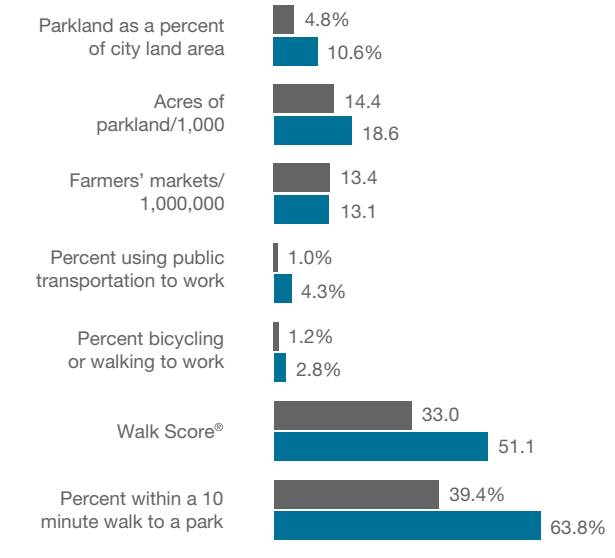


Community/Environmental Indicators – Score = 35.5; Rank = 43

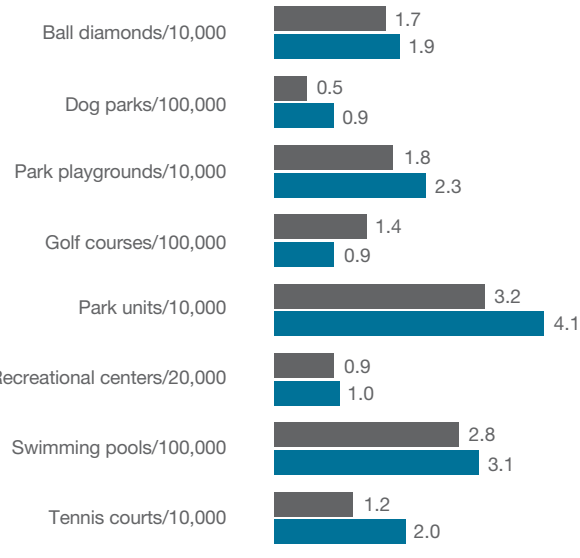
(note: most of these data were available only for the main city in the MSA)

Memphis Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

MIAMI, FL

(Miami-Fort Lauderdale-West Palm Beach, FL MSA)

Total Score = 48.2; Rank = 32

Areas of Excellence (at or better than target goal):

- Lower percent of days when mental health was not good during the past 30 days
- Lower percent with asthma
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More recreation centers per capita
- More swimming pools per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent in excellent or very good health
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Fewer ball diamonds per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Miami-Fort Lauderdale-West Palm Beach, FL MSA

Population	5,929,819
Percent less than 18 years old	20.6%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	17.0%
Percent male	48.5%
Percent high school graduate or higher	84.9%
Percent White	71.6%
Percent Black or African American	21.4%
Percent Asian	2.5%
Percent Other Race	4.5%
Percent Hispanic/Latino	43.3%
Percent unemployed	5.1%
Median household income	$48,458.00
Percent of households below poverty level	13.6%
Violent crime rate/100,000*	595.2
Percent with disability	11.2%

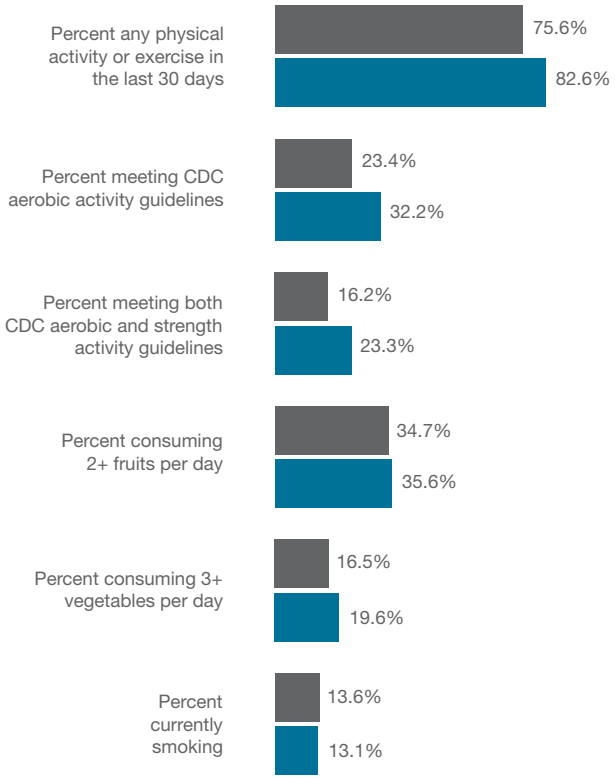
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

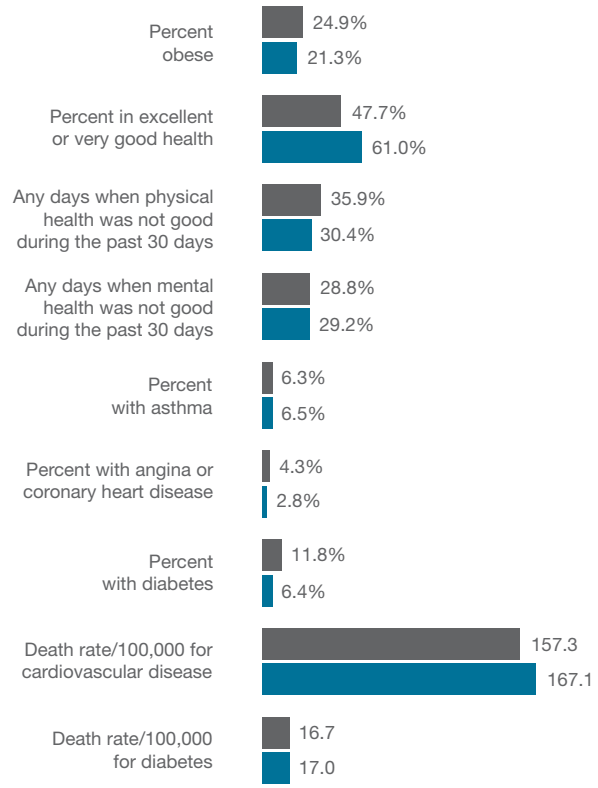
Personal Health Indicators – Score = 54.9; Rank = 19

Miami | Target Goal*

Health Behaviors



Chronic Health Problems

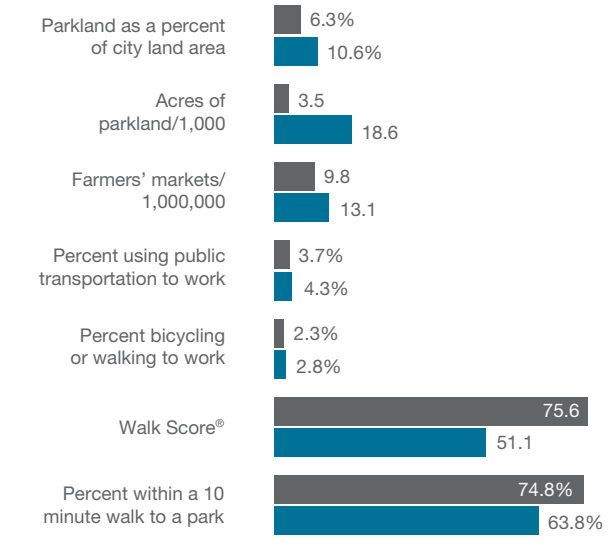


Community/Environmental Indicators – Score = 41.7; Rank = 37

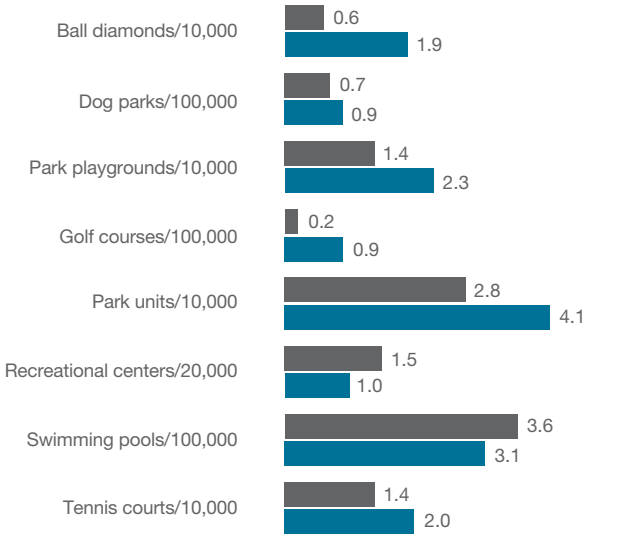
(note: most of these data were available only for the main city in the MSA)

Miami | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

MILWAUKEE, WI

(Milwaukee-Waukesha-West Allis, WI MSA)

Total Score = 54.2; Rank = 20

Areas of Excellence (at or better than target goal):

- Lower death rate for diabetes
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More park playgrounds per capita
- More golf courses per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Fewer park units per capita

Description of Milwaukee-Waukesha-West Allis, WI MSA

Population	1,572,245
Percent less than 18 years old	23.7%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	13.8%
Percent male	48.7%
Percent high school graduate or higher	90.4%
Percent White	74.3%
Percent Black or African American	16.7%
Percent Asian	3.4%
Percent Other Race	5.6%
Percent Hispanic/Latino	10.2%
Percent unemployed	4.3%
Median household income	$53,164.00
Percent of households below poverty level	11.5%
Violent crime rate/100,000*	634.0
Percent with disability	11.9%

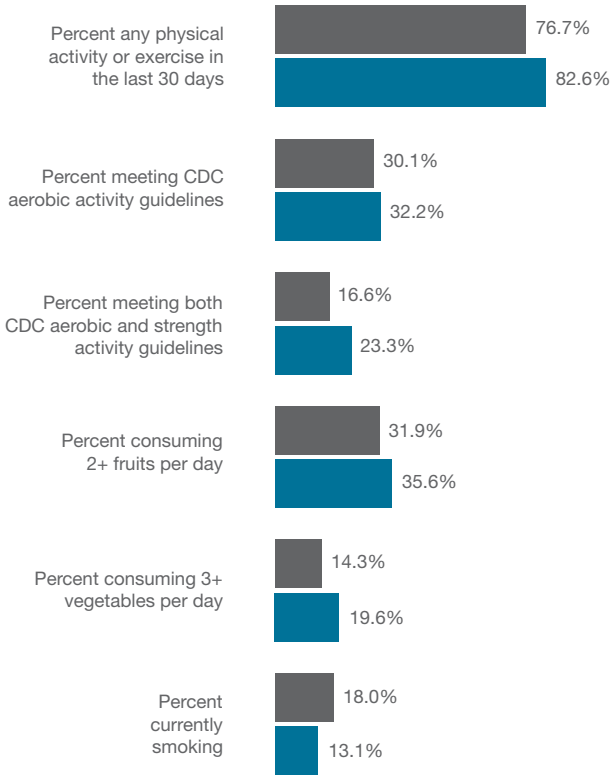
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

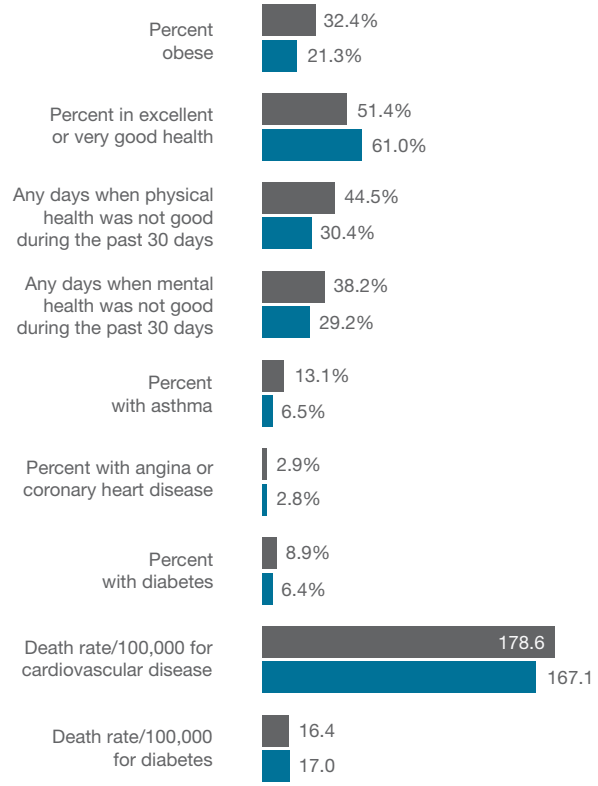
Personal Health Indicators – Score = 49.7; Rank = 26

Milwaukee Target Goal*

Health Behaviors



Chronic Health Problems

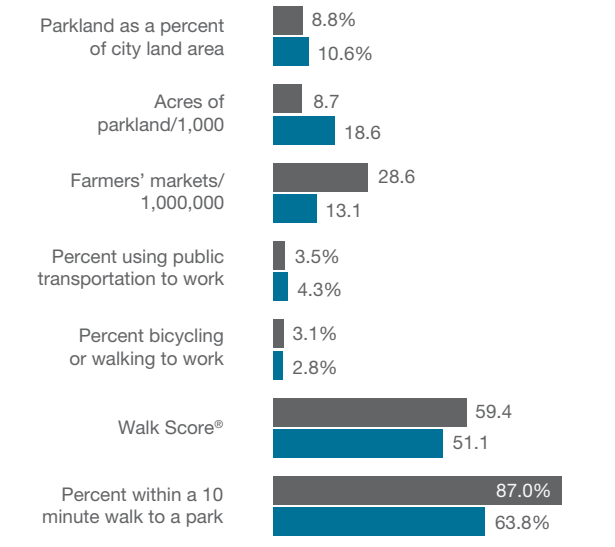


Community/Environmental Indicators – Score = 58.6; Rank = 22

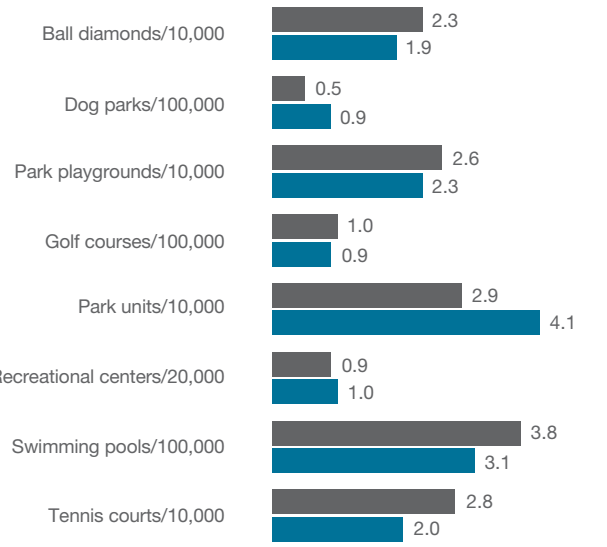
(note: most of these data were available only for the main city in the MSA)

Milwaukee Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

MINNEAPOLIS, MN

(Minneapolis-St. Paul-Bloomington, MN-WI MSA)

Total Score = 76.7; Rank = 2

Areas of Excellence (at or better than target goal):

- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent consuming 3+ vegetables per day
- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer swimming pools per capita

Description of Minneapolis-St. Paul-Bloomington, MN-WI MSA

Population	3,495,176
Percent less than 18 years old	24.1%
Percent 18 to 64 years old	63.6%
Percent 65 years old and older	12.3%
Percent male	49.4%
Percent high school graduate or higher	93.2%
Percent White	80.2%
Percent Black or African American	7.8%
Percent Asian	6.3%
Percent Other Race	5.6%
Percent Hispanic/Latino	5.6%
Percent unemployed	3.4%
Median household income	$69,111.00
Percent of households below poverty level	6.7%
Violent crime rate/100,000*	261.8
Percent with disability	9.8%

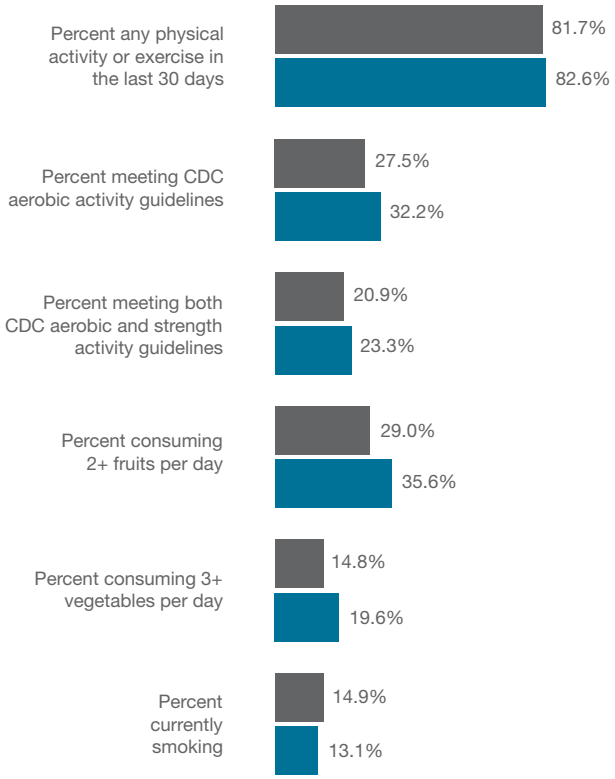
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

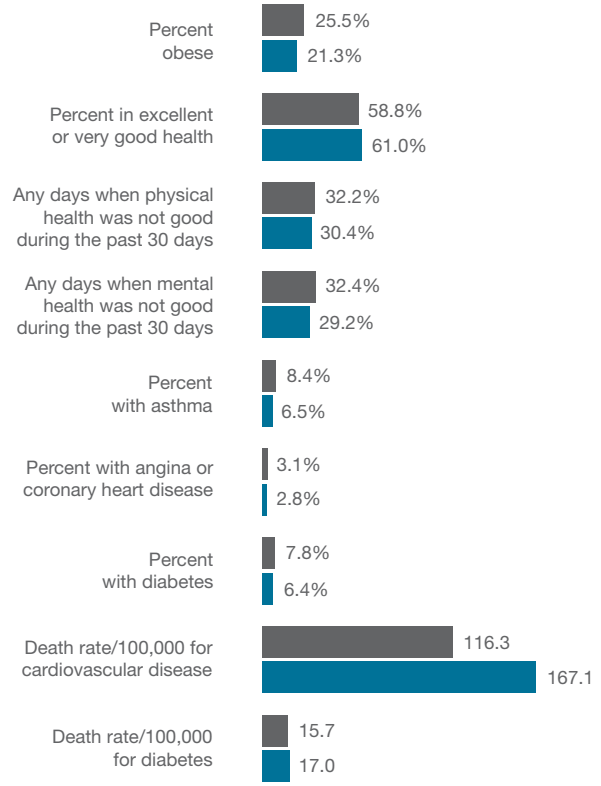
Personal Health Indicators – Score = 75.3 Rank = 4

Minneapolis Target Goal*

Health Behaviors



Chronic Health Problems

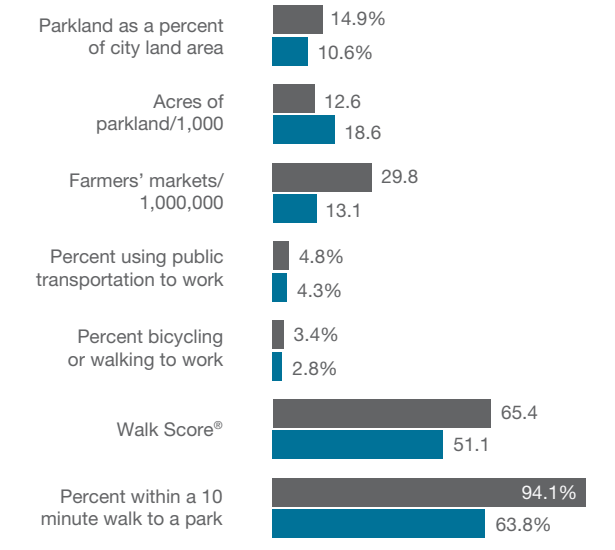


Community/Environmental Indicators – Score = 78.0; Rank = 2

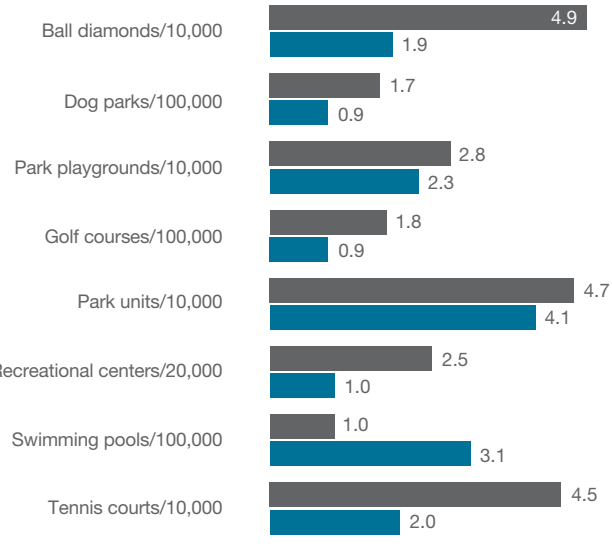
(note: most of these data were available only for the main city in the MSA)

Minneapolis Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

NASHVILLE, TN

(Nashville-Davidson-Murfreesboro-Franklin, TN MSA)

Total Score = 34.2; Rank = 46

Areas of Excellence (at or better than target goal):

- More acres of parkland per capita
- More farmers' markets per capita
- More golf courses per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of Nashville-Davidson-Murfreesboro-Franklin, TN MSA

Population	1,792,649
Percent less than 18 years old	23.7%
Percent 18 to 64 years old	64.1%
Percent 65 years old and older	12.2%
Percent male	48.8%
Percent high school graduate or higher	88.0%
Percent White	77.6%
Percent Black or African American	15.3%
Percent Asian	2.4%
Percent Other Race	4.7%
Percent Hispanic/Latino	6.8%
Percent unemployed	4.2%
Median household income	$52,640.00
Percent of households below poverty level	11.1%
Violent crime rate/100,000*	610.9
Percent with disability	12.3%

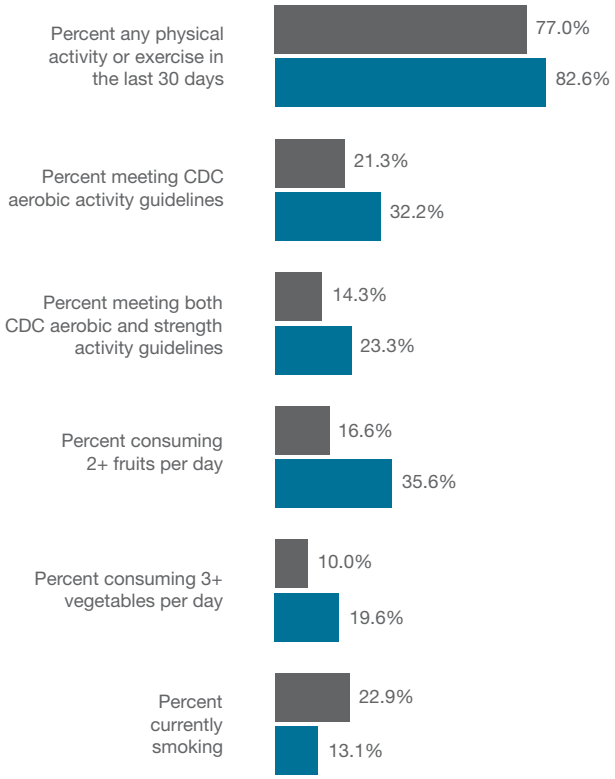
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

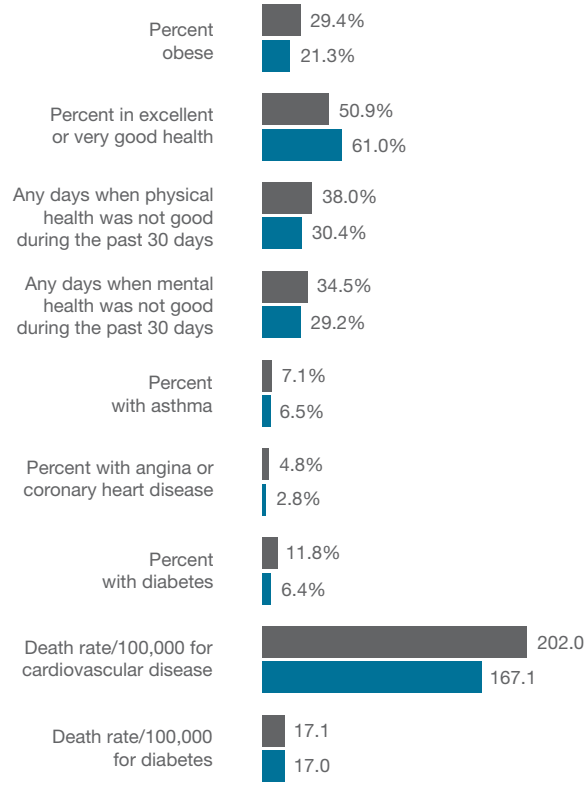
Personal Health Indicators – Score = 27.2; Rank = 46

