

ACSM AMERICAN FITNESS INDEX™

Actively Moving America to Better Health

Health and Community Fitness Status
of the 50 Largest Metropolitan Areas



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

2012 EDITION

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WELLPOINTSM

FOUNDATION

May 2012

Dear Colleagues,

The American College of Sports Medicine (ACSM) American Fitness Index™ (AFI) program has quickly become a game-changer that's helping put American cities on the path to better health and fitness. The AFI program's scientific underpinnings provide a readout of each metropolitan area's wellness gaps, including a snapshot of areas ripe for health improvement and those most underserved.

Most importantly, the city-specific data provided through the AFI report is actionable. For example, in Indianapolis and Oklahoma City—ranked 45th and 50th respectively in last year's report—as a result of the AFI program there are now community-wide efforts to improve the state of health in these two cities. Researchers collected community input from key influencers, and a long-term strategic plan is expected this summer for Indianapolis and a plan of action is underway in Oklahoma City. In 2012, the ACSM intends to work with community organizations in four additional metro areas with low rankings to help drive health improvement. Four additional cities will be added in 2013, bringing the total to 10 cities receiving strategic and operational assistance.

In addition to expanding the assistance program, the 2012 AFI report now conveys information more clearly and efficiently. The new layout better illustrates how the 50 metropolitan areas scored on each data indicator and how each community measures up to recommended benchmarks for a healthy population. We believe the improved layout makes the report easier to understand and apply to health improvement efforts.

The WellPoint Foundation is proud to have been the lead sponsor of the AFI since its launch in 2008, and the Foundation was pleased to support the technical assistance program that began last year. These efforts are a part of the Foundation's ongoing commitment to address health disparities and improve public health across the country. This data-driven report can be a powerful tool for driving change in the health and wellness of U.S. cities, and I encourage you to use this resource as you work to improve the health of each of your communities.

Please visit AmericanFitnessIndex.org and WellPointFoundation.org to learn more about these programs and how they are making a difference in our cities and improving the health of our nation.

Regards,

Sam Nussbaum

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

Executive Summary

With support and funding from the WellPoint Foundation, 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 their residents and expand community assets to better support active, healthy lifestyles. The AFI reflects a composite of preventive health behaviors, levels of chronic disease conditions, health care access, as well as community resources and policies that support physical activity. In addition, demographic diversity, economic diversity and violent crime levels 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 AFI was developed to assist communities in their efforts to improve the quality of life and well-being of their residents. 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 2012 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 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;
- 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. Data 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 the comparisons, strengths/advantages and opportunities/challenges for each MSA were noted.

There was considerable diversity in community fitness levels among the 50 MSAs. 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 strengths and encouraged to focus future efforts on their areas of opportunity to achieve healthy, active living.

Rank	Metropolitan Area	SCORE
1	Minneapolis-St. Paul-Bloomington, MN-WI	76.4
2	Washington-Arlington-Alexandria, DC-VA-MD-WV	75.8
3	Boston-Cambridge-Quincy, MA-NH	70.0
4	San Francisco-Oakland-Fremont, CA	69.0
5	Hartford-West Hartford-East Hartford, CT	68.5
6	Sacramento-Arden-Arcade-Roseville, CA	68.4
7	Portland-Vancouver-Hillsboro, OR-WA	67.9
8	Seattle-Tacoma-Bellevue, WA	67.8
9	Denver-Aurora-Broomfield, CO	65.6
10	Austin-Round Rock-San Marcos, TX	63.4
11	Virginia Beach-Norfolk-Newport News, VA-NC	63.2
12	San Jose-Sunnyvale-Santