



Actively Moving America to Better Health

2015 Health and Community Fitness Status of the 50 Largest Metropolitan Areas





ACKNOWLEDGEMENTS

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

2015 EDITION

Table of Contents

Executive Summary	7
Background and Need for Action	9
ACSM American Fitness Index® Program	10
ACSM American Fitness Index® Program Components	10
Implementation	10
ACSM American Fitness Index® Advisory Board	11
ACSM American Fitness Index® Guiding Principles for Healthy Communities	12
Methodology	12
Why Choose MSAs Over Cities?	12
How Were the Indicators Selected for the Data Index?	12
What Data Sources Were Used to Create the Data Index?	13
How Was the Data Index Built?	13
How Should the Scores and Ranks Be Interpreted?	14
How Were the Areas of Excellence and Improvement Priority Areas Determined?	14
What Are the Limitations of the AFI Data Report?	14
References	15
Metropolitan Area Snapshots	
Atlanta, GA	16
Austin, TX	
Baltimore, MD	
Birmingham, AL	
Boston, MA	
Buffalo, NY	
Charlotte, NC	28
Chicago, IL	
Cincinnati, OH	
Cleveland, OH	
Columbus, OH	
Dallas, TX	
Denver, CO	
Detroit, MI	
Hartford, CT	
Houston, TX	
Indianapolis, IN	
•	

Metropolitan Area Snapshots (continued) Miami, FL.......62 Minneapolis-St. Paul, MN66 Oklahoma City, OK74 Pittsburgh, PA82 Portland, OR84 Richmond, VA.......90 Riverside, CA......92 Saint Louis, MO-IL96 Salt Lake City, UT98 Appendix C – U.S. Values, MSA Averages and MSA Ranges for AFI Indicators......121



May 2015

Dear Colleagues,

For eight years, the Anthem Foundation has proudly sponsored the American College of Sports Medicine (ACSM) American Fitness Index® (AFI). We've seen the growing impact of this report as it has become a trusted source for actionable data that leads to improvements in individual and community health.

As a global leader in exercise science and sports medicine, ACSM uses its research expertise to provide the AFI report as a reliable measure of community fitness for the country's 50 largest metropolitan areas. The report serves as a scientific, objective assessment of each city's strengths and challenges, and effectively informs local decision-making that can enhance the quality of life for its population.

To provide the most up-to-date measures of community health and fitness, access to city parks has been added as a new indicator in 2015. This indicator measures the percentage of city residents that live within a 10-minute walk to a public park. Easy access to parks removes barriers to physical activity by providing greater opportunities for running, walking or other healthy activities.

The Anthem Foundation and ACSM are pleased to share a vision for improving the health of our communities. A number of cities have used the AFI data report as a catalyst for developing strategic plans aimed at addressing opportunities to shape a healthier community. The Charlotte Chamber of Commerce has implemented a "Healthy Charlotte" goal to achieve a top 10 AFI ranking by 2018, while Oklahoma City launched "Wellness Now," a plan to improve the health and wellness of their community.

It is heartening to see a city's health improve over the years, and this year we see some remarkable shifts in rankings. Nine metro areas improved by five or more rankings—Cleveland, Kansas City and St. Louis saw the biggest leaps when comparing to last year. Las Vegas, where findings from AFI resulted in the expansion of a city coalition to drive health improvement efforts, also jumped significantly in the rankings.

We encourage you to use and share this year's report in an effort to drive positive change in your community. To learn more, please visit AmericanFitnessIndex.org.

Best regards,

Sam Numbaum

Sam Nussbaum Executive Vice President, Clinical Health Policy and Chief Medical Officer

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 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 AFI scores 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 2015 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 come 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;
- Materials, resources and connections to health promotion partners are provided by the AFI program to help cities improve their indicators; 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 this year's 2015 AFI ranking results, the Washington, DC MSA edged out the number one spot for the second year in a row. Since 2008, the Washington, DC MSA has continued to rank at 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 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	79.6
2	Minneapolis-St. Paul-Bloomington, MN-WI	75.6*
3	San Diego-Carlsbad, CA	75.6*
4	San Francisco-Oakland-Hayward, CA	72.6
5	SacramentoRosevilleArden-Arcade, CA	71.4
6	Denver-Aurora-Lakewood, CO	71.1
7	Portland-Vancouver-Hillsboro, OR-WA	69.6
8	Seattle-Tacoma-Bellevue, WA	68.5
9	Boston-Cambridge-Newton, MA-NH	68.1
10	San Jose-Sunnyvale-Santa Clara, CA	65.9
11	Hartford-West Hartford-East Hartford, CT	64.8
12	Salt Lake City, UT	61.9
13	Raleigh, NC	60.1
14	Atlanta-Sandy Springs-Roswell, GA	57.5*
15	Virginia Beach-Norfolk-Newport News, VA-NC	57.5*
16	Cincinnati, OH-KY-IN	56.4
17	Chicago-Naperville-Elgin, IL-IN-WI	56.3
18	Richmond, VA	55.0
19	Baltimore-Columbia-Towson, MD	54.5
20	Austin-Round Rock, TX	54.2
21	Pittsburgh, PA	53.0
22	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	52.5
23	Los Angeles-Long Beach-Anaheim, CA	52.0
24	New York-Newark-Jersey City, NY-NJ-PA	50.9
25	Cleveland-Elyria, OH	50.5*
26	Kansas City, MO-KS	50.5*
27	Tampa-St. Petersburg-Clearwater, FL	50.2
28	Providence-Warwick, RI-MA	49.4
29	Saint Louis, MO-IL	48.1
30	Miami-Fort Lauderdale-West Palm Beach, FL	47.5
31	Las Vegas-Henderson-Paradise, NV	47.4
32	Buffalo-Cheektowaga-Niagara Falls, NY	47.3
33	Milwaukee-Waukesha-West Allis, WI	46.8
34	Riverside-San Bernardino-Ontario, CA	44.8
35	Jacksonville, FL	43.5
36	Orlando-Kissimmee-Sanford, FL	42.7
37	Phoenix-Mesa-Scottsdale, AZ	41.1
38	Columbus, OH	41.0
39	Houston-The Woodlands-Sugar Land, TX	39.8
40	Detroit-Warren-Dearborn, MI	39.0
41	Dallas-Fort Worth-Arlington, TX	38.8
42	New Orleans-Metairie, LA	38.6
43	Charlotte-Concord-Gastonia, NC-SC	37.4 34.5
44 45	Birmingham-Hoover, AL	
45 46	Nashville-DavidsonMurfreesboroFranklin, TN	33.0
46 47	Louisville/Jefferson County, KY-IN San Antonio-New Braunfels, TX	32.1
47 48	•	32.0
48 49	Oklahoma City, OK Memphis, TN-MS-AR	29.6
50	Indianapolis-Carmel-Anderson, IN	27.3 26.8
30	mulanapons-carmer-Anderson, in	20.0

^{*} 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 American Fitness Index® (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 and,
- monitor changes in the measures as a result of community programs and other factors.

While the AFI data 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 eighth 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. They are the cities and surrounding metropolitan areas of:

- Atlanta-Sandy Springs-Roswell, GA
- Austin-Round Rock, TX
- Baltimore-Columbia-Towson, MD
- Birmingham-Hoover, AL
- Boston-Cambridge-Newton, MA-NH
- Buffalo-Cheektowaga-Niagara Falls, NY
- Charlotte-Concord-Gastonia, NC-SC
- Chicago-Naperville-Elgin, IL-IN-WI
- Cincinnati, OH-KY-IN
- Cleveland-Elyria, OH
- Columbus, OH
- Dallas-Fort Worth-Arlington, TX
- Denver-Aurora-Lakewood, CO
- Detroit-Warren-Dearborn, MI
- Hartford-West Hartford-East Hartford, CT
- Houston-The Woodlands-Sugar Land, TX
- Indianapolis-Carmel-Anderson, IN
- Jacksonville, FL
- Kansas City, MO-KS
- Las Vegas-Henderson-Paradise, NV

- Los Angeles-Long Beach-Anaheim, CA
- Louisville/Jefferson County, KY-IN
- Memphis, TN-MS-AR
- Miami-Fort Lauderdale-West Palm Beach, FL
- Milwaukee-Waukesha-West Allis, WI
- Minneapolis-St. Paul-Bloomington, MN-WI
- Nashville-Davidson-Murfreesboro-Franklin, TN
- New Orleans-Metairie, LA
- New York-Newark-Jersey City, NY-NJ-PA
- Oklahoma City, OK
- Orlando-Kissimmee-Sanford, FL
- Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
- Phoenix-Mesa-Scottsdale, AZ
- Pittsburgh, PA
- Portland-Vancouver-Hillsboro, OR-WA
- Providence-Warwick, RI-MA
- Raleigh, NC
- Richmond, VA
- Riverside-San Bernardino-Ontario, CA
- Sacramento-Roseville-Arden-Arcade, CA
- Saint Louis, MO-IL
- Salt Lake City, UT
- San Antonio-New Braunfels, TX
- San Diego-Carlsbad, CA
- San Francisco-Oakland-Hayward, CA
- San Jose-Sunnyvale-Santa Clara, CA
- Seattle-Tacoma-Bellevue, WA
- Tampa-St. Petersburg-Clearwater, FL
- Virginia Beach-Norfolk-Newport News, VA-NC
- Washington-Arlington-Alexandria, DC-VA-MD-WV

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:

- translating the science into practice;
- actively participating in strategic planning for the program;
- critically reviewing all program documentation and collateral materials; and
- 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)
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- NiCole R. Keith, Ph.D., FACSM (Indiana University/Regenstrief Institute, Inc.)
- Roseann M. Lyle, Ph.D., FACSM (Purdue University)
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- Stella Lucia Volpe, Ph.D., R.D., LDN, FACSM (Drexel University)

ACSM American Fitness Index® Guiding Principles for Healthy Communities

- Overall health improvement in U.S. cities requires a focus on the prevention of behavioral-linked diseases by effectively addressing the underlying unhealthy behaviors and community factors.
- The rise in chronic diseases attributable to physical inactivity and unhealthy diets are a "clear and present danger" to our health and health care systems, our cities, our nation and our future.
- All cities in the U.S., irrespective of size and current health status, can make significant advances in improving the health of its people through simple, affordable, effective steps.
- There is a need for even more synergy and collaboration to assist U.S. cities in actively making moves toward better health.

The AFI program will contribute to the Guiding Principles for Healthy Communities by creating effective partnerships and alliances at the national and local levels; by providing tools, strategies and expertise to cities and communities desiring to improve the health of its residents; and by supporting practices and policies that have proven to be effective.

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. 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://www.americanfitnessindex.org/myafi/index.php) 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 index 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 report were reviewed and updated in 2015. Specifically, a new environmental/community measure, "percent within a 10 minute walk to a park" was added.

From this process, 32 currently available indicators were identified and weighted for the index and 16 description variables were selected. The 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 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:

$$MSA Score_{k} = ((\sum_{i=1}^{n} r_{ki} w_{ki})/MSA Score_{max})*100$$

$$i=1$$

r = MSA rank on indicator
 w = weight assigned to indicator
 k = indicator group
 n = 15 for personal health indicators and 16 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 score 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 Cincinnati was 56.4 while the score for Chicago was 56.3. While Cincinnati was ranked higher than Chicago, 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.

Consequently, comparisons between the 2015 AFI individual elements that did not change can be compared with earlier years' data, but the overall score and the sub-scores for 2015 are not comparable to earlier years.

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. 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 per advice provided on the FBI Uniform Crime Reporting Program website, violent crime rates were not compared to U.S. values or averages of all MSAs. 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, not 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 was available for each MSA from the Trust for Public Land. For those MSAs missing data their scores were adjusted for the ranking calculation.

References

- 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, J.F., Floyd, M.F, Rodriguez, D.A., Saelens, B.E. (2012). Role of built environments in physical activity, obesity, and cardiovascular disease. American Heart Association, 125, 729-737. doi: 10.1161/CIRCULATIONAHA.110.969022



ATLANTA, GA

(Atlanta-Sandy Springs-Roswell, GA MSA)

Total Score = 57.5; Rank = 14

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

- 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

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

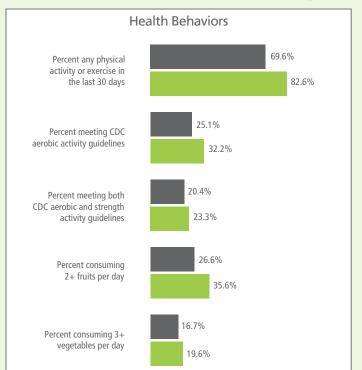
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer dog parks per capita
- Lower level of state requirement for Physical Education classes

Description of Atlanta-Sandy Springs-Roswell, GA MSA

1 7 1 7 1	
Population	5,522,942
Percent less than 18 years old	25.6%
Percent 18 to 64 years old	64.0%
Percent 65 years old and older	10.4%
Percent male	48.5%
Percent high school graduate or higher	88.2%
Percent White	56.1%
Percent Black or African American	33.0%
Percent Asian	5.3%
Percent Other Race	5.6%
Percent Hispanic/Latino	10.5%
Percent unemployed	9.8%
Median household income	\$55,733
Percent of households below poverty level	12.0%
Violent crime rate/100,000*	389.1
Percent with disability	10.2%

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

Personal Health Indicators – Score = 61.2; Rank = 16

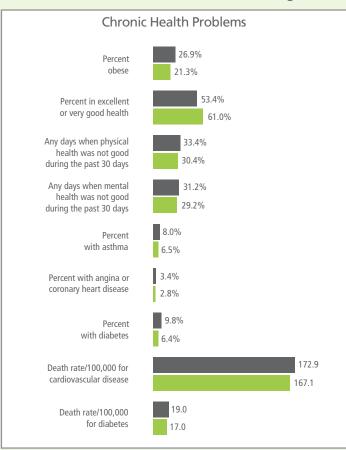


15.9%

Percent

currently

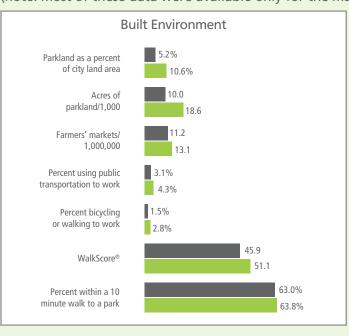
smoking



Atlanta

Target Goal*

Community/Environmental Indicators – Score = 54.0; Rank = 24









^{*}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 = 54.2; Rank = 20

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

- Lower percent with angina or coronary heart disease
- 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

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

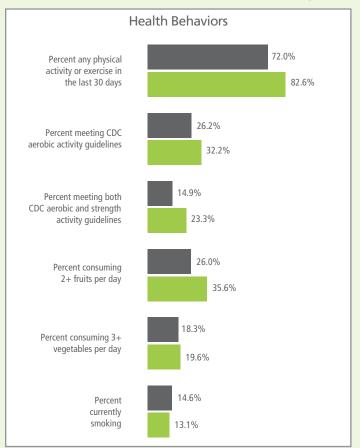
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent obese
- Higher percent with asthma
- Higher percent with diabetes
- Lower percent using public transportation to work
- Lower Walk Score®
- Lower percent of population 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
- Lower park-related expenditures per capita

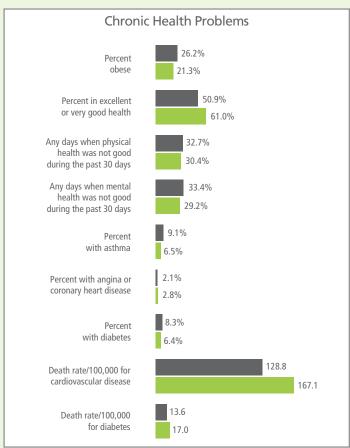
Description of Austin-Round Rock, TX MSA

Population	1,883,051
Percent less than 18 years old	24.6%
Percent 18 to 64 years old	66.2%
Percent 65 years old and older	9.2%
Percent male	50.1%
Percent high school graduate or higher	88.6%
Percent White	79.8%
Percent Black or African American	7.2%
Percent Asian	5.0%
Percent Other Race	8.0%
Percent Hispanic/Latino	31.9%
Percent unemployed	6.3%
Median household income	\$61,750
Percent of households below poverty level	9.2%
Violent crime rate/100,000*	271.3
Percent with disability	10.0%

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

Personal Health Indicators – Score = 64.5; Rank = 14

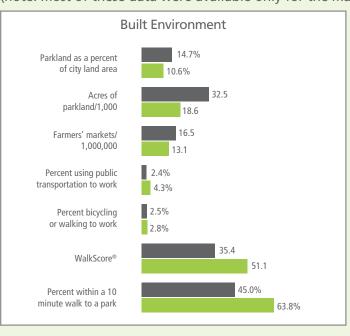




Austin

Target Goal*

Community/Environmental Indicators – Score = 44.5; Rank = 33









^{*}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 = 54.5; Rank = 19

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

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

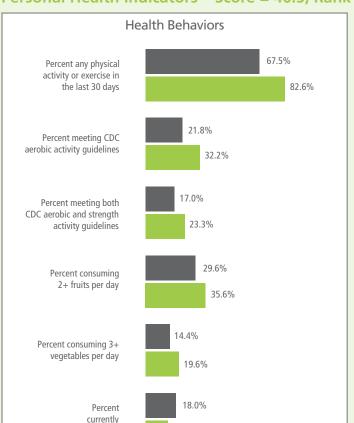
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for Physical Education classes

Description of Baltimore-Columbia-Towson, MD MSA

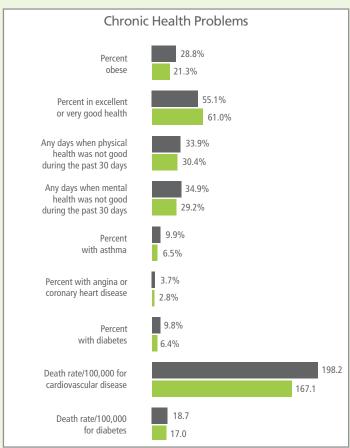
Population	2,770,738
Percent less than 18 years old	22.3%
Percent 18 to 64 years old	64.0%
Percent 65 years old and older	13.7%
Percent male	48.3%
Percent high school graduate or higher	89.5%
Percent White	61.5%
Percent Black or African American	29.0%
Percent Asian	5.0%
Percent Other Race	4.5%
Percent Hispanic/Latino	5.1%
Percent unemployed	7.3%
Median household income	\$68,455
Percent of households below poverty level	7.8%
Violent crime rate/100,000*	633.4
Percent with disability	11.8%