Nashville Target Goal*

Health Behaviors



Chronic Health Problems

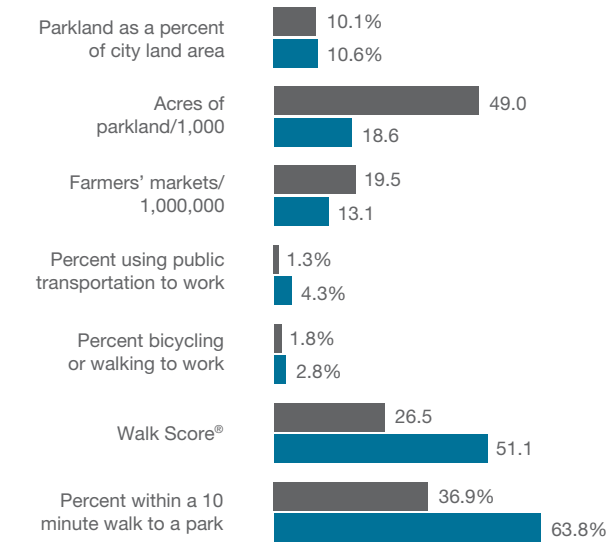


Community/Environmental Indicators – Score = 40.9; Rank = 38

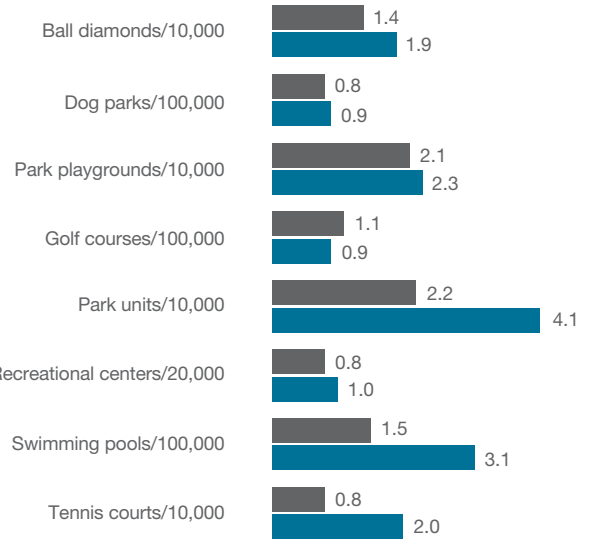
(note: most of these data were available only for the main city in the MSA)

Nashville Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

NEW ORLEANS, LA

(New Orleans-Metairie, LA MSA)

Total Score = 46.0; Rank = 33

Areas of Excellence (at or better than target goal):

- Lower percent with asthma
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More swimming pools per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Lower park-related expenditures per capita

Description of New Orleans-Metairie, LA MSA

Population	1,251,849
Percent less than 18 years old	22.4%
Percent 18 to 64 years old	63.9%
Percent 65 years old and older	13.7%
Percent male	48.4%
Percent high school graduate or higher	86.3%
Percent White	58.6%
Percent Black or African American	34.6%
Percent Asian	2.9%
Percent Other Race	3.8%
Percent Hispanic/Latino	8.5%
Percent unemployed	4.8%
Median household income	$46,784.00
Percent of households below poverty level	13.5%
Violent crime rate/100,000*	N/A‡
Percent with disability	13.0%

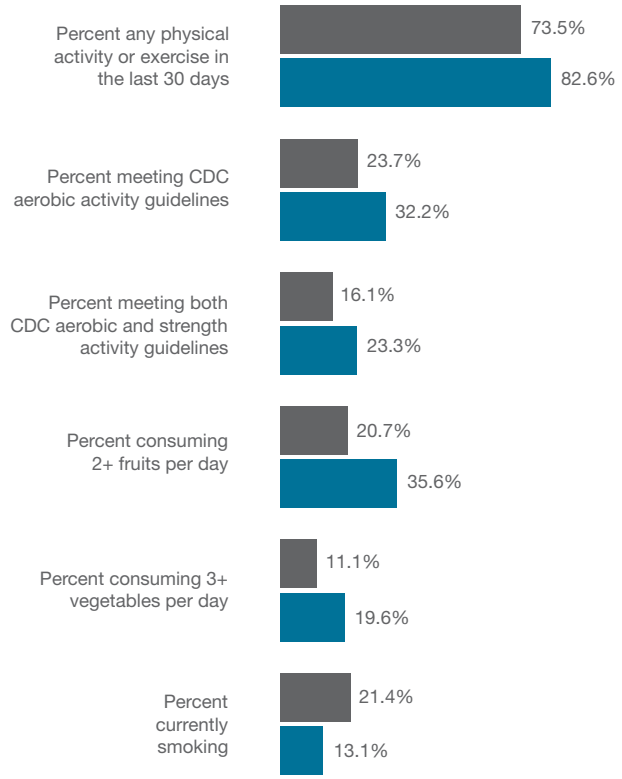
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.
‡This measure was not available.

ACSM American Fitness Index® Components

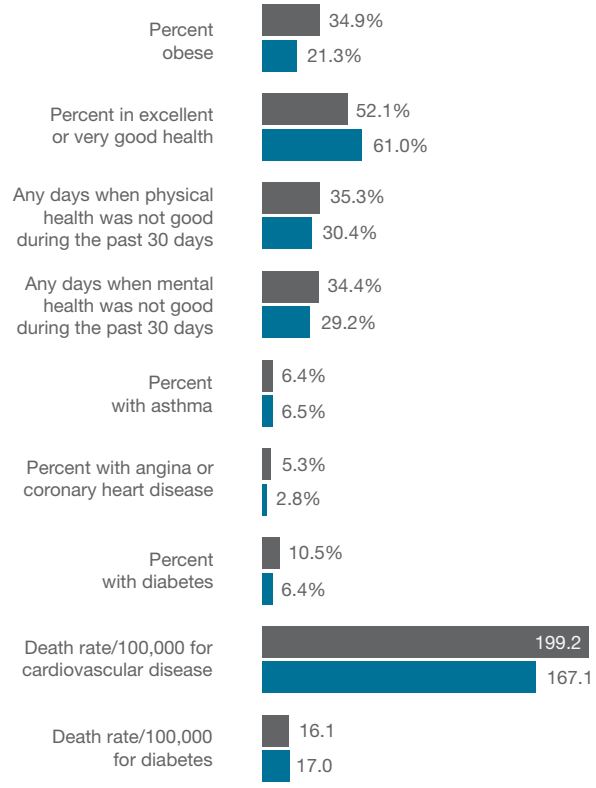
Personal Health Indicators – Score = 30.0; Rank = 43

New Orleans Target Goal*

Health Behaviors



Chronic Health Problems

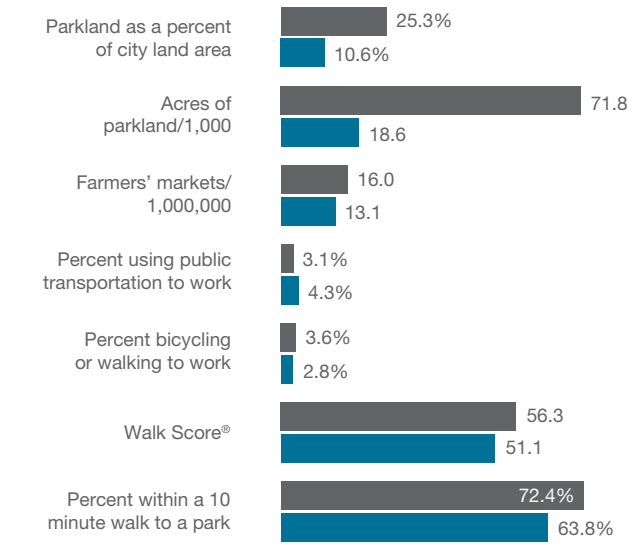


Community/Environmental Indicators – Score = 61.3; Rank = 18

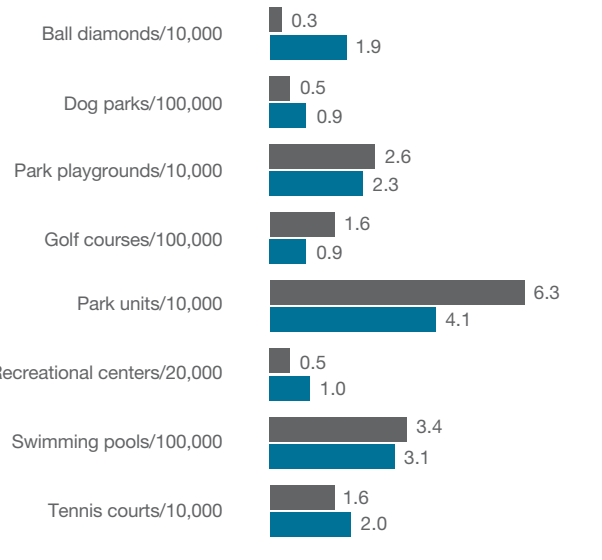
(note: most of these data were available only for the main city in the MSA)

New Orleans Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

NEW YORK, NY

(New York-Newark-Jersey City, NY-NJ-PA MSA)

Total Score = 53.8; Rank = 22

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More dog parks per capita
- More park units per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer ball diamonds per capita
- Fewer golf courses per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of New York-Newark-Jersey City, NY-NJ-PA MSA

Population	20,092,883
Percent less than 18 years old	22.0%
Percent 18 to 64 years old	63.9%
Percent 65 years old and older	14.1%
Percent male	48.3%
Percent high school graduate or higher	85.6%
Percent White	58.3%
Percent Black or African American	17.2%
Percent Asian	10.7%
Percent Other Race	13.9%
Percent Hispanic/Latino	23.8%
Percent unemployed	4.8%
Median household income	$67,066.00
Percent of households below poverty level	11.4%
Violent crime rate/100,000*	371.4
Percent with disability	10.2%

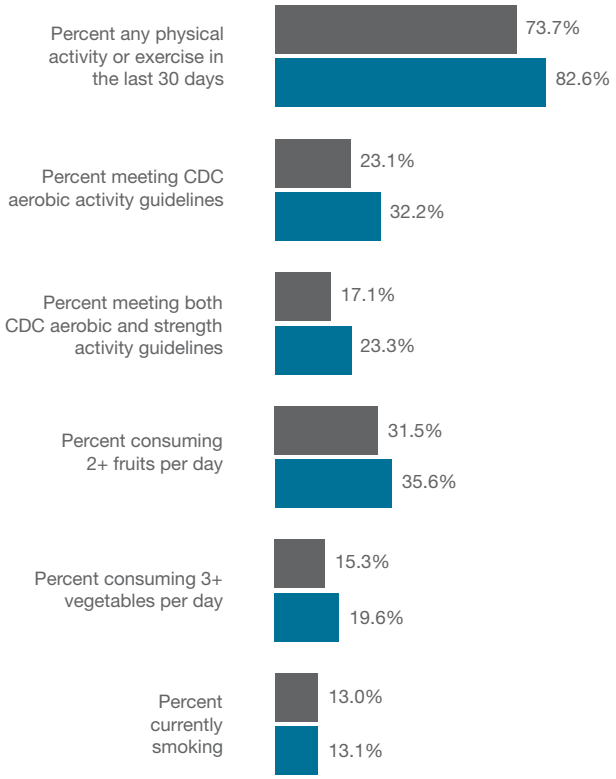
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

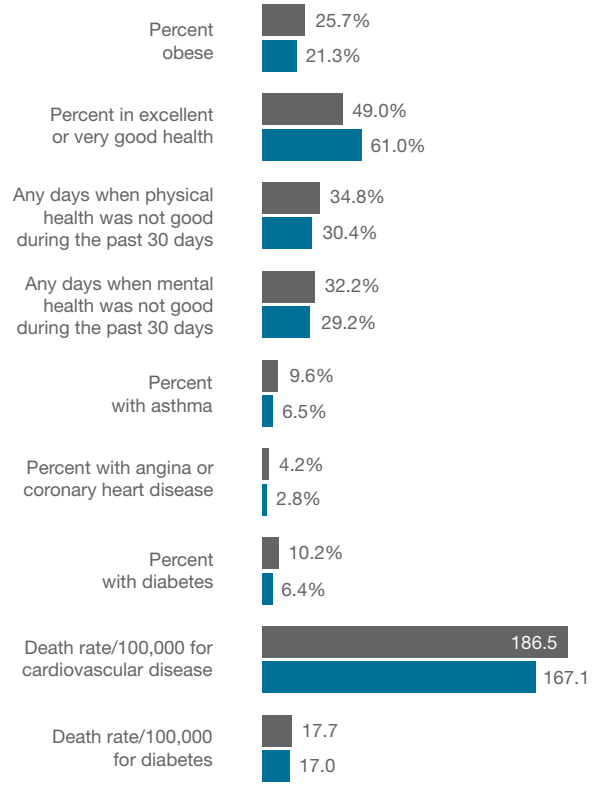
Personal Health Indicators – Score = 52.2; Rank = 22

New York Target Goal*

Health Behaviors



Chronic Health Problems

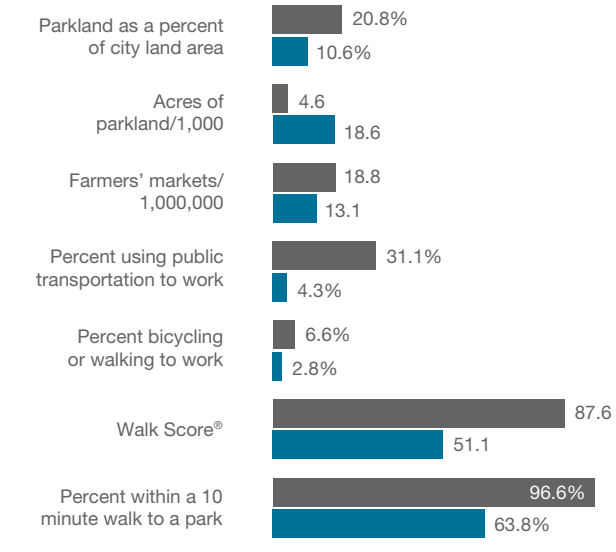


Community/Environmental Indicators – Score = 55.4; Rank = 26

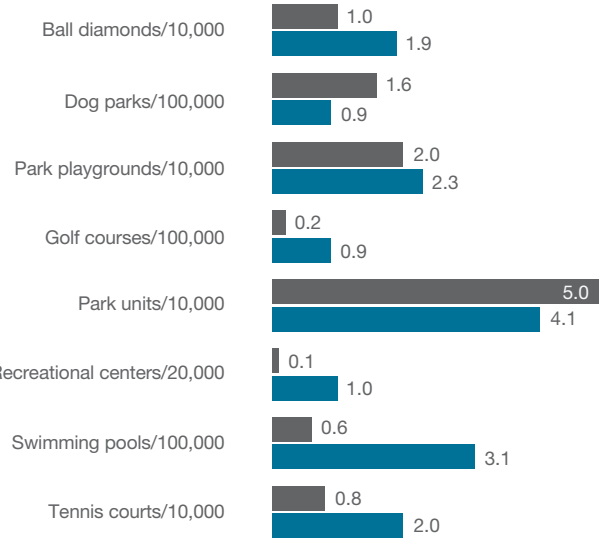
(note: most of these data were available only for the main city in the MSA)

New York Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

OKLAHOMA CITY, OK

(Oklahoma City, OK MSA)

Total Score = 29.5; Rank = 49

Areas of Excellence (at or better than target goal):

- More acres of parkland per capita
- More farmers' markets per capita
- More golf courses per capita

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for Physical Education classes

Description of Oklahoma City, OK MSA

Population	1,336,767
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	12.7%
Percent male	49.2%
Percent high school graduate or higher	88.5%
Percent White	74.2%
Percent Black or African American	10.5%
Percent Asian	3.3%
Percent Other Race	12.1%
Percent Hispanic/Latino	12.2%
Percent unemployed	3.6%
Median household income	$52,416.00
Percent of households below poverty level	11.0%
Violent crime rate/100,000*	463.7
Percent with disability	14.1%

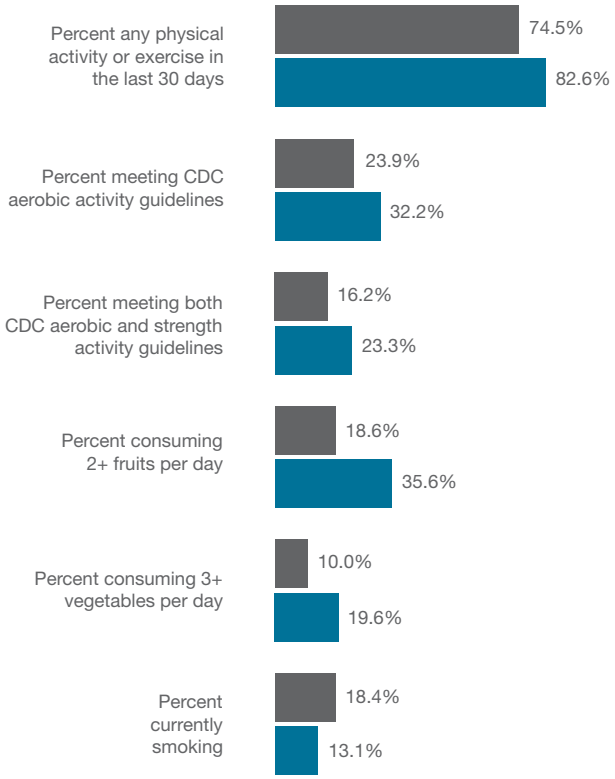
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

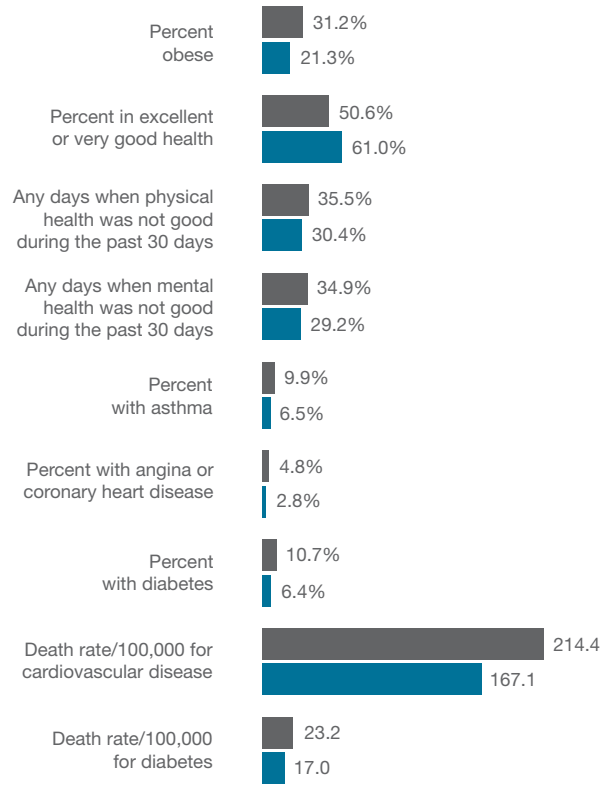
Personal Health Indicators – Score = 27.0; Rank = 47

Oklahoma City Target Goal*

Health Behaviors



Chronic Health Problems

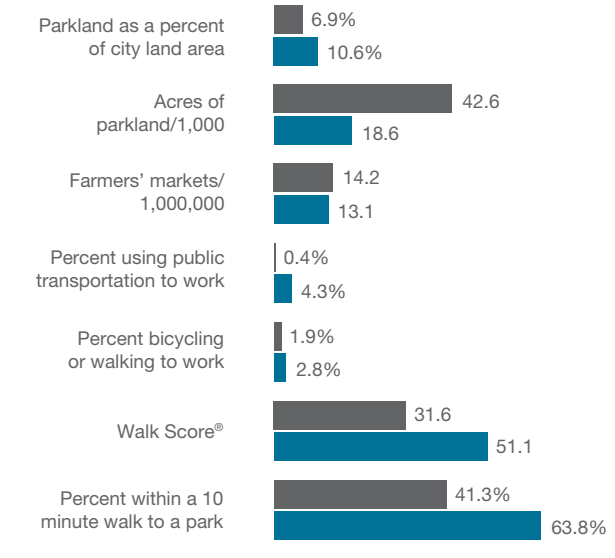


Community/Environmental Indicators – Score = 31.9; Rank = 48

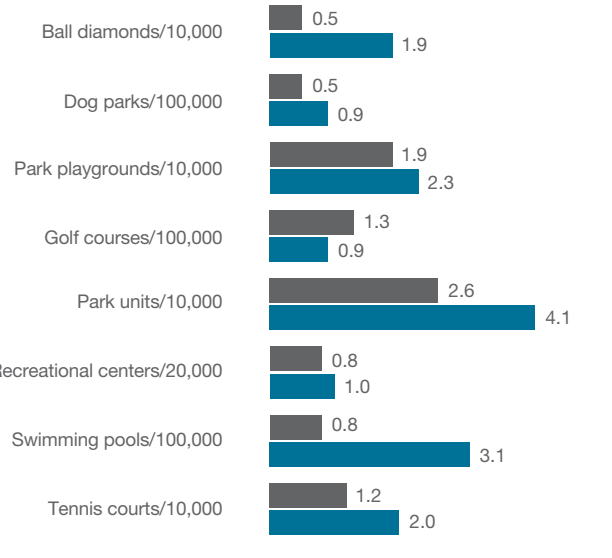
(note: most of these data were available only for the main city in the MSA)

Oklahoma City Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

ORLANDO, FL

(Orlando-Kissimmee-Sanford, FL MSA)

Total Score = 40.3; Rank = 43

Areas of Excellence (at or better than target goal):

- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer golf courses per capita

Description of Orlando-Kissimmee-Sanford, FL MSA

Population	2,321,418
Percent less than 18 years old	22.4%
Percent 18 to 64 years old	63.8%
Percent 65 years old and older	13.8%
Percent male	49.0%
Percent high school graduate or higher	88.8%
Percent White	71.5%
Percent Black or African American	16.3%
Percent Asian	4.2%
Percent Other Race	7.9%
Percent Hispanic/Latino	27.9%
Percent unemployed	5.1%
Median household income	$48,270.00
Percent of households below poverty level	12.0%
Violent crime rate/100,000*	685.4
Percent with disability	11.6%

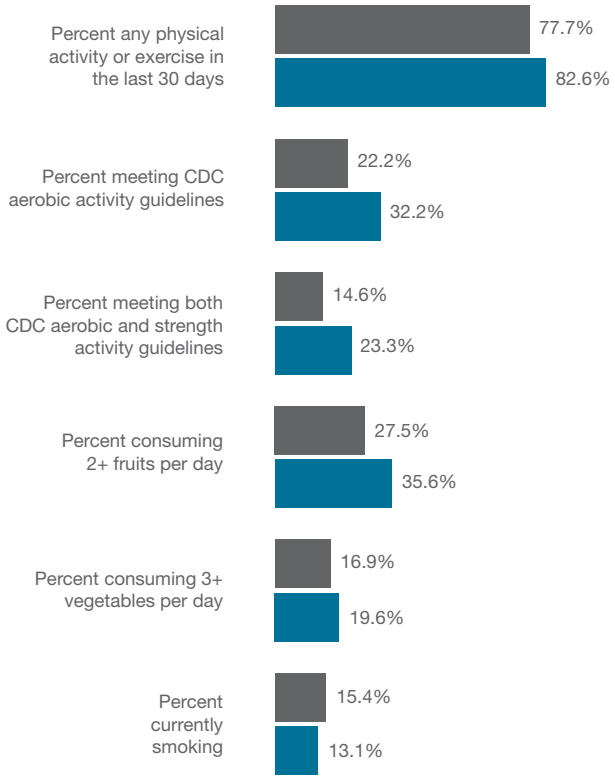
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

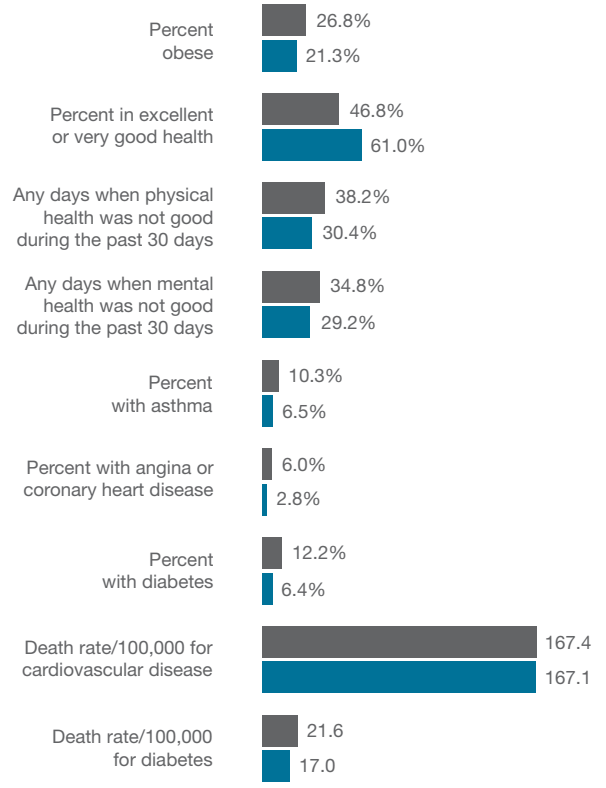
Personal Health Indicators – Score = 35.9; Rank = 40

