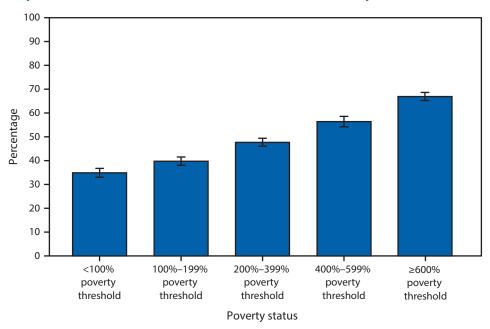
## FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

## Percentage\* of Adults Who Met Federal Guidelines for Aerobic Physical Activity,† by Poverty Status§ — National Health Interview Survey, United States, 2014¶



<sup>\*</sup> With error bars indicating 95% confidence interval.

In 2014, the percentage of adults aged  $\ge$ 18 years who met federal guidelines for aerobic physical activity increased as family income increased. The percentage of adults aged  $\ge$ 18 years who met federal guidelines for aerobic physical activity ranged from 34.8% for those with family incomes <100% of the poverty level to 66.8% for those with family incomes  $\ge$ 600% of the poverty level.

Source: National Health Interview Survey data, 2014. http://www.cdc.gov/nchs/nhis.htm.

Reported by: LaJeana Hawkins, MPH, LDHawkins@cdc.gov, 301-458-4611; Mark Montgomery, MS; Deepthi Kandi.

<sup>&</sup>lt;sup>†</sup> Per U.S. Department of Health and Human Services 2008 Physical Activity Guidelines for Americans (http://www.health.gov/paguidelines/guidelines/default.aspx). Respondents were considered to be meeting aerobic activity guidelines if they reported moderate-intensity physical activity for ≥150 minutes leisure-time activity per week, vigorous-intensity physical activity for ≥75 minutes leisure-time activity per week, or an equivalent combination of moderate-intensity and vigorous-intensity leisure-time activity.

<sup>§</sup> Poverty status is based on family income and family size using the 2013 U.S. Census Bureau poverty thresholds. Family income was imputed where missing.

<sup>¶</sup> Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population and are derived from the National Health Interview Survey sample adult component.

## Morbidity and Mortality Weekly Report

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, visit *MMWR*'s free subscription page at *http://www.cdc.gov/mmwr/mmwrsubscribe.html*. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Readers who have difficulty accessing this PDF file may access the HTML file at <a href="http://www.cdc.gov/mmwr/index2016.html">http://www.cdc.gov/mmwr/index2016.html</a>. Address all inquiries about the <a href="http://www.cdc.gov/mmwr/index2016.html">MMWR Series, including material to be considered for publication, to Executive Editor, <a href="http://www.cdc.gov/mmwr/index2016.html">MMWR Series, including material to be considered for publication, to Executive Editor, <a href="http://www.cdc.gov/mmwr/index2016.html">MMWR Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30329-4027 or to mmwrq@cdc.gov.</a>

All material in the MMWR Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to MMWR readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in MMWR were current as of the date of publication.

ISSN: 0149-2195 (Print)