

2021 SUMMARY REPORT

ACSM AMERICAN FITNESS INDEX[®]

Actively Moving America to Better Health



“

Physical activity is essential to human health. It is imperative that policymakers, educators, health care providers, and public health officials communicate the importance of physical activity and provide direction on methods to safely be physically active.

- NiCole R. Keith, Ph.D., FACSM, 64th President of the American College of Sports Medicine (2020-2021)

ACKNOWLEDGEMENTS

The ACSM American Fitness Index is generously supported by a grant from the Anthem Foundation. Statements in this report are those of the authors and do not necessarily reflect the views of the Anthem Foundation unless explicitly noted.

REPORT AUTHORS

Gretchen S. Patch, M.P.H., CPH, Director, Strategic Health Programs, American College of Sports Medicine

Jessica M. Coffing, M.P.H., Principal, J. Coffing and Associates, LLC

Terrell W. Zollinger, Dr.P.H., Professor Emeritus, Indiana University Richard M. Fairbanks School of Public Health; Associate, J. Coffing and Associates, LLC

Derek A. Zollinger, M.S., Data Analyst, J. Coffing and Associates, LLC

Stella L. Volpe, Ph.D., R.D.N., ACSM-CEP, FACSM, Virginia Polytechnic Institute and State University

ADVISORY BOARD

ACSM greatly appreciates the contributions of Fitness Index Advisory Board members:

Chair: Stella Volpe, Ph.D., R.D.N., ACSM-CEP, FACSM, Virginia Polytechnic Institute and State University

Carlos Crespo, Dr.P.H., FACSM, Portland State University

Jessie Fudge, M.D., FACSM, Kaiser Permanente

Jammie Hopkins, Dr.P.H., Morehouse School of Medicine

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

Alvin Morton, III, M.S., University of Tennessee, Knoxville

Amanda Paluch, Ph.D., University of Massachusetts Amherst

Allison Schroeder, M.D., Mayo Clinic

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

Carol Torgan, Ph.D., FACSM, National Institute of Arthritis and Musculoskeletal and Skin Diseases, NIH

Kathleen Watson, Ph.D., U.S. Centers for Disease Control and Prevention

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



July 13, 2021

Dear Partner in Promoting Fitness and Health:

One year ago, our country faced a health care crisis not seen since the last century. For those who suffered the most and lost loved ones, we extend our deepest sympathies. While some challenges remain, we're hopeful that the worst of the coronavirus pandemic is behind us, and we have great confidence for the future.

We learned many lessons as we battled the pandemic, not the least of which is how much we value — and often take for granted — our health and our communities. Many questions surfaced. How can I protect myself and others? What are sensible public health precautions? How can I stay healthy? Those important questions existed before the pandemic, and the answers became critical given the harsh realities of the past year. As the pandemic swept across the country, it also amplified the disparities that exist in our communities and the opportunities we have to improve health equity and address health-related social needs, such as access to healthy food.

In light of this renewed focus on health and wellness, the ACSM American Fitness Index® has never been more important. Funded by the Anthem Foundation and published by the American College of Sports Medicine, the Fitness Index has become one of the most credible and reliable assessments of individual and community fitness in the country. The research-backed Fitness Index assesses the fitness of communities and provides the actionable data and resources cities need to make improvements that lead to better health and disease prevention.

The 2021 Fitness Index evaluated America's 100 largest cities using 34 indicators representing health behaviors, health outcomes, built environment, recreational facilities and policy/funding. Two new indicators were added this year because of their influence on overall health: food security and sleep. We congratulate Arlington, Virginia, for being named America's Fittest City for the fourth consecutive year. Coming in at number one in the main categories of personal and community health, Arlington also ranked first in eight separate indicators. Arlington's longstanding commitment to being a fit city serves as a model for all communities in the U.S.

Since its inception 14 years ago, Anthem Foundation has been proud to sponsor the ACSM American Fitness Index. We encourage you to review the full report, study your city's results and then partner with us by using the report to help improve the health of your community and its residents. To learn more, please visit [AmericanFitnessIndex.org](https://www.AmericanFitnessIndex.org).

Sincerely,

Shantanu Agrawal, M.D., Chief Health Officer
Anthem, Inc.

NEED FOR ACTION

Many of our largest cities were unhealthy before the novel coronavirus (COVID-19) pandemic. According to the 2021 American Fitness Index, on average almost a third of residents in the 100 largest U.S. cities have obesity, 14% smoke, and 25% reported no exercise in the previous month. And all of this was before the pandemic. Preliminary studies have indicated that during 2020, the COVID-19 pandemic reduced physical activity and healthy food intake, as well as increased obesity rates and stress.¹

While we will not know the full impact of COVID-19 for years to come, preventing and managing chronic diseases has never been more important to our collective health and economic well-being. Chronic conditions like high blood pressure, diabetes, and cancer account for 90% of the country's annual \$3.8 trillion health care costs.²⁻³ Heart disease, stroke, and other cardiovascular diseases cost \$214 billion a year in health care and \$138 billion in lost productivity as a result of premature death.⁴



Traditional chronic disease prevention focuses on a single disease at a time, potentially limiting the possible impacts on improving overall health. Regular physical activity is an efficient way to reduce the burden of multiple chronic illnesses, improve mental health, and lower overall health care costs. Increasing physical activity through individual interventions alone is insufficient for population level improvements. A supportive built environment is also required to improve activity levels; however, many cities are not designed to help residents get or stay active. The pandemic further amplified differences between neighborhoods across the country and the resulting health inequities. Nearly 100 million Americans do not live within a 10-minute walk to a public park.⁵ Neighborhoods without parks, connected sidewalks, or safe streets make it difficult for residents to be active safely.

Physical activity is not only good for personal health, it is also good for a city's bottom line. There is strong evidence of significant economic benefits from local policies and planning that support physical activity, walkability, and bikeability. Well-designed cities experience increased home values, retail activity, and business and job growth.⁶⁻⁸ City officials must pass, fund, and implement policies that support physical activity programming and infrastructure, specifically investing in community assets in neighborhoods with low resource allocations.

OUR APPROACH

“The ACSM American Fitness Index highlights the health and health habits of communities across the United States. It provides us with a snapshot of how we are doing, and identifies what more we can do to make our cities healthier. This past year, as we all know, was a very different year, with the COVID-19 pandemic. Nonetheless, the Fitness Index continues to help identify how communities can ensure that we have a healthy nation.”

—STELLA L. VOLPE, PH.D., R.D.N., ACSM-CEP, FACSM, Virginia Polytechnic Institute and State University, chair of the ACSM American Fitness Index Advisory Board

The mission of the ACSM American Fitness Index (Fitness Index) is to increase awareness of how cities are performing across a range of health and community measures to spark meaningful discussion and advance action to make their residents stronger, fitter, and healthier. The Fitness Index celebrates healthy, active lifestyles and encourages city leaders to enact policies and make system changes to promote these behaviors. We focus on three strategies to support this effort:

1. **INFORM:** Demonstrate the health, social, and economic benefits of physical activity as well as the policies and infrastructure that promote healthy behaviors.

The Fitness Index, in partnership with the Anthem Foundation, ranks the 100 largest cities in the U.S. on a composite of health behaviors, chronic diseases, and city infrastructure. These rankings give city leaders the necessary information to improve their residents' health through local policies and system changes.

2. **ENGAGE:** Inspire city leaders and residents to recognize and celebrate the factors that contribute to their city's culture of health and fitness.

The Fitness Index has a strong history of widely sharing the annual rankings, as well as success stories from cities making healthy changes through strategic dissemination and communication. Using traditional and social media, it is estimated that the Fitness Index reaches 355 million people in the U.S and elsewhere annually to recognize achievements and stimulate local action and advocacy based on the most recent scientific data available.

3. **BUILD:** Expand local capacity and partnerships to implement policy and infrastructure changes to enable physically active lifestyles for all residents.

The Fitness Index is more than an annual ranking of cities. Since 2011, the Fitness Index has provided direct assistance and support to cities needing help to improve their residents' health. This tailored support helps city leaders identify opportunities for improvement and create plans for implementing changes.

City leaders can access Fitness Index [infographics and resources](#) like the [Community Action Guide](#). These tools allow any city, regardless of whether it is in the Fitness Index rankings, to assess its local health and fitness to develop and implement plans for improvement.

The Fitness Index approach aligns with the [American College of Sports Medicine's](#) work to address health and fitness through research and education. After all, the journey to a healthier future begins where we live, learn, work, and play. The Fitness Index indicators address social and physical environments that promote good health for all.¹⁹

2021 RANKINGS

The 2021 ACSM American Fitness Index ranked Arlington, VA as the fittest city in America.

Cities with the highest scores are considered to have strong *community* fitness, a concept analogous to individuals having strong *personal* fitness. Cities that rank near the top of the Fitness Index have more strengths and resources that support healthy living and fewer challenges that hinder it. The opposite is true for cities near the bottom of the rankings.

Explore the city comparison tool to access all the rankings, scores, and data and learn what your city can do to help residents lead a healthy, active lifestyle: www.americanfitnessindex.org.



2021 RANKINGS

2020-2021 TREND	OVERALL RANK		PERSONAL HEALTH RANK	COMMUNITY + ENVIRONMENT RANK
➔	1	Arlington, VA	1	1
➤	2	Minneapolis, MN	3	2
➤	3	Seattle, WA	5	11
➤	4	Denver, CO	2	26
➤	5	Madison, WI	4	21
➔	6	Washington, D.C.	13	4
➤	7	St. Paul, MN	23	3
➤	8	Irvine, CA	6	24
➤	9	Portland, OR	18	16
➤	10	Atlanta, GA	14	22
➤	11	Oakland, CA	9	31
➤	12	Boston, MA	33	9.5
➤	13	San Francisco, CA	27	19
➤	14	Chicago, IL	36	8
➤	15	San Diego, CA	8	39
➤	16	Buffalo, NY	39	13
➤	17	Boise, ID	35	20
➤	18	Sacramento, CA	32	29
➤	19	Austin, TX	7	55
➤	20	San Jose, CA	12	53
➔	21	New York, NY	29	35
➤	22	Lincoln, NE	37.5	27
➤	23	Honolulu, HI	34	32
➤	24	Pittsburgh, PA	56	5
➤	25	Miami, FL	22	42
➤	26	Virginia Beach, VA	19	49
➤	27	Albuquerque, NM	46	25
➤	28	Norfolk, VA	60	9.5
➤	29	Jersey City, NJ	25	46
➤	30	Raleigh, NC	20	51

2020-2021 TREND	OVERALL RANK		PERSONAL HEALTH RANK	COMMUNITY + ENVIRONMENT RANK
➤	31	Durham, NC	11	73
➤	32	Santa Ana, CA	10	74
➤	33	Long Beach, CA	31	41
➤	34	Chula Vista, CA	16	64
➤	35	Fremont, CA	17	61
➤	36	Tucson, AZ	41	34
➤	37	Hialeah, FL	30	47
➤	38	Aurora, CO	21	68
➤	39	Los Angeles, CA	26	57
➤	40	Newark, NJ	45	38
➤	41	St. Petersburg, FL	62	17
➤	42	Anaheim, CA	15	89
➤	43	Milwaukee, WI	70	12
➤	44	Anchorage, AK	28	70
➤	45	Plano, TX	48	40
➤	46	Omaha, NE	68	23
➤	47	Laredo, TX	44	60
➤	48	Glendale, AZ	49	45
➤	49	Stockton, CA	42	69
➤	50	Richmond, VA	67	30
➤	51	Colorado Springs, CO	43	71
➤	52	Reno, NV	47	62
➤	53	Cincinnati, OH	80	18
➤	54	Charlotte, NC	24	93
➤	55	Cleveland, OH	85	7
➤	56	New Orleans, LA	74	28
➤	57	Tampa, FL	64	37
➤	58	Houston, TX	40	87
➤	59	Nashville, TN	37.5	88
➤	60	Jacksonville, FL	52	56

2021 RANKINGS

2020-2021 TREND	OVERALL RANK		PERSONAL HEALTH RANK	COMMUNITY + ENVIRONMENT RANK	2020-2021 TREND	OVERALL RANK		PERSONAL HEALTH RANK	COMMUNITY + ENVIRONMENT RANK
	Overall Rank	City				Overall Rank	City		
↘	61	Dallas, TX	59	54	↘	81	Baton Rouge, LA	90	43
↘	62	El Paso, TX	55	63	↘	82	Irving, TX	78	81
→	63	Chandler, AZ	57	67	↘	83	Detroit, MI	88	52
→	64	Scottsdale, AZ	50	80	↘	84	Gilbert, AZ	58	99
↘	65	Orlando, FL	79	36	↘	85	San Antonio, TX	73	91
↘	66	St. Louis, MO	95	14	↘	86	Henderson, NV	83	59
↘	67	Baltimore, MD	92	15	↘	87	Corpus Christi, TX	93	50
→	68	Mesa, AZ	51	85	→	88	Las Vegas, NV	86	66
↘	69	Philadelphia, PA	97	6	↘	89	Arlington, TX	71.5	97
↘	70	Phoenix, AZ	54	83	→	90	Fort Worth, TX	75	96
↘	71	Greensboro, NC	66	58	↘	91	Toledo, OH	99	33
↘	72	Winston-Salem, NC	65	72	↘	92	Memphis, TN	84	82
↘	73	Riverside, CA	63	84	↘	93	Bakersfield, CA	77	95
↘	74	Fresno, CA	53	92	↘	94	Louisville, KY	94	65
↘	75	Garland, TX	61	90	↘	95	Chesapeake, VA	91	79
↘	76	Kansas City, MO	81	48	↘	96	Indianapolis, IN	82	94
↘	77	Lubbock, TX	71.5	75	↘	97	Wichita, KS	96	77
↘	78	Fort Wayne, IN	69	86	→	98	North Las Vegas, NV	87	98
↘	79	Columbus, OH	89	44	↘	99	Tulsa, OK	100	78
↘	80	Lexington, KY	76	76	→	100	Oklahoma City, OK	98	100

*Due to the nature of data collection and reporting by public agencies, the data presented in the 2021 Fitness Index were collected prior to the onset of the COVID-19 pandemic. However, these data describe the health and environmental conditions in the 100 largest U.S. cities not long before the pandemic started.

KEY

		1ST QUARTILE			3RD QUARTILE
		2ND QUARTILE			4TH QUARTILE

→ ↗ ↘ CHANGE IN OVERALL RANK COMPARED TO 2020

SUMMARY OF FINDINGS

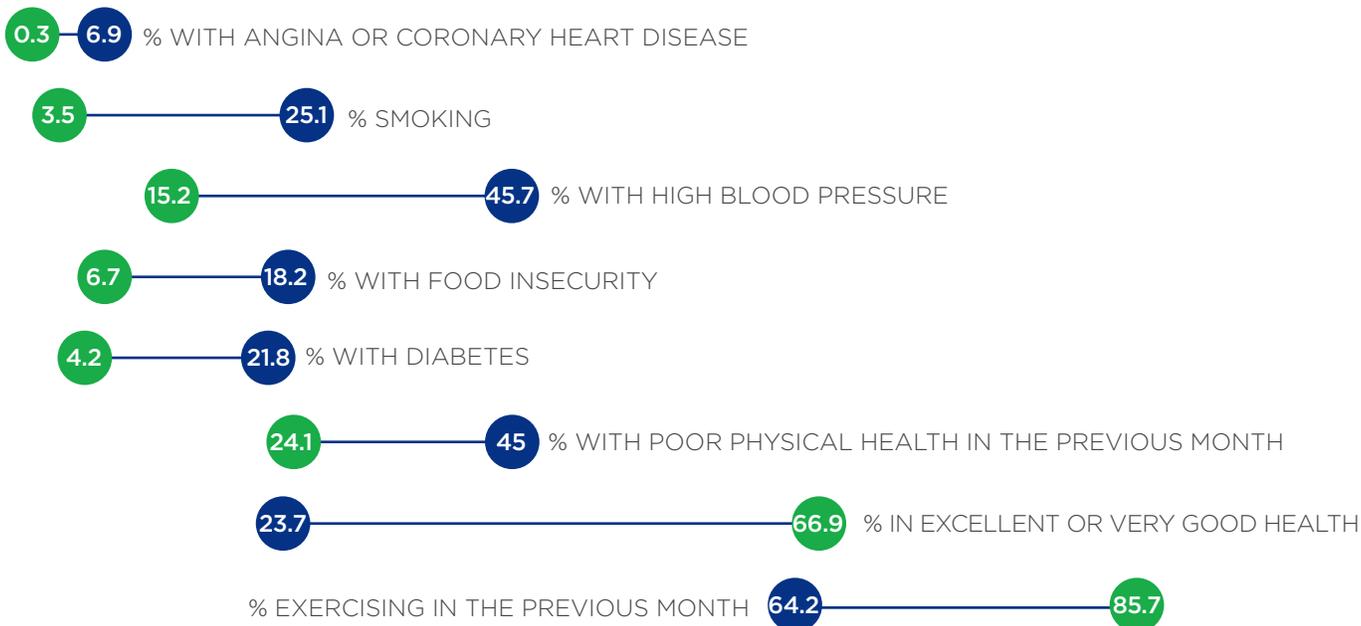
For more than a decade the ACSM American Fitness Index has provided an annual snapshot of community fitness for some of the largest cities and metros in the U.S. **We congratulate Arlington, VA for earning the #1 overall ranking in the 2021 ACSM American Fitness Index with a score of 86.1 out of a possible 100.** Arlington continues to set a high standard and performed well against the top competitors in Minneapolis, MN and Seattle, WA, ranked #2 and #3 overall respectively.

Arlington also ranked #1 in the personal health and community/environment sub-scores. At the individual indicator level, Arlington ranked among the top 10 cities for 18 of the 34 indicators in the Fitness Index, with eight indicators ranked #1.



SUMMARY OF FINDINGS

ARLINGTON, VA RANKED #1 IN EIGHT INDICATORS ARLINGTON, VA VS. LOWEST RANKED CITY



NEW IN 2021

The Fitness Index Advisory Board added two indicators, food insecurity and sleep, that reflect the importance of a holistic perspective when considering personal and community fitness. The Advisory Board also removed farmers markets as an indicator to focus more broadly on the full range of food accessibility.

WHAT IS FOOD SECURITY?

“Food security for a household means access by all members at all times to enough food for an active, healthy life. Food security includes at a minimum:

- The ready availability of nutritionally adequate and safe foods.
- Assured ability to acquire acceptable foods in socially acceptable ways (that is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).”

...AND FOOD INSECURITY?

“Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”⁹⁻¹⁰

“...hunger is an individual-level physiological condition that may result from food insecurity.”¹⁰

SUMMARY OF FINDINGS

Food insecurity and overall health are directly linked. Challenges accessing healthy foods put people at risk for developing hypertension and diabetes and make managing these conditions even more complex. Feeding America estimates one in six people, approximately 50.4 million people total, faced food insecurity in 2020 as a result of the COVID-19 pandemic and high rates of unemployment and poverty, about 15.4 million more than originally projected.¹¹

Food insecurity disproportionately affects racial/ethnic and low-income groups due to neighborhood conditions that may limit access to food. Historical redlining and ongoing disinvestment resulted in neighborhoods with few grocery stores resulting in food deserts served largely by convenience stores.¹²⁻¹³ Food insecurity for many living in food deserts is further compounded by limited transportation options available to reach full-service supermarkets.

CITIES WITH HIGHEST FOOD INSECURITY

OVERALL RANK

1.	St. Louis, MO	18.2%
2.	New Orleans, LA & Baltimore, MD (tied)	18.0%
4.	Detroit, MI	17.3%
5.	Philadelphia, PA	16.3%
6.	Laredo, TX	16.1%
7.	Toledo & Cleveland, OH (tied)	15.9%
9.	Richmond, VA	15.8%
10.	Lubbock, TX & Indianapolis, IN (tied)	15.3%



SUMMARY OF FINDINGS

SLEEP

Getting adequate sleep is one of five health behaviors identified as key for preventing chronic diseases.¹⁴ With the addition of the sleep indicator, the Fitness Index now reports data on four of these health behaviors:

- Not smoking
- Regular physical activity
- Maintaining a healthy weight
- Getting 7+ hours of sleep
- Moderate or no alcohol consumption (*not included in the Fitness Index*)



On average, less than 65% of residents in Fitness Index cities reported getting adequate amounts of sleep. Inadequate sleep, less than 7 hours per day for adults, is a risk factor for diabetes, cardiovascular disease, stroke, obesity, depression, and all-cause mortality. It also contributes to motor vehicle crashes and machinery-related injuries.¹⁵

TOP 10 CITIES GETTING 7+ HOURS OF SLEEP

OVERALL RANK

1.	Lubbock, TX	77.8%
2.	Richmond, VA	73.6%
3.	Minneapolis, MN	72.8%
4.	Arlington, TX	72.4%
5.	Seattle, WA	71.2%
6.	Fort Worth, TX	70.9%
7.	Corpus Christi, TX	70.7%
8.	Arlington, VA	70.5%
9.	Aurora, CO	70.0%
10.	Chula Vista & San Diego, CA (tied)	69.5%



SUMMARY OF FINDINGS

The 2021 Fitness Index also resumed sharing demographic data for each city. These data are not included in the analysis to score and rank cities; rather, they are provided to add context to better understand the unique attributes of each city.

DEEPER DIVE

Beyond the overall rankings, the sub-scores and individual indicator data tell a more complete story for each city. Two cities, Arlington, VA and Minneapolis, MN, rank among the top 10 cities overall, as well as in both personal health and community/environment sub-scores.

PERSONAL HEALTH RANK & SCORE

OVERALL RANK		
1	Arlington, VA	89.1
2	Denver, CO	81.9
3	Minneapolis, MN	81.0
4	Madison, WI	79.4
5	Seattle, WA	78.3
6	Irvine, CA	72.1
7	Austin, TX	71.7
8	San Diego, CA	71.4
9	Oakland, CA	71.0*
10	Santa Ana, CA	71.0*

COMMUNITY/ ENVIRONMENT RANK & SCORE

OVERALL RANK		
1	Arlington, VA	81.7
2	Minneapolis, MN	80.0
3	St. Paul, MN	79.8
4	Washington, D.C.	79.5
5	Pittsburgh, PA	78.6
6	Philadelphia, PA	78.5
7	Cleveland, OH	78.3
8	Chicago, IL	77.8
9	Boston, MA	77.0*
10	Norfolk, VA	77.0*

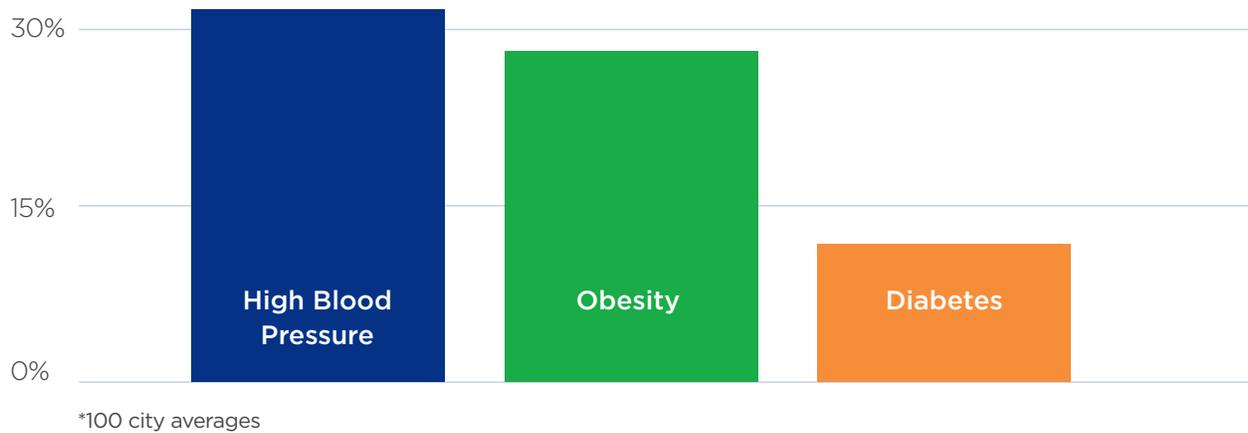
**Scores have been rounded to the nearest tenth of a point resulting in some apparent ties; however, the rankings are based on the full calculated score values that were not equal in those cases.*



SUMMARY OF FINDINGS

CHRONIC DISEASES AND PHYSICAL ACTIVITY

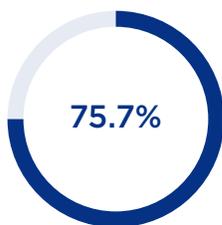
Physical inactivity and unhealthy diets have contributed to the rise in chronic diseases and pose a clear threat to our health and health care systems, our cities, and our future. On average, 30.5% of adults in the Fitness Index cities had high blood pressure, 29.3% had obesity, and 10.2% had diabetes.



High rates of obesity, chronic diseases, and smoking put some people at higher risk of severe COVID-19 infections which resulted, in some cases, in hospitalization and death. These existing health conditions combined with disparities in health care access, education, and economic equality resulted in disproportionately higher rates of infection and deaths among racial/ethnic groups and disabled populations.¹⁶⁻¹⁹

Despite the overwhelming evidence of the benefits of physical activity to prevent and manage chronic diseases, improve mental health and cognitive function, and strengthen the immune system, most adults are still not moving enough. On average, 75.7% of adults in the Fitness Index cities reported any exercise in the previous month, but only 50.8% met the aerobic activity guidelines and 23.7% met the guidelines for both aerobic and strength activities.

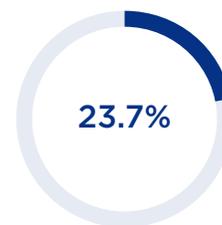
ACSM and CDC recommend at least 150 minutes per week of moderate-intensity aerobic activity, 75 minutes of vigorous aerobic activity, or a combination of both for adults. They also recommend muscle strengthening activity twice a week.



OF ADULTS REPORTED EXERCISING IN THE PREVIOUS MONTH



OF ADULTS MET AEROBIC ACTIVITY GUIDELINES



OF ADULTS MET AEROBIC AND STRENGTH ACTIVITY GUIDELINES

SUMMARY OF FINDINGS

Arlington, VA residents reported the most physical activity with 85.7% exercising in the previous month. St. Petersburg, FL topped the charts for aerobic activity with 65.4% of residents reporting that they met the guidelines. Anaheim, Irvine, and Santa Ana, CA tied with 31.0% of residents meeting both aerobic and strengthening activity guidelines. Across all U.S. cities there is room for residents to move more and sit less.

EXERCISING IN THE PREVIOUS MONTH

OVERALL RANK

1. Arlington, VA
2. Madison, WI
3. Minneapolis, MN
4. Fremont & Oakland, CA (tied)
6. St. Petersburg, FL
7. Seattle, WA
8. Denver, CO
9. St. Paul, MN
10. Virginia Beach, VA

MEETING AEROBIC ACTIVITY GUIDELINES

OVERALL RANK

1. St. Petersburg, FL
2. St. Paul, MN
3. Minneapolis, MN
4. San Francisco, CA
5. Madison, WI
6. Portland, OR
7. Seattle, WA
8. Tucson, AZ
9. Chula Vista & San Diego, CA (tied)

MEETING AEROBIC & STRENGTH ACTIVITY GUIDELINES

OVERALL RANK

1. Anaheim, Irvine, and Santa Ana, CA (tied)
3. Hialeah & Miami, FL (tied)
4. Madison, WI
5. Minneapolis, MN
6. Tucson, AZ
7. Atlanta, GA
8. Albuquerque, NM



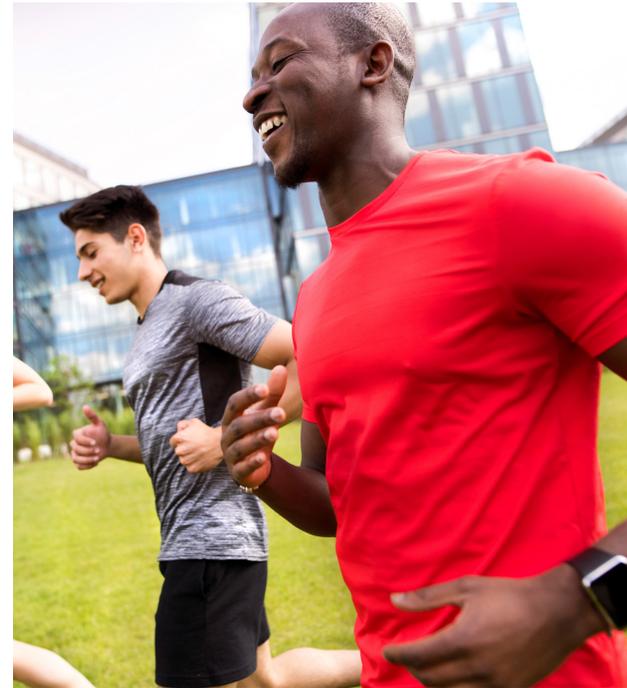
SUMMARY OF FINDINGS

PUTTING IT INTO PRACTICE

Over time our national priorities have drifted away from funding prevention to focus on curative care. City officials are in a unique position to change this narrative by increasing the investment in pedestrian-friendly built environments and community resources that support physical activity. The Fitness Index encourages local officials to implement policies, such as Complete Streets, that improve the built environment for all residents. This includes the availability, maintenance, and improvement of infrastructure like connected sidewalks, bike lanes, trails, parks, recreational centers, and ball fields and courts. This infrastructure provides opportunities for better health and social outcomes as a result of play, recreation, exercise, and active transportation such as walking or biking to school, work, and for daily errands.

Taking action at the city level is not a one-size-fits-all approach, but there are shifts to policy, land use and development, transportation, and codes that support economic development AND physical activity and access to healthy foods. Best-practice solutions include a combination of activity-friendly routes that connect to everyday destinations.²⁰ This approach increases the number of people walking and biking while raising property values and increasing economic activity in the area. Additionally, vibrant, walkable, and transit-connected neighborhoods address the unmet market demands for urban living.

- **Use current data on health behaviors and outcomes** as well as community input to understand neighborhood challenges and opportunities, specifically as it relates to land use, design, and development. Changes to the built environment must center the voices of those impacted throughout the lifecycle of the project, not just at one-off community meetings.
- **Adopt codes, policies, and guidelines** that facilitate physical and mental health for people of all ages, abilities, and incomes. This includes but is not limited to fully implementing strong Complete Streets policies, mixed land-use zoning, and increasing residential density.
- **Build relationships across local government sectors** by including public health, transportation, parks and recreation, city planning, and economic development at the table. Planners often think of walking and biking in terms of improving air quality, livability, and congestion rather than promoting physical activity. Public health professionals offer a unique perspective on impact of the built environment on chronic diseases.
- **Maximize federal and state projects and funding** whenever possible. Piggy back on their projects to achieve local goals. For example, state highway projects may offer the opportunity to address sidewalk connectivity in nearby neighborhoods.
- **Leverage public-private relationships and funding opportunities** to stretch scarce resources. Public investment in community assets can draw local philanthropists to match the government's financing.



SUMMARY OF FINDINGS

On a final note, many cities find themselves in lean economic times due to the pandemic. This comes at a time when lost revenues collide with skyrocketing costs for providing city services and expenditures for the COVID-19 response. Federal funding available as part of the COVID-19 relief efforts may provide support for smart growth projects and the direct benefits of these projects to the local economy and job creation are not insignificant. Walking and biking infrastructure is less expensive and creates more jobs per mile than any other type of transportation.²¹

Pedestrian infrastructure, built environment improvements, and parks and recreation may not seem like high priorities in downturns. However, there are real economic benefits to neighborhood investments, especially those focused on increasing local walkability and bikeability. Rails to Trails Conservancy estimates connected walking and biking infrastructure could have an annual return on investment as high as \$73 billion nationally.²¹

Regardless of their ranking in the 2021 Fitness Index, officials in all 100 of the largest U.S. cities have a significant opportunity to drive economic growth and create jobs through built environment improvements that support physical activity and healthy lifestyles. After all, the first step to attracting new residents and jobs is offering a higher quality of life, in which city and local governments are highly invested in the well-being of all of their residents.



INTERPRETING THE RANKINGS

It is important to consider both the score and the rank for each city when using the Fitness Index. While the rankings list the cities from the highest score to the lowest score, the scores for many cities are very similar, indicating there may be relatively little real difference among their fitness levels.

For example, Stockton, CA scored 51.3 overall and ranked #49 while New Orleans, LA scored 50.3 overall and ranked #56. While Stockton ranked seven positions higher than New Orleans in the 2021 Fitness Index, these two cities are actually very similar across most of the indicators as evidenced by the close scores (1.0 point difference in scores); thus, there is little real difference in the community fitness levels of the two cities.

Also, while one city ranks #1 and another ranks #100, 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 across all indicators. The ranking merely indicates that, relative to each other, some cities scored better than others. Visit www.americanfitnessindex.org/rankings to compare city indicators and sub-scores using the interactive city comparison tool.

It is important to remember that a majority of the indicators do not change rapidly, and it will take time for the impact of new initiatives to result in changes to health indicators. While improvements in community and built environment indicators are important investments, a notable change in the health of residents is expected to slowly but surely follow. Additionally, some indicator-level changes may be due to sample size or sampling variation.

Cities with the best scores, and even those with scores close to the best, are commended for their efforts to improve and maintain the health and fitness of their residents. These cities demonstrated the ability to support healthy lifestyles; thus, their approaches may serve as examples to cities working to improve similar indicators.

The Fitness Index celebrates the tremendous efforts that all cities put into improving the health and well-being of their residents as we all move toward a healthier future for America.