Orlando Target Goal*

Health Behaviors



Chronic Health Problems

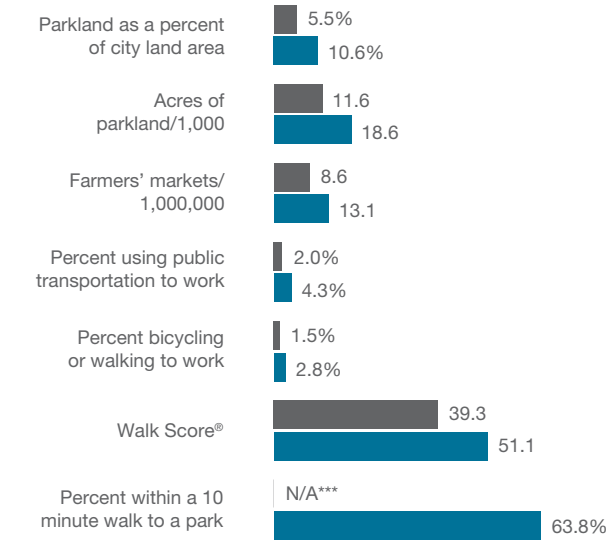


Community/Environmental Indicators – Score = 44.8; Rank = 35

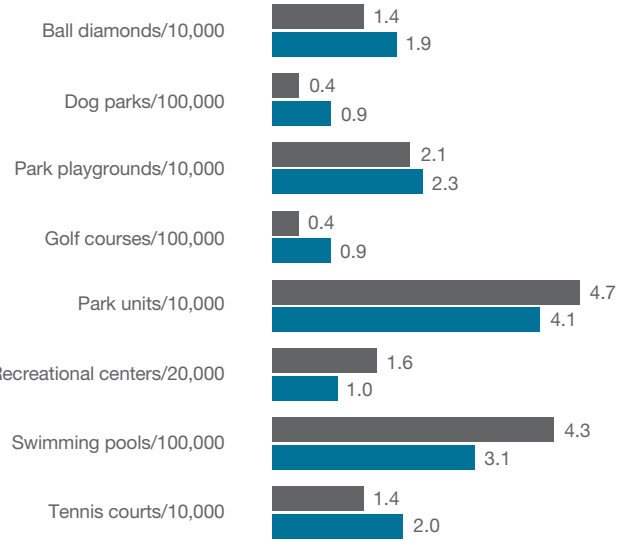
(note: most of these data were available only for the main city in the MSA)

Orlando Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

PHILADELPHIA, PA

(Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA)

Total Score = 52.3; Rank = 24

Areas of Excellence (at or better than target goal):

- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Lower park-related expenditures per capita

Description of Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA

Population	6,051,170
Percent less than 18 years old	22.3%
Percent 18 to 64 years old	63.2%
Percent 65 years old and older	14.5%
Percent male	48.3%
Percent high school graduate or higher	89.5%
Percent White	67.7%
Percent Black or African American	20.9%
Percent Asian	5.6%
Percent Other Race	5.8%
Percent Hispanic/Latino	8.8%
Percent unemployed	5.2%
Median household income	$62,171.00
Percent of households below poverty level	9.3%
Violent crime rate/100,000*	459.6
Percent with disability	12.2%

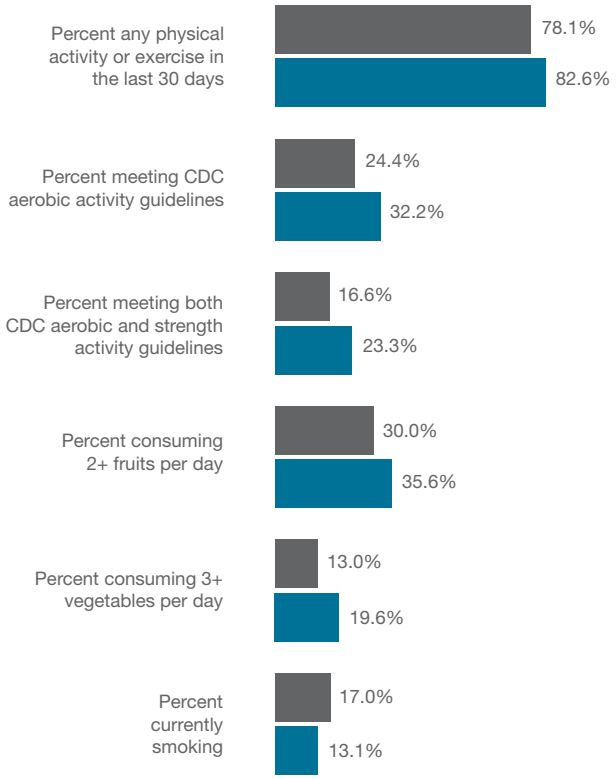
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

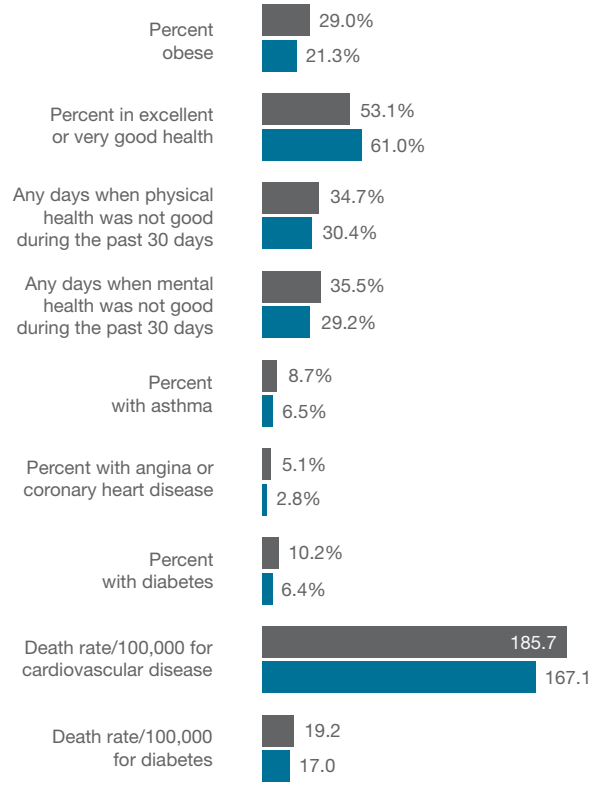
Personal Health Indicators – Score = 47.0; Rank = 29

Philadelphia Target Goal*

Health Behaviors



Chronic Health Problems

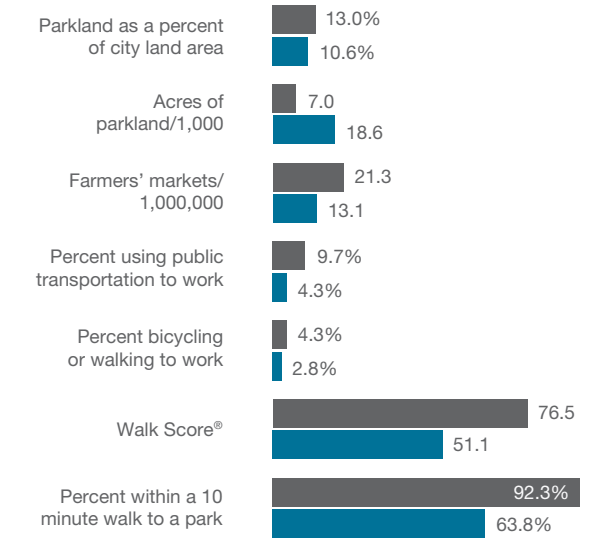


Community/Environmental Indicators – Score = 57.5; Rank = 24

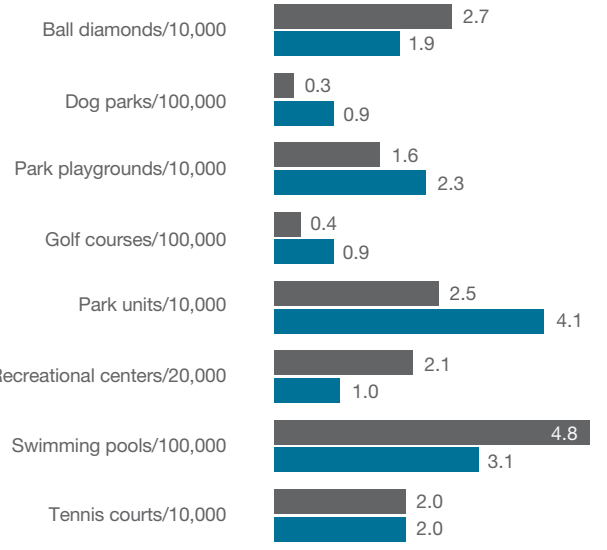
(note: most of these data were available only for the main city in the MSA)

Philadelphia Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

PHOENIX, AZ

(Phoenix-Mesa-Scottsdale, AZ MSA)

Total Score = 44.9; Rank = 34

Areas of Excellence (at or better than target goal):

- Lower death rate for cardiovascular disease
- Higher percent of city land area as parkland
- More acres of parkland per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of Phoenix-Mesa-Scottsdale, AZ MSA

Population	4,489,109
Percent less than 18 years old	25.0%
Percent 18 to 64 years old	60.8%
Percent 65 years old and older	14.2%
Percent male	49.7%
Percent high school graduate or higher	86.6%
Percent White	79.2%
Percent Black or African American	5.1%
Percent Asian	3.8%
Percent Other Race	12.0%
Percent Hispanic/Latino	30.2%
Percent unemployed	4.3%
Median household income	$53,365.00
Percent of households below poverty level	12.4%
Violent crime rate/100,000*	N/A‡
Percent with disability	11.2%

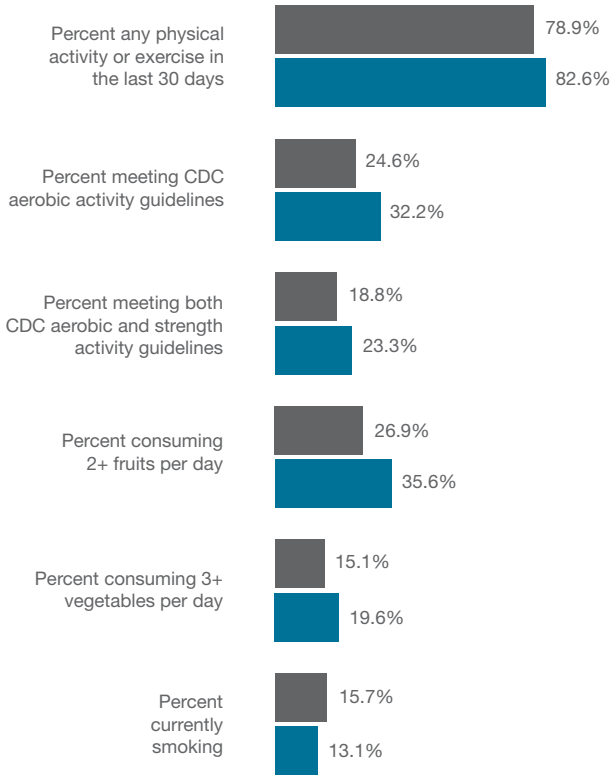
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.
‡This measure was not available.

ACSM American Fitness Index® Components

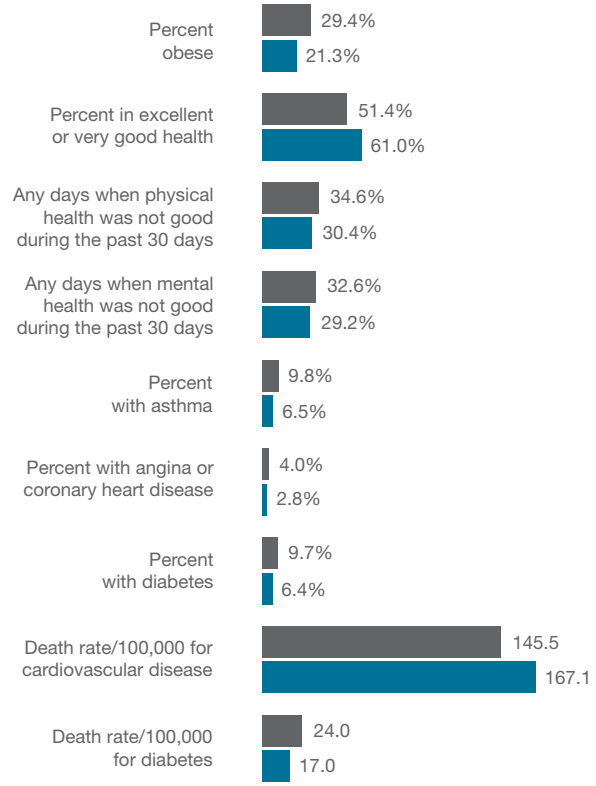
Personal Health Indicators – Score = 52.9; Rank = 21

Phoenix Target Goal*

Health Behaviors



Chronic Health Problems

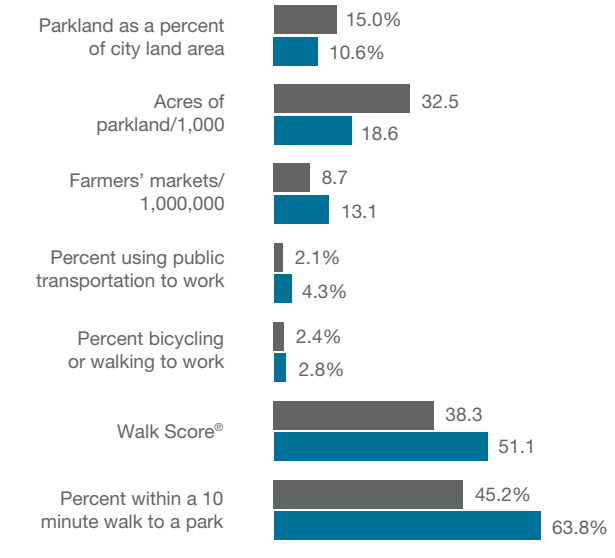


Community/Environmental Indicators – Score = 37.1; Rank = 41

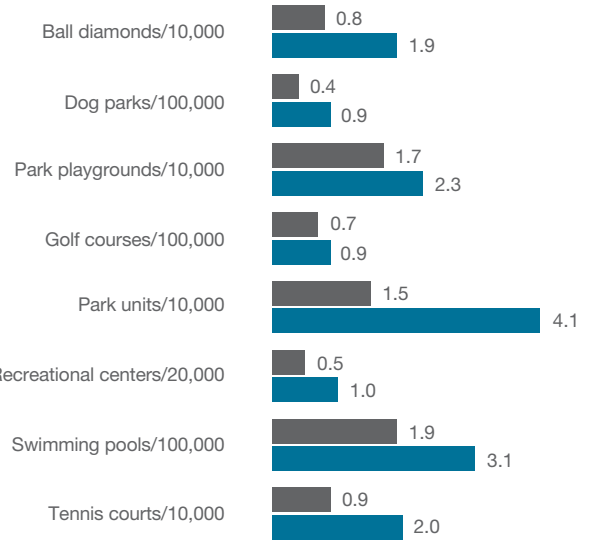
(note: most of these data were available only for the main city in the MSA)

Phoenix Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

PITTSBURGH, PA

(Pittsburgh, PA MSA)

Total Score = 51.3; Rank = 27

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer golf courses per capita
- Lower park-related expenditures per capita

Description of Pittsburgh, PA MSA

Population	2,355,968
Percent less than 18 years old	19.3%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	18.3%
Percent male	48.5%
Percent high school graduate or higher	93.0%
Percent White	87.1%
Percent Black or African American	8.3%
Percent Asian	2.1%
Percent Other Race	2.6%
Percent Hispanic/Latino	1.6%
Percent unemployed	3.9%
Median household income	$52,293.00
Percent of households below poverty level	8.7%
Violent crime rate/100,000*	287.2
Percent with disability	14.0%

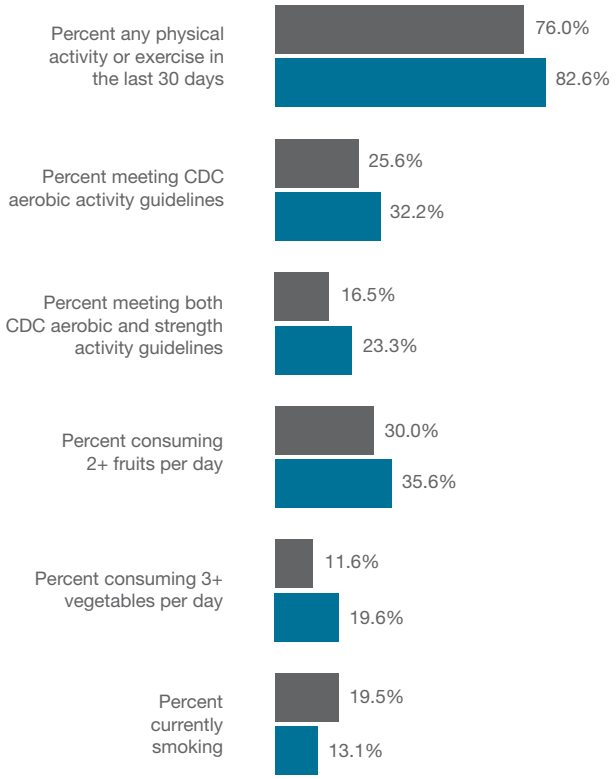
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

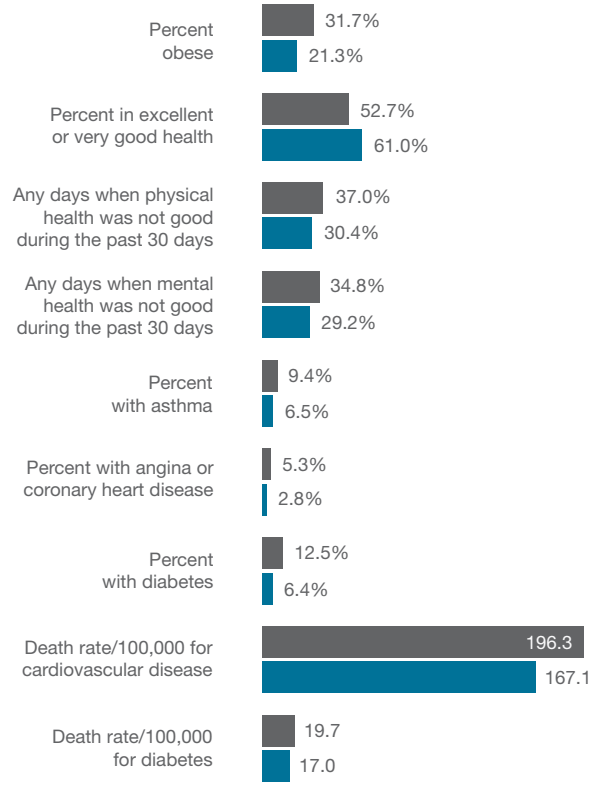
Personal Health Indicators – Score = 32.6 Rank = 41

Pittsburgh Target Goal*

Health Behaviors



Chronic Health Problems

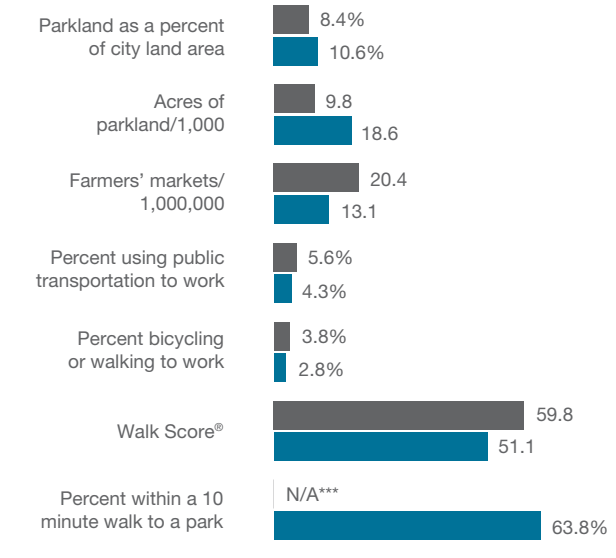


Community/Environmental Indicators – Score = 70.1; Rank = 5

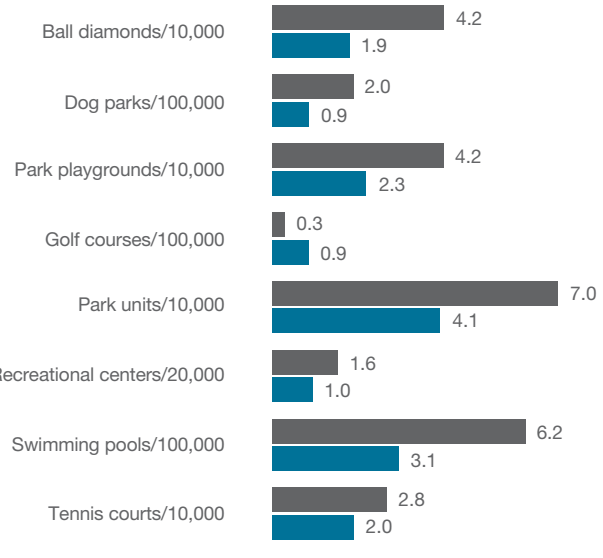
(note: most of these data were available only for the main city in the MSA)

Pittsburgh Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

PORTLAND, OR

(Portland-Vancouver-Hillsboro, OR-WA MSA)

Ranking: Total Score = 69.6; Rank = 4

Areas of Excellence (at or better than target goal):

- Higher percent of any physical activity or exercise in the last 30 days
- Higher percent meeting CDC aerobic activity guidelines
- Lower death rate for cardiovascular disease
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher park-related expenditures per capita

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer recreation centers per capita
- Fewer swimming pools per capita

Description of Portland-Vancouver-Hillsboro, OR-WA MSA

Population	2,348,247
Percent less than 18 years old	22.6%
Percent 18 to 64 years old	64.1%
Percent 65 years old and older	13.3%
Percent male	49.5%
Percent high school graduate or higher	91.0%
Percent White	81.4%
Percent Black or African American	2.7%
Percent Asian	6.1%
Percent Other Race	9.8%
Percent Hispanic/Latino	11.5%
Percent unemployed	4.8%
Median household income	$60,248.00
Percent of households below poverty level	9.1%
Violent crime rate/100,000*	258.7
Percent with disability	12.7%

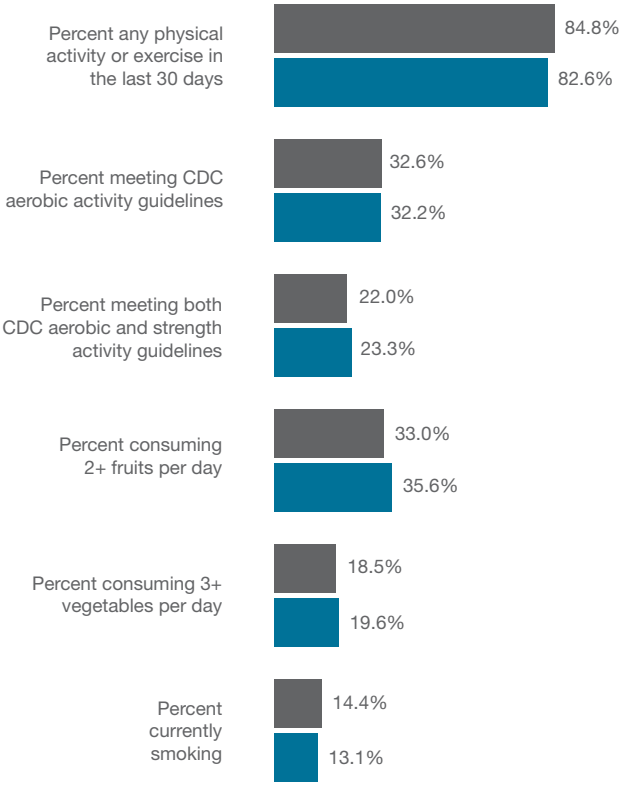
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