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

Personal Health Indicators – Score = 46.5; Rank = 28



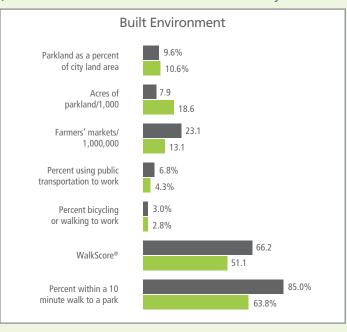
smoking



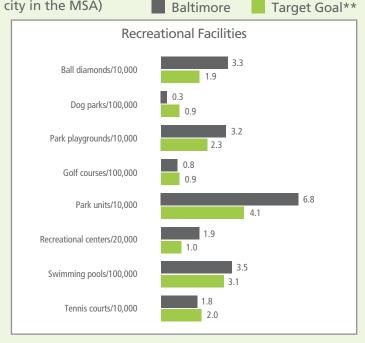
Baltimore

Target Goal*

Community/Environmental Indicators – Score = 62.0; Rank = 12











BIRMINGHAM, AL

(Birmingham-Hoover, AL MSA)

Total Score = 34.5; Rank = 44

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

- 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

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

- Lower percent of any physical activity or exercise in the last 30 days
- 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 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
- 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

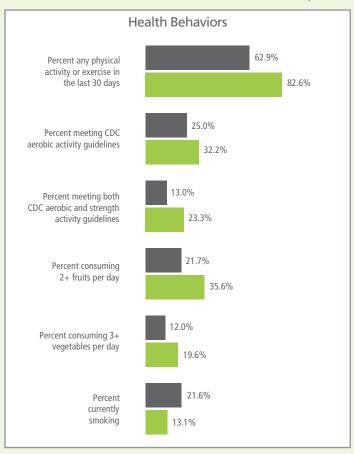
Description of Birmingham-Hoover, AL MSA

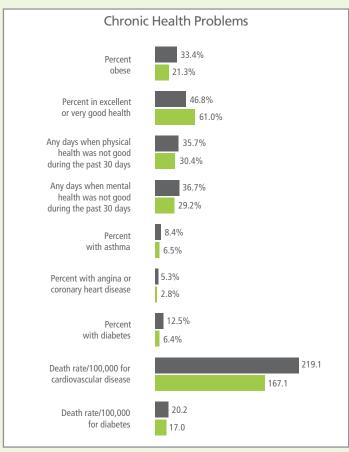
Population	1,140,300
Percent less than 18 years old	23.5%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	14.2%
Percent male	48.1%
Percent high school graduate or higher	87.0%
Percent White	66.7%
Percent Black or African American	28.4%
Percent Asian	1.3%
Percent Other Race	3.6%
Percent Hispanic/Latino	4.4%
Percent unemployed	7.7%
Median household income	\$48,328
Percent of households below poverty level	12.5%
Violent crime rate/100,000*	529.8
Percent with disability	15.4%

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

Personal Health Indicators – Score = 18.5; Rank = 50

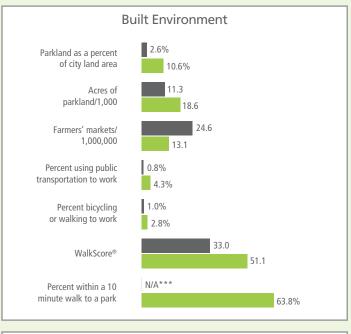




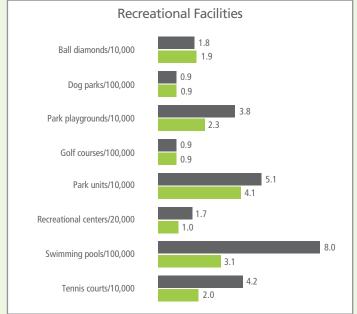


Community/Environmental Indicators – Score = 49.5; Rank = 29











^{*}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 the other MSAs.



BOSTON, MA

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

Total Score = 68.1; 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 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):

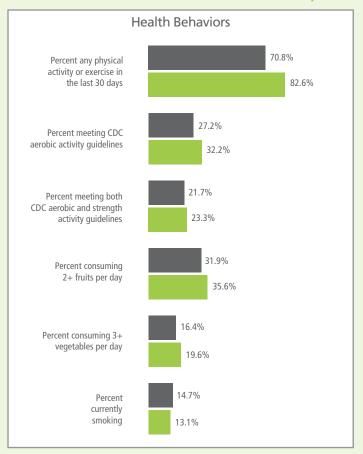
- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Fewer golf courses per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

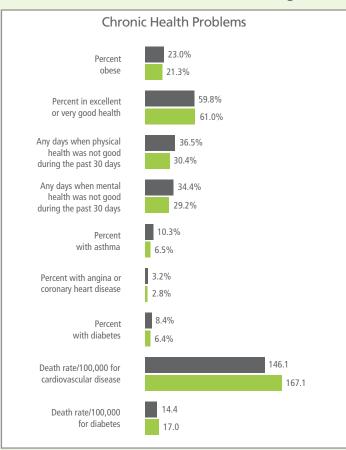
Description of Boston-Cambridge-Newton, MA-NH MSA

Population	4,684,299
Percent less than 18 years old	20.8%
Percent 18 to 64 years old	65.1%
Percent 65 years old and older	14.1%
Percent male	48.5%
Percent high school graduate or higher	91.2%
Percent White	77.8%
Percent Black or African American	7.7%
Percent Asian	7.0%
Percent Other Race	7.5%
Percent Hispanic/Latino	9.9%
Percent unemployed	7.2%
Median household income	\$72,907
Percent of households below poverty level	7.2%
Violent crime rate/100,000*	354.5
Percent with disability	10.9%

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

Personal Health Indicators – Score = 72.0; Rank = 8

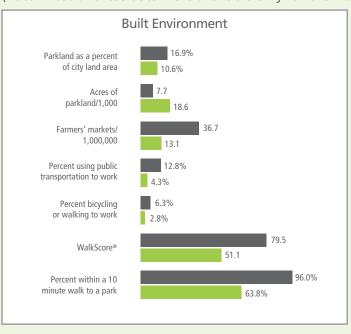




Boston

Target Goal*

Community/Environmental Indicators – Score = 64.4; Rank = 10









^{*}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 = 47.3; Rank = 32

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
- More tennis courts per capita

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

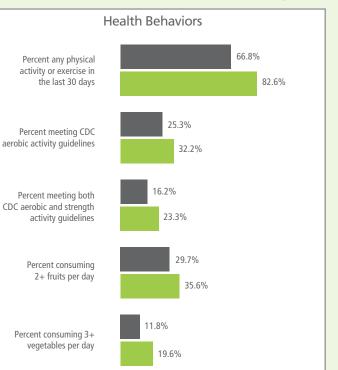
- Lower percent meeting CDC aerobic activity guidelines
- · Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- 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 dog parks per capita
- Fewer recreation centers per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for Physical Education classes

Description of Buffalo-Cheektowaga-Niagara Falls, NY MSA

Population	1,134,115
Percent less than 18 years old	20.7%
Percent 18 to 64 years old	62.9%
Percent 65 years old and older	16.4%
Percent male	48.4%
Percent high school graduate or higher	90.4%
Percent White	80.4%
Percent Black or African American	12.2%
Percent Asian	2.6%
Percent Other Race	4.8%
Percent Hispanic/Latino	4.5%
Percent unemployed	7.8%
Median household income	\$50,548
Percent of households below poverty level	10.5%
Violent crime rate/100,000*	430.2
Percent with disability	13.4%

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

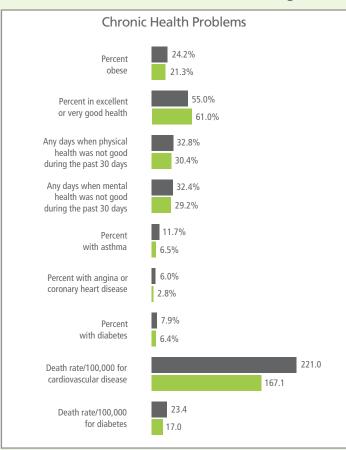
Personal Health Indicators – Score = 42.7; Rank = 34



23.0%

Percent currently

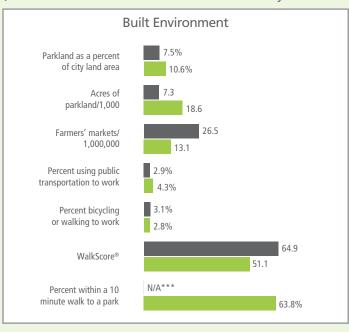
smoking

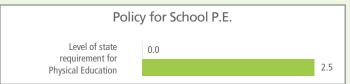


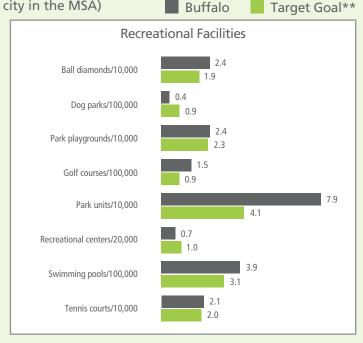
Buffalo

Target Goal*

Community/Environmental Indicators – Score = 51.7; Rank = 28









^{*}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 the other MSAs.



CHARLOTTE, NC

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

Total Score = 37.4; Rank = 43

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

- 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):

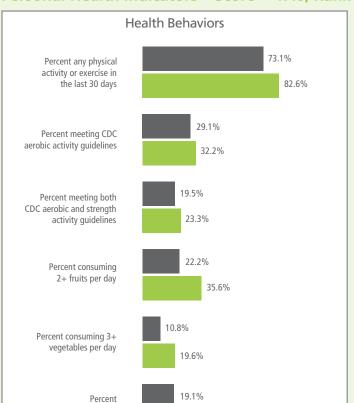
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- · Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area 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 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
- Lower park-related expenditures per capita

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

Population	2,335,358
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	63.1%
Percent 65 years old and older	12.0%
Percent male	48.6%
Percent high school graduate or higher	86.9%
Percent White	68.3%
Percent Black or African American	22.4%
Percent Asian	3.0%
Percent Other Race	6.3%
Percent Hispanic/Latino	9.6%
Percent unemployed	9.5%
Median household income	\$51,251
Percent of households below poverty level	11.1%
Violent crime rate/100,000*	404.4
Percent with disability	11.4%

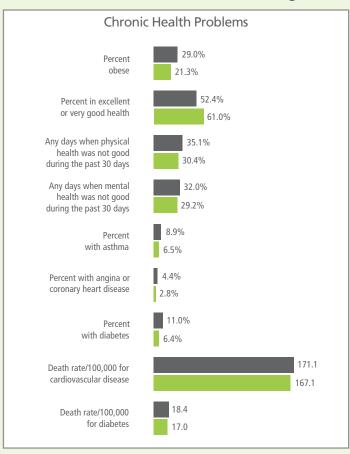
^{*}Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

Personal Health Indicators – Score = 47.6; Rank = 26



currently

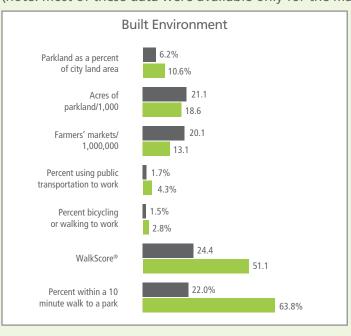
smoking



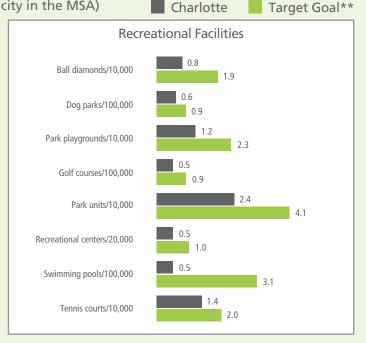
Charlotte

Target Goal*

Community/Environmental Indicators – Score = 27.8; Rank = 50









^{*}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 = 56.3; 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 recreation centers per capita
- More tennis courts per capita
- · Higher park-related expenditures per capita

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

- 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
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Lower level of state requirement for Physical Education classes

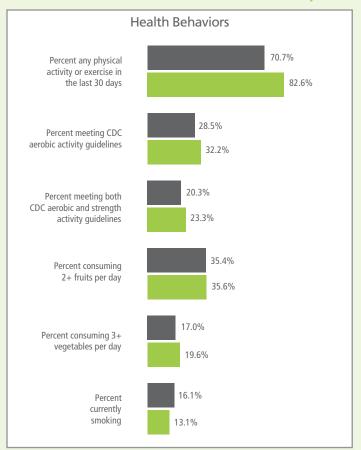
Description of Chicago-Naperville-Elgin, IL-IN-WI MSA

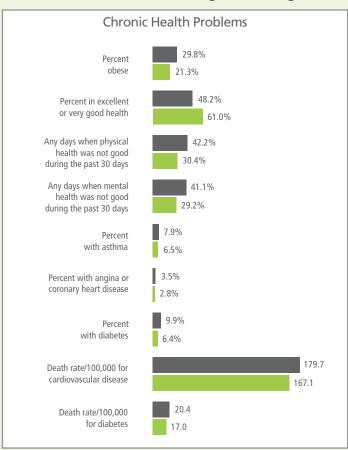
Population	9,537,289
Percent less than 18 years old	24.1%
Percent 18 to 64 years old	63.5%
Percent 65 years old and older	12.4%
Percent male	48.9%
Percent high school graduate or higher	87.2%
Percent White	66.8%
Percent Black or African American	16.9%
Percent Asian	6.0%
Percent Other Race	10.3%
Percent Hispanic/Latino	21.4%
Percent unemployed	9.8%
Median household income	\$60,564
Percent of households below poverty level	10.8%
Violent crime rate/100,000*	N/A‡
Percent with disability	10.0%

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

[‡]This measure was not available.

Personal Health Indicators – Score = 55.3; Rank = 18

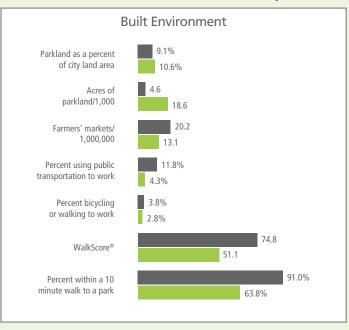




Chicago

Target Goal*

Community/Environmental Indicators – Score = 57.4; Rank = 17









^{*}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 = 56.4; Rank = 16

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

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

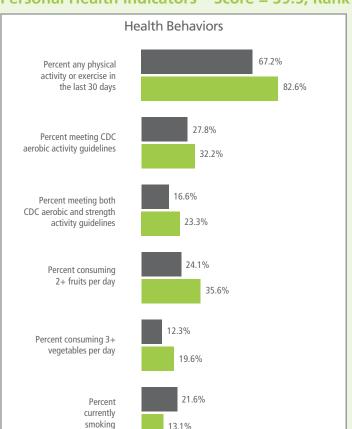
- · Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower level of state requirement for Physical Education classes

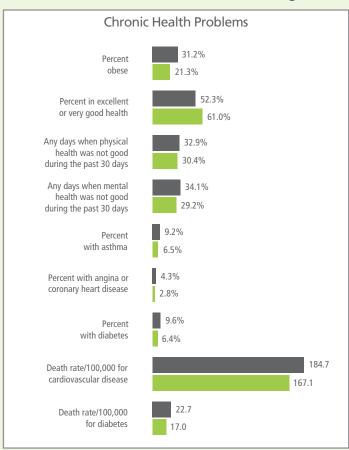
Description of Cincinnati, OH-KY-IN MSA

Population	2,137,406
Percent less than 18 years old	24.4%
Percent 18 to 64 years old	62.3%
Percent 65 years old and older	13.3%
Percent male	48.9%
Percent high school graduate or higher	89.6%
Percent White	83.0%
Percent Black or African American	12.0%
Percent Asian	2.1%
Percent Other Race	2.9%
Percent Hispanic/Latino	2.8%
Percent unemployed	7.6%
Median household income	\$53,378
Percent of households below poverty level	10.7%
Violent crime rate/100,000*	285.2
Percent with disability	12.4%

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

Personal Health Indicators – Score = 39.5; Rank = 38





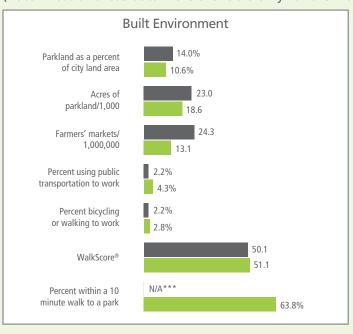
Cincinnati

Target Goal*

Target Goal**

Community/Environmental Indicators – Score = 72.3; Rank = 3

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







Cincinnati



^{*}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 the other MSAs.



CLEVELAND, OH

(Cleveland-Elyria, OH MSA)

Total Score = 50.5; Rank = 25

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

- Lower percent of days when mental health was not good during the past 30 days
- 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
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita

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 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 dog parks per capita
- Lower level of state requirement for Physical Education classes

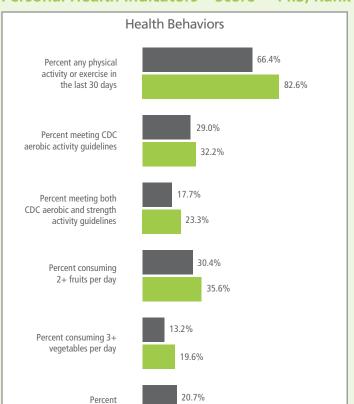
Description of Cleveland-Elyria, OH MSA

Population	2,064,725
Percent less than 18 years old	22.2%
Percent 18 to 64 years old	61.6%
Percent 65 years old and older	16.2%
Percent male	48.2%
Percent high school graduate or higher	89.4%
Percent White	74.4%
Percent Black or African American	19.9%
Percent Asian	2.1%
Percent Other Race	3.6%
Percent Hispanic/Latino	5.1%
Percent unemployed	8.9%
Median household income	\$49,358
Percent of households below poverty level	11.6%
Violent crime rate/100,000*	N/A‡
Percent with disability	13.6%

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

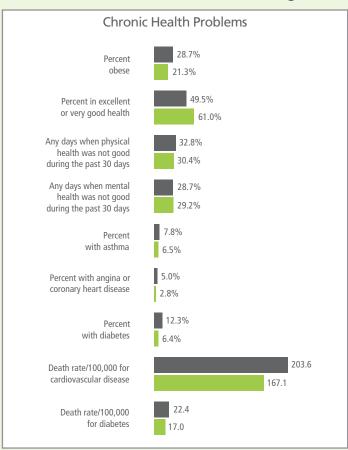
[‡]This measure was not available.