APPENDIX: METHODOLOGY

The Fitness Index’s annual assessment of the 100 largest cities in the U.S. provides city officials with much needed data at the local level. Due to the nature of data collection and reporting, much of the data used in the 2021 Fitness Index rankings were collected prior to the COVID-19 pandemic. The effects of the pandemic on personal health behaviors and health outcomes will not be fully understood for several years.

The Fitness Index was calculated using 34 indicators from reliable, publicly accessible, and regularly updated sources. Indicators were combined to create sub-scores for personal health and community and environment indicators. Individual indicators were weighted relative to their assessed impact on community fitness, converted to ranks, and combined using a mathematical formula described in the methodology section on the website. A weighted average of the two sub-scores formed the total score, which was then ranked to show how the cities’ fitness levels compared to each other.

The analysis included city-level data when available. All other indicator data were analyzed for the county(ies) where the city proper was located. Groups of counties were used when the city limits extend across county lines. For example, the City of Denver, CO is located only in Denver County; however, New York, NY is located in the five counties of Bronx, Kings, New York, Queens, and Richmond.



APPENDIX: METHODOLOGY

The Fitness Index Advisory Board reviewed and updated the indicators used to calculate the 2021 scores and rankings. Two indicators were added: food insecurity and sleep. These indicators reflect the importance of a holistic perspective when considering personal and community fitness.

The Advisory Board uses a variety of considerations when removing indicators. Farmers markets were removed as an indicator to focus more broadly on neighborhood food access.

Due to an insufficient number of 2019 BRFSS survey respondents, responses from 2018 were used for Jersey City and Newark, NJ and responses from 2018 and 2019 were used for Laredo, TX. Parks and recreation facilities data were collected by the Fitness Index staff for Arlington, VA, Fort Wayne, IN, Fort Worth, TX, Gilbert, AZ, Greensboro, NC, Indianapolis, IN, Miami, FL, Norfolk, VA, Richmond, VA, and Tampa, FL.

Due to updates to the indicators, comparisons of overall rank, score, and sub-scores from previous years should be avoided. Individual indicators that have not changed can be compared to data from 2018 to 2021.

For more information on the development of the Fitness Index, please visit: www.americanfitnessindex.org/methodology.

+ ADDED

% sleeping 7+ hours/
day

% with food
insecurity

× REMOVED

farmers markets/ 1M



APPENDIX: METHODOLOGY

PERSONAL HEALTH INDICATORS

Health Behaviors	Data Range		100 City Average
% exercising in the previous month	64.2	85.7	75.7
% meeting aerobic activity guidelines	34.2	65.4	50.8
% meeting aerobic & strength activity guidelines	15.7	31.0	23.7
% bicycling or walking to work	0.5	19.3	4.5
% using public transportation to work	0.3	55.6	7.0
% consuming 2+ fruits/ day	21.3	41.7	31.0
% consuming 3+ vegetables/ day	8.8	20.9	14.5
% sleeping 7+ hours/ day	53.3	77.8	64.8
% smoking	3.5	25.1	13.8

Health Outcomes			
% in excellent or very good health	23.7	66.9	49.9
% with poor physical health in the previous month	24.1	45.0	36.6
% with poor mental health in the previous month	27.3	51.7	39.5
% with obesity	8.6	41.3	29.3
% with asthma	4.6	16.8	8.8
% with high blood pressure	15.2	45.7	30.5
% with angina or coronary heart disease	0.3	6.9	3.2
% with stroke	0.1	7.3	3.2
% with diabetes	4.2	21.8	10.2
Pedestrian fatality rate/ 100,000 residents	0.0	7.5	2.6

APPENDIX: METHODOLOGY

COMMUNITY/ ENVIRONMENT INDICATORS

Built Environment	Data Range		100 City Average
Air quality index	18.1	98.1	64.5
Bike Score	29.2	83.5	54.1
% with food insecurity	6.7	18.2	12.2
Parks/ 10,000 residents	1.3	10.9	4.0
% within a 10-minute walk to a park	31.0	100	70.8
Walk Score	21.0	88.3	48.0

Recreational Facilities			
Ball diamonds/ 10,000 residents	0.0	5.2	1.7
Basketball hoops/ 10,000 residents	0.7	16.2	3.4
Playgrounds/ 10,000 residents	0.8	6.9	2.4
Recreational centers/ 20,000 residents	0.1	2.9	0.9
Swimming pools/ 100,000 residents	0.0	10.8	2.3
Tennis courts/ 10,000 residents	0.0	5.9	1.8

Policy & Funding Rank			
Local Complete Streets policy	0.0	2.0	1.0
Park expenditure/ resident	\$14	\$309	\$102
Physical education requirement	0.8	3.0	2.8

APPENDIX: DATA SOURCES

The Fitness Index uses a variety of data sources to calculate the annual scores and rankings.

- 2019 American Community Survey - U.S. Census
- 2018 & 2019 Behavioral Risk Factor Surveillance System, County Data - CDC
- 2019 Environmental Protection Agency
- 2020 Map the Meal Gap - Feeding America
- 2017 National Association of State Boards of Education
- 2019 National Highway Traffic Safety Administration
- 2020 Smart Growth America/ National Complete Streets Coalition
- 2020 Trust for Public Land - City Park Facts
- 2020 Walk Score and Bike Score