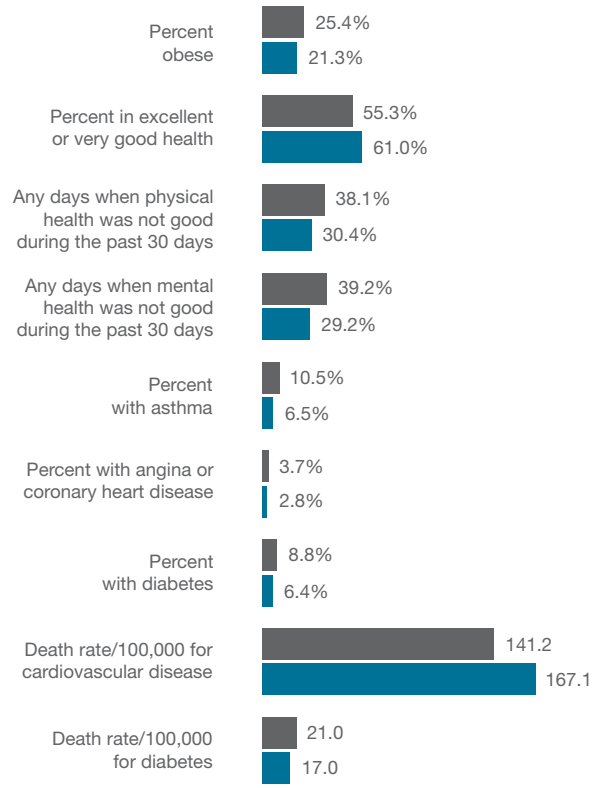
Personal Health Indicators – Score = 71.8; Rank = 8

Portland Target Goal*

Health Behaviors



Chronic Health Problems

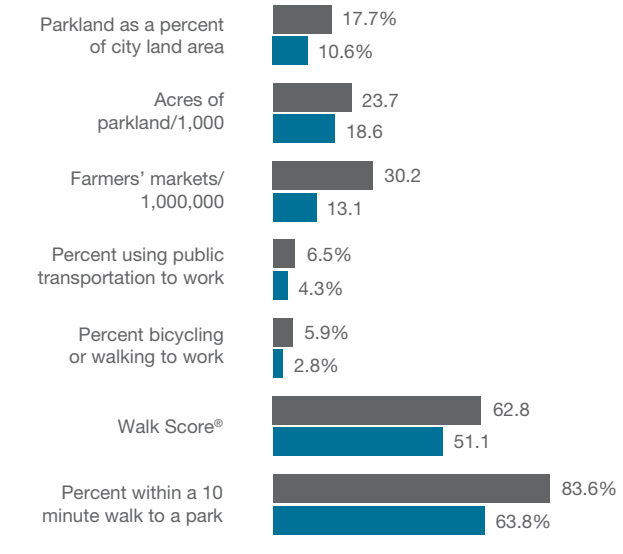


Community/Environmental Indicators – Score = 67.5; Rank = 6

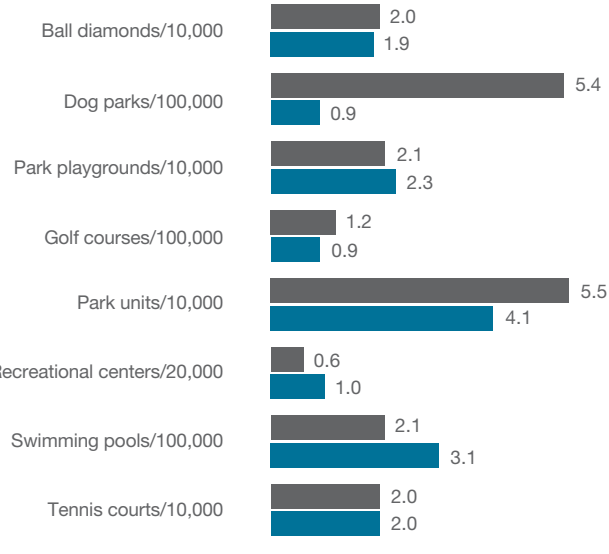
(note: most of these data were available only for the main city in the MSA)

Portland Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

PROVIDENCE, RI

(Providence-Warwick, RI-MA MSA)

Total Score = 54.2; Rank = 21

Areas of Excellence (at or better than target goal):

- Lower death rate for diabetes
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher Walk Score®
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More park units per capita
- More recreation centers per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer golf courses per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Providence-Warwick, RI-MA MSA

Population	1,609,367
Percent less than 18 years old	20.5%
Percent 18 to 64 years old	63.7%
Percent 65 years old and older	15.8%
Percent male	48.4%
Percent high school graduate or higher	84.6%
Percent White	82.8%
Percent Black or African American	5.8%
Percent Asian	2.9%
Percent Other Race	8.4%
Percent Hispanic/Latino	11.6%
Percent unemployed	4.8%
Median household income	$55,836.00
Percent of households below poverty level	9.9%
Violent crime rate/100,000*	328.9
Percent with disability	14.0%

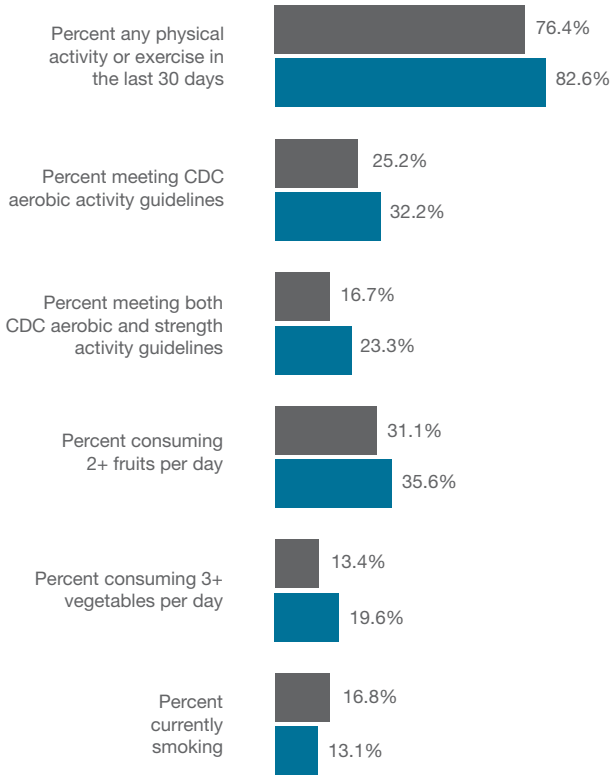
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

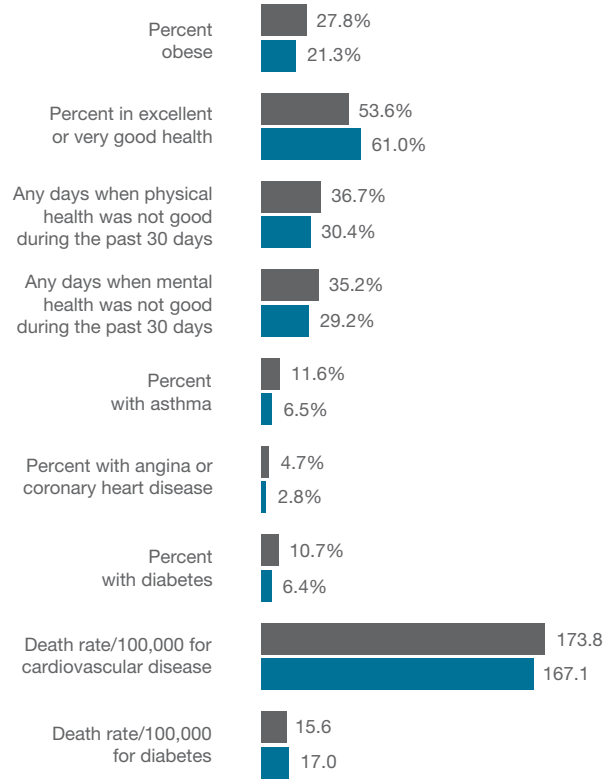
Personal Health Indicators – Score = 46.9; Rank = 30

Providence Target Goal*

Health Behaviors



Chronic Health Problems

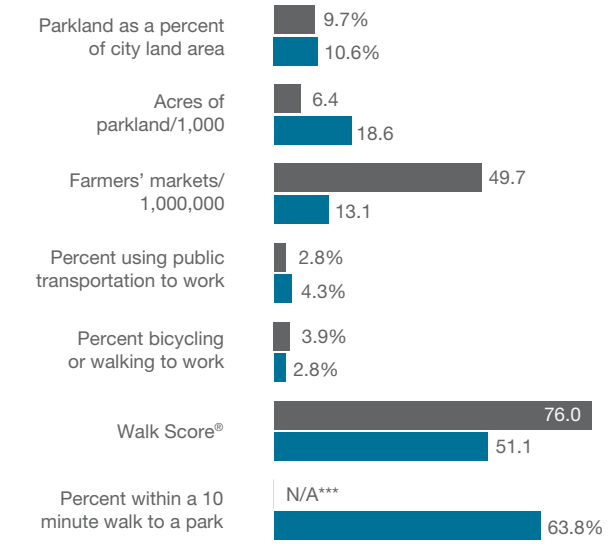


Community/Environmental Indicators – Score = 61.6; Rank = 16

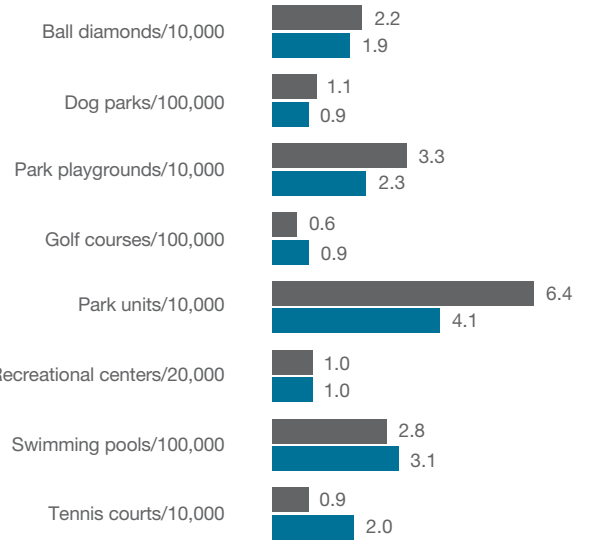
(note: most of these data were available only for the main city in the MSA)

Providence Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

RALEIGH, NC

(Raleigh, NC MSA)

Total Score = 59.3; Rank = 15.5

Areas of Excellence (at or better than target goal):

- Higher percent of any physical activity or exercise in the last 30 days
- Higher percent in excellent or very good health
- Lower percent with asthma
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- More park units per capita
- More recreation centers per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Fewer ball diamonds per capita
- Fewer golf courses per capita
- Fewer swimming pools per capita

Description of Raleigh, NC MSA

Population	1,242,974
Percent less than 18 years old	25.2%
Percent 18 to 64 years old	64.2%
Percent 65 years old and older	10.6%
Percent male	48.7%
Percent high school graduate or higher	91.1%
Percent White	68.4%
Percent Black or African American	19.8%
Percent Asian	5.2%
Percent Other Race	6.5%
Percent Hispanic/Latino	10.4%
Percent unemployed	3.9%
Median household income	$62,313.00
Percent of households below poverty level	9.1%
Violent crime rate/100,000*	N/A‡
Percent with disability	9.6%

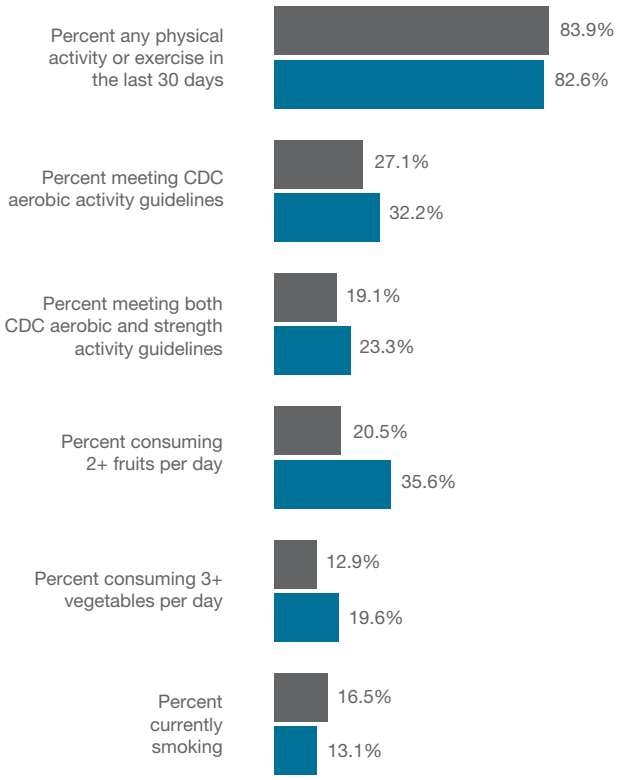
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.
‡This measure was not available.

ACSM American Fitness Index® Components

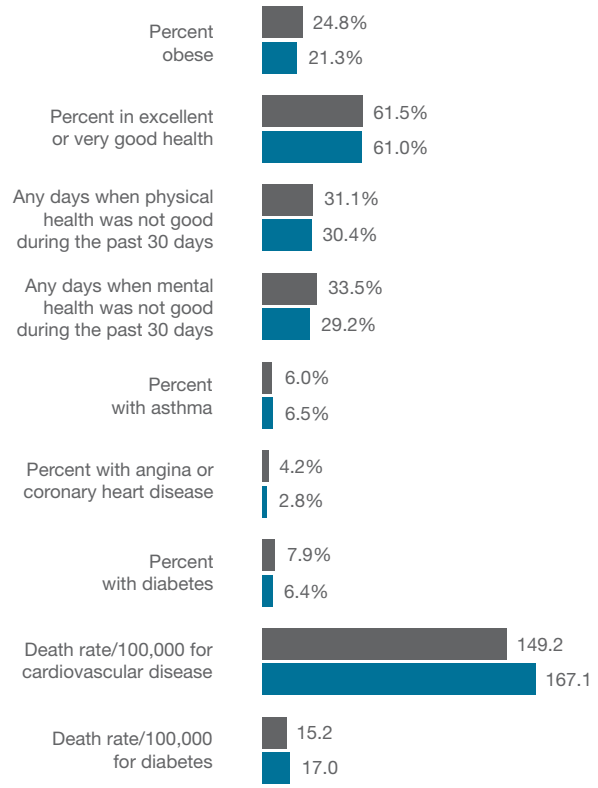
Personal Health Indicators – Score = 68.2; Rank = 12

Raleigh Target Goal*

Health Behaviors



Chronic Health Problems

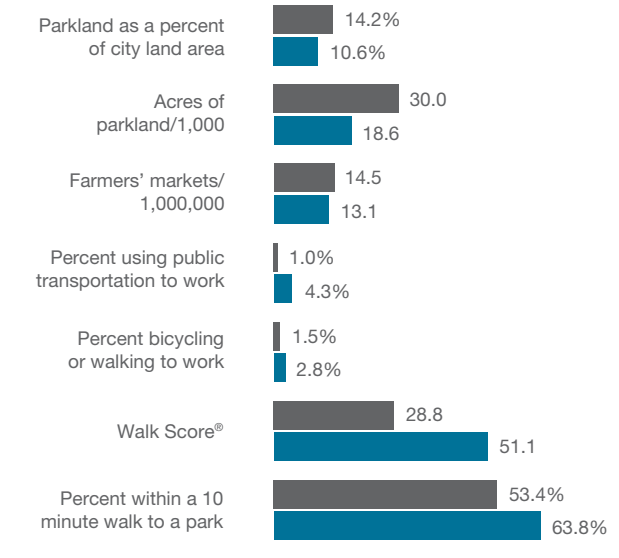


Community/Environmental Indicators – Score = 50.7; Rank = 30

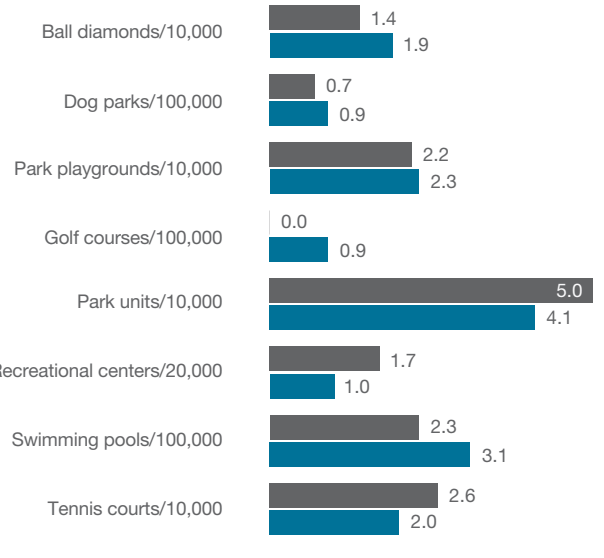
(note: most of these data were available only for the main city in the MSA)

Raleigh Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

RICHMOND, VA

(Richmond, VA MSA)

Total Score = 55.1; Rank = 18

Areas of Excellence (at or better than target goal):

- Lower death rate of diabetes
- More farmers' markets per capita
- More dog parks per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer golf courses per capita

Description of Richmond, VA MSA

Population	1,260,029
Percent less than 18 years old	22.3%
Percent 18 to 64 years old	64.1%
Percent 65 years old and older	13.6%
Percent male	48.7%
Percent high school graduate or higher	88.4%
Percent White	62.1%
Percent Black or African American	29.7%
Percent Asian	3.8%
Percent Other Race	4.4%
Percent Hispanic/Latino	5.7%
Percent unemployed	4.7%
Median household income	$60,936.00
Percent of households below poverty level	8.3%
Violent crime rate/100,000*	232.2
Percent with disability	11.7%

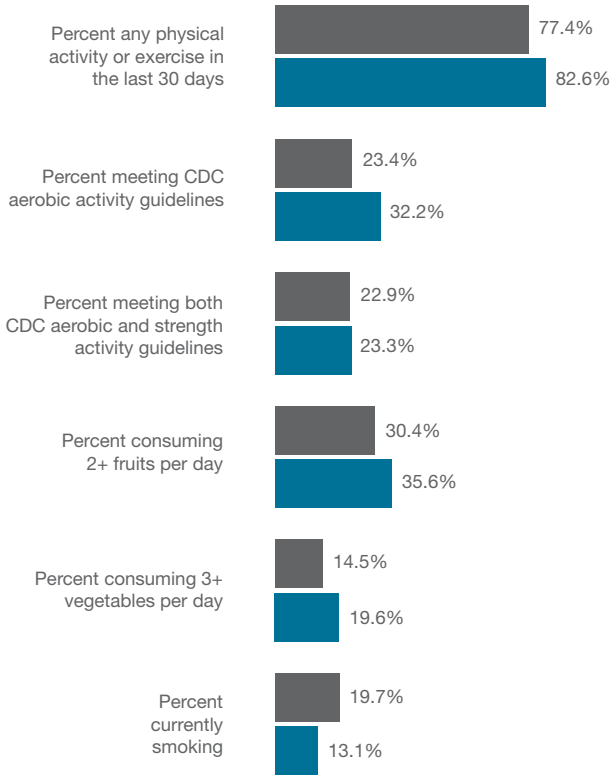
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

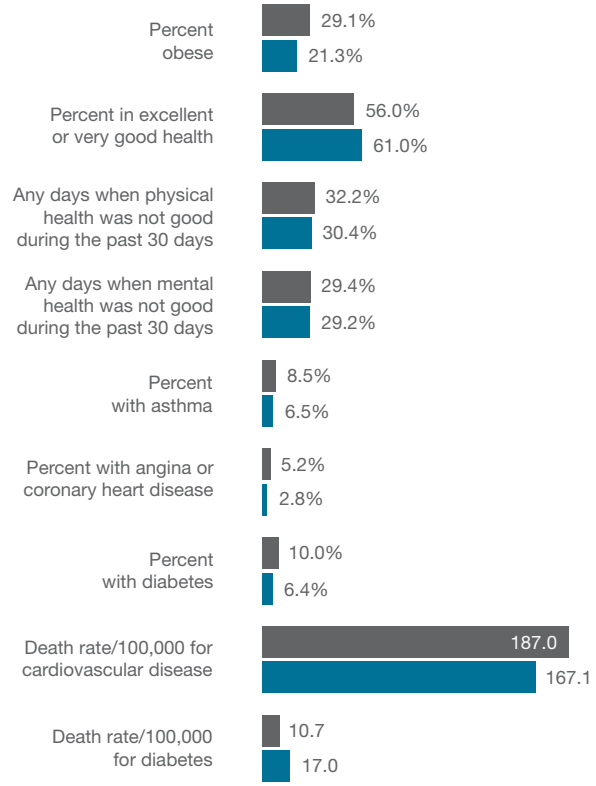
Personal Health Indicators – Score = 57.3; Rank = 18

Richmond Target Goal*

Health Behaviors



Chronic Health Problems

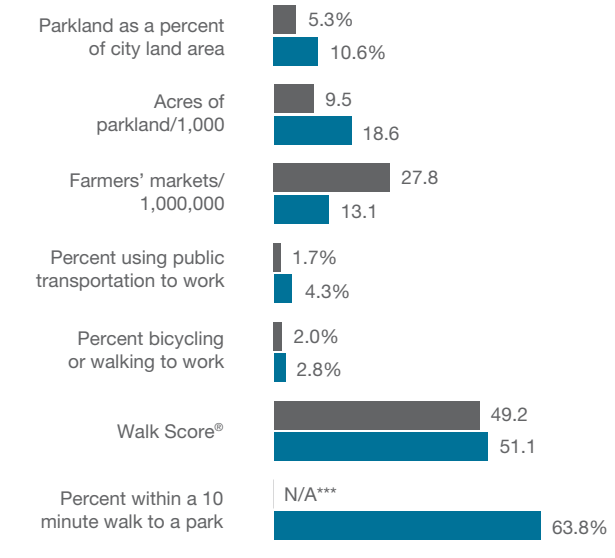


Community/Environmental Indicators – Score = 52.8; Rank = 28

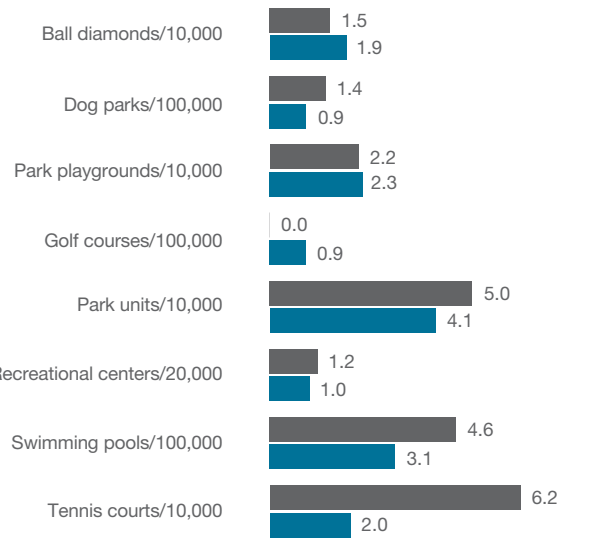
(note: most of these data were available only for the main city in the MSA)

Richmond Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

RIVERSIDE, CA

(Riverside-San Bernardino-Ontario, CA MSA)

Total Score = 42.7; Rank = 36

Areas of Excellence (at or better than target goal):

- Higher percent consuming 3+ vegetables per day
- More dog parks per capita
- More recreation centers per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Riverside-San Bernardino-Ontario, CA MSA

Population	4,441,890
Percent less than 18 years old	26.8%
Percent 18 to 64 years old	61.4%
Percent 65 years old and older	11.8%
Percent male	49.7%
Percent high school graduate or higher	79.7%
Percent White	62.1%
Percent Black or African American	7.2%
Percent Asian	6.6%
Percent Other Race	24.1%
Percent Hispanic/Latino	49.4%
Percent unemployed	6.8%
Median household income	$54,586.00
Percent of households below poverty level	14.7%
Violent crime rate/100,000*	327.5
Percent with disability	11.0%

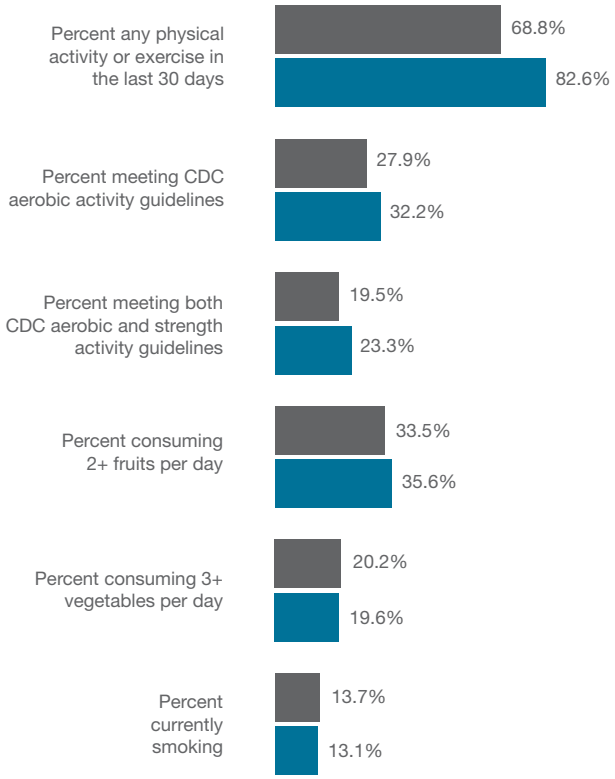
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