Personal Health Indicators – Score = 44.3; Rank = 31



currently

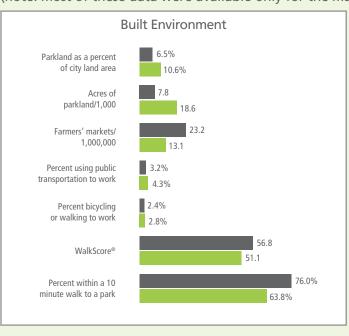
smoking

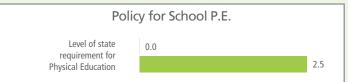


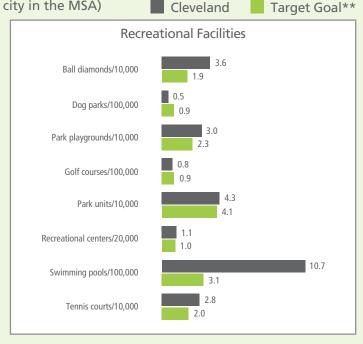
Cleveland

Target Goal*

Community/Environmental Indicators – Score = 56.4; Rank = 18.5









^{*}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 = 41.0; Rank = 38

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

- More farmers' markets per capita
- More park units per capita

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

- Lower percent of any physical activity or exercise in the last 30 days
- · 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 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
- 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 golf courses per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for Physical Education classes

Description of Columbus, OH MSA

Population	1,967,066
Percent less than 18 years old	24.2%
Percent 18 to 64 years old	64.1%
Percent 65 years old and older	11.7%
Percent male	49.2%
Percent high school graduate or higher	90.0%
Percent White	77.8%
Percent Black or African American	14.5%
Percent Asian	3.3%
Percent Other Race	4.4%
Percent Hispanic/Latino	3.7%
Percent unemployed	6.3%
Median household income	\$54,079
Percent of households below poverty level	10.0%
Violent crime rate/100,000*	N/A‡
Percent with disability	12.1%

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

[‡]This measure was not available.

66.0%

82.6%

Personal Health Indicators – Score = 39.6; Rank = 37

25.4%

23.3%

32.2%

35.6%

Health Behaviors

Percent any physical

activity or exercise in the last 30 days

Percent meeting CDC

Percent meeting both

activity guidelines

Percent consuming

Percent consuming 3+

vegetables per day

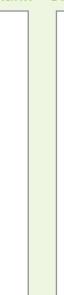
Percent currently

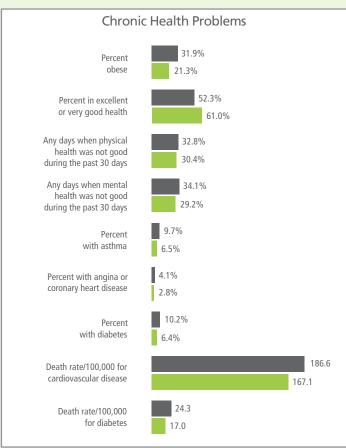
smoking

2+ fruits per day

CDC aerobic and strength

aerobic activity guidelines



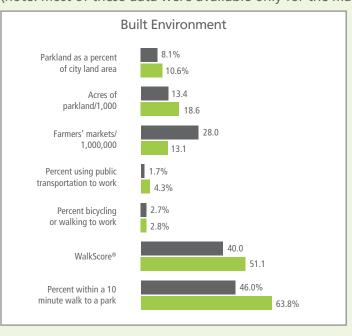


Columbus

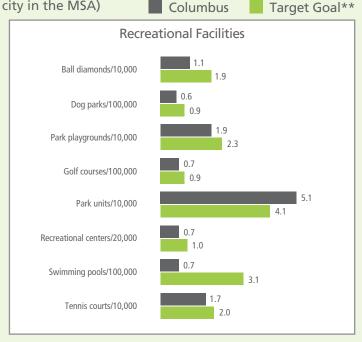
Target Goal*

Community/Environmental Indicators – Score = 42.4; Rank = 35

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







Columbus



^{*}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 = 38.8; Rank = 41

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 tennis courts per capita

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

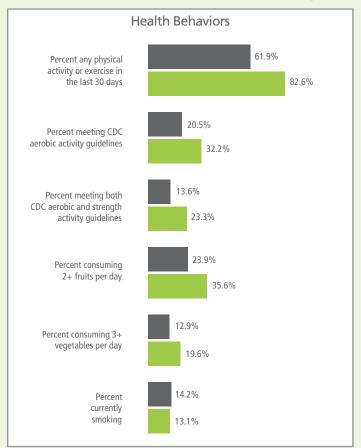
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- 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

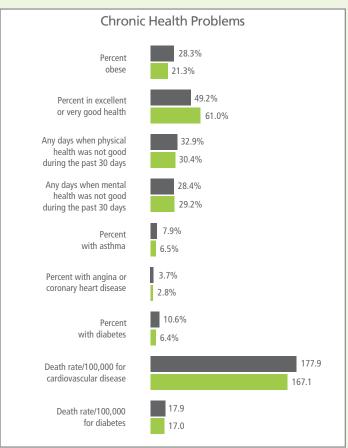
Description of Dallas-Fort Worth-Arlington, TX MSA

Population	6,810,913
Percent less than 18 years old	27.0%
Percent 18 to 64 years old	63.1%
Percent 65 years old and older	9.9%
Percent male	49.3%
Percent high school graduate or higher	84.4%
Percent White	69.2%
Percent Black or African American	15.1%
Percent Asian	5.7%
Percent Other Race	10.0%
Percent Hispanic/Latino	28.0%
Percent unemployed	6.8%
Median household income	\$57,398
Percent of households below poverty level	11.5%
Violent crime rate/100,000*	332.9
Percent with disability	9.7%

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

Personal Health Indicators – Score = 41.0; Rank = 35

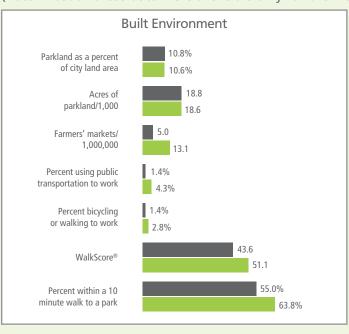




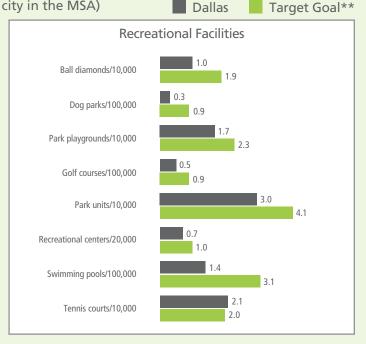
Dallas

Target Goal*

Community/Environmental Indicators – Score = 36.7; Rank = 41









^{*}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 = 71.1; Rank = 6

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

- Lower percent obese
- Lower percent with angina or coronary heart disease
- 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 level of state requirement for Physical Education classes

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

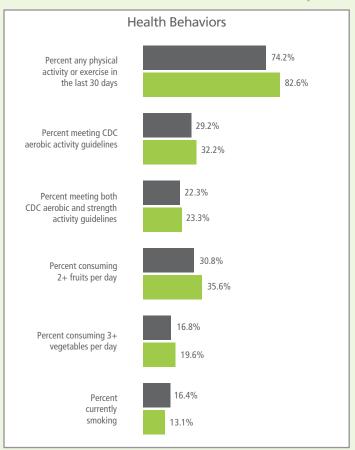
- Higher percent currently smoking
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita

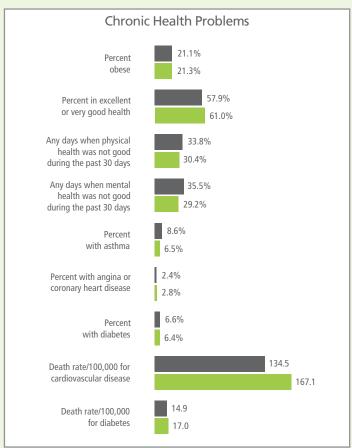
Description of Denver-Aurora-Lakewood, CO MSA

Population	2,697,476
Percent less than 18 years old	24.1%
Percent 18 to 64 years old	64.7%
Percent 65 years old and older	11.2%
Percent male	49.9%
Percent high school graduate or higher	90.1%
Percent White	82.1%
Percent Black or African American	5.4%
Percent Asian	3.8%
Percent Other Race	8.7%
Percent Hispanic/Latino	22.7%
Percent unemployed	6.6%
Median household income	\$62,760
Percent of households below poverty level	8.6%
Violent crime rate/100,000*	328.5
Percent with disability	9.4%

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

Personal Health Indicators – Score = 80.6; Rank = 2

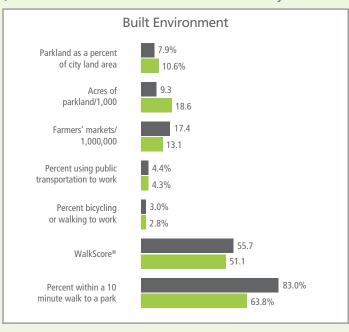




Denver

Target Goal*

Community/Environmental Indicators - Score = 62.1; Rank = 11









^{*}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 = 39.0; Rank = 40

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

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

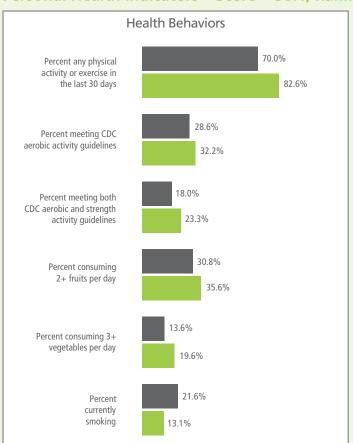
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with 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 golf courses per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita

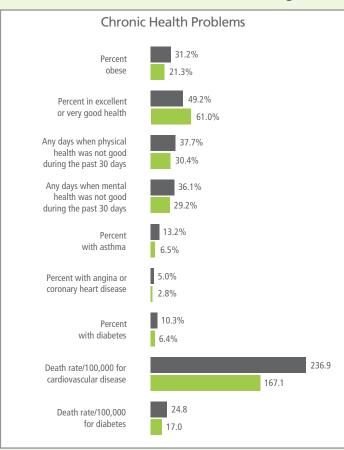
Description of Detroit-Warren-Dearborn, MI MSA

Population	4,294,983
Percent less than 18 years old	23.2%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	14.3%
Percent male	48.5%
Percent high school graduate or higher	88.6%
Percent White	70.1%
Percent Black or African American	22.4%
Percent Asian	3.8%
Percent Other Race	3.7%
Percent Hispanic/Latino	4.1%
Percent unemployed	10.4%
Median household income	\$51,857
Percent of households below poverty level	12.8%
Violent crime rate/100,000*	569.6
Percent with disability	14.4%

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

Personal Health Indicators – Score = 36.1; Rank = 42

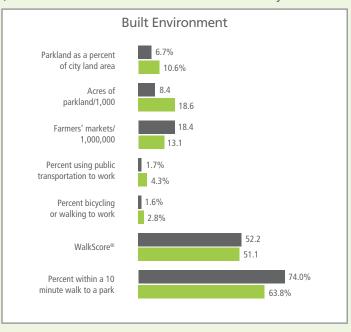




Detroit

Target Goal*

Community/Environmental Indicators - Score = 41.8; Rank = 36









^{*}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 = 64.8; Rank = 11

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 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):

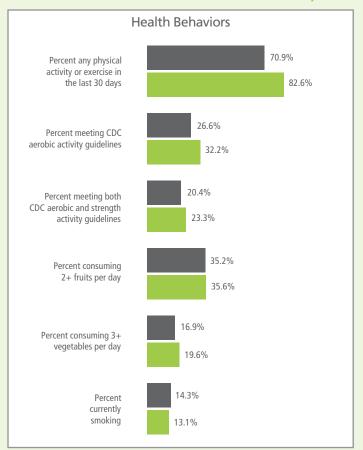
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Fewer dog parks per capita
- Lower park-related expenditures per capita

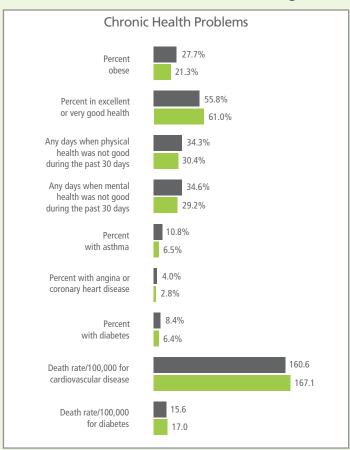
Description of Hartford-West Hartford-East Hartford, CT MSA

Population	1,215,211
Percent less than 18 years old	21.3%
Percent 18 to 64 years old	63.3%
Percent 65 years old and older	15.4%
Percent male	48.7%
Percent high school graduate or higher	89.9%
Percent White	76.7%
Percent Black or African American	11.1%
Percent Asian	4.4%
Percent Other Race	7.8%
Percent Hispanic/Latino	13.6%
Percent unemployed	9.3%
Median household income	\$66,356
Percent of households below poverty level	7.8%
Violent crime rate/100,000*	264.3
Percent with disability	11.6%

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

Personal Health Indicators – Score = 68.2; Rank = 11

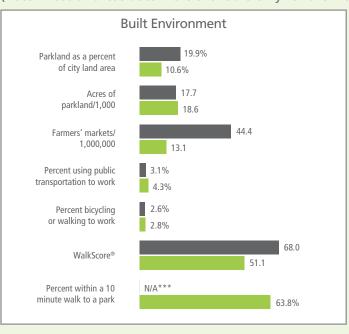




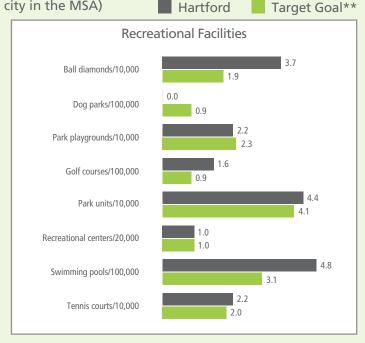
Hartford

Target Goal*

Community/Environmental Indicators – Score = 61.7; Rank = 13









^{*}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 the other MSAs.



HOUSTON, TX

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

Total Score = 39.8; Rank = 39

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

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

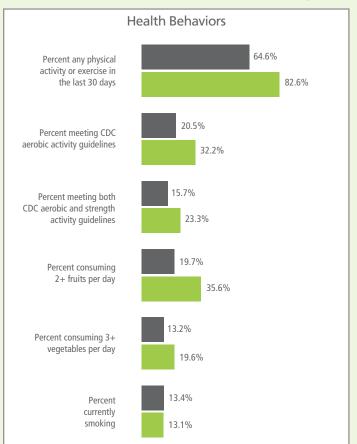
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher 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 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
- · Lower park-related expenditures per capita

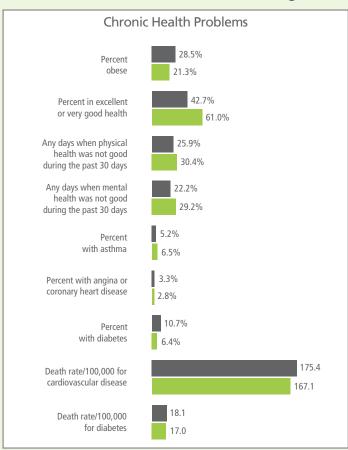
Description of Houston-The Woodlands-Sugar Land, TX MSA

Population	6,313,158
Percent less than 18 years old	27.3%
Percent 18 to 64 years old	63.2%
Percent 65 years old and older	9.5%
Percent male	49.8%
Percent high school graduate or higher	82.0%
Percent White	65.6%
Percent Black or African American	17.2%
Percent Asian	7.0%
Percent Other Race	10.2%
Percent Hispanic/Latino	36.1%
Percent unemployed	7.0%
Median household income	\$57,366
Percent of households below poverty level	13.2%
Violent crime rate/100,000*	559.0
Percent with disability	9.7%

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

Personal Health Indicators – Score = 44.4; Rank = 30

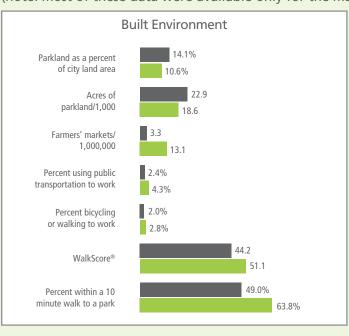




Houston

Target Goal*

Community/Environmental Indicators – Score = 35.6; Rank = 42









^{*}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 = 26.8; Rank = 50

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

- More farmers' markets per capita
- More golf courses per capita

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

- Lower percent of any physical activity or exercise in the last 30 days
- 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
- 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
- Lower level of state requirement for Physical Education classes

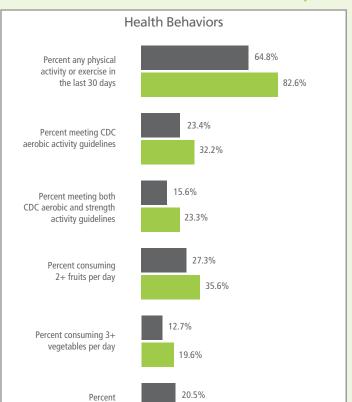
Description of Indianapolis-Carmel-Anderson, IN MSA

Population	1,953,961
Percent less than 18 years old	25.4%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	12.1%
Percent male	48.8%
Percent high school graduate or higher	88.7%
Percent White	77.1%
Percent Black or African American	14.8%
Percent Asian	2.5%
Percent Other Race	5.6%
Percent Hispanic/Latino	6.3%
Percent unemployed	8.2%
Median household income	\$51,087
Percent of households below poverty level	11.9%
Violent crime rate/100,000*	N/A‡
Percent with disability	12.8%

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

[‡]This measure was not available.