APPENDIX: REFERENCES

1. Ruiz MC, Devonport TJ, Chen-Wilson CJ, et al. A cross-cultural exploratory study of health behaviors and wellbeing during COVID-19. *Front Psychol.* 2021;11:608216.
2. Buttorff C, Ruder T, Bauman M. Multiple Chronic Conditions in the United States. Santa Monica, CA: Rand Corp. 2017 [cited 2021 March 16]. Available from: <https://www.rand.org/pubs/tools/TL221.html>.
3. Martin AB, Hartman M, Lassman D, Catlin A; National Health Expenditure Accounts Team. National health care spending in 2019: steady growth for the fourth consecutive year. *Health Aff.* 2021;40(1):14-24.
4. U.S. Centers for Disease Control and Prevention. 2020, October 7. Factsheets and At a Glances: Heart Disease and Stroke. [cited 2021 March 16]. Available from: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/heart-disease-stroke.htm>.
5. The Trust for Public Land. The Trust for Public Land ParkScore® Index. San Francisco, CA: 2020 [cited 2021 March 16]. Available from: <https://www.tpl.org/parkscore>.
6. Sallis JF, Spoon C, Cavill N, et al. Co-benefits of designing communities for active living: an exploration of literature. *Int J Behav Nutr Phys Act.* 2015;12(30).
7. Guo JY, Gandavarapu S. An economic evaluation of health-promotive built environment changes. *Prev Med.* 2010;50:44-49.
8. U.S. Environmental Protection Agency. 2012, December. Smart Growth and Economic Success: Benefits for Real Estate Developers, Investors, Business, and Local Governments. [cited 2021 March 16]. Available from: <https://www.epa.gov/smartgrowth/smart-growth-and-economic-success-benefits-real-estate-developers-investors-business-and>
9. Life Sciences Research Office, Andersen SA, ed. Core indicators of nutritional state for difficult to sample populations. *J Nutr.* 1990;120 Suppl 11:1559-600.
10. U.S. Department of Agriculture. 2020, September 09. Food Security in the US: Measurement. [cited 2021 March 16]. Available from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement/#insecurity>.
11. Feeding America. The Impact of the Coronavirus on Food Insecurity in 2020. Chicago, IL: 2020 [cited 2021 March 16]. Available from: https://www.feedingamerica.org/sites/default/files/2020-10/Brief_Local%20Impact_10.2020_0.pdf
12. Powell LM, Slater S, Mirtcheva D, Bao Y, Chaloupka FJ. Food store availability and neighborhood characteristics in the United States. *Prev Med.* 2007;44(3):189-195.
13. Beaulac J, Kristjansson E, Cummins S. A systematic review of food deserts, 1966-2007. *Prev Chron Dis.* 2009;6(3):A105.
14. Liu Y, Croft JB, Wheaton AG, et al. Clustering of five health-related behaviors for chronic disease prevention among adults, United States, 2013. *Prev Chronic Dis.* 2016;13:E70.

APPENDIX: REFERENCES

15. Institute of Medicine. Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Washington, DC: The National Academies Press; 2006.
16. Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons - 23 States, January 31-July 3, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(34):1166-1169.
17. Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance - United States, January 22-May 30, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(24):759-765.
18. Landes SD, Stevens D, Turk MA. COVID-19 and Pneumonia: Increased Risk for Individuals with Intellectual and Developmental Disabilities During the Pandemic. Syracuse University Lerner Center for Public Health Promotion Research Brief. 2020. [cited 2021 March 16]. Available from: <https://lernercenter.syr.edu/2020/04/27/covid-19-and-pneumonia-increased-risk-for-individuals-with-intellectual-and-developmental-disabilities-during-the-pandemic/>.
19. U.S. Centers for Disease Control and Prevention Covid Response Team. Geographic Differences in COVID-19 Cases, Deaths, and Incidence - United States, February 12-April 7, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(15):465-471.
20. U.S. Centers for Disease Control and Prevention. 2019, June 28. Designing Activity-Friendly Communities. [cited 2021 March 16]. Available from: <https://www.cdc.gov/nccdphp/dnpao/features/walk-friendly-communities/index.html>.
21. Rails to Trails Conservancy. Active Transportation Transforms America: The Case for Increased Public Investment in Walking and Biking Connectivity. Washington, D.C.: 2019 [cited 2021 March 16]. Available from: https://www.railstotrails.org/media/847675/activetransport_2019-report_finalreduced.pdf?utm_source=attareport&utm_medium=web&utm_campaign=trailstransform.

ABOUT US



The American College of Sports Medicine is the largest sports medicine and exercise science organization in the world. More than 50,000 international, national and regional members are dedicated to advancing and integrating scientific research to provide educational and practical applications of exercise science and sports medicine. More details can be found at www.acsm.org.

ACSM is a global leader in promoting the benefits of physical activity and advocates for legislation that helps government and the health community make it a priority. ACSM encourages Congress to support continued funding of parks, trails, and safe routes to school, as well as the need for all Americans to meet the physical activity recommendations included in the National Physical Activity Guidelines, and the need for the guidelines to be regularly updated every 10 years.



The Anthem Foundation is the philanthropic arm of Anthem, Inc. and through charitable contributions and programs, the Foundation promotes the inherent commitment of Anthem, Inc. to enhance the health and well-being of individuals and families in communities that Anthem, Inc. and its affiliated health plans serve. The Foundation focuses its funding on strategic initiatives that make up its Healthy Generations Program, a multigenerational initiative that targets: maternal health, diabetes prevention, cancer prevention, heart health and healthy, active lifestyles, behavioral health efforts and programs that benefit people with disabilities. The Foundation also coordinates the company's year-round Dollars for Dollars program which provides a 100 percent match of associates' donations, as well as its Volunteer Time Off and Dollars for Doers community service programs. To learn more about the Anthem Foundation, please visit <http://www.anthem.foundation> and its blog at <https://medium.com/anthemfoundation>.

ACSM AMERICAN FITNESS INDEX IS AVAILABLE IN ITS ENTIRETY AT WWW.AMERICANFITNESSINDEX.ORG. VISIT THE WEBSITE TO COMPARE CITY RANKINGS, DOWNLOAD RESOURCES, AND REQUEST ASSISTANCE FOR YOUR CITY.

JULY 2021