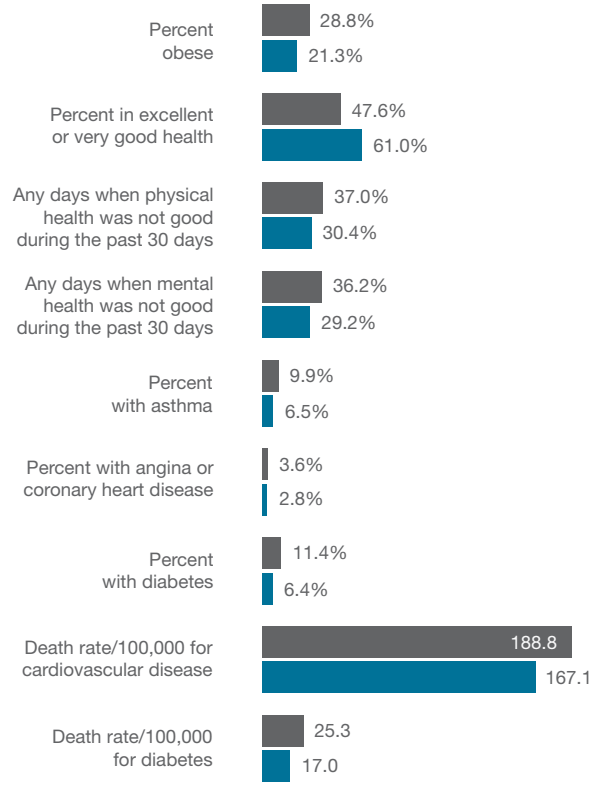
Personal Health Indicators – Score = 50.5; Rank = 23

Riverside Target Goal*

Health Behaviors



Chronic Health Problems

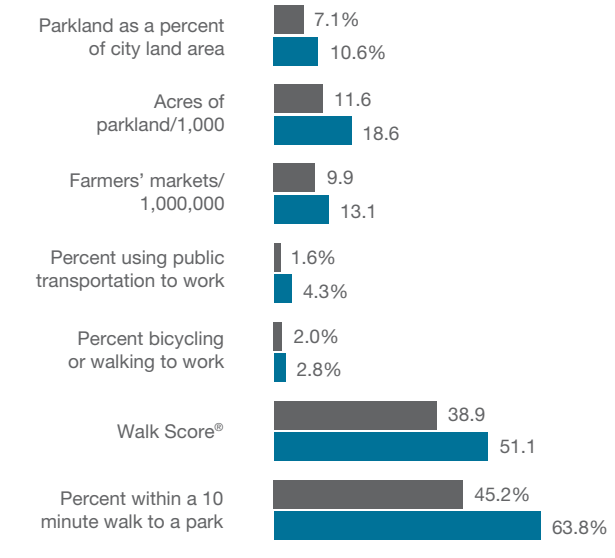


Community/Environmental Indicators – Score = 35.3; Rank = 44

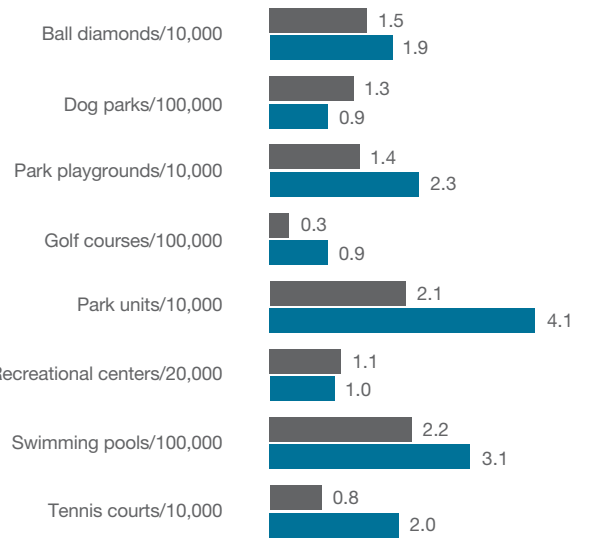
(note: most of these data were available only for the main city in the MSA)

Riverside Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SACRAMENTO, CA

(Sacramento-Roseville-Arden-Arcade, CA MSA)

Total Score = 62.4; Rank = 13

Areas of Excellence (at or better than target goal):

- Higher percent meeting both CDC aerobic and strength activity guidelines
- Higher percent consuming 2+ fruits per day
- Higher percent consuming 3+ vegetables per day
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer tennis courts per capita

Description of Sacramento-Roseville-Arden-Arcade, CA MSA

Population	2,244,397
Percent less than 18 years old	23.6%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	13.9%
Percent male	49.0%
Percent high school graduate or higher	88.4%
Percent White	65.8%
Percent Black or African American	7.3%
Percent Asian	13.0%
Percent Other Race	13.9%
Percent Hispanic/Latino	21.0%
Percent unemployed	5.4%
Median household income	$60,015.00
Percent of households below poverty level	11.4%
Violent crime rate/100,000*	410.6
Percent with disability	12.7%

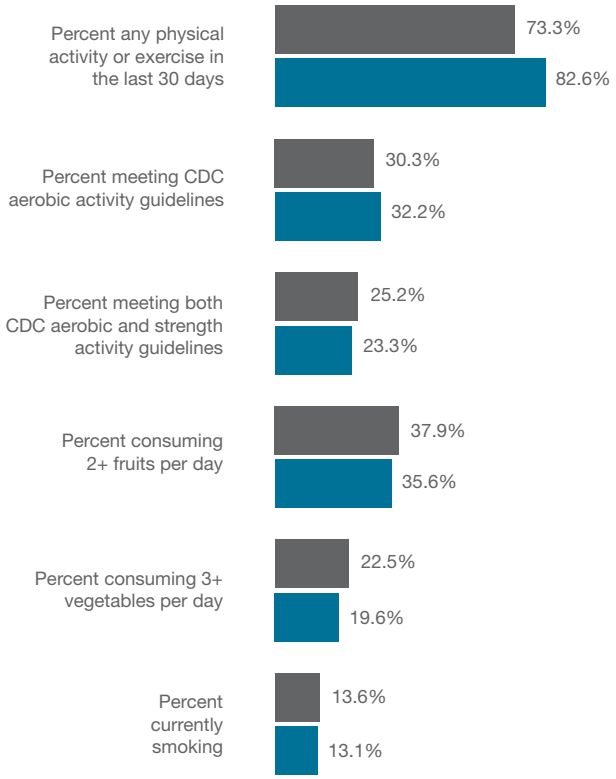
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

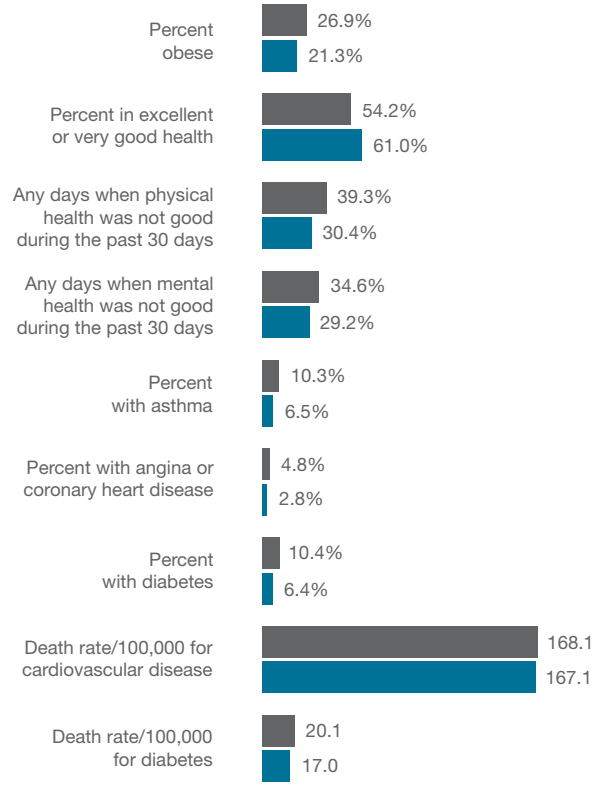
Personal Health Indicators – Score = 63.1; Rank = 15

Sacramento | Target Goal*

Health Behaviors



Chronic Health Problems

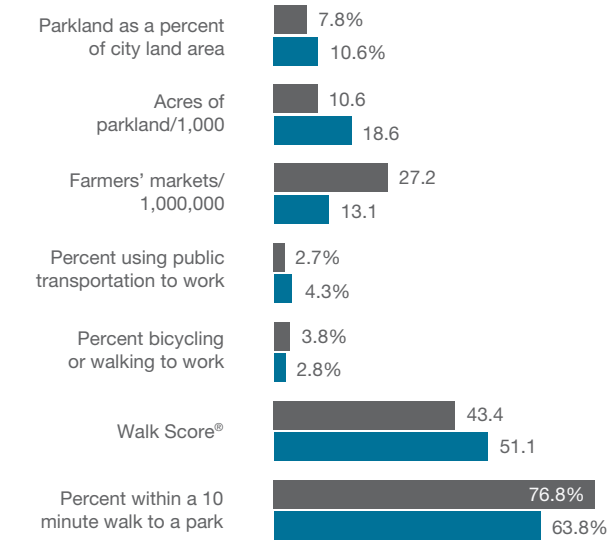


Community/Environmental Indicators – Score = 61.7; Rank = 15

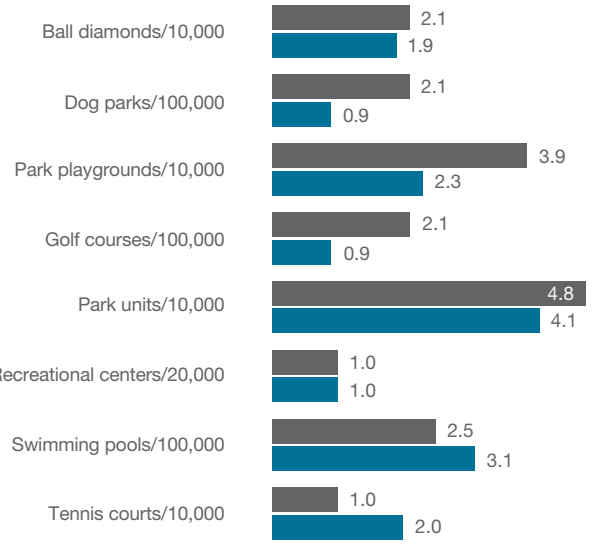
(note: most of these data were available only for the main city in the MSA)

Sacramento | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SAINT LOUIS, MO

(Saint Louis, MO-IL MSA)

Total Score = 50.9; Rank = 28

Areas of Excellence (at or better than target goal):

- More farmers' markets per capita
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer recreation centers per capita

Description of Saint Louis, MO-IL MSA

Population	2,806,207
Percent less than 18 years old	22.8%
Percent 18 to 64 years old	62.3%
Percent 65 years old and older	14.9%
Percent male	48.3%
Percent high school graduate or higher	91.0%
Percent White	76.4%
Percent Black or African American	18.3%
Percent Asian	2.3%
Percent Other Race	3.0%
Percent Hispanic/Latino	2.8%
Percent unemployed	4.6%
Median household income	$55,535.00
Percent of households below poverty level	9.2%
Violent crime rate/100,000*	429.8
Percent with disability	12.5%

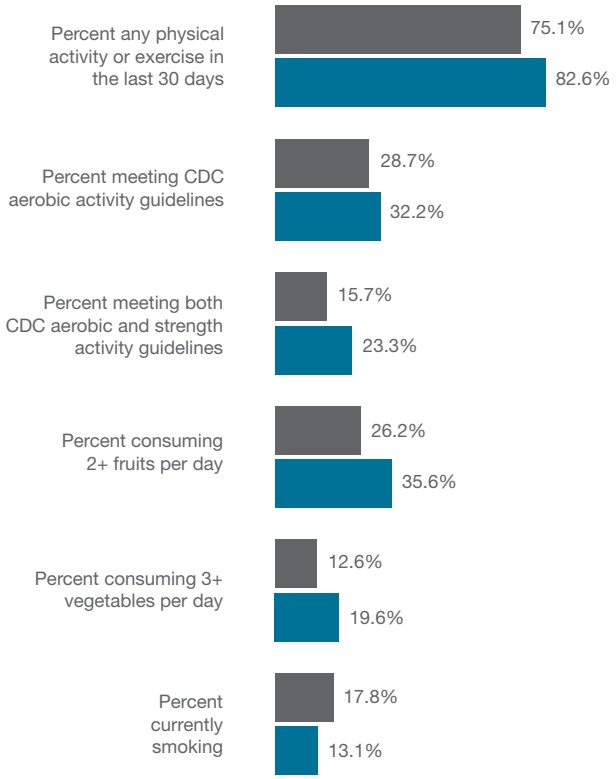
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

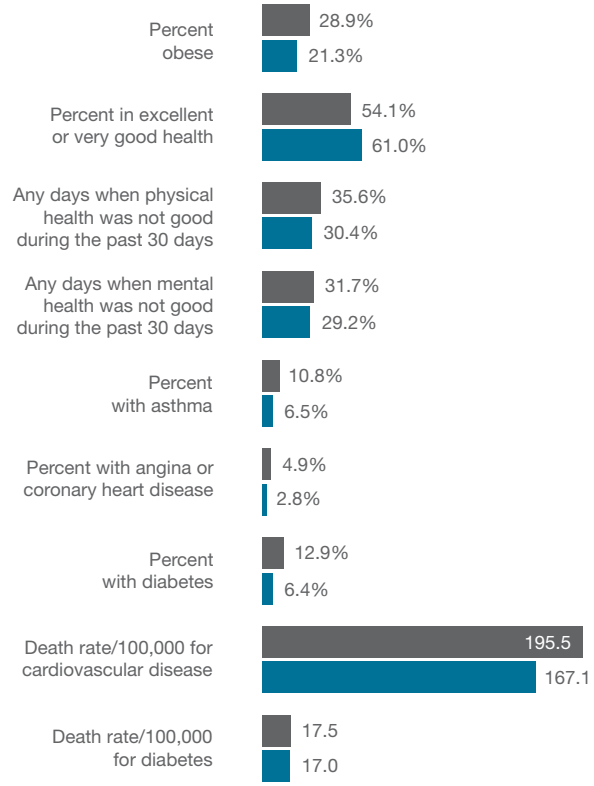
Personal Health Indicators – Score = 39.1; Rank = 36

Saint Louis | Target Goal*

Health Behaviors



Chronic Health Problems

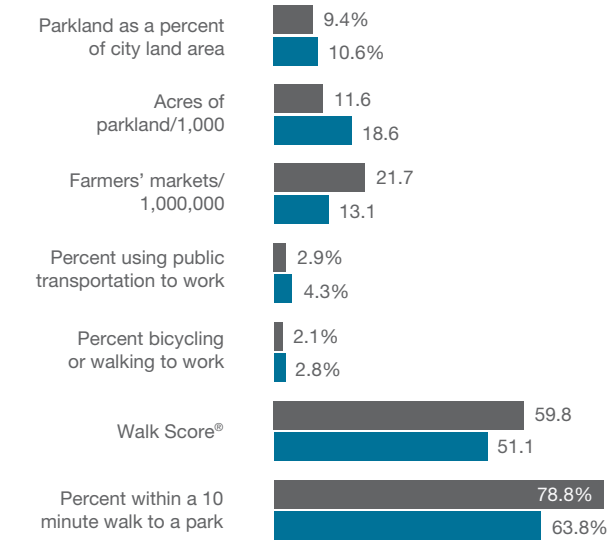


Community/Environmental Indicators – Score = 62.3; Rank = 12

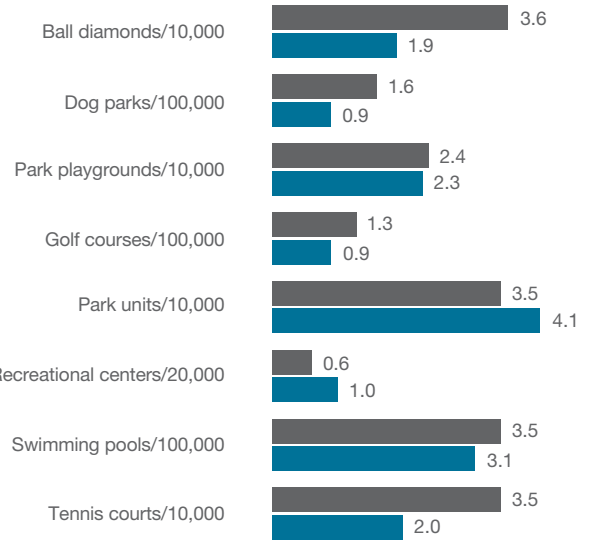
(note: most of these data were available only for the main city in the MSA)

Saint Louis | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SALT LAKE CITY, UT

(Salt Lake City, UT MSA)

Total Score = 65.5; Rank = 8

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower percent with angina or coronary heart disease
- Lower death rate for cardiovascular disease
- Higher percent bicycling or walking to work
- Higher Walk Score®
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita

Description of Salt Lake City, UT MSA

Population	1,153,340
Percent less than 18 years old	28.7%
Percent 18 to 64 years old	61.7%
Percent 65 years old and older	9.6%
Percent male	50.3%
Percent high school graduate or higher	89.6%
Percent White	81.5%
Percent Black or African American	1.7%
Percent Asian	3.6%
Percent Other Race	13.2%
Percent Hispanic/Latino	17.5%
Percent unemployed	3.5%
Median household income	$62,642.00
Percent of households below poverty level	8.4%
Violent crime rate/100,000*	348.0
Percent with disability	9.2%

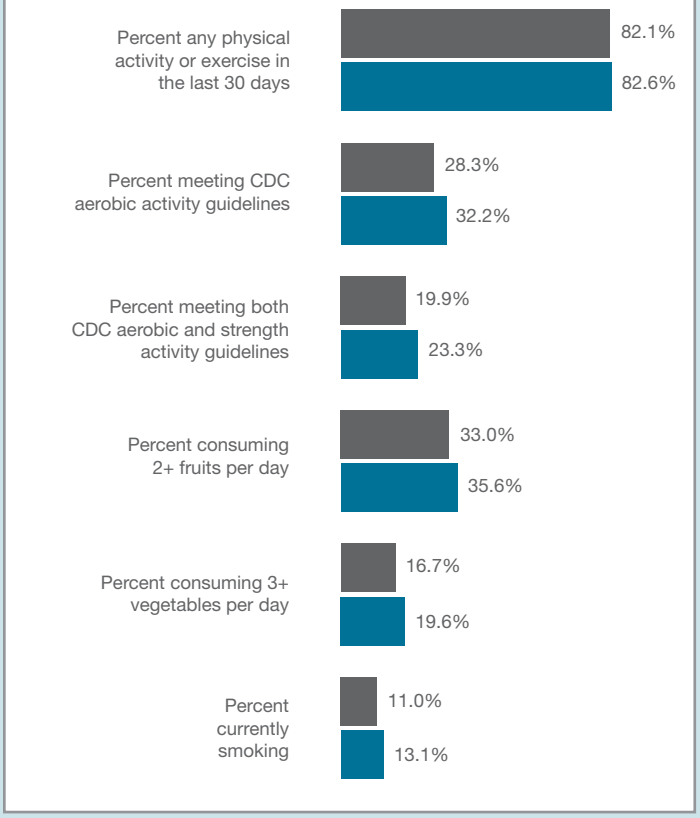
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

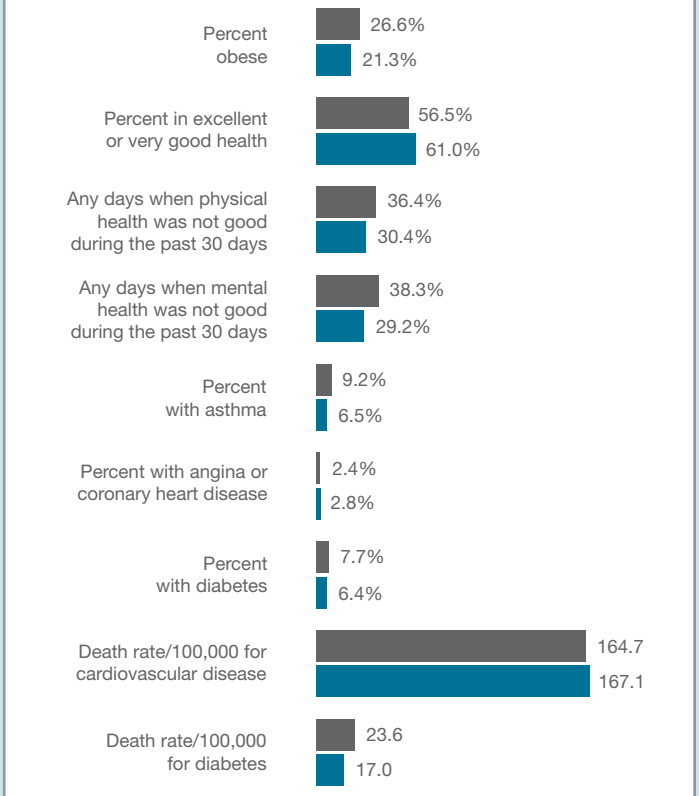
Personal Health Indicators – Score = 73.6; Rank = 6

Salt Lake City Target Goal*

Health Behaviors



Chronic Health Problems

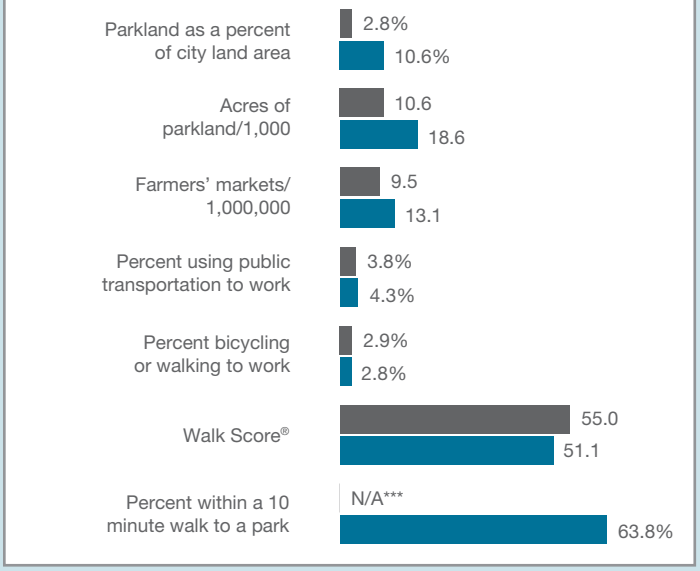


Community/Environmental Indicators – Score = 57.3; Rank = 25

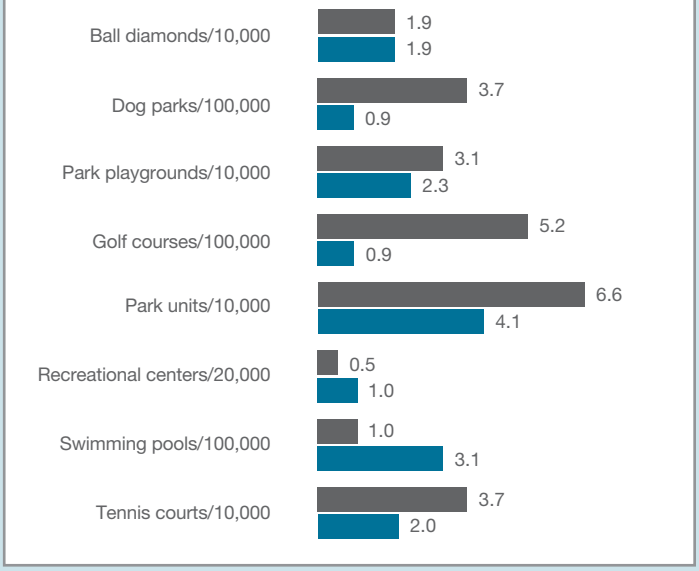
(note: most of these data were available only for the main city in the MSA)

Salt Lake City Target Goal**

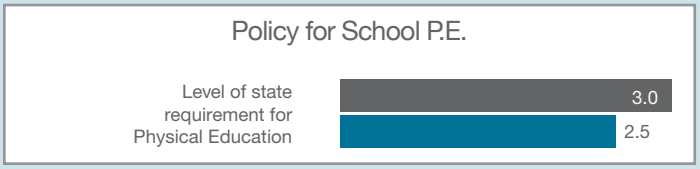
Built Environment



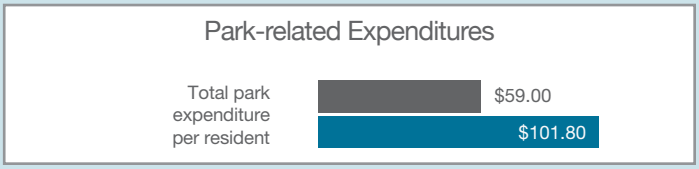
Recreational Facilities



Policy for School P.E.