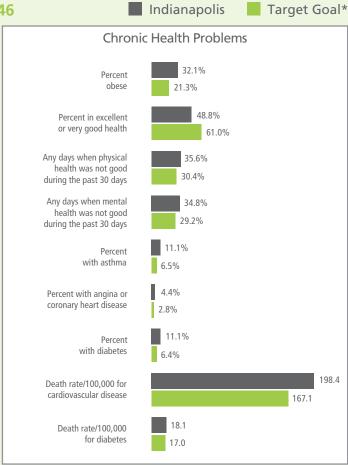
Personal Health Indicators – Score = 24.9; Rank = 46



13.1%

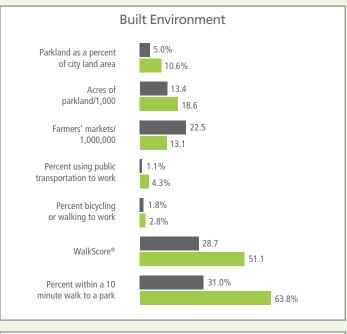
currently

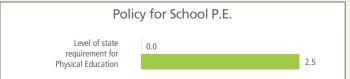
smoking

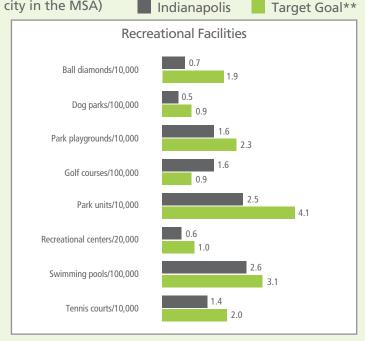


Target Goal*

Community/Environmental Indicators – Score = 28.6; Rank = 49









^{*}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 = 43.5; Rank = 35

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

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

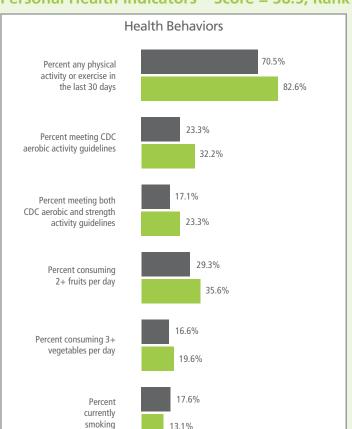
- Lower percent meeting CDC aerobic activity guidelines
- · Lower percent meeting both CDC aerobic and strength activity guidelines
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when 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
- 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
- Lower level of state requirement for Physical Education classes

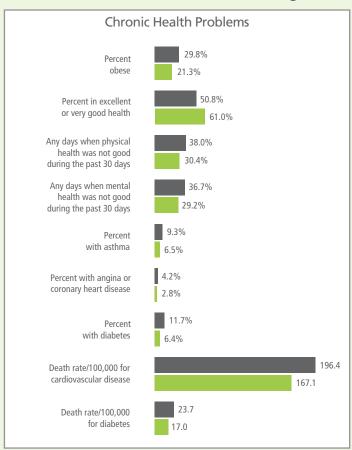
Description of Jacksonville, FL MSA

Population	1,394,624
Percent less than 18 years old	22.8%
Percent 18 to 64 years old	63.4%
Percent 65 years old and older	13.8%
Percent male	48.8%
Percent high school graduate or higher	90.3%
Percent White	70.9%
Percent Black or African American	21.4%
Percent Asian	3.6%
Percent Other Race	4.1%
Percent Hispanic/Latino	7.7%
Percent unemployed	9.7%
Median household income	\$51,495
Percent of households below poverty level	10.7%
Violent crime rate/100,000*	495.7
Percent with disability	13.1%

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

Personal Health Indicators – Score = 38.5; Rank = 40



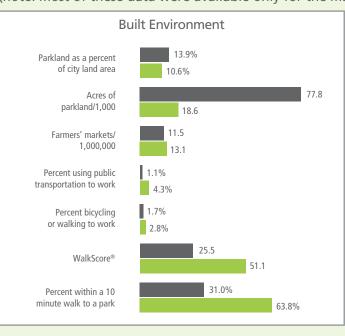


Jacksonville

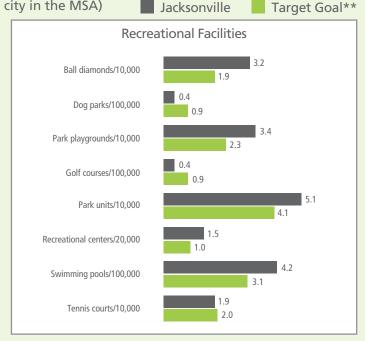
Target Goal*

Community/Environmental Indicators – Score = 48.3; Rank = 30

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







Jacksonville



^{*}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.

51



KANSAS CITY, MO

(Kansas City, MO-KS MSA)

Total Score = 50.5; Rank = 26

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

- 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

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
- Lower level of state requirement for Physical Education classes

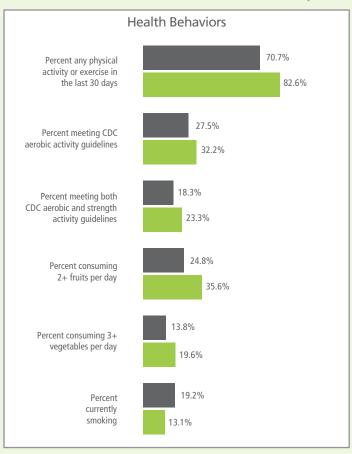
Description of Kansas City, MO-KS MSA

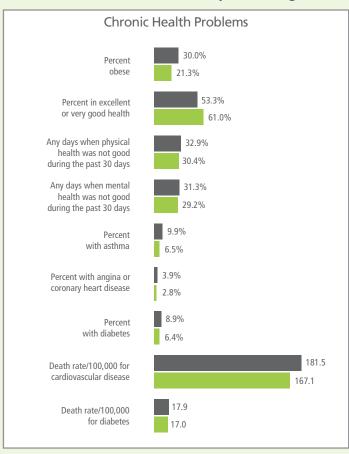
Population	2,054,473
Percent less than 18 years old	25.1%
Percent 18 to 64 years old	62.0%
Percent 65 years old and older	13.0%
Percent male	49.0%
Percent high school graduate or higher	91.2%
Percent White	78.9%
Percent Black or African American	12.6%
Percent Asian	2.5%
Percent Other Race	6.0%
Percent Hispanic/Latino	8.6%
Percent unemployed	6.1%
Median household income	\$56,248
Percent of households below poverty level	8.8%
Violent crime rate/100,000*	468.5
Percent with disability	11.6%

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

Personal Health Indicators – Score = 53.2; Rank = 21



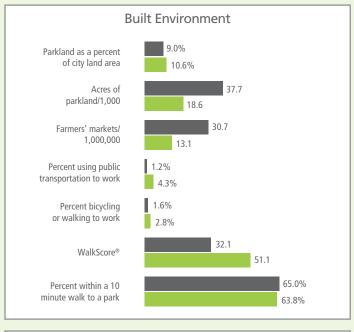


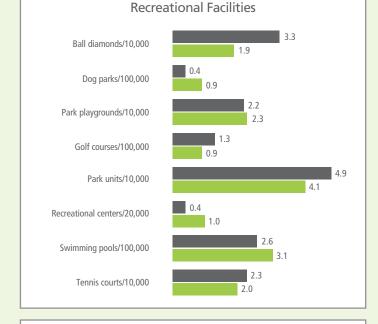


Community/Environmental Indicators - Score = 48.0; Rank = 31

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











^{*}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.

53



LAS VEGAS, NV

(Las Vegas-Henderson-Paradise, NV MSA)

Total Score = 47.4; Rank = 31

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

- Lower death rate for diabetes
- More dog parks per capita
- Higher park-related expenditures per capita

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

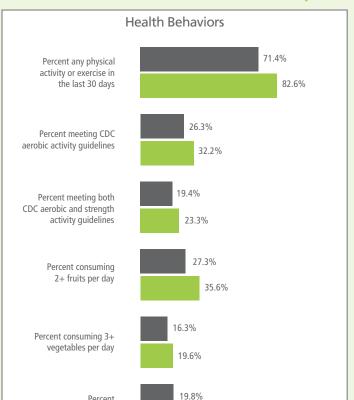
- Lower percent consuming 2+ fruits per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- · Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- 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 golf courses 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	2,027,868
Percent less than 18 years old	24.1%
Percent 18 to 64 years old	63.0%
Percent 65 years old and older	12.8%
Percent male	50.2%
Percent high school graduate or higher	84.5%
Percent White	62.7%
Percent Black or African American	10.8%
Percent Asian	9.3%
Percent Other Race	17.2%
Percent Hispanic/Latino	30.0%
Percent unemployed	11.2%
Median household income	\$51,057
Percent of households below poverty level	12.1%
Violent crime rate/100,000*	678.0
Percent with disability	12.4%

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

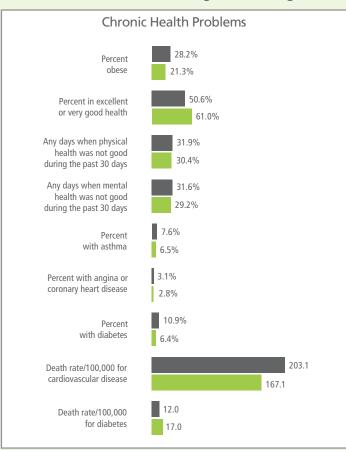
Personal Health Indicators – Score = 58.3; Rank = 17



Percent

currently

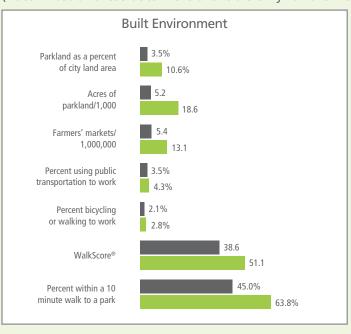
smoking



Las Vegas

Target Goal*

Community/Environmental Indicators – Score = 37.2; Rank = 40









^{*}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 = 52.0; Rank = 23

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

- Lower percent currently smoking
- 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):

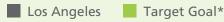
- Lower percent in excellent or very good health
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- · Lower park-related expenditures per capita

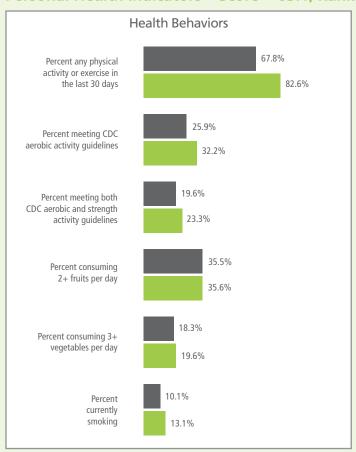
Description of Los Angeles-Long Beach-Anaheim, CA MSA

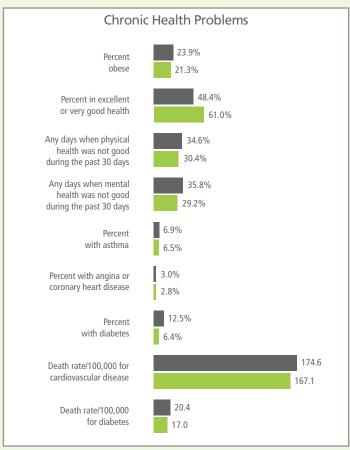
Population	13,131,431
Percent less than 18 years old	23.2%
Percent 18 to 64 years old	64.7%
Percent 65 years old and older	12.1%
Percent male	49.4%
Percent high school graduate or higher	78.6%
Percent White	55.8%
Percent Black or African American	6.7%
Percent Asian	15.2%
Percent Other Race	22.3%
Percent Hispanic/Latino	44.9%
Percent unemployed	9.6%
Median household income	\$58,869
Percent of households below poverty level	13.7%
Violent crime rate/100,000*	353.3
Percent with disability	9.6%

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

Personal Health Indicators – Score = 63.1; Rank = 15

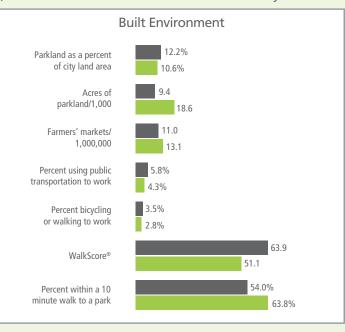






Community/Environmental Indicators – Score = 41.6; Rank = 37

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







Target Goal**



^{*}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 = 32.1; 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
- More tennis courts per capita

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

- Lower percent of any physical activity or exercise in the last 30 days
- 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 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
- 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 playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for Physical Education classes

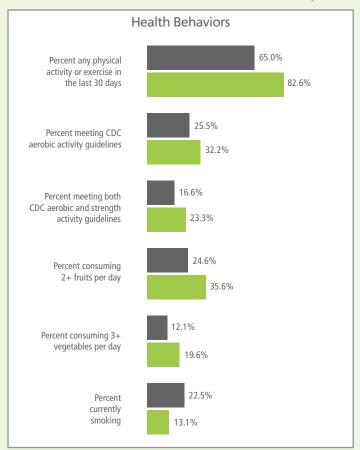
Description of Louisville/Jefferson County, KY-IN MSA

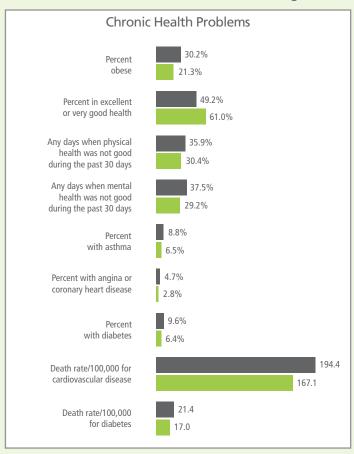
,,,,	
Population	1,262,261
Percent less than 18 years old	23.1%
Percent 18 to 64 years old	62.9%
Percent 65 years old and older	14.0%
Percent male	48.8%
Percent high school graduate or higher	88.3%
Percent White	80.9%
Percent Black or African American	13.9%
Percent Asian	1.6%
Percent Other Race	3.6%
Percent Hispanic/Latino	4.3%
Percent unemployed	7.6%
Median household income	\$50,905
Percent of households below poverty level	10.0%
Violent crime rate/100,000*	N/A‡
Percent with disability	14.3%

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

[‡]This measure was not available.

Personal Health Indicators – Score = 29.5; Rank = 45

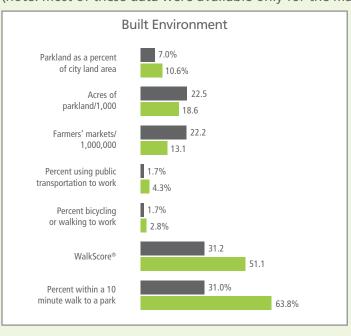


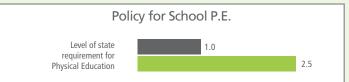


Louisville

Target Goal*

Community/Environmental Indicators - Score = 34.5; Rank = 44









^{*}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 = 27.3; Rank = 49

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
- More golf courses per capita
- More recreation centers per capita

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

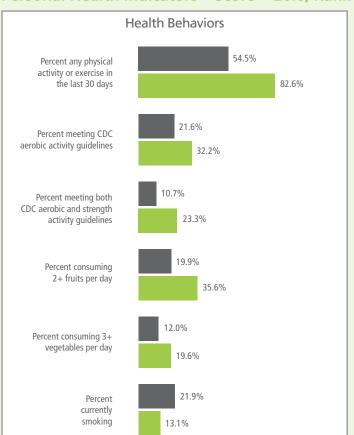
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- · Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with 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
- Lower level of state requirement for Physical Education classes

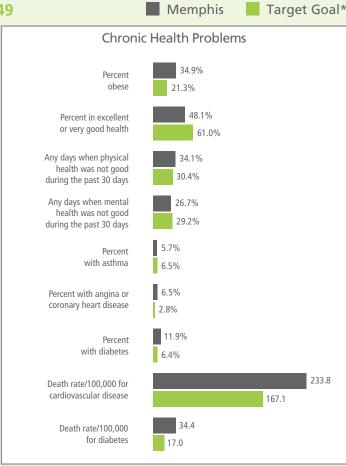
Description of Memphis, TN-MS-AR MSA

Population	1,341,746
Percent less than 18 years old	25.7%
Percent 18 to 64 years old	62.6%
Percent 65 years old and older	11.6%
Percent male	48.0%
Percent high school graduate or higher	85.3%
Percent White	47.9%
Percent Black or African American	46.4%
Percent Asian	1.9%
Percent Other Race	3.8%
Percent Hispanic/Latino	5.2%
Percent unemployed	10.5%
Median household income	\$46,962
Percent of households below poverty level	15.4%
Violent crime rate/100,000*	993.4
Percent with disability	13.6%

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

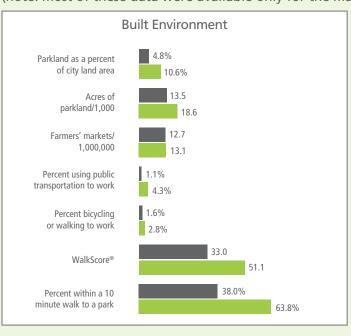
Personal Health Indicators – Score = 20.0; Rank = 49



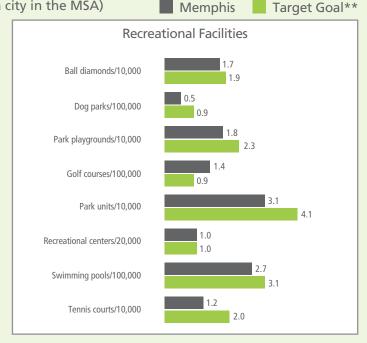


Target Goal*

Community/Environmental Indicators -- Score = 34.1; Rank = 47









^{*}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 = 47.5; Rank = 30

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 Walk Score®
- Higher percent of population within a 10 minute walk to a park
- More recreation centers per capita
- More swimming pools per capita

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

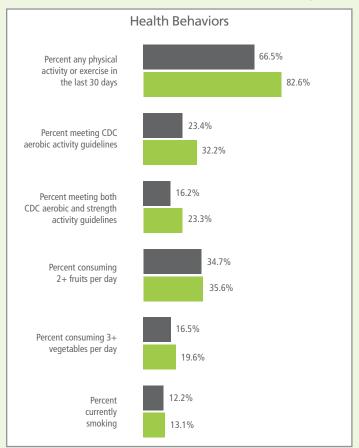
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent in excellent or very good health
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- · 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 dog parks 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
- Lower level of state requirement for Physical Education classes

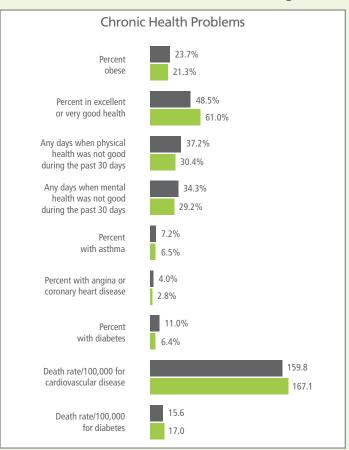
Description of Miami-Fort Lauderdale-West Palm Beach, FL MSA

5,828,191
20.9%
62.4%
16.7%
48.6%
84.7%
71.6%
21.3%
2.4%
4.7%
42.7%
10.0%
\$46,946
14.0%
538.9
11.2%

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

Personal Health Indicators – Score = 52.8; Rank = 22

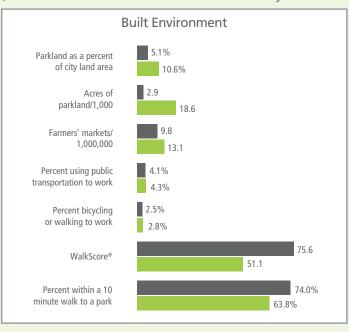




Miami

Target Goal*

Community/Environmental Indicators – Score = 42.6; Rank = 34









^{*}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 = 46.8; Rank = 33

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

- Higher percent of city land area as parkland
- 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 golf courses per capita

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

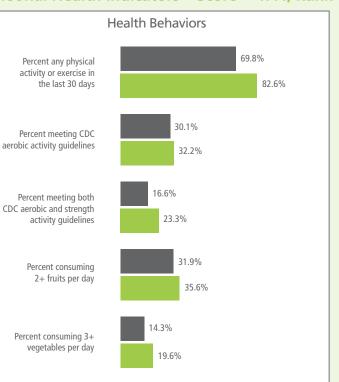
- · Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with 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 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 Milwaukee-Waukesha-West Allis, WI MSA