Park-related Expenditures



*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.
***This measure was unavailable for this MSA. The community/environmental indicator score and total score were adjusted to allow fair comparisons with other MSAs.

SAN ANTONIO, TX

(San Antonio-New Braunfels, TX MSA)

Total Score = 35.0; Rank = 45

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower percent of days when physical health was not good during the past 30 days
- Lower percent of days when mental health was not good during the past 30 days
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of San Antonio- New Braunfels, TX MSA

Population	2,328,652
Percent less than 18 years old	25.9%
Percent 18 to 64 years old	62.0%
Percent 65 years old and older	12.1%
Percent male	49.2%
Percent high school graduate or higher	84.0%
Percent White	80.8%
Percent Black or African American	6.7%
Percent Asian	2.3%
Percent Other Race	10.1%
Percent Hispanic/Latino	54.7%
Percent unemployed	4.0%
Median household income	$52,689.00
Percent of households below poverty level	13.0%
Violent crime rate/100,000*	404.9
Percent with disability	13.8%

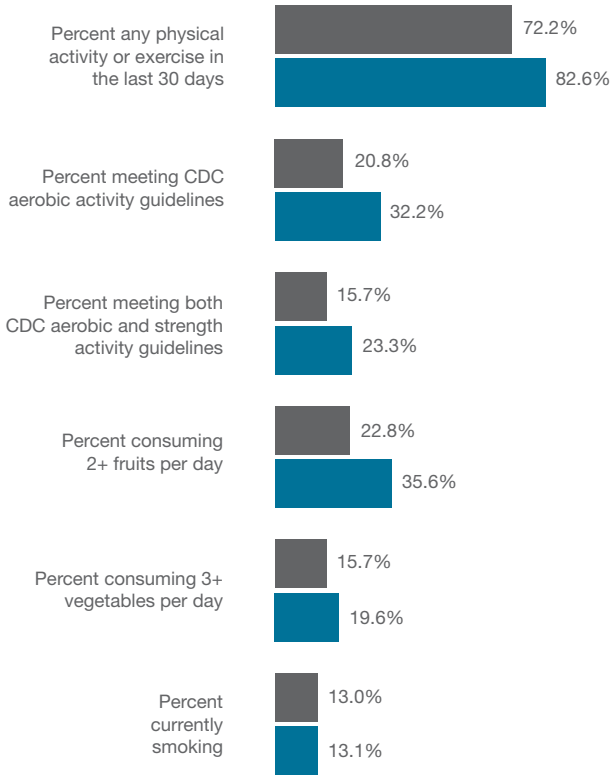
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

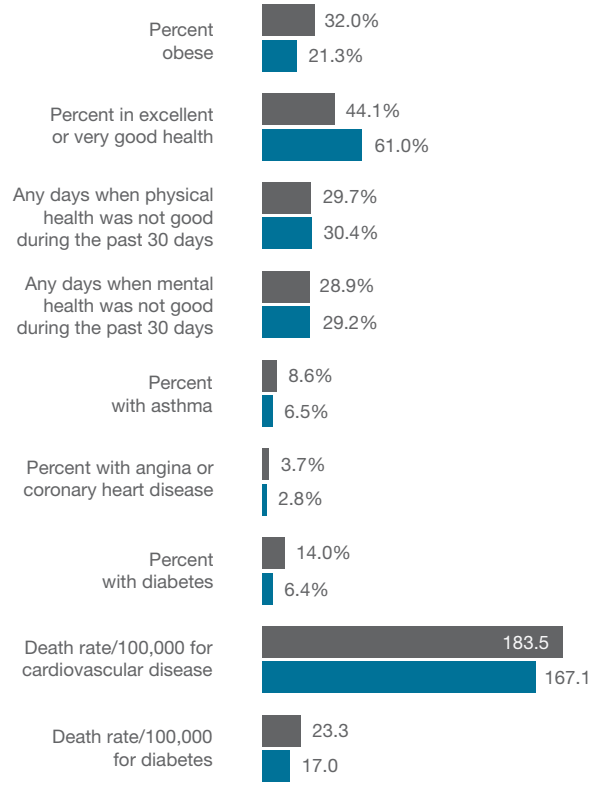
Personal Health Indicators – Score = 37.8; Rank = 39

San Antonio | Target Goal*

Health Behaviors



Chronic Health Problems

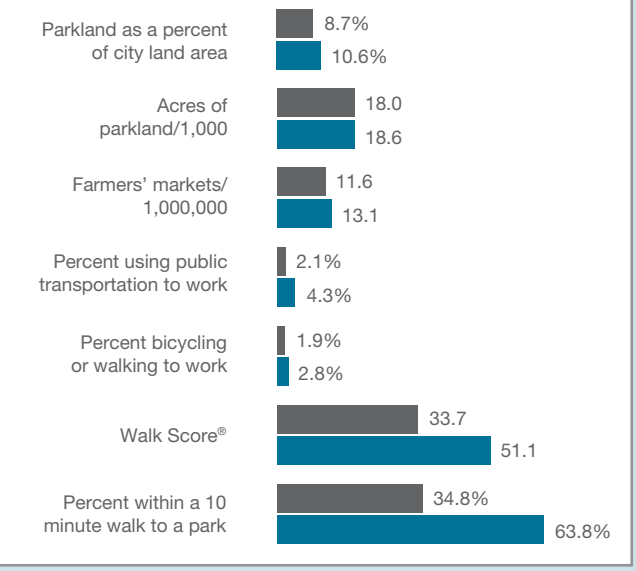


Community/Environmental Indicators – Score = 32.3; Rank = 47

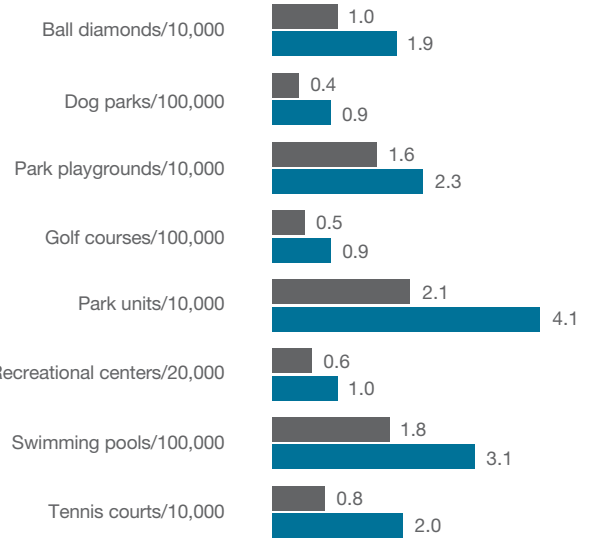
(note: most of these data were available only for the main city in the MSA)

San Antonio | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SAN DIEGO, CA

(San Diego-Carlsbad, CA MSA)

Total Score = 64.1 Rank = 10

Areas of Excellence (at or better than target goal):

- Higher percent meeting CDC aerobic activity guidelines
- Higher percent meeting both CDC aerobic and strength activity guidelines
- Higher percent consuming 2+ fruits per day
- Higher percent consuming 3+ vegetables per day
- Lower percent currently smoking
- Lower percent with asthma
- Lower death rate for cardiovascular disease
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More recreation centers per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with diabetes
- Lower percent using public transportation to work
- Fewer golf courses per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of San Diego-Carlsbad, CA MSA

Population	3,263,431
Percent less than 18 years old	22.3%
Percent 18 to 64 years old	65.0%
Percent 65 years old and older	12.7%
Percent male	50.3%
Percent high school graduate or higher	86.6%
Percent White	70.9%
Percent Black or African American	5.0%
Percent Asian	11.6%
Percent Other Race	12.5%
Percent Hispanic/Latino	33.2%
Percent unemployed	4.6%
Median household income	$66,192.00
Percent of households below poverty level	10.7%
Violent crime rate/100,000*	325.2
Percent with disability	9.7%

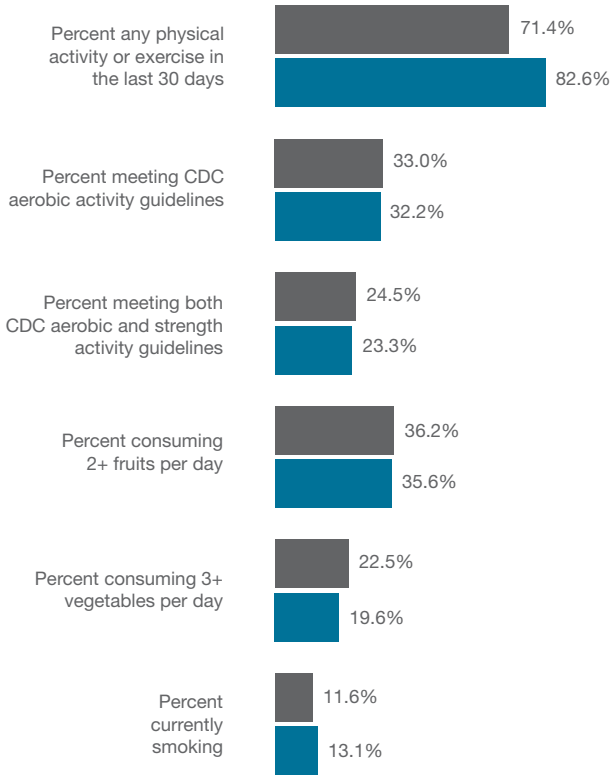
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

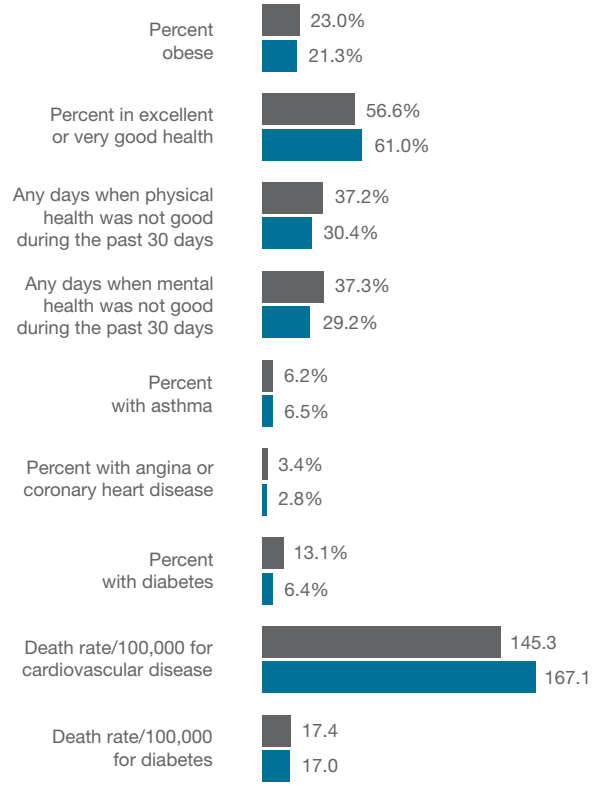
Personal Health Indicators – Score = 70.8; Rank = 10

San Diego Target Goal*

Health Behaviors



Chronic Health Problems

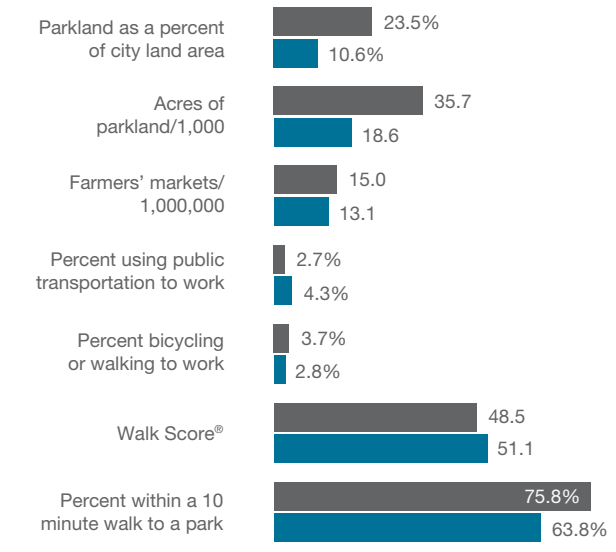


Community/Environmental Indicators – Score = 57.6; Rank = 23

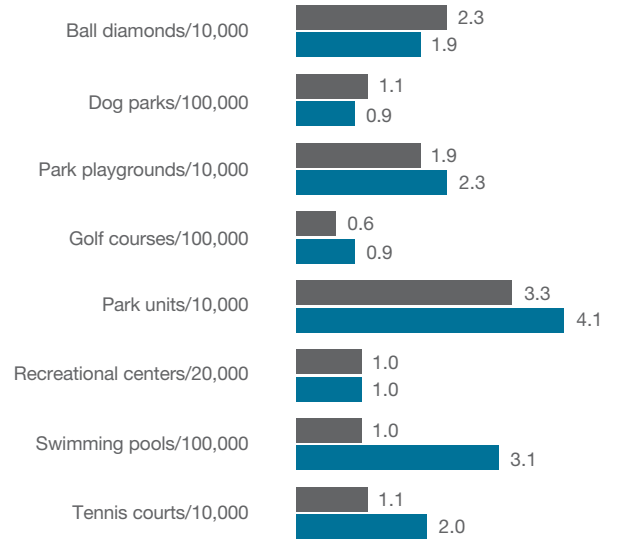
(note: most of these data were available only for the main city in the MSA)

San Diego Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SAN FRANCISCO, CA

(San Francisco-Oakland-Hayward, CA MSA)

Total Score = 69.3; Rank = 5

Areas of Excellence (at or better than target goal):

- Higher percent consuming 3+ vegetables per day
- Lower percent currently smoking
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More dog parks per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer ball diamonds per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

Description of San Francisco-Oakland-Hayward, CA MSA

Population	4,594,060
Percent less than 18 years old	20.4%
Percent 18 to 64 years old	65.6%
Percent 65 years old and older	14.0%
Percent male	49.3%
Percent high school graduate or higher	88.1%
Percent White	51.9%
Percent Black or African American	7.6%
Percent Asian	24.7%
Percent Other Race	15.8%
Percent Hispanic/Latino	21.9%
Percent unemployed	4.3%
Median household income	$83,222.00
Percent of households below poverty level	6.8%
Violent crime rate/100,000*	498.1
Percent with disability	9.9%

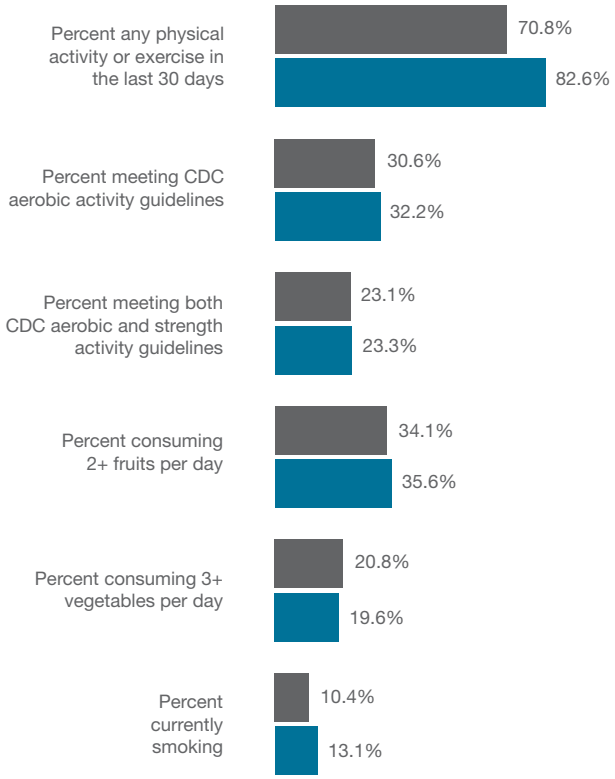
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

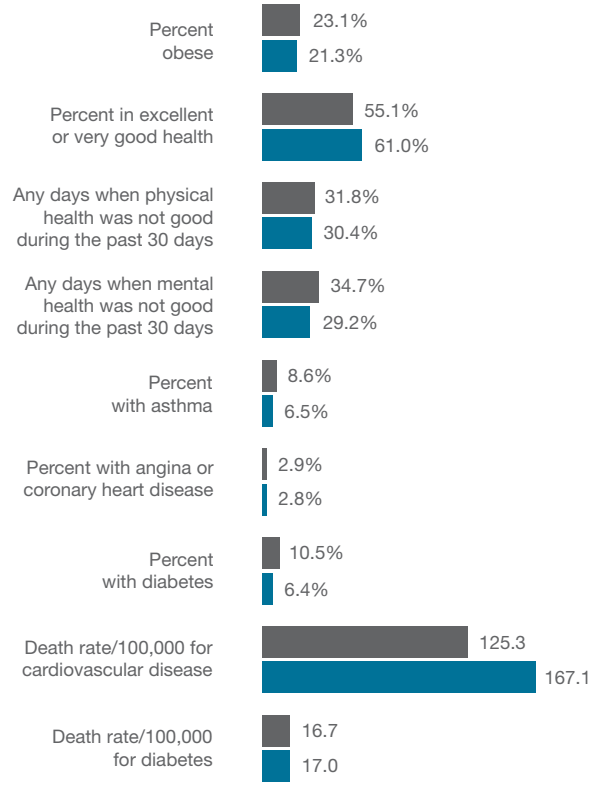
Personal Health Indicators – Score = 77.3; Rank = 3

San Francisco Target Goal*

Health Behaviors



Chronic Health Problems

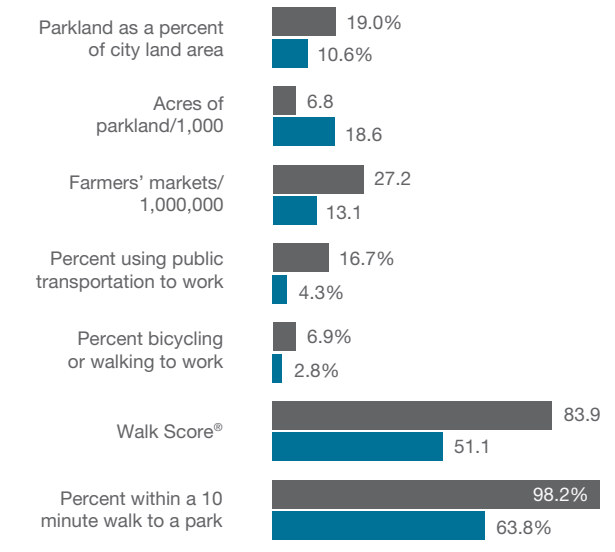


Community/Environmental Indicators – Score = 61.5; Rank = 17

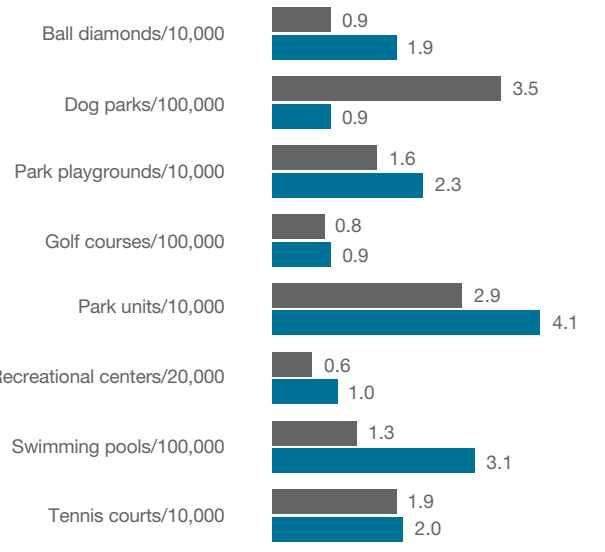
(note: most of these data were available only for the main city in the MSA)

San Francisco Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SAN JOSE, CA

(San Jose-Sunnyvale-Santa Clara, CA MSA)

Total Score = 63.4; Rank = 11

Areas of Excellence (at or better than target goal):

- Higher percent consuming 3+ vegetables per day
- Lower percent currently smoking
- Lower percent obese
- Higher percent in excellent or very good health
- Lower death rate for cardiovascular disease
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher percent of population within a 10 minute walk to a park
- More dog parks per capita
- More park playgrounds per capita
- More recreation centers per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer ball diamonds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of San Jose-Sunnyvale-Santa Clara, CA MSA

Population	1,952,872
Percent less than 18 years old	23.2%
Percent 18 to 64 years old	64.6%
Percent 65 years old and older	12.2%
Percent male	50.3%
Percent high school graduate or higher	87.2%
Percent White	49.0%
Percent Black or African American	2.5%
Percent Asian	33.5%
Percent Other Race	15.1%
Percent Hispanic/Latino	27.5%
Percent unemployed	4.3%
Median household income	$96,481.00
Percent of households below poverty level	5.6%
Violent crime rate/100,000*	249.8
Percent with disability	7.7%

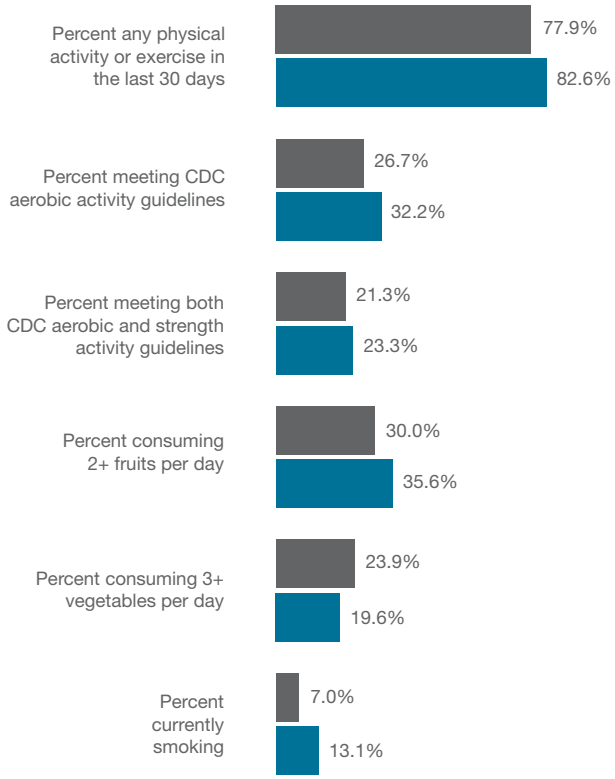
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

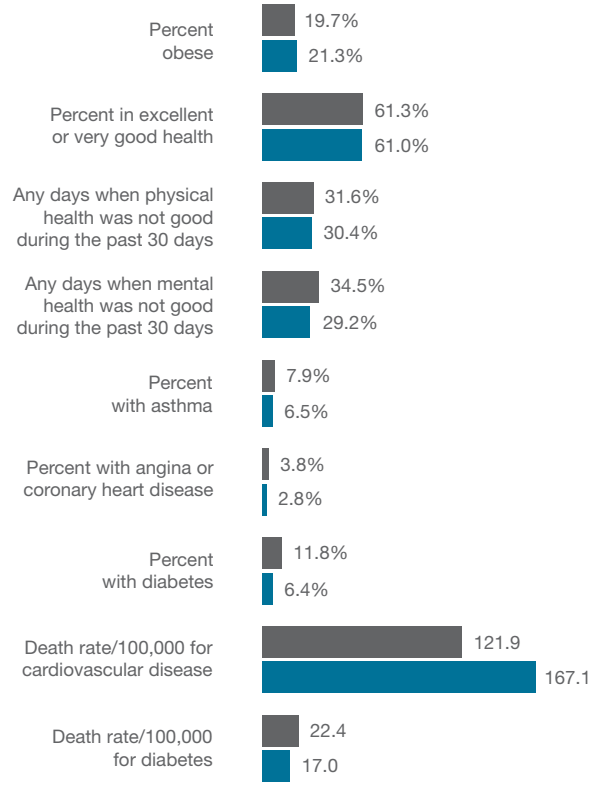
Personal Health Indicators – Score = 74.8; Rank = 5

San Jose Target Goal*

Health Behaviors



Chronic Health Problems

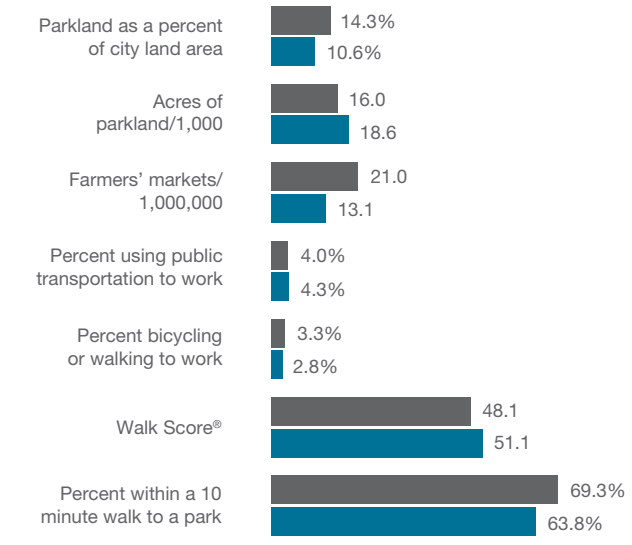


Community/Environmental Indicators – Score = 52.4; Rank = 29

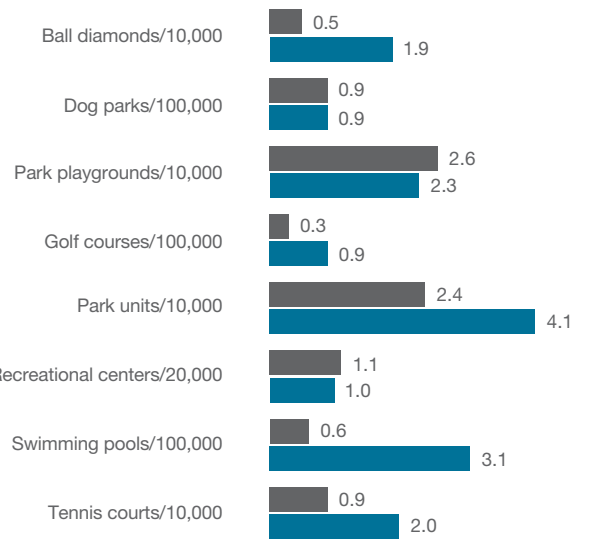
(note: most of these data were available only for the main city in the MSA)

San Jose Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

SEATTLE, WA

(Seattle-Tacoma-Bellevue, WA MSA)

Total Score = 69.0; Rank = 6

Areas of Excellence (at or better than target goal):

- Higher percent of any physical activity or exercise in the last 30 days
- Lower death rate for cardiovascular disease
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More park units per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer acres of parkland per capita
- Fewer swimming pools per capita

Description of Seattle-Tacoma-Bellevue, WA MSA

Population	3,671,478
Percent less than 18 years old	22.1%
Percent 18 to 64 years old	65.6%
Percent 65 years old and older	12.3%
Percent male	50.0%
Percent high school graduate or higher	91.8%
Percent White	71.5%
Percent Black or African American	5.5%
Percent Asian	12.5%
Percent Other Race	10.6%
Percent Hispanic/Latino	9.6%
Percent unemployed	3.9%
Median household income	$71,273.00
Percent of households below poverty level	7.2%
Violent crime rate/100,000*	327.3
Percent with disability	11.1%

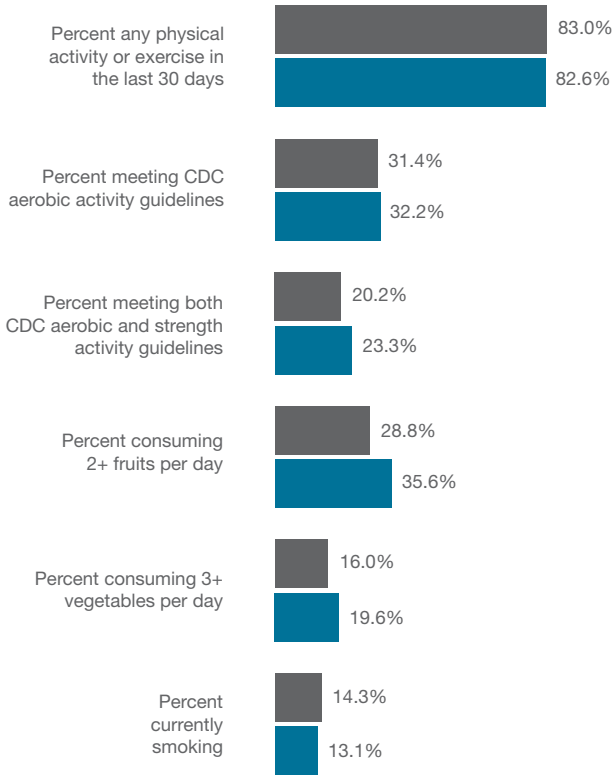
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

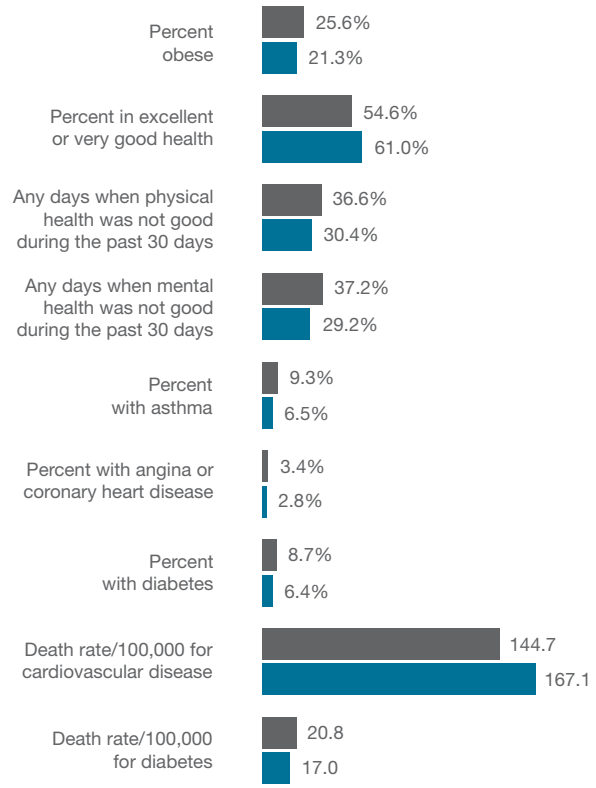
Personal Health Indicators – Score = 67.5; Rank = 13

Seattle Target Goal*

Health Behaviors



Chronic Health Problems

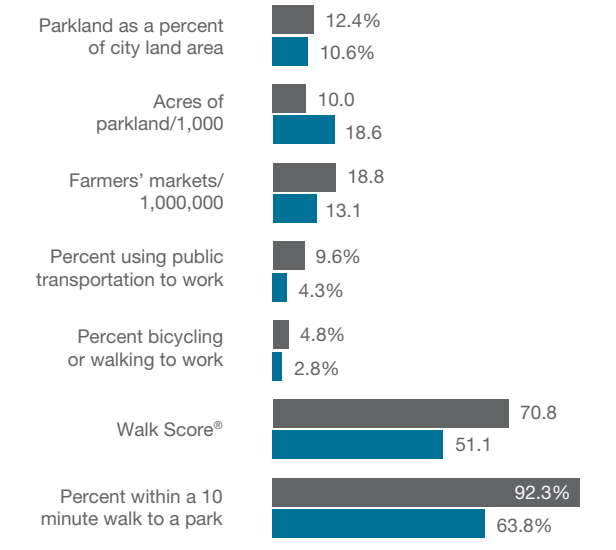


Community/Environmental Indicators – Score = 70.5; Rank = 4

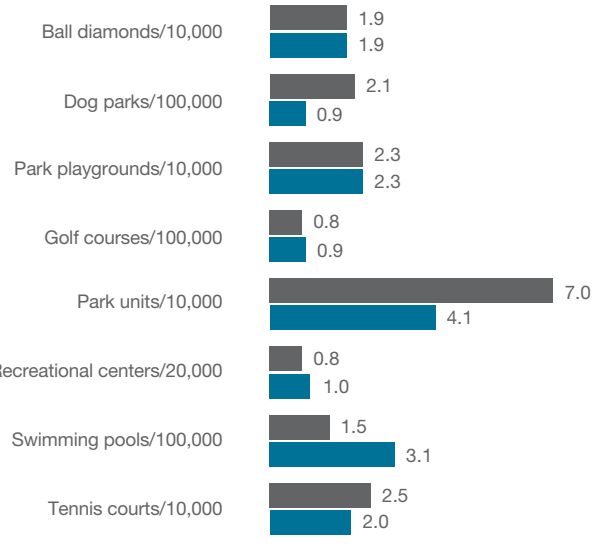
(note: most of these data were available only for the main city in the MSA)

Seattle Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

TAMPA, FL

(Tampa-St. Petersburg-Clearwater, FL MSA)

Total Score = 51.7; Rank = 26

Areas of Excellence (at or better than target goal):

- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Fewer tennis courts per capita

Description of Tampa-St. Petersburg-Clearwater, FL MSA

Population	2,915,582
Percent less than 18 years old	20.5%
Percent 18 to 64 years old	60.8%
Percent 65 years old and older	18.7%
Percent male	48.4%
Percent high school graduate or higher	88.2%
Percent White	78.4%
Percent Black or African American	12.0%
Percent Asian	3.2%
Percent Other Race	6.5%
Percent Hispanic/Latino	17.7%
Percent unemployed	4.3%
Median household income	$46,876.00
Percent of households below poverty level	11.1%
Violent crime rate/100,000*	447.5
Percent with disability	13.8%

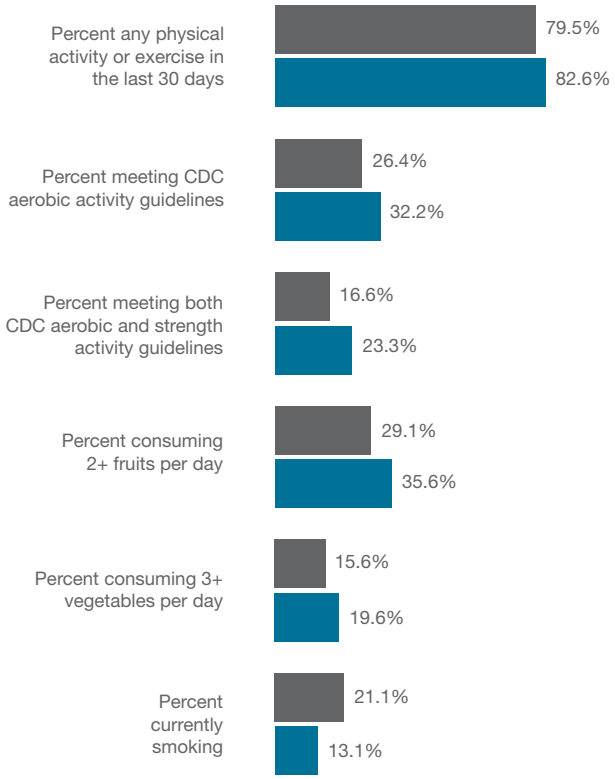
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

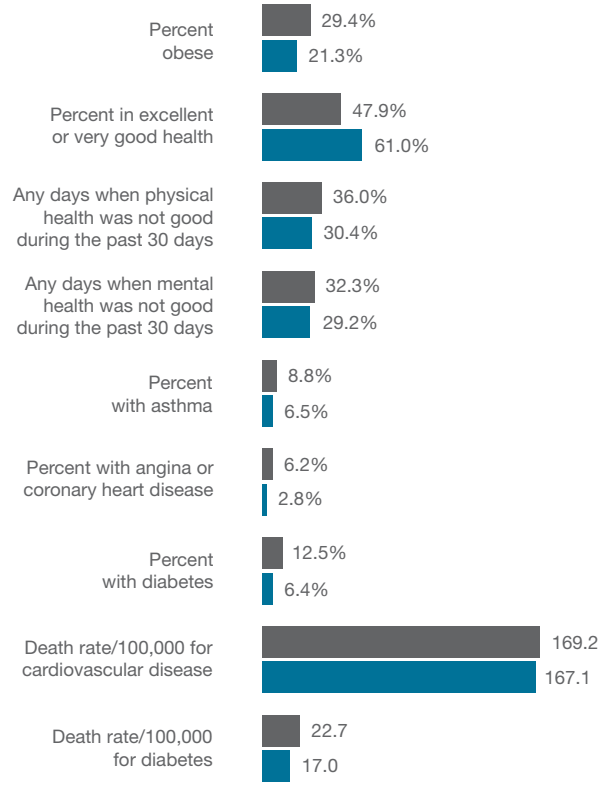
Personal Health Indicators – Score = 40.2; Rank = 35

Tampa | Target Goal*

Health Behaviors



Chronic Health Problems

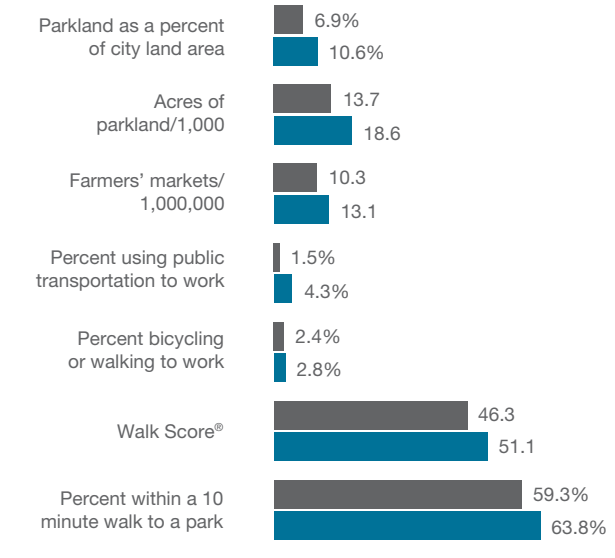


Community/Environmental Indicators – Score = 62.7; Rank = 10

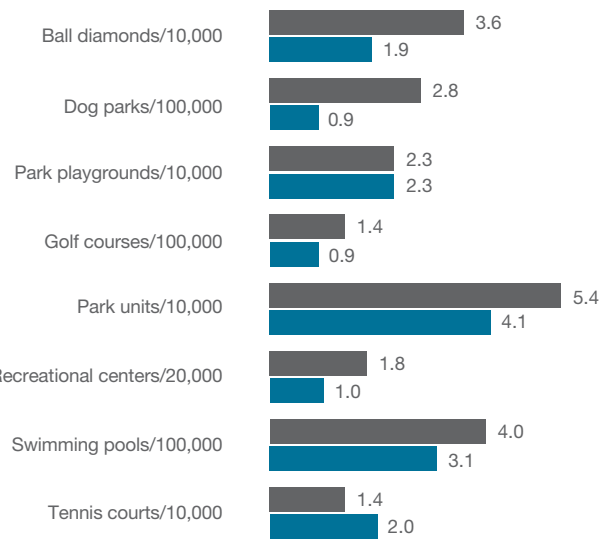
(note: most of these data were available only for the main city in the MSA)

Tampa | Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

VIRGINIA BEACH, VA

(Virginia Beach-Norfolk-Newport News, VA-NC MSA)

Total Score = 54.6; Rank = 19

Areas of Excellence (at or better than target goal):

- Lower percent of days when mental health was not good during the past 30 days
- Higher percent of city land area as parkland
- More acres of parkland per capita
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- More ball diamonds per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for Physical Education classes

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent using public transportation to work
- Lower Walk Score®
- Fewer recreation centers per capita
- Fewer swimming pools per capita

Description of Virginia Beach-Norfolk-Newport News, VA-NC MSA

Population	1,716,624
Percent less than 18 years old	22.5%
Percent 18 to 64 years old	64.6%
Percent 65 years old and older	12.9%
Percent male	49.0%
Percent high school graduate or higher	90.2%
Percent White	59.6%
Percent Black or African American	30.8%
Percent Asian	3.8%
Percent Other Race	5.8%
Percent Hispanic/Latino	6.3%
Percent unemployed	4.5%
Median household income	$58,871.00
Percent of households below poverty level	9.5%
Violent crime rate/100,000*	308.6
Percent with disability	11.8%

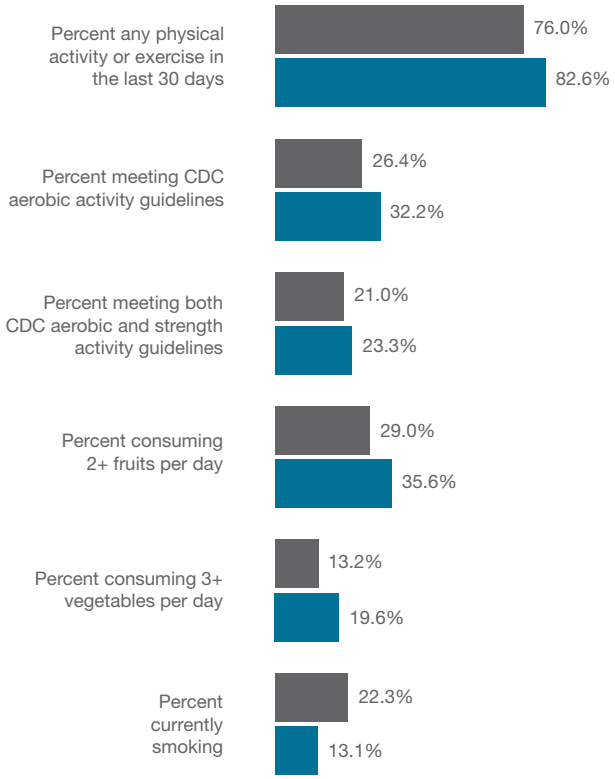
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

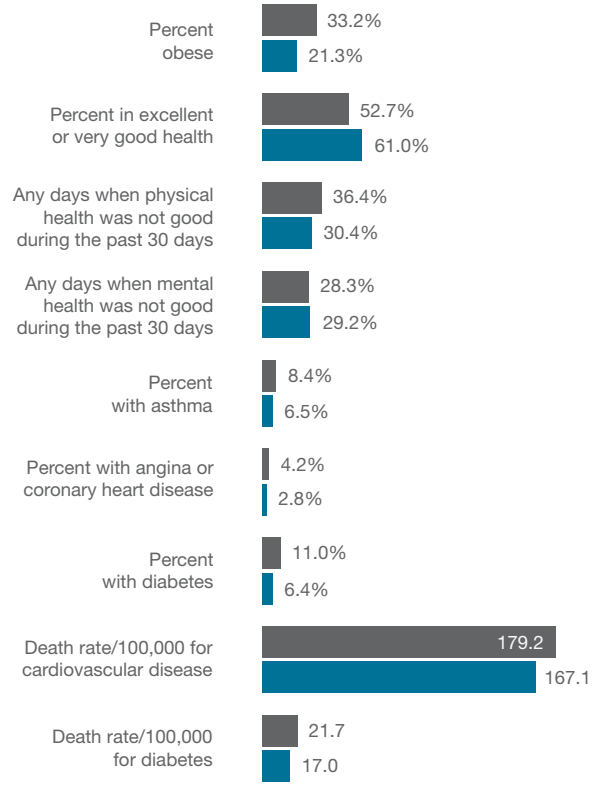
Personal Health Indicators – Score = 46.8; Rank = 31

Virginia Beach Target Goal*

Health Behaviors



Chronic Health Problems

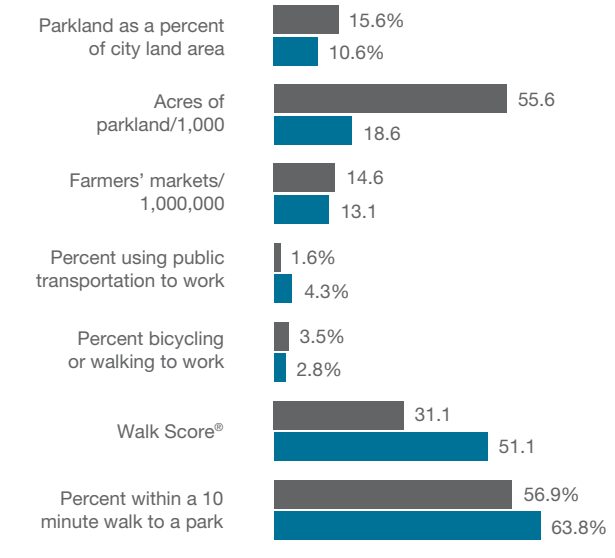


Community/Environmental Indicators – Score = 62.2; Rank = 13

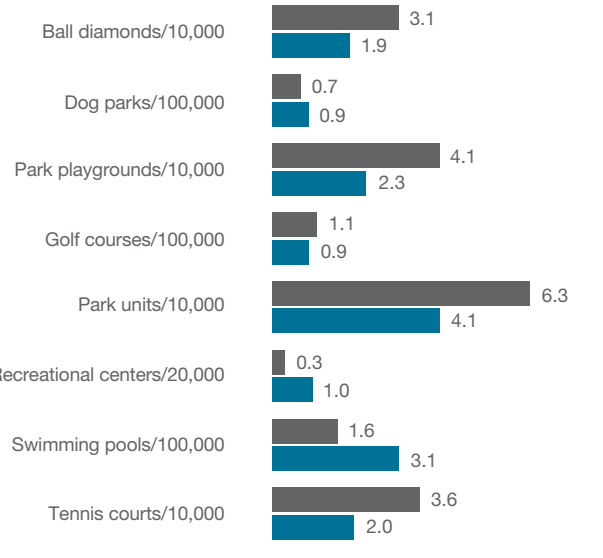
(note: most of these data were available only for the main city in the MSA)

Virginia Beach Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

WASHINGTON, DC

(Washington-Arlington-Alexandria, DC-VA-MD-WV MSA)

Total Score = 77.9; Rank = 1

Areas of Excellence (at or better than target goal):

- Lower percent currently smoking
- Lower percent of days when mental health was not good during the past 30 days
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- Higher Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More dog parks per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita

Improvement Priority Areas (worse than 20% of target goal):

- Lower percent meeting CDC aerobic activity guidelines
- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer golf courses per capita

Description of Washington-Arlington-Alexandria, DC-VA-MD-WV MSA

Population	6,033,737
Percent less than 18 years old	23.3%
Percent 18 to 64 years old	65.3%
Percent 65 years old and older	11.4%
Percent male	48.9%
Percent high school graduate or higher	90.2%
Percent White	55.8%
Percent Black or African American	25.2%
Percent Asian	9.9%
Percent Other Race	9.2%
Percent Hispanic/Latino	15.1%
Percent unemployed	4.5%
Median household income	$91,193.00
Percent of households below poverty level	6.0%
Violent crime rate/100,000*	316.6
Percent with disability	8.5%

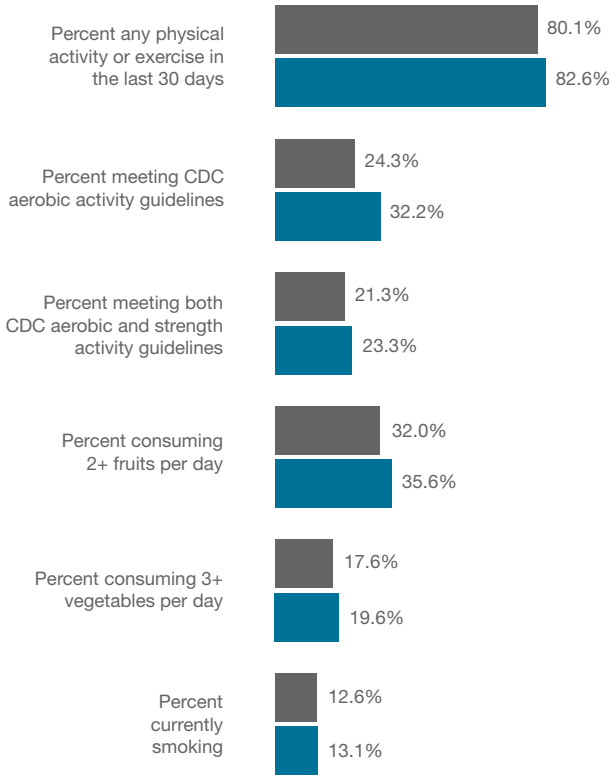
*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

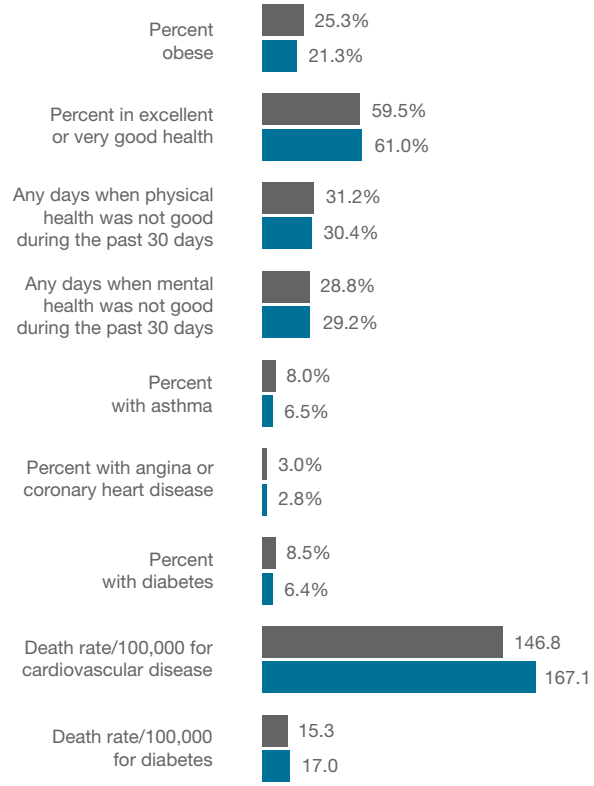
Personal Health Indicators – Score = 81.7; Rank = 2

Washington, DC Target Goal*

Health Behaviors



Chronic Health Problems

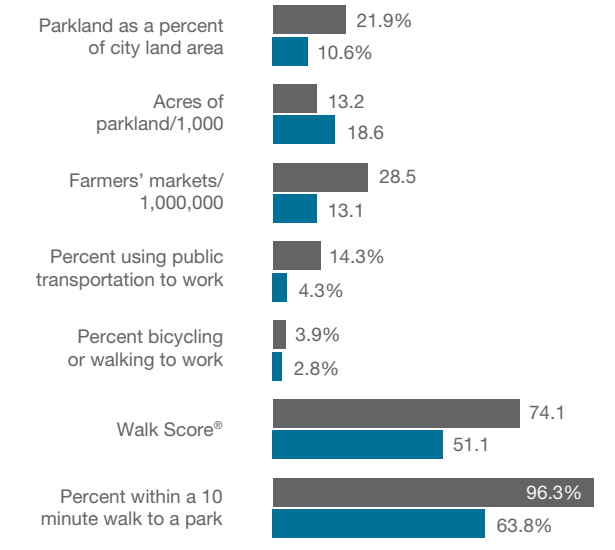


Community/Environmental Indicators – Score = 74.2; Rank = 3

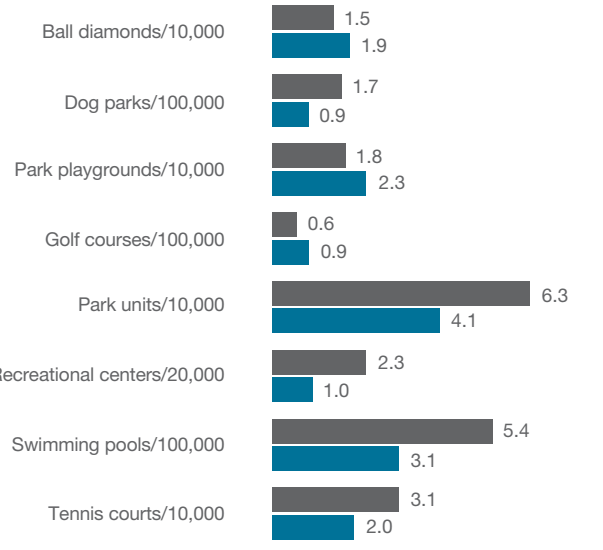
(note: most of these data were available only for the main city in the MSA)

Washington, DC Target Goal**

Built Environment



Recreational Facilities



Policy for School P.E.