Population	1,569,659
Percent less than 18 years old	23.8%
Percent 18 to 64 years old	62.7%
Percent 65 years old and older	13.5%
Percent male	48.8%
Percent high school graduate or higher	90.0%
Percent White	74.8%
Percent Black or African American	16.5%
Percent Asian	3.2%
Percent Other Race	5.5%
Percent Hispanic/Latino	10.1%
Percent unemployed	7.2%
Median household income	\$51,957
Percent of households below poverty level	12.0%
Violent crime rate/100,000*	587.1
Percent with disability	12.2%

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

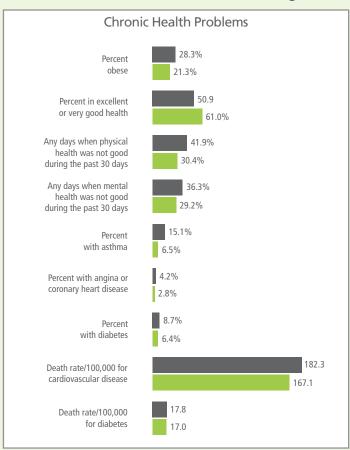
Personal Health Indicators – Score = 47.4; Rank = 27



20.3%

Percent currently

smoking

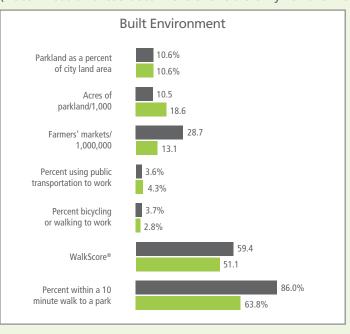


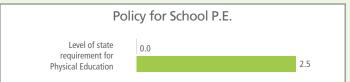
Milwaukee

Target Goal*

Community/Environmental Indicators – Score = 46.3; Rank = 32

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







Milwaukee



^{*}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 = 75.6; Rank = 2

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

- 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 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

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

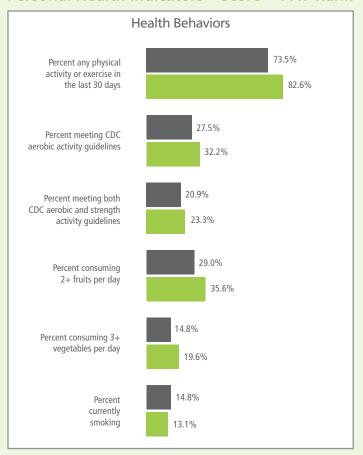
- Lower percent consuming 3+ vegetables per day
- Fewer acres of parkland per capita
- Fewer swimming pools per capita
- Lower level of state requirement for Physical Education classes

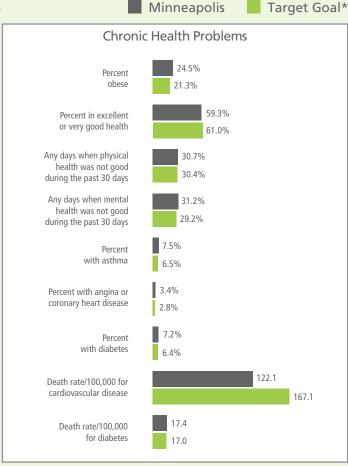
Description of Minneapolis-St. Paul-Bloomington, MN-WI MSA 3.459,146

Population	3,459,146
Percent less than 18 years old	24.3%
Percent 18 to 64 years old	63.8%
Percent 65 years old and older	11.9%
Percent male	49.4%
Percent high school graduate or higher	93.0%
Percent White	80.7%
Percent Black or African American	7.6%
Percent Asian	6.0%
Percent Other Race	5.7%
Percent Hispanic/Latino	5.6%
Percent unemployed	5.6%
Median household income	\$67,194
Percent of households below poverty level	6.7%
Violent crime rate/100,000*	273.9
Percent with disability	9.6%

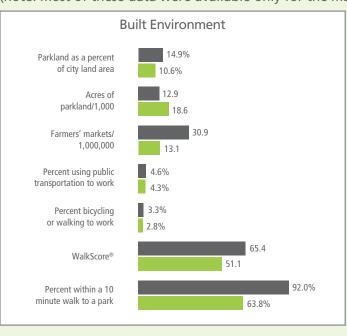
^{*}Due to differences in jurisdictional definitions and reporting, the FBI recommends that these rates not be compared across areas.

Personal Health Indicators – Score = 77.7 Rank = 6





Community/Environmental Indicators – Score = 73.6; Rank = 2









^{*}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 = 33.0; Rank = 45

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
- 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):

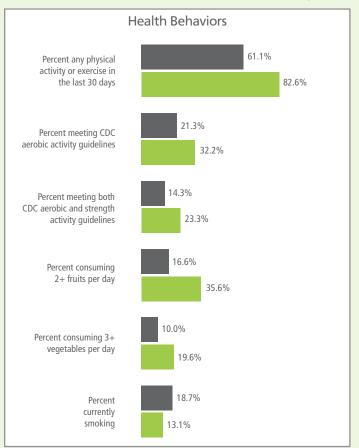
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- 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 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

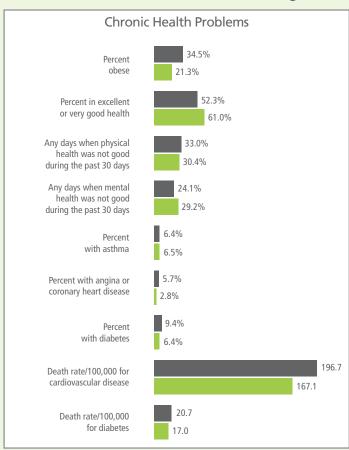
Description of Nashville-Davidson-Murfreesboro-Franklin, TN MSA

Population	1,757,912
Percent less than 18 years old	23.9%
Percent 18 to 64 years old	64.4%
Percent 65 years old and older	11.8%
Percent male	49.0%
Percent high school graduate or higher	88.2%
Percent White	77.9%
Percent Black or African American	15.4%
Percent Asian	2.4%
Percent Other Race	4.3%
Percent Hispanic/Latino	6.7%
Percent unemployed	6.8%
Median household income	\$51,996
Percent of households below poverty level	9.8%
Violent crime rate/100,000*	596.1
Percent with disability	11.6%

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

Personal Health Indicators – Score = 31.6; Rank = 43

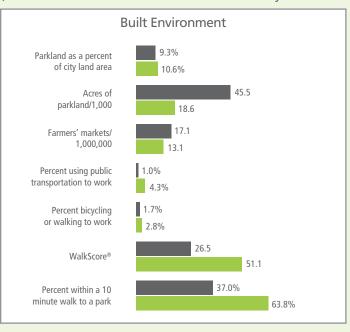


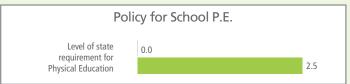


Nashville

Target Goal*

Community/Environmental Indicators - Score = 34.4; Rank = 46









^{*}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 = 38.6; Rank = 42

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

- Lower percent with asthma
- 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

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 angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for 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
- Lower level of state requirement for Physical Education classes

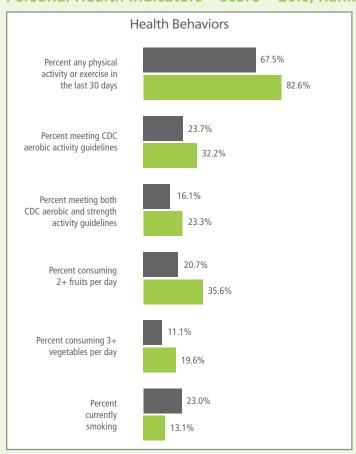
Description of New Orleans-Metairie, LA MSA

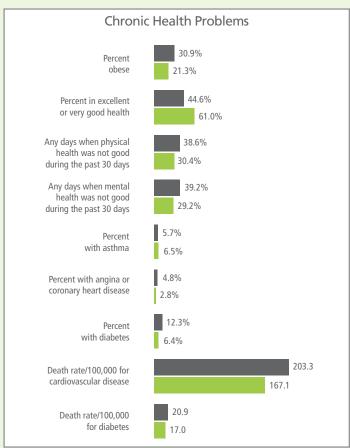
Population	1,240,977
Percent less than 18 years old	22.7%
Percent 18 to 64 years old	64.0%
Percent 65 years old and older	13.3%
Percent male	48.5%
Percent high school graduate or higher	84.8%
Percent White	58.6%
Percent Black or African American	34.9%
Percent Asian	2.9%
Percent Other Race	3.6%
Percent Hispanic/Latino	8.3%
Percent unemployed	8.2%
Median household income	\$45,981
Percent of households below poverty level	15.2%
Violent crime rate/100,000*	473.9
Percent with disability	13.6%

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

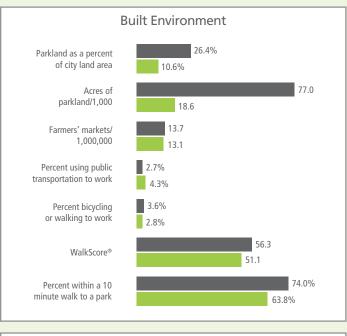
Personal Health Indicators – Score = 20.6; Rank = 48







Community/Environmental Indicators - Score = 55.7; Rank = 22









^{*}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 = 50.9; 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 dog parks per capita
- More park units per capita
- Higher park-related expenditures per capita

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

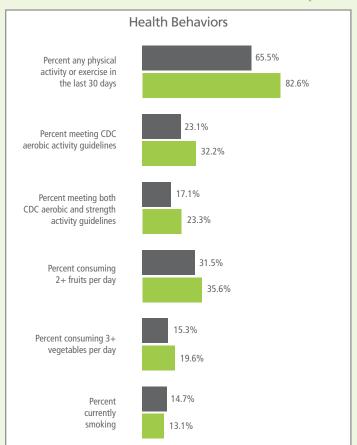
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent with asthma
- Higher percent with 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
- Lower level of state requirement for Physical Education classes

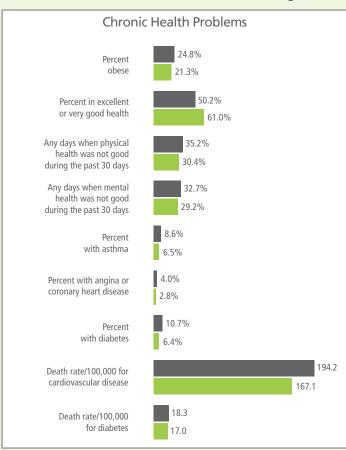
Description of New York-Newark-Jersey City, NY-NJ-PA MSA

Population	19,949,502
Percent less than 18 years old	22.2%
Percent 18 to 64 years old	63.9%
Percent 65 years old and older	13.9%
Percent male	48.4%
Percent high school graduate or higher	85.3%
Percent White	58.9%
Percent Black or African American	17.2%
Percent Asian	10.4%
Percent Other Race	13.5%
Percent Hispanic/Latino	23.5%
Percent unemployed	8.8%
Median household income	\$65,786
Percent of households below poverty level	11.3%
Violent crime rate/100,000*	390.2
Percent with disability	10.0%

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

Personal Health Indicators – Score = 49.6; Rank = 24

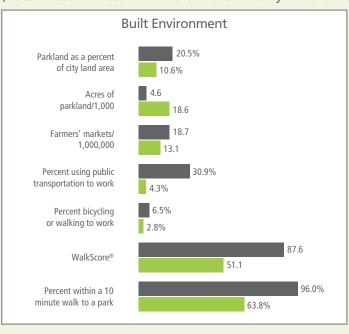




New York

Target Goal*

Community/Environmental Indicators – Score = 52.2; Rank = 27









^{*}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 = 29.6; Rank = 48

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):

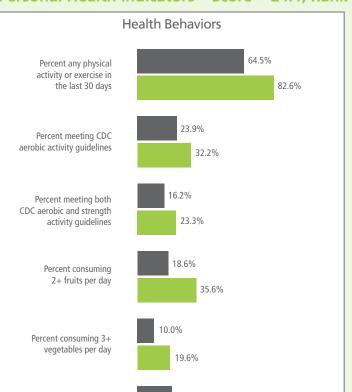
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- · Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher 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
- 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	1,319,677
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	62.7%
Percent 65 years old and older	12.4%
Percent male	49.3%
Percent high school graduate or higher	86.8%
Percent White	74.3%
Percent Black or African American	10.1%
Percent Asian	3.1%
Percent Other Race	12.5%
Percent Hispanic/Latino	12.1%
Percent unemployed	5.5%
Median household income	\$50,136
Percent of households below poverty level	10.7%
Violent crime rate/100,000*	503.0
Percent with disability	13.5%

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

Personal Health Indicators – Score = 24.1; Rank = 47

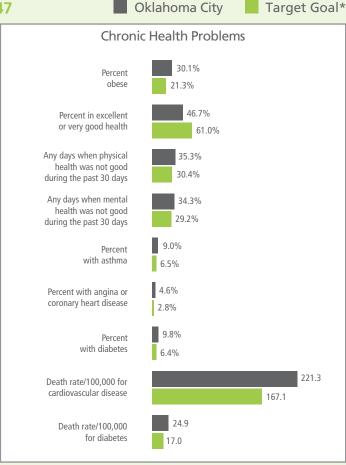


20.9%

13.1%

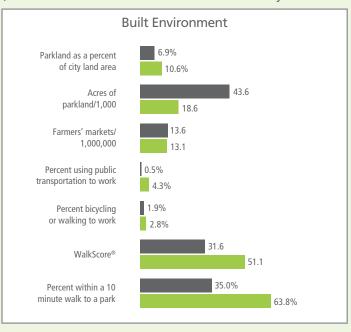
Percent currently

smoking



Community/Environmental Indicators – Score = 34.8; Rank = 43

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







Oklahoma City

Target Goal**



^{*}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 = 42.7; Rank = 36

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

- Lower death rate for cardiovascular disease
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- Higher park-related expenditures per capita

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

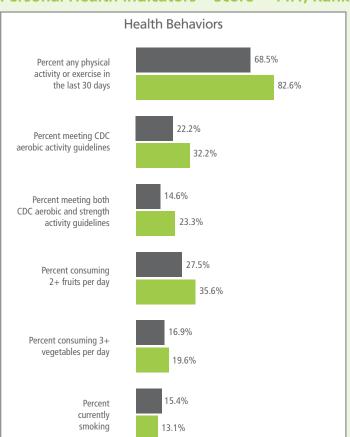
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 2+ fruits per day
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent with asthma
- Higher percent with angina 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
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Fewer dog parks per capita
- Fewer golf courses per capita
- · Lower level of state requirement for Physical Education classes

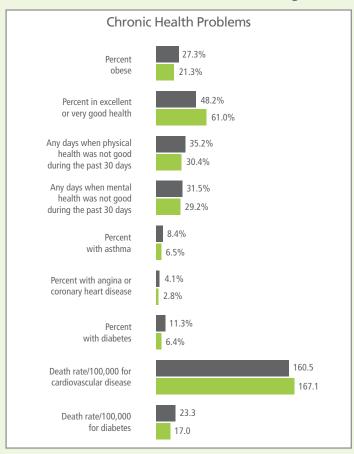
Description of Orlando-Kissimmee-Sanford, FL MSA

Population	2,267,846
Percent less than 18 years old	22.7%
Percent 18 to 64 years old	64.0%
Percent 65 years old and older	13.4%
Percent male	49.0%
Percent high school graduate or higher	87.7%
Percent White	71.1%
Percent Black or African American	15.8%
Percent Asian	4.2%
Percent Other Race	8.9%
Percent Hispanic/Latino	27.3%
Percent unemployed	8.9%
Median household income	\$46,962
Percent of households below poverty level	13.0%
Violent crime rate/100,000*	540.1
Percent with disability	11.5%

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

Personal Health Indicators – Score = 44.1; Rank = 32.5

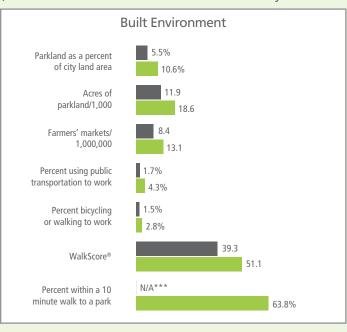


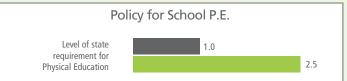


Orlando

Target Goal*

Community/Environmental Indicators – 41.3; Rank = 38









^{*}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 the other MSAs.



PHILADELPHIA, PA

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

Total Score = 52.5; Rank = 22

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):

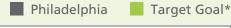
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the 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

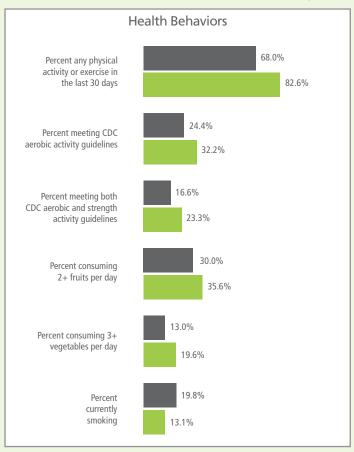
Description of Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA

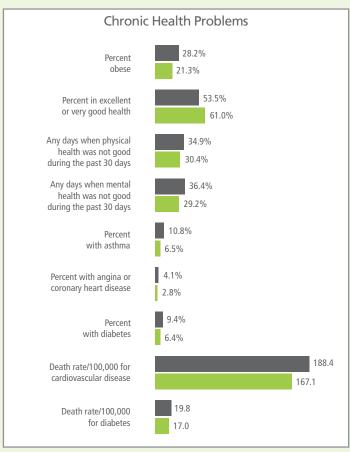
Population	6,034,678
Percent less than 18 years old	22.5%
Percent 18 to 64 years old	63.3%
Percent 65 years old and older	14.2%
Percent male	48.3%
Percent high school graduate or higher	89.5%
Percent White	67.9%
Percent Black or African American	21.0%
Percent Asian	5.4%
Percent Other Race	5.7%
Percent Hispanic/Latino	8.5%
Percent unemployed	9.5%
Median household income	\$60,482
Percent of households below poverty level	9.3%
Violent crime rate/100,000*	497.5
Percent with disability	12.3%

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

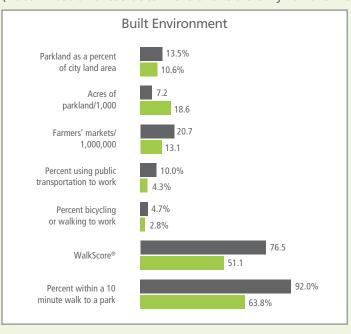
Personal Health Indicators – Score = 44.5; Rank = 29



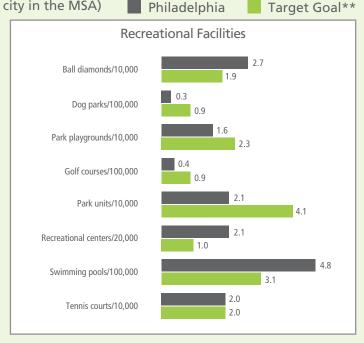




Community/Environmental Indicators – Score = 60.0; Rank = 15









^{*}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 = 41.1; Rank = 37

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

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

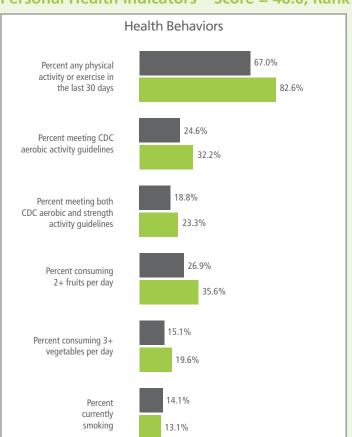
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent obese
- Higher percent of days when physical health was not good in the past 30 days
- Higher percent of days when mental health was not good in the past 30 days
- Higher percent with asthma
- 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 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 level of state requirement for Physical Education classes

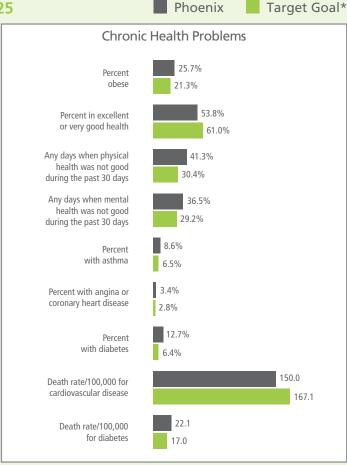
Description of Phoenix-Mesa-Scottsdale, AZ MSA

Percent less than 18 years old Percent 18 to 64 years old Percent 65 years old and older Percent male Percent high school graduate or higher Percent White Percent Black or African American Percent Asian Percent Other Race Percent Hispanic/Latino Percent unemployed Median household income 25.3% 60.9% 60.9% 7.7% 7.7%	Population	4,398,762
Percent 65 years old and older 13.7% Percent male 49.7% Percent high school graduate or higher 86.5% Percent White 80.1% Percent Black or African American 5.1% Percent Asian 3.5% Percent Other Race 11.3% Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent less than 18 years old	25.3%
Percent male 49.7% Percent high school graduate or higher 86.5% Percent White 80.1% Percent Black or African American 5.1% Percent Asian 3.5% Percent Other Race 11.3% Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent 18 to 64 years old	60.9%
Percent high school graduate or higher Percent White Percent Black or African American Percent Asian Percent Other Race Percent Hispanic/Latino Percent unemployed Median household income 86.5% 80.1% 81.1% 82.1% 82.1% 83.1% 83.5% 83.5% 84.7% 85.1% 86.5	Percent 65 years old and older	13.7%
Percent White 80.1% Percent Black or African American 5.1% Percent Asian 3.5% Percent Other Race 11.3% Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent male	49.7%
Percent Black or African American 5.1% Percent Asian 3.5% Percent Other Race 11.3% Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent high school graduate or higher	86.5%
Percent Asian 3.5% Percent Other Race 11.3% Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent White	80.1%
Percent Other Race 11.3% Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent Black or African American	5.1%
Percent Hispanic/Latino 29.9% Percent unemployed 7.7% Median household income \$51,847	Percent Asian	3.5%
Percent unemployed 7.7% Median household income \$51,847	Percent Other Race	11.3%
Median household income \$51,847	Percent Hispanic/Latino	29.9%
7-7	Percent unemployed	7.7%
B + (1 1 1 1 1 1 1 1 1 1	Median household income	\$51,847
Percent of households below poverty level 13.0%	Percent of households below poverty level	13.0%
Violent crime rate/100,000* 392.3	Violent crime rate/100,000*	392.3
Percent with disability 10.8%	Percent with disability	10.8%

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

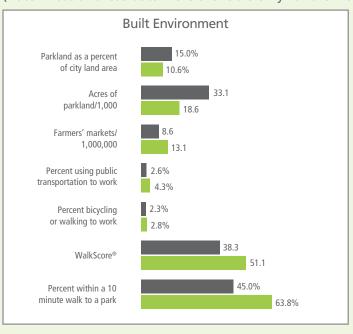
Personal Health Indicators – Score = 48.0; Rank = 25





Phoenix

Community/Environmental Indicators – Score = 34.5; Rank = 45









^{*}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 = 53.0; Rank = 21

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):

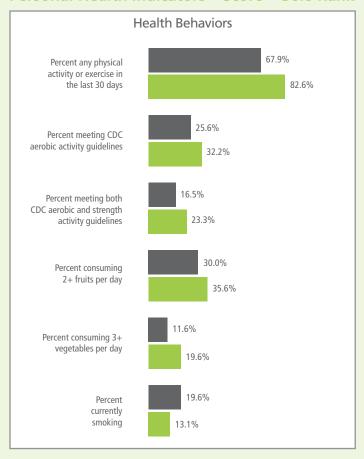
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- · Higher percent of days when physical health was not good during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

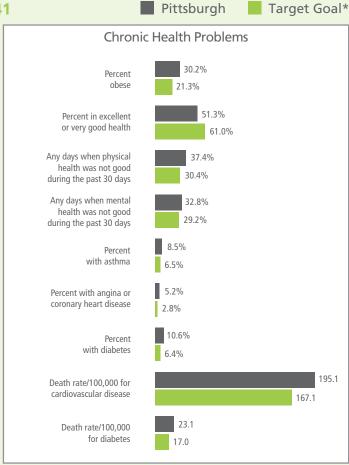
Description of Pittsburgh, PA MSA

Population	2,360,867
Percent less than 18 years old	19.5%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	18.0%
Percent male	48.5%
Percent high school graduate or higher	92.5%
Percent White	87.5%
Percent Black or African American	8.2%
Percent Asian	2.0%
Percent Other Race	2.3%
Percent Hispanic/Latino	1.5%
Percent unemployed	7.1%
Median household income	\$51,291
Percent of households below poverty level	8.5%
Violent crime rate/100,000*	292.8
Percent with disability	13.9%

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

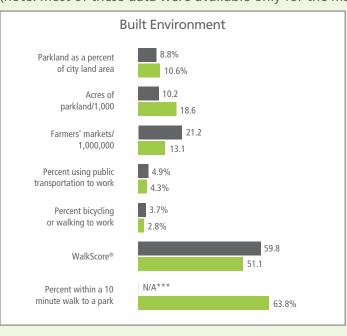
Personal Health Indicators – Score = 36.8 Rank = 41



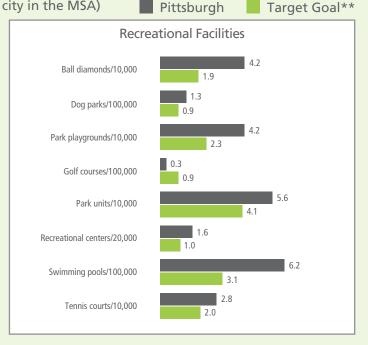


Target Goal*

Community/Environmental Indicators – Score = 68.2; Rank = 6









^{*}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 the other MSAs.



PORTLAND, OR

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

Total Score = 69.6; Rank = 7

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

- 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 currently smoking
- 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

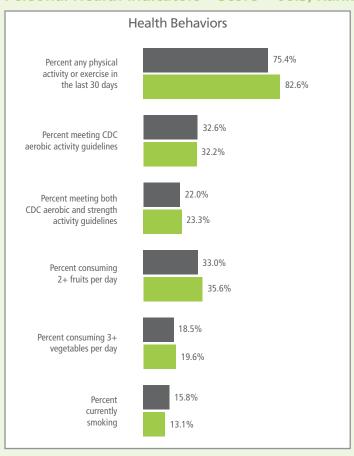
Description of Portland-Vancouver-Hillsboro, OR-WA MSA

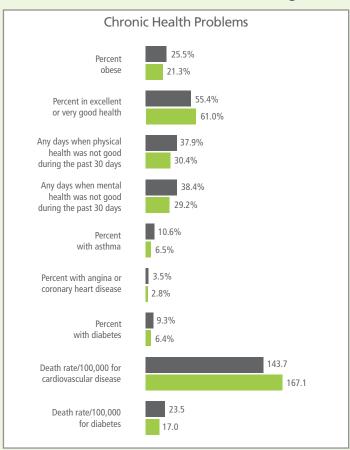
Population	2,314,554
Percent less than 18 years old	22.8%
Percent 18 to 64 years old	64.4%
Percent 65 years old and older	12.8%
Percent male	49.5%
Percent high school graduate or higher	90.8%
Percent White	82.6%
Percent Black or African American	3.0%
Percent Asian	5.9%
Percent Other Race	8.5%
Percent Hispanic/Latino	11.3%
Percent unemployed	8.7%
Median household income	\$59,168
Percent of households below poverty level	9.2%
Violent crime rate/100,000*	250.9
Percent with disability	12.5%

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

Personal Health Indicators – Score = 68.3; Rank = 10

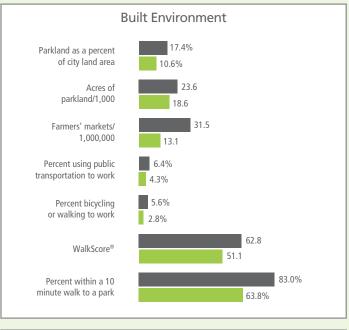




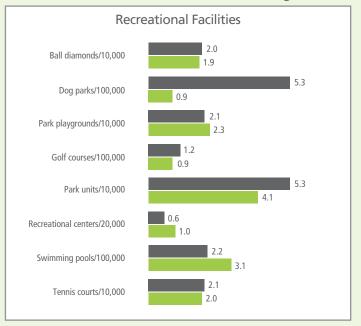


Community/Environmental Indicators – Score = 70.8; Rank = 5

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







Portland

Target Goal**



^{*}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 = 49.4; Rank = 28

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 dog parks per capita
- More park playgrounds per capita
- More park units per capita
- More recreation centers per capita

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

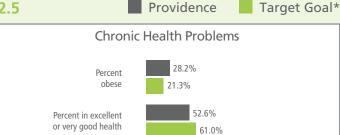
- Lower percent of any physical activity or exercise in the last 30 days
- Lower percent meeting CDC aerobic activity guidelines
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent 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 swimming pools per capita
- Fewer tennis courts per capita
- · Lower park-related expenditures per capita
- · Lower level of state requirement for Physical Education classes

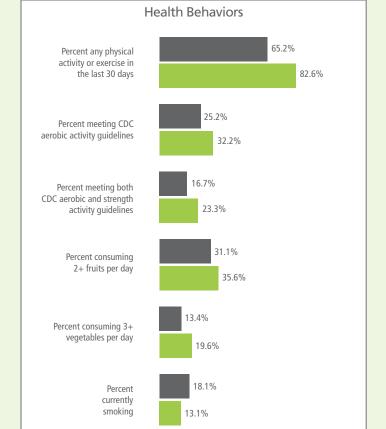
Description of Providence-Warwick, RI-MA MSA

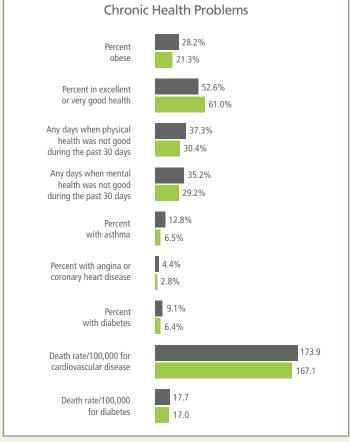
Population	1,604,291
Percent less than 18 years old	20.6%
Percent 18 to 64 years old	63.9%
Percent 65 years old and older	15.5%
Percent male	48.7%
Percent high school graduate or higher	84.8%
Percent White	82.8%
Percent Black or African American	5.3%
Percent Asian	2.8%
Percent Other Race	9.1%
Percent Hispanic/Latino	11.2%
Percent unemployed	9.6%
Median household income	\$55,055
Percent of households below poverty level	10.9%
Violent crime rate/100,000*	338.2
Percent with disability	13.3%

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

Personal Health Indicators – Score = 44.1; Rank = 32.5



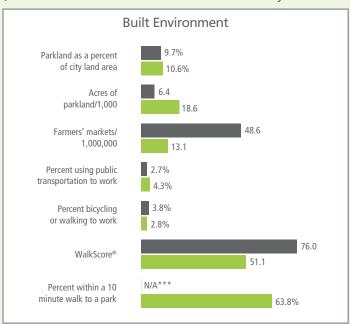




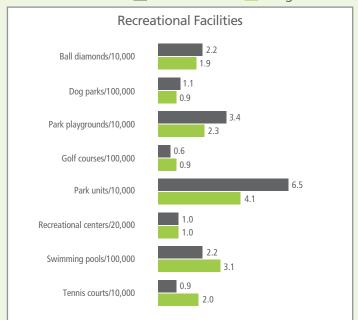
Providence

Community/Environmental Indicators – 54.4; Rank = 23

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









^{*}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 the other MSAs.



RALEIGH, NC

(Raleigh, NC MSA)

Total Score = 60.1; Rank = 13

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 angina or coronary heart disease
- 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
- 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):

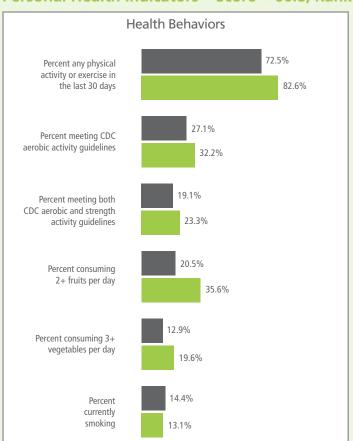
- Lower percent consuming 2+ fruits per day
- Lower percent consuming 3+ vegetables per day
- Higher percent with diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Lower Walk Score®
- Lower percent of population within a 10 minute walk to a park
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer golf courses per capita

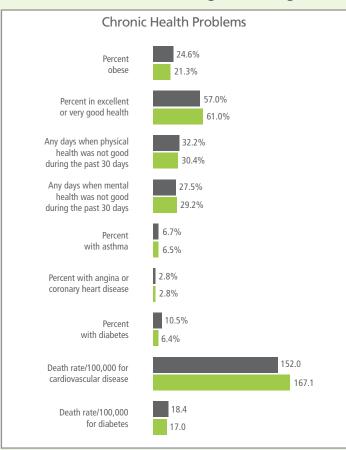
Description of Raleigh, NC MSA

Population	1,214,516
Percent less than 18 years old	25.4%
Percent 18 to 64 years old	64.4%
Percent 65 years old and older	10.2%
Percent male	48.8%
Percent high school graduate or higher	90.0%
Percent White	69.2%
Percent Black or African American	20.1%
Percent Asian	5.0%
Percent Other Race	5.7%
Percent Hispanic/Latino	10.3%
Percent unemployed	7.4%
Median household income	\$61,710
Percent of households below poverty level	8.7%
Violent crime rate/100,000*	219.3
Percent with disability	9.0%

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

Personal Health Indicators – Score = 66.8; Rank = 12



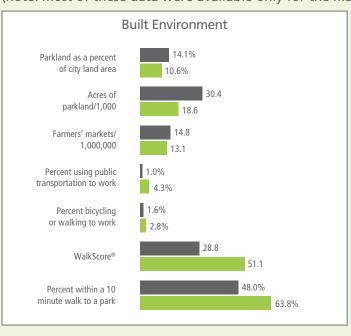


Raleigh

Target Goal*

Community/Environmental Indicators – Score = 53.8; Rank = 25

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









^{*}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.

89



RICHMOND, VA

(Richmond, VA MSA)

Total Score = 55.0; 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 playgrounds per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita

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

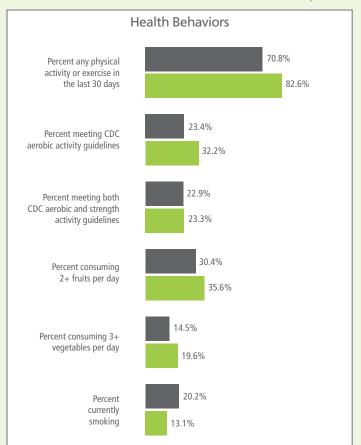
- Lower percent meeting CDC aerobic activity guidelines
- Higher percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer golf courses per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for Physical Education classes

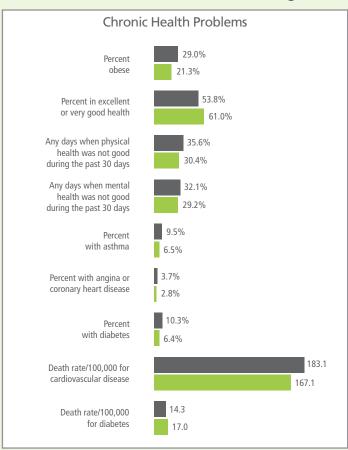
Description of Richmond, VA MSA

Population	1,245,764
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	48.3%
Percent high school graduate or higher	87.8%
Percent White	60.8%
Percent Black or African American	30.3%
Percent Asian	3.5%
Percent Other Race	5.4%
Percent Hispanic/Latino	5.6%
Percent unemployed	7.9%
Median household income	\$57,286
Percent of households below poverty level	10.5%
Violent crime rate/100,000*	243.8
Percent with disability	12.3%

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

Personal Health Indicators – Score = 54.1; Rank = 19

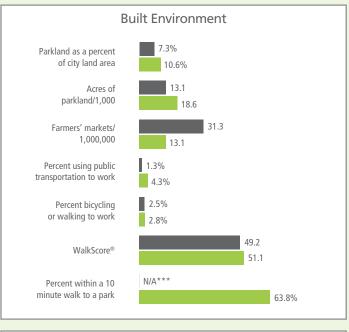




Richmond

Target Goal*

Community/Environmental Indicators – Score = 56.0; Rank = 21









^{*}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 the other MSAs.