Park-related Expenditures

*The target goal for the Personal Health Indicators that did not change was the 90th percentile for MSAs during 2008-2012. For the new personal health indicators the target goals were 90% of the 2014 values.
**The target goal for the Community/Environmental Indicators that did not change was the MSA average for 2008 to 2012. New community indicators target goals were an average of the 2014 values.

Appendix A – Data Sources

Variable	Data Source	Website
Population Estimate	2014 U.S. Census	www.census.gov/popest/data/metro/totals/2014/index.html
Age Groups	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent male	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent high school graduate or higher	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent in each race groups	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent Hispanic/Latino	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent unemployed	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Median household income	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent of households below poverty level	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Violent crime rate/100,000	2014 – FBI Uniform Crime Reporting Program	www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/tables/table-6
Percent with disability	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent any physical activity or exercise in the last 30 days	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html

Appendix A – Data Sources

Variable	Data Source	Website
Percent meeting CDC aerobic activity guidelines	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent meeting CDC aerobic and strength activity guidelines	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent eating 2+ fruits per day	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent eating 3+ vegetables per day	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent currently smoking	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent obese	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent in excellent or very good health	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Any days when physical health was not good during the past 30 days	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Any days when mental health was not good during the past 30 days	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent with asthma	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent with angina or coronary heart disease	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Percent with diabetes	2014 CDC BRFSS	www.cdc.gov/brfss/annual_data/annual_2014.html
Death rate/100,000 for cardiovascular disease	2014 CDC Wonder	www.wonder.cdc.gov
Death rate/100,000 for diabetes	2014 CDC Wonder	www.wonder.cdc.gov
Parkland as a percent of city land area	2015 City Park Facts – The Trust for Public Land	www.tpl.org/

Appendix A – Data Sources

Variable	Data Source	Website
Acres of parkland/1,000	2015 City Park Facts – The Trust for Public Land	www.tpl.org
Farmers' markets/1,000,000	2015 – USDA Farmers Markets	www.ams.usda.gov/AMSv1.0/farmersmarkets
Percent using public transportation to work	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent bicycling or walking to work	U.S. Census – 2014 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Walk Score®	2015 – Walk Score®	www.walkscore.com/cities-and-neighborhoods/
Percent within a 10 minute walk to a park	2015 City Park Facts – The Trust for Public Land	www.tpl.org
Ball diamonds/10,000	2015 – The Trust for Public Land	www.tpl.org
Dog parks/100,000	2015 – The Trust for Public Land	www.tpl.org
Park playgrounds/10,000	2015 – The Trust for Public Land	www.tpl.org
Golf courses/100,000	2014 – The Trust for Public Land	www.tpl.org
Park units/10,000	2015 – The Trust for Public Land	www.tpl.org
Recreation centers/20,000	2015 – The Trust for Public Land	www.tpl.org
Swimming pools/100,000	2015 – The Trust for Public Land	www.tpl.org
Tennis courts/10,000	2015 – The Trust for Public Land	www.tpl.org
Park-related expenditures per capita	2015 – The Trust for Public Land	www.tpl.org
Level of state requirement for Physical Education classes	2014 – School Health Policies and Programs Study	www.cdc.gov/healthyyouth/data/shpps/index.htm

Appendix B – Members of the Expert Panel

AFI ADVISORY BOARD MEMBERS:

Barbara E. Ainsworth, Ph.D., M.P.H, FACSM, FNAK
Arizona State University
Mesa, Arizona

Steven N. Blair, P.E.D, FACSM
University of South Carolina
Columbia, South Carolina

Jacqueline Epping, M.Ed., FACSM
U.S. Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia

John M. Jakicic, Ph.D., FACSM
University of Pittsburgh
Pittsburgh, Pennsylvania

Elizabeth A. Joy, M.D., M.P.H., FACSM
Intermountain Healthcare/
University of Utah School of Medicine

NiCole R. Keith, Ph.D., FACSM
Indiana University/Regenstrief Institute, Inc.
Indianapolis, Indiana

Roseann M. Lyle, Ph.D., R.D., FACSM
Purdue University
West Lafayette, Indiana

Melinda M. Manore, Ph.D., R.D., FACSM
Oregon State University
Corvallis, Oregon

Kenneth E. Powell, M.D., M.P.H., FACSM
Epidemiologic and Public Health Consultant
Atlanta, Georgia

Angela Smith, M.D., FACSM
Nemours/Alfred I. duPont Hospital for Children,
Thomas Jefferson University

Walter R. Thompson, Ph.D., FACSM
Georgia State University
Atlanta, Georgia

Stella Lucia Volpe, Ph.D., R.D., FACSM
Drexel University
Philadelphia, Pennsylvania

Appendix B – Members of the Expert Panel

ADDITIONAL MEMBERS FOR AFI EXPERT PANEL:

Ross Andersen, Ph.D., FACSM
McGill University
Montreal, Quebec, Canada

Laura Brennan Ramirez, Ph.D., M.P.H.
Transtria LLC
St. Louis, Missouri

Natalie Colabianchi, Ph.D.
University of South Carolina
Columbia, South Carolina

Karen J. Coleman, Ph.D.
Southern California Permanente
Medical Group
Pasadena, California

Kelly Evenson, Ph.D., FACSM
University of North Carolina-Chapel Hill
Chapel Hill, North Carolina

Sandra Ham, M.S.
U.S. Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia

Christine Hoehner, Ph.D., M.S.P.H.
Saint Louis University
St. Louis, Missouri

Laura Kettel Khan, Ph.D.
U.S. Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia

Harold W. (Bill) Kohl, Ph.D., FACSM
University of Texas
Austin, Texas

Caroline A. Macera, Ph.D., FACSM
San Diego State University
San Diego, California

Robert H. McNulty, J.D.
Partners for Livable Communities
Washington, DC

Marcia G. Ory, Ph.D., M.P.H.
Texas A & M Health Science Center
College Station, Texas

Nico P. Pronk, Ph.D., FACSM
HealthPartners
Minneapolis, Minnesota

Robert E. Sallis, M.D., FACSM
Kaiser Permanente
Rancho Cucamonga, California

Patricia Sharpe, Ph.D., M.P.H.
University of South Carolina
Columbia, South Carolina

David Williams, Ph.D.
Brown Medical School and
the Miriam Hospital
Providence, Rhode Island

Wes Wong, M.D., M.M.M.
Community Health Network
Indianapolis, Indiana

Appendix C – U.S. Values, MSA Averages and MSA Ranges for AFI Indicators

	U.S. Value	MSA Average	MSA Range
Population	318,857,056	3,497,725	1,136,360 – 20,092,883
Percent less than 18 years old	23.1%	23.4%	19.3% – 28.7%
Percent 18 to 64 years old	62.4%	63.3%	60.8% – 66.4%
Percent 65 years old and older	14.5%	13.4%	9.4% – 18.7%
Percent male	49.2%	49.0%	47.9% – 50.3%
Percent high school graduate or higher	86.9%	88.2%	79.1% – 93.2%
Percent White	73.4%	70.5%	47.7% – 87.1%
Percent Black or African American	12.7%	15.3%	1.7% – 46.0%
Percent Asian	5.2%	6.0%	1.4% – 33.5%
Percent Other Race	8.7%	8.2%	2.6% – 24.1%
Percent Hispanic/Latino	17.3%	16.4%	1.6% – 54.7%
Percent unemployed	4.5%	4.6%	3.3% – 6.8%
Median household income	$53,657	$59,244	$45,844 – $96,481
Percent of households below poverty level	11.3%	10.4%	5.6% – 15.9%
Violent crime rate/100,000*	365.5	434.5	232.2 – 1033.5
Percent with disability	12.6%	11.7%	7.7% – 15.5%

*Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

ACSM American Fitness Index® Components

Personal Health Indicators

	U.S. Value	MSA Average	MSA Range
Health Behaviors			
Percent any physical activity or exercise in the last 30 days	74.8%	76.8%	67.5% – 84.8%
Percent meeting CDC aerobic activity guidelines	26.3%	26.0%	20.5% – 33.0%
Percent meeting both CDC aerobic and strength activity guidelines	16.5%	18.2%	10.7% – 25.2%
Percent consuming 2+ fruits per day	25.0%	28.4%	16.6% – 37.9%
Percent consuming 3+ vegetables per day	13.3%	15.2%	10.0% – 23.9%
Percent currently smoking	16.4%	16.2%	7.0% – 22.9%
Chronic Health Problems			
Percent obese	28.9%	28.7%	19.7% – 34.9%
Percent in excellent or very good health	50.6%	52.1%	43.6% – 61.5%

Appendix C – U.S. Values, MSA Averages and MSA Ranges for AFI Indicators

Personal Health Indicators

	U.S. Value	MSA Average	MSA Range
Any days when physical health was not good during the past 30 days	34.6%	34.8%	28.0% – 44.5%
Any days when mental health was not good during the past 30 days	33.1%	33.6%	26.5% – 39.6%
Percent with asthma	8.9%	9.0%	5.1% – 13.1%
Percent with angina or coronary heart disease	4.4%	4.2%	2.4% – 7.8%
Percent with diabetes	10.5%	10.7%	7.6% – 14.0%
Death rate/100,000 for cardiovascular disease	181.2	174.6	116.3 – 237.0
Death rate/100,000 for diabetes	20.9	18.7	8.6 – 31.6

Community/Environmental Indicators
(note: most of these data were available only for the main city in the MSA)

	MSA Average+	Range of All Cities
Built Environment		
Parkland as percent of city land area	11.0%	2.6% – 25.3%
Acres of parkland/1,000	18.9	3.5 – 78.3
Farmers' markets/1,000,000	19.8	3.5 – 49.7
Percent using public transportation to work	4.4%	0.4% – 31.1%
Percent bicycling or walking to work	2.9%	1.2% – 6.9%
Walk Score®	51.1	24.4 – 87.6
Percent living within a ten-minute walk of a public park	64.8%	26.8% – 98.2%
Recreational Facilities		
Ball diamonds/10,000	1.9	0.3 – 4.9
Dog parks/10,000	1.2	0.0 – 5.4
Park playgrounds/10,000	2.4	1.0 – 5.1
Golf courses/100,000	1.0	0.0 – 5.2
Park units/10,000	4.3	1.1 – 8.9
Recreation centers/20,000	1.0	0.0 – 2.5
Swimming pools/100,000	3.0	0.5 – 10.8
Tennis courts/10,000	2.1	0.8 – 6.2
Park-related expenditures per capita	$105.9	$17 – $346
Level of state requirement for Physical Education classes**	2.9	1 – 3

**3 = required at three levels: high school, middle school and elementary school; 2= required at two levels; 1= required at only one level
+Averages were calculated from 2016 data and may differ from the community/environmental indicator target goal values.

Appendix D – Counties in MSAs

Atlanta-Sandy Springs-Roswell, GA
Barrow County, GA
Bartow County, GA
Butts County, GA
Carroll County, GA
Cherokee County, GA
Clayton County, GA
Cobb County, GA
Coweta County, GA
Dawson County, GA
DeKalb County, GA
Douglas County, GA
Fayette County, GA
Forsyth County, GA
Fulton County, GA
Gwinnett County, GA
Haralson County, GA
Heard County, GA
Henry County, GA
Jasper County, GA
Lamar County, GA
Meriwether County, GA
Morgan County, GA
Newton County, GA
Paulding County, GA
Pickens County, GA
Pike County, GA
Rockdale County, GA
Spalding County, GA
Walton County, GA

Austin-Round Rock, TX
Bastrop County, TX
Caldwell County, TX
Hays County, TX
Travis County, TX
Williamson County, TX

Baltimore-Columbia-Towson, MD
Anne Arundel County, MD
Baltimore County, MD
Carroll County, MD
Harford County, MD
Howard County, MD
Queen Anne's County, MD
Baltimore city, MD

Birmingham-Hoover, AL
Bibb County, AL
Blount County, AL
Chilton County, AL
Jefferson County, AL
St. Clair County, AL
Shelby County, AL
Walker County, AL

Boston-Cambridge-Newton, MA-NH
Norfolk County, MA
Plymouth County, MA
Suffolk County, MA
Essex County, MA
Middlesex County, MA
Rockingham County, NH
Strafford County, NH

Buffalo-Cheektowaga-Niagara Falls, NY
Erie County, NY
Niagara County, NY

Charlotte-Concord-Gastonia, NC-SC
Cabarrus County, NC
Gaston County, NC
Iredell County, NC
Lincoln County, NC
Mecklenburg County, NC
Rowan County, NC
Union County, NC
Chester County, SC
Lancaster County, SC
York County, SC

Chicago-Naperville-Elgin, IL-IN-WI
Cook County, IL
DuPage County, IL
Grundy County, IL
Kendall County, IL
McHenry County, IL
Will County, IL
DeKalb County, IL
Kane County, IL
Jasper County, IN
Lake County, IN
Newton County, IN
Porter County, IN
Lake County, IL
Kenosha County, WI

Cincinnati, OH-KY-IN
Dearborn County, IN
Ohio County, IN
Union County, IN
Boone County, KY
Bracken County, KY
Campbell County, KY
Gallatin County, KY
Grant County, KY
Kenton County, KY
Pendleton County, KY
Brown County, OH
Butler County, OH
Clermont County, OH
Hamilton County, OH
Warren County, OH

Cleveland-Elyria, OH
Cuyahoga County, OH
Geauga County, OH
Lake County, OH
Lorain County, OH
Medina County, OH

Columbus, OH
Delaware County, OH
Fairfield County, OH
Franklin County, OH
Hocking County, OH
Licking County, OH
Madison County, OH
Morrow County, OH
Perry County, OH
Pickaway County, OH
Union County, OH

Dallas-Fort Worth-Arlington, TX
Collin County, TX
Dallas County, TX
Denton County, TX
Ellis County, TX
Hunt County, TX
Kaufman County, TX
Rockwall County, TX
Hood County, TX

Appendix D – Counties in MSAs

Johnson County, TX
Parker County, TX
Somervell County, TX
Tarrant County, TX
Wise County, TX

Denver-Aurora-Lakewood, CO
Adams County, CO
Arapahoe County, CO
Broomfield County, CO
Clear Creek County, CO
Denver County, CO
Douglas County, CO
Elbert County, CO
Gilpin County, CO
Jefferson County, CO
Park County, CO

Detroit-Warren-Dearborn, MI
Wayne County, MI
Lapeer County, MI
Livingston County, MI
Macomb County, MI
Oakland County, MI
St. Clair County, MI

Hartford-West Hartford-East Hartford, CT
Hartford County, CT
Middlesex County, CT
Tolland County, CT

Houston-The Woodlands-Sugar Land, TX
Austin County, TX
Brazoria County, TX
Chambers County, TX
Fort Bend County, TX
Galveston County, TX
Harris County, TX
Liberty County, TX
Montgomery County, TX
Waller County, TX

Indianapolis-Carmel-Anderson, IN
Boone County, IN
Brown County, IN
Hamilton County, IN
Hancock County, IN
Hendricks County, IN
Johnson County, IN
Madison County, IN
Marion County, IN
Morgan County, IN
Putnam County, IN
Shelby County, IN

Jacksonville, FL
Baker County, FL
Clay County, FL
Duval County, FL
Nassau County, FL
St. Johns County, FL

Kansas City, MO-KS
Johnson County, KS
Leavenworth County, KS
Linn County, KS
Miami County, KS
Wyandotte County, KS
Bates County, MO
Caldwell County, MO
Cass County, MO
Clay County, MO
Clinton County, MO
Jackson County, MO
Lafayette County, MO
Platte County, MO
Ray County, MO

Las Vegas-Henderson-Paradise, NV
Clark County, NV

Los Angeles-Long Beach-Anaheim, CA
Orange County, CA
Los Angeles County, CA

Louisville/Jefferson County, KY-IN
Clark County, IN
Floyd County, IN
Harrison County, IN
Scott County, IN
Washington County, IN
Bullitt County, KY
Henry County, KY
Jefferson County, KY
Oldham County, KY
Shelby County, KY
Spencer County, KY
Trimble County, KY

Memphis, TN-MS-AR
Crittenden County, AR
Benton County, MS
DeSoto County, MS
Marshall County, MS
Tate County, MS
Tunica County, MS
Fayette County, TN
Shelby County, TN
Tipton County, TN

Miami-Fort Lauderdale-West Palm Beach, FL
Broward County, FL
Miami-Dade County, FL
Palm Beach County, FL

Milwaukee-Waukesha-West Allis, WI
Milwaukee County, WI
Ozaukee County, WI
Washington County, WI
Waukesha County, WI

Minneapolis-St. Paul-Bloomington, MN-WI
Anoka County, MN
Carver County, MN
Chisago County, MN
Dakota County, MN
Hennepin County, MN
Isanti County, MN
Le Sueur County, MN
Mille Lacs County, MN
Ramsey County, MN
Scott County, MN
Sherburne County, MN
Sibley County, MN
Washington County, MN
Wright County, MN
Pierce County, WI
St. Croix County, WI

Nashville-Davidson-Murfreesboro-Franklin, TN
Cannon County, TN

Appendix D – Counties in MSAs

Cheatham County, TN
Davidson County, TN
Dickson County, TN
Hickman County, TN
Macon County, TN
Maury County, TN
Robertson County, TN
Rutherford County, TN
Smith County, TN
Sumner County, TN
Trousdale County, TN
Williamson County, TN
Wilson County, TN

New Orleans-Metairie, LA
Jefferson Parish, LA
Orleans Parish, LA
Plaquemines Parish, LA
St. Bernard Parish, LA
St. Charles Parish, LA
St. James Parish, LA
St. John the Baptist Parish, LA
St. Tammany Parish, LA

New York-Newark-Jersey City, NY-NJ-PA
Dutchess County, NY
Putnam County, NY
Nassau County, NY
Suffolk County, NY
Essex County, NJ
Hunterdon County, NJ
Morris County, NJ
Somerset County, NJ
Sussex County, NJ
Union County, NJ
Pike County, PA
Bergen County, NJ
Hudson County, NJ
Middlesex County, NJ
Monmouth County, NJ
Ocean County, NJ
Passaic County, NJ
Bronx County, NY
Kings County, NY
New York County, NY
Orange County, NY
Queens County, NY
Richmond County, NY
Rockland County, NY
Westchester County, NY

Oklahoma City, OK
Canadian County, OK
Cleveland County, OK
Grady County, OK
Lincoln County, OK
Logan County, OK
McClain County, OK
Oklahoma County, OK

Orlando-Kissimmee-Sanford, FL
Lake County, FL
Orange County, FL
Osceola County, FL
Seminole County, FL

Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
Burlington County, NJ
Camden County, NJ
Gloucester County, NJ
Bucks County, PA
Chester County, PA
Montgomery County, PA
Delaware County, PA
Philadelphia County, PA
New Castle County, DE
Cecil County, MD
Salem County, NJ

Phoenix-Mesa-Scottsdale, AZ
Maricopa County, AZ
Pinal County, AZ

Pittsburgh, PA
Allegheny County, PA
Armstrong County, PA
Beaver County, PA
Butler County, PA
Fayette County, PA
Washington County, PA
Westmoreland County, PA

Portland-Vancouver-Hillsboro, OR-WA
Clackamas County, OR
Columbia County, OR
Multnomah County, OR
Washington County, OR
Yamhill County, OR
Clark County, WA
Skamania County, WA

Providence-Warwick, RI-MA
Bristol County, MA
Bristol County, RI
Kent County, RI
Newport County, RI
Providence County, RI
Washington County, RI

Raleigh, NC
Franklin County, NC
Johnston County, NC
Wake County, NC

Richmond, VA
Amelia County, VA
Caroline County, VA
Charles City County, VA
Chesterfield County, VA
Dinwiddie County, VA
Goochland County, VA
Hanover County, VA
Henrico County, VA
King William County, VA
New Kent County, VA
Powhatan County, VA
Prince George County, VA
Sussex County, VA
Colonial Heights city, VA
Hopewell city, VA
Petersburg city, VA
Richmond city, VA

Riverside-San Bernardino-Ontario, CA
Riverside County, CA
San Bernardino County, CA

Sacramento-Roseville-Arden-Arcade, CA
El Dorado County, CA
Placer County, CA
Sacramento County, CA
Yolo County, CA

Appendix D – Counties in MSAs

Saint Louis, MO-IL
Bond County, IL
Calhoun County, IL
Clinton County, IL
Jersey County, IL
Macoupin County, IL
Madison County, IL
Monroe County, IL
St. Clair County, IL
Franklin County, MO
Jefferson County, MO
Lincoln County, MO
St. Charles County, MO
St. Louis County, MO
Warren County, MO
St. Louis city, MO

Salt Lake City, UT
Salt Lake County, UT
Tooele County, UT

San Antonio-New Braunfels, TX
Atascosa County, TX
Bandera County, TX
Bexar County, TX
Comal County, TX
Guadalupe County, TX
Kendall County, TX
Medina County, TX
Wilson County, TX

San Diego-Carlsbad, CA
San Diego County, CA

San Francisco-Oakland-Hayward, CA
Alameda County, CA
Contra Costa County, CA
San Francisco County, CA
San Mateo County, CA
Marin County, CA

San Jose-Sunnyvale-Santa Clara, CA
San Benito County, CA
Santa Clara County, CA

Seattle-Tacoma-Bellevue, WA
King County, WA
Snohomish County, WA
Pierce County, WA

Tampa-St. Petersburg-Clearwater, FL
Hernando County, FL
Hillsborough County, FL
Pasco County, FL
Pinellas County, FL

Virginia Beach-Norfolk-Newport News, VA-NC
Currituck County, NC
Gates County, NC
Gloucester County, VA
Isle of Wight County, VA
James City County, VA
Mathews County, VA
York County, VA
Chesapeake city, VA
Hampton city, VA
Newport News city, VA
Norfolk city, VA
Poquoson city, VA
Portsmouth city, VA
Suffolk city, VA
Virginia Beach city, VA
Williamsburg city, VA

Washington-Arlington-Alexandria, DC-VA-MD-WV
Frederick County, MD
Montgomery County, MD
District of Columbia, DC
Calvert County, MD
Charles County, MD
Prince George's County, MD
Arlington County, VA
Clarke County, VA
Culpeper County, VA
Fairfax County, VA
Fauquier County, VA
Loudoun County, VA
Prince William County, VA
Rappahannock County, VA
Spotsylvania County, VA
Stafford County, VA
Warren County, VA
Alexandria city, VA
Fairfax city, VA
Falls Church city, VA
Fredericksburg city, VA
Manassas city, VA
Manassas Park city, VA
Jefferson County, WV

Anthem®
Foundation

AMERICAN COLLEGE of SPORTS MEDICINE®
www.acsm.org