RIVERSIDE, CA

(Riverside-San Bernardino-Ontario, CA MSA)

Total Score = 44.8; Rank = 34

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
- More swimming pools per capita
- Higher level of state requirement for Physical Education classes

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

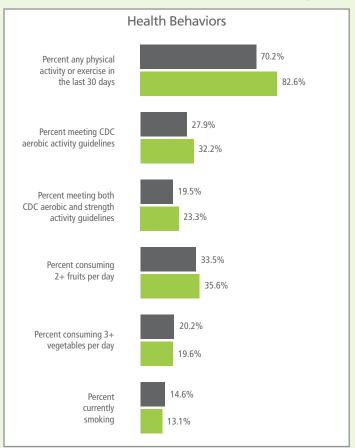
- Higher percent obese
- Lower percent in excellent or very good health
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- 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 tennis courts per capita
- Lower park-related expenditures per capita

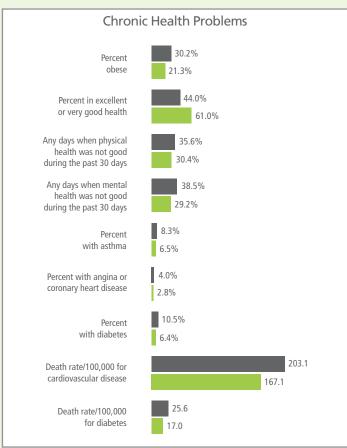
Description of Riverside-San Bernardino-Ontario, CA MSA

4,380,878
27.3%
61.3%
11.5%
49.8%
79.6%
64.3%
7.5%
6.4%
21.8%
48.9%
12.6%
\$53,220
14.5%
333.3
11.2%

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

Personal Health Indicators – Score = 51.9; Rank = 23

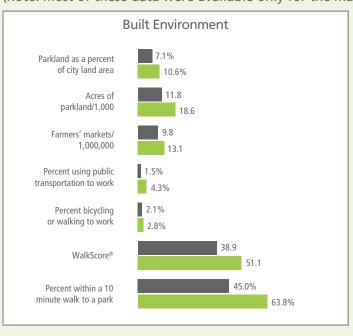




Riverside

Target Goal*

Community/Environmental Indicators – Score = 38.1; Rank = 39









^{*}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 = 71.4; Rank = 5

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
- Lower percent with angina or coronary heart disease
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- Higher percent of population with a 10 minute walk to 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):

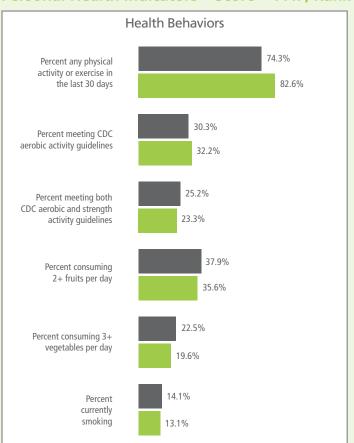
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with diabetes
- Higher death rate for diabetes
- · Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer tennis courts per capita

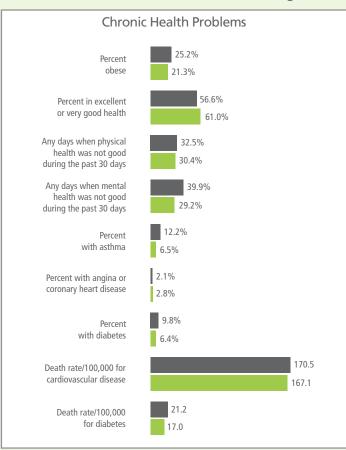
Description of Sacramento-Roseville-Arden-Arcade, CA MSA

Population	2,215,770
Percent less than 18 years old	23.9%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	13.5%
Percent male	49.1%
Percent high school graduate or higher	88.4%
Percent White	66.8%
Percent Black or African American	7.2%
Percent Asian	12.4%
Percent Other Race	13.6%
Percent Hispanic/Latino	20.8%
Percent unemployed	11.4%
Median household income	\$57,027
Percent of households below poverty level	12.1%
Violent crime rate/100,000*	415.9
Percent with disability	12.5%

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

Personal Health Indicators – Score = 77.7; Rank = 5

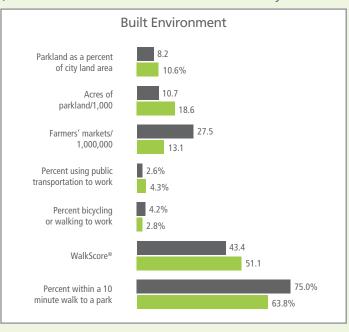




Sacramento

Target Goal*

Community/Environmental Indicators – Score = 65.5; Rank = 7









^{*}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 = 48.1; Rank = 29

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 tennis courts per capita
- Higher park-related expenditures per capita

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
- Lower level of state requirement for Physical Education classes

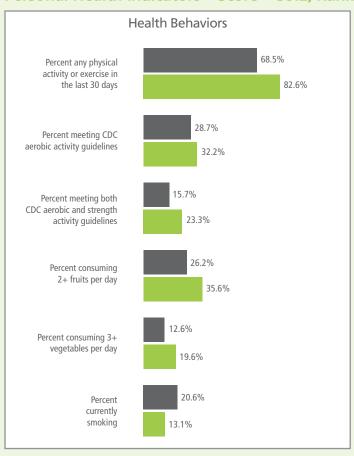
Description of Saint Louis, MO-IL MSA

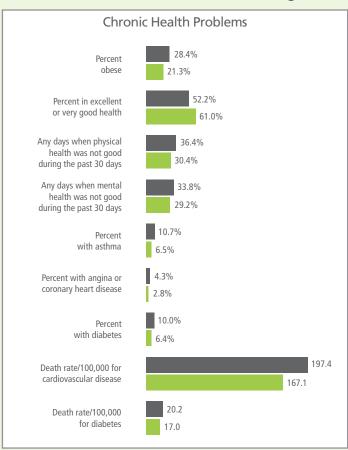
Population	2,801,056
Percent less than 18 years old	23.0%
Percent 18 to 64 years old	62.6%
Percent 65 years old and older	14.4%
Percent male	48.5%
Percent high school graduate or higher	90.9%
Percent White	76.7%
Percent Black or African American	18.1%
Percent Asian	2.3%
Percent Other Race	2.9%
Percent Hispanic/Latino	2.8%
Percent unemployed	8.1%
Median household income	\$54,449
Percent of households below poverty level	9.6%
Violent crime rate/100,000*	431.7
Percent with disability	12.3%

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

Personal Health Indicators – Score = 39.2; Rank = 39

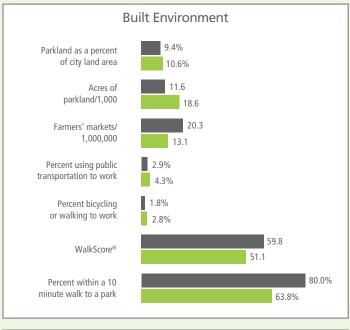


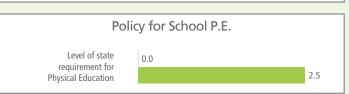


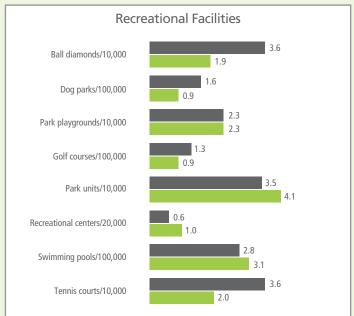


Community/Environmental Indicators – Score = 56.4; Rank = 18.5











^{*}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 = 61.9; Rank = 12

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 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

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

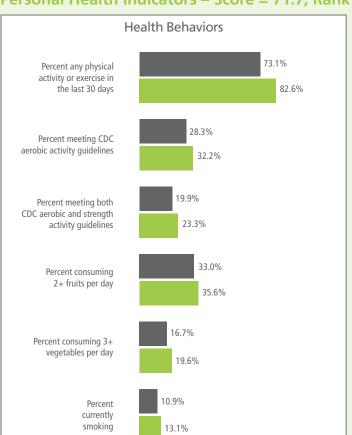
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Lower percent using public transportation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

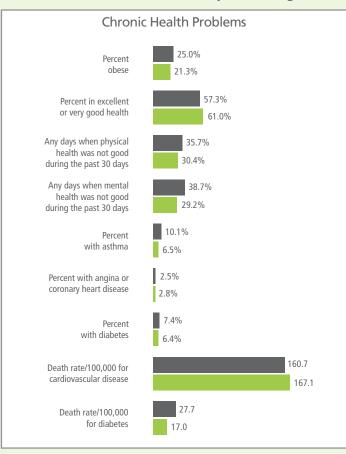
Description of Salt Lake City, UT MSA

Population	1,140,483
Percent less than 18 years old	28.9%
Percent 18 to 64 years old	61.8%
Percent 65 years old and older	9.3%
Percent male	50.2%
Percent high school graduate or higher	90.2%
Percent White	82.1%
Percent Black or African American	1.6%
Percent Asian	3.4%
Percent Other Race	12.9%
Percent Hispanic/Latino	17.3%
Percent unemployed	5.8%
Median household income	\$61,520
Percent of households below poverty level	8.9%
Violent crime rate/100,000*	356.6
Percent with disability	9.4%

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

Personal Health Indicators – Score = 71.7; Rank = 9

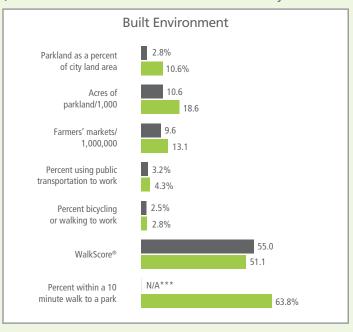




Salt Lake City

Target Goal*

Community/Environmental Indicators – Score = 52.8; Rank = 26









^{*}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 the other MSAs.



SAN ANTONIO, TX

(San Antonio-New Braunfels, TX MSA)

Total Score = 32.0; Rank = 47

Areas of Improvement:

- Slightly higher percent consuming 3+ vegetables per day
- Moderately lower percent currently smoking
- Slightly lower percent with angina or coronary heart disease
- Slightly more acres of parkland per capita
- Slightly higher percent using public transportation to work

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

- Lower percent of any physical activity or exercise in the last 30 days
- 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 diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- · 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
- Lower park-related expenditures per capita

Description of San Antonio-New Braunfels, TX MSA

Population	2,277,550
Percent less than 18 years old	26.0%
Percent 18 to 64 years old	62.1%
Percent 65 years old and older	11.9%
Percent male	49.3%
Percent high school graduate or higher	84.2%
Percent White	81.1%
Percent Black or African American	6.5%
Percent Asian	2.2%
Percent Other Race	10.2%
Percent Hispanic/Latino	54.5%
Percent unemployed	6.9%
Median household income	\$51,716
Percent of households below poverty level	12.5%
Violent crime rate/100,000*	459.7
Percent with disability	13.5%

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

Personal Health Indicators – Score = 31.3; Rank = 44

23.3%

15.7%

4.8%

13.1%

19.6%

Percent any physical

activity or exercise in the last 30 days

Percent meeting CDC

Percent meeting both

activity guidelines

Percent consuming

Percent consuming 3+

vegetables per day

Percent

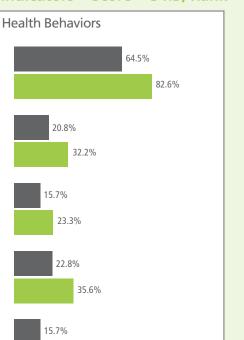
currently

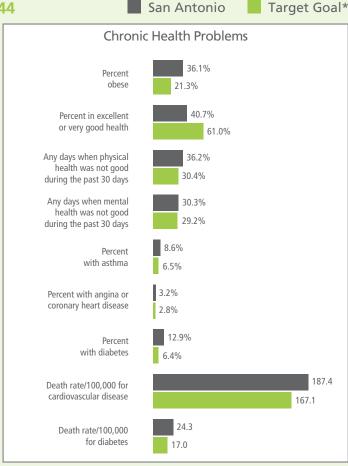
smoking

2+ fruits per day

CDC aerobic and strength

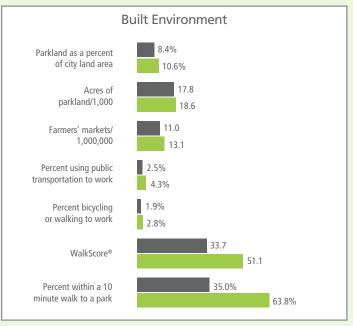
aerobic activity guidelines





Community/Environmental Indicators – 32.8; Rank = 48

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









^{*}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.

Target Goal**



SAN DIEGO, CA

(San Diego-Carlsbad, CA MSA)

Total Score = 75.6 Rank = 3

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 obese
- 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):

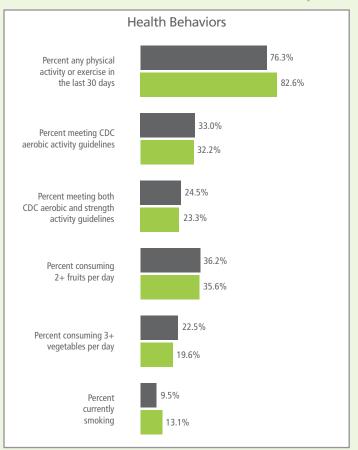
- Higher percent with asthma
- Higher percent with diabetes
- Lower percent using public transportation to work
- Fewer golf courses per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

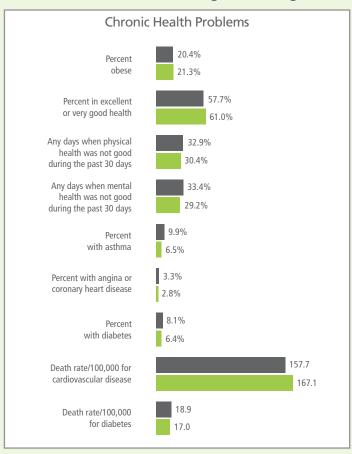
Description of San Diego-Carlsbad, CA MSA

Population	3,211,252
Percent less than 18 years old	22.6%
Percent 18 to 64 years old	65.0%
Percent 65 years old and older	12.3%
Percent male	50.3%
Percent high school graduate or higher	85.5%
Percent White	71.4%
Percent Black or African American	5.1%
Percent Asian	11.2%
Percent Other Race	12.3%
Percent Hispanic/Latino	32.9%
Percent unemployed	9.0%
Median household income	\$61,426
Percent of households below poverty level	11.3%
Violent crime rate/100,000*	348.6
Percent with disability	9.8%

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

Personal Health Indicators – Score = 86.7; Rank = 1

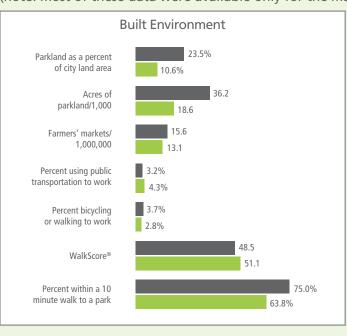




San Diego

Target Goal*

Community/Environmental Indicators – Score = 64.6; Rank = 9









^{*}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 = 72.6; Rank = 4

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

- Higher percent consuming 3+ vegetables per day
- Lower percent currently smoking
- Lower percent obese
- Lower percent with angina or coronary heart disease
- 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):

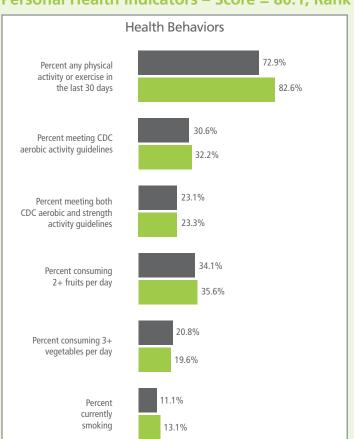
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with diabetes
- · Fewer acres of parkland per capita
- Fewer ball diamonds per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

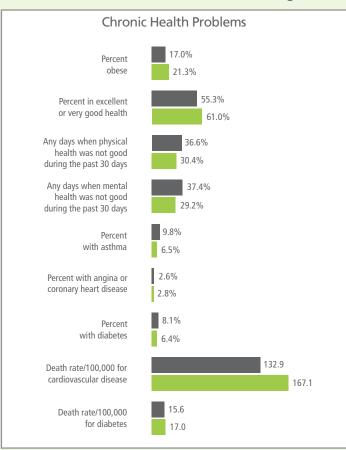
Description of San Francisco-Oakland-Hayward, CA MSA

4,516,276
20.6%
65.7%
13.7%
49.4%
88.1%
53.2%
7.9%
24.1%
14.8%
21.9%
8.0%
\$79,624
7.3%
558.6
10.1%

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

Personal Health Indicators – Score = 80.1; Rank = 3

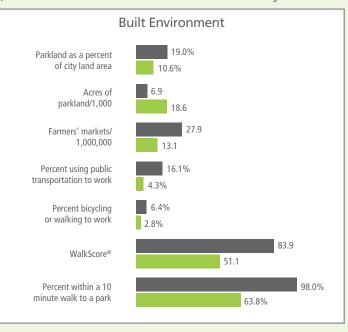




San Francisco

Target Goal*

Community/Environmental Indicators – Score = 65.3; Rank = 8









^{*}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 = 65.9; Rank = 10

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

- Higher percent consuming 3+ vegetables per day
- Lower percent currently smoking
- Lower percent obese
- Lower percent of days when mental health was not good during the past 30 days
- 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 level of state requirement for Physical Education classes

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

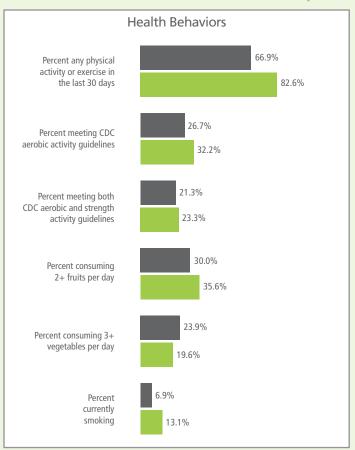
- Higher percent with asthma
- Higher percent with diabetes
- Higher death rate for diabetes
- Fewer ball diamonds per capita
- Fewer golf courses per capita
- Fewer park units per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

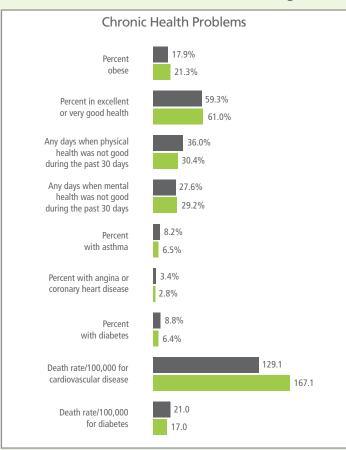
Description of San Jose-Sunnyvale-Santa Clara, CA MSA

Population	1,919,641
Percent less than 18 years old	23.5%
Percent 18 to 64 years old	64.5%
Percent 65 years old and older	11.9%
Percent male	50.3%
Percent high school graduate or higher	86.5%
Percent White	48.3%
Percent Black or African American	2.7%
Percent Asian	32.5%
Percent Other Race	16.5%
Percent Hispanic/Latino	27.7%
Percent unemployed	8.3%
Median household income	\$91,533
Percent of households below poverty level	7.2%
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.

Personal Health Indicators – Score = 75.6; Rank = 7

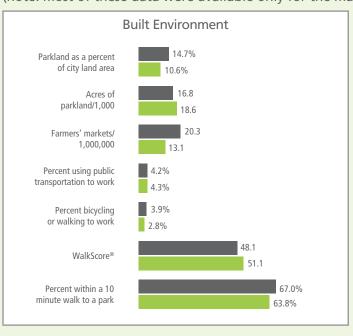




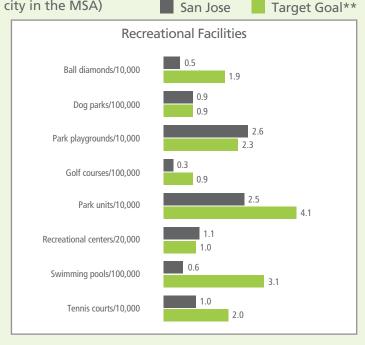
San Jose

Target Goal*

Community/Environmental Indicators – Score = 56.4; Rank = 20









^{*}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 = 68.5; Rank = 8

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

- Lower death rate for cardiovascular disease
- 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 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):

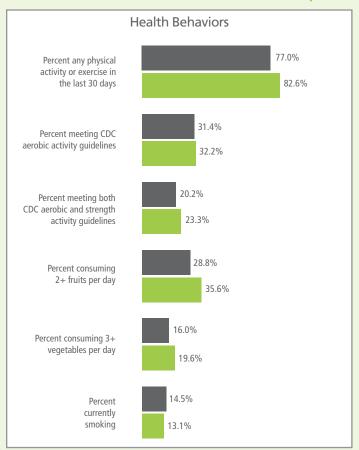
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes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

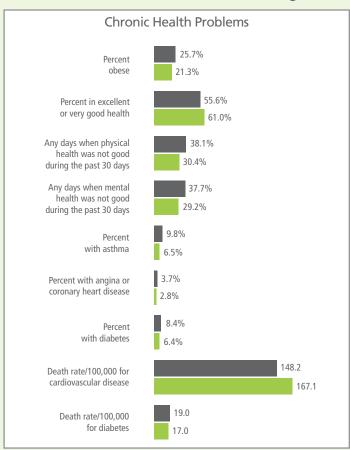
Description of Seattle-Tacoma-Bellevue, WA MSA

3,610,105
22.3%
65.8%
11.9%
49.9%
91.7%
72.5%
5.7%
12.1%
9.7%
9.5%
7.3%
\$67,479
8.4%
323.5
11.2%

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

Personal Health Indicators – Score = 64.9; Rank = 13



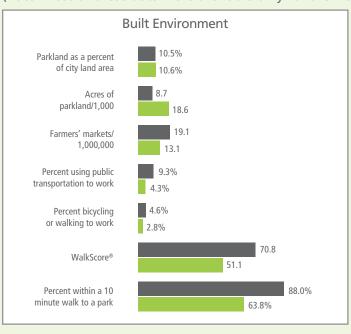


Seattle

Target Goal*

Community/Environmental Indicators – 72.1; Rank = 4

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









^{*}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 = 50.2; Rank = 27

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

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

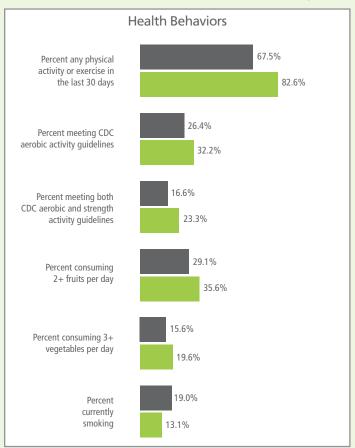
- Lower percent meeting both CDC aerobic and strength activity guidelines
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher 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 tennis courts per capita
- · Lower level of state requirement for Physical Education classes

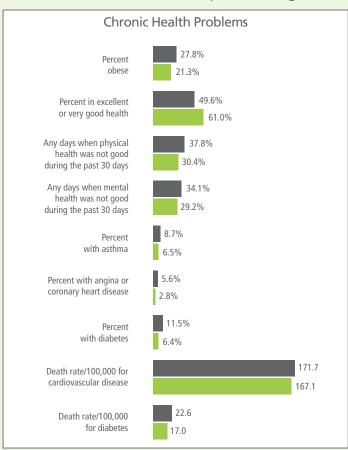
Description of Tampa-St. Petersburg-Clearwater, FL MSA

Population	2,870,569
Percent less than 18 years old	20.7%
Percent 18 to 64 years old	61.0%
Percent 65 years old and older	18.4%
Percent male	48.4%
Percent high school graduate or higher	88.3%
Percent White	79.2%
Percent Black or African American	11.9%
Percent Asian	3.2%
Percent Other Race	5.7%
Percent Hispanic/Latino	17.3%
Percent unemployed	8.9%
Median household income	\$45,880
Percent of households below poverty level	11.1%
Violent crime rate/100,000*	396.5
Percent with disability	13.6%

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

Personal Health Indicators – Score = 40.8; Rank = 36



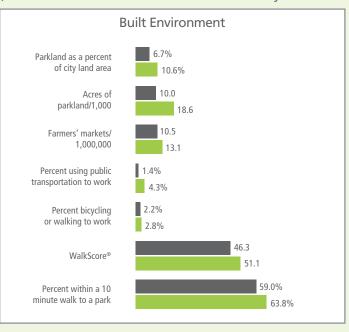


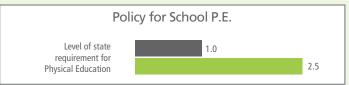
Tampa

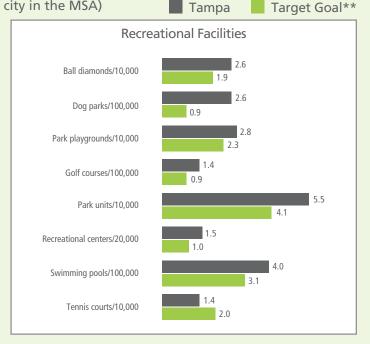
Target Goal*

Community/Environmental Indicators - 59.5; Rank = 16

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









^{*}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 = 57.5; Rank = 15

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

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

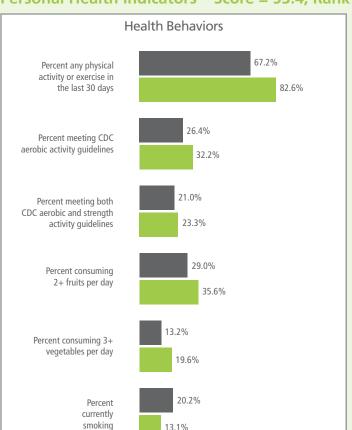
- Lower percent consuming 3+ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent using public transportation to work
- Lower Walk Score®
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower level of state requirement for Physical Education classes

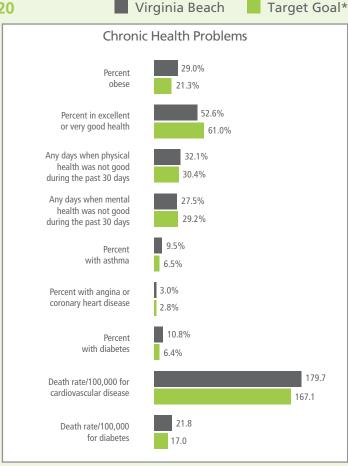
Description of Virginia Beach-Norfolk-Newport News, VA-NC MSA

Population	1,707,369
Percent less than 18 years old	22.7%
Percent 18 to 64 years old	64.8%
Percent 65 years old and older	12.6%
Percent male	49.3%
Percent high school graduate or higher	90.7%
Percent White	60.5%
Percent Black or African American	30.7%
Percent Asian	3.7%
Percent Other Race	5.1%
Percent Hispanic/Latino	6.1%
Percent unemployed	7.9%
Median household income	\$56,161
Percent of households below poverty level	9.5%
Violent crime rate/100,000*	303.5
Percent with disability	11.4%

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

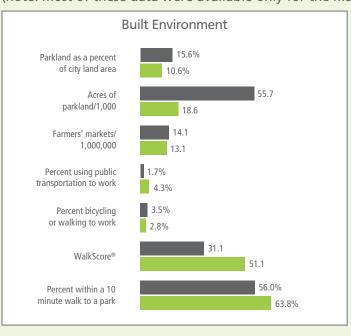
Personal Health Indicators – Score = 53.4; Rank = 20



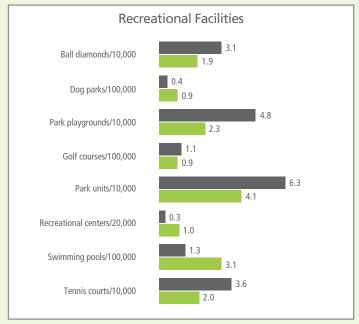


Community/Environmental Indicators - Score = 61.6; Rank = 14

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







Target Goal**



^{*}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, D.C.

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

Total Score = 79.6; Rank = 1

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

- Lower percent with angina or coronary heart disease
- 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):

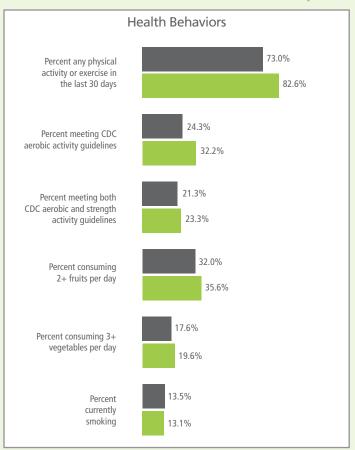
- · Lower percent meeting CDC aerobic activity guidelines
- Higher percent with asthma
- Higher percent with diabetes
- Fewer acres of parkland per capita
- Fewer golf courses per capita

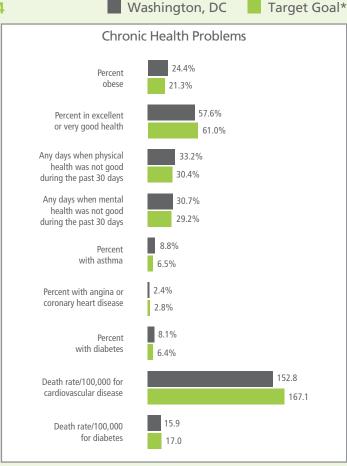
Description of Washington-Arlington-Alexandria, DC-VA-MD-WV MSA

Population	5,949,859
Percent less than 18 years old	23.4%
Percent 18 to 64 years old	65.6%
Percent 65 years old and older	11.0%
Percent male	48.8%
Percent high school graduate or higher	90.5%
Percent White	56.1%
Percent Black or African American	25.5%
Percent Asian	9.5%
Percent Other Race	8.9%
Percent Hispanic/Latino	14.7%
Percent unemployed	6.7%
Median household income	\$90,149
Percent of households below poverty level	6.0%
Violent crime rate/100,000*	331.1
Percent with disability	8.2%

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

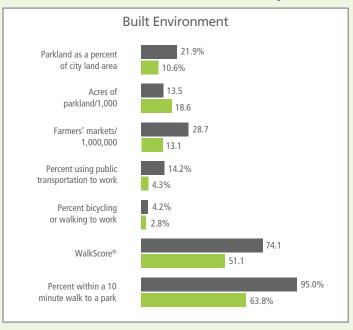
Personal Health Indicators – Score = 79.0; Rank = 4



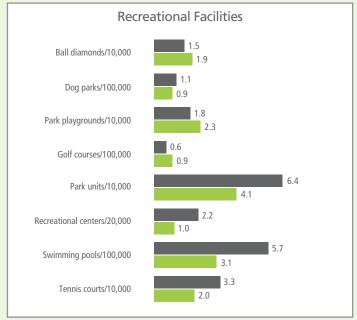


Community/Environmental Indicators - Score = 80.2; Rank = 1

(note: most of these data were available only for the main city in the MSA) Washington, DC Target Goal**









^{*}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	2013 U.S. Census	http://www.census.gov/popest/data/metro/ totals/2013/index.html
Age Groups	US Census – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Percent male	U.S. Census – 2013 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 – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Percent in each race groups	U.S. Census – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Percent Hispanic/Latino	U.S. Census – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Percent unemployed	U.S. Census – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Median household income	U.S. Census – 2013 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 – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Violent crime rate/100,000	2013 – FBI Uniform Crime Reporting Program	http://www.fbi.gov/about-us/cjis/ucr/crime-in-the- u.s/2013/crime-in-the-u.s2013/tables/6tabledata decpdf/table-6
Percent with disability	U.S. Census – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Percent any physical activity or exercising in the last 30 days	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html

Appendix A – Data Sources

Variable	Data Source	Website
Percent meeting CDC aerobic activity guidelines	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent meeting CDC aerobic and strength activity guidelines	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent eating 2+ fruits per day	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data /annual_2013.html
Percent eating 3+ vegetables per day	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent currently smoking	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent obese	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent in excellent or very good health	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Any days when physical health, was not good during the past 30 days	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Any days when mental health, was not good during the past 30 days	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent with asthma	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent with angina or coronary heart disease	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Percent with diabetes	2013 CDC BRFSS	http://www.cdc.gov/brfss/annual_data/ annual_2013.html
Death rate/100,000 for cardiovascular disease	2013 CDC Wonder	http://wonder.cdc.gov
Death rate/100,000 for diabetes	2013 CDC Wonder	http://wonder.cdc.gov
Parkland as a percent of city land area	2014 City Park Facts – The Trust for Public Land	http://www.tpl.org/

Appendix A – Data Sources

Variable	Data Source	Website
Acres of parkland/1,000	2014 City Park Facts – The Trust for Public Land	http://www.tpl.org/
Farmers' markets/1,000,000	2014 – USDA Farmers Markets	http://www.ams.usda.gov/AMSv1.0/farmersmarkets
Percent using public transportation to work	U.S. Census – 2013 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 – 2013 American Community Survey – 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/ pages/index.xhtml
Walk Score®	2014 – Walk Score®	http://www.walkscore.com/cities-and- neighborhoods/
Percent within a 10 minute walk to a park	2014 Park Score Index – The Trust for Public Land	http://parkscore.tpl.org/
Ball diamonds/10,000	2014 – The Trust for Public Land	http://www.tpl.org/
Dog parks/100,000	2014 – The Trust for Public Land	http://www.tpl.org/
Park playgrounds/10,000	2014 – The Trust for Public Land	http://www.tpl.org/
Golf courses/100,000	2014 – The Trust for Public Land	http://www.tpl.org/
Park units/10,000	2014 – The Trust for Public Land	http://www.tpl.org/
Recreation centers/20,000	2014 – The Trust for Public Land	http://www.tpl.org/
Swimming pools/100,000	2014 – The Trust for Public Land	http://www.tpl.org/
Tennis courts/10,000	2014 – The Trust for Public Land	http://www.tpl.org/
Park-related expenditures per capita	2014 – The Trust for Public Land	http://www.tpl.org/
Level of state requirement for Physical Education classes	2012 – School Health Policies and Programs Study	http://www.cdc.gov/healthyyouth/shpps/2012/data/physical_education/index.htm

Appendix B – Members of the Expert Panel

AFI ADVISORY BOARD MEMBERS:

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Appendix B – Members of the Expert Panel

ADDITIONAL MEMBERS FOR AFI EXPERT PANEL:

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

	U.S. Value	MSA Average	MSA Range
Population	316,128,839	3,456,851	1,134,115 – 19,949,502
Percent less than 18 years old	23.3%	23.6%	19.5% – 28.9%
Percent 18 to 64 years old	62.6%	63.4%	60.9% - 66.2%
Percent 65 years old and older	14.1%	13.0%	9.2% - 18.4%
Percent male	49.2%	49.0%	48.0% - 50.3%
Percent high school graduate or higher	86.6%	87.9%	78.6% - 93.0%
Percent White	73.7%	70.8%	47.9% - 87.5%
Percent Black or African American	12.6%	15.3%	1.6% - 46.4%
Percent Asian	5.1%	5.8%	1.3% – 32.5%
Percent Other Race	8.6%	8.1%	2.3% - 22.3%
Percent Hispanic/Latino	17.1%	16.2%	1.5% - 54.5%
Percent unemployed	8.4%	8.2%	5.5% - 12.6%
Median household income	\$52,250	\$57,654	\$45,880 – \$91,533
Percent of households below poverty level	11.6%	10.6%	6.0% - 15.4%
Violent crime rate/100,000*	367.9	422.0	219.3 – 993.4
Percent with disability	12.6%	11.6%	7.7% – 15.4%

^{*}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

	U.S. Value	MSA Average	MSA Range
Health Behaviors			
Percent any physical activity or exercise in the last 30 days	74.5%	68.7%	54.5% – 77.0%
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	19.0%	17.0%	6.9% - 23.0%
Chronic Health Problems			
Percent obese	29.4%	27.6%	17.0% – 36.1%
Percent in excellent or very good health	52.2%	51.9%	40.7% - 59.8%

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

Any days when physical health was not good during the past 30 days	35.1%	35.1%	25.9% – 42.2%
Any days when mental health was not good during the past 30 days	32.6%	33.5%	22.2% – 41.1%
Percent with asthma	9.0%	9.1%	5.2% - 15.1%
Percent with angina or coronary heart disease	4.1%	3.9%	2.1% - 6.5%
Percent with diabetes	9.7%	10.0%	6.6% - 12.9%
Death rate/100,000 for cardiovascular disease	184.6	177.9	122.1 – 236.9
Death rate/100,000 for diabetes	21.2	20.2	12.0 – 34.4

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% - 26.4%
Acres of parkland/1,000	18.9%	2.9 – 77.8
Farmers' markets/1,000,000	19.8%	3.3 – 48.6
Percent using public transportation to work	4.4%	0.5% - 30.9%
Percent bicycling or walking to work	2.9%	1.0% - 6.5%
Walk Score®	51.1%	24.4% - 87.6%
Percent living within a 10 minute walk of a public park	63.8%	22.0% - 98.0%
Recreational Facilities		
Ball diamonds/10,000	1.9	0.4 - 5.0
Dog parks/10,000	1.1	0.0 - 5.3
Park playgrounds/10,000	2.4	1.0 – 5.1
Golf courses/100,000	1.0	0.0 – 5.2
Park units/10,000	4.4	1.1 – 12.2
Recreation centers/20,000	1.0	0.0 - 2.6
Swimming pools/100,000	3.0	0.5 – 10.7
Tennis courts/10,000	2.1	0.8 - 6.4
Park-related expenditures per capita	\$100.7	\$10.0 - \$287.0
Level of state requirement for Physical Education classes**	1.4	0 – 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 2014 data and may differ from the community/environmental indicator target goal values.

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

Porter County, IN

Lake County, IL

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

Cincinnati, OH-KY-IN

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

Medina County, OH

Hamilton County, OH

Warren 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
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
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 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 Plaguemines 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

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

St. 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, CASan 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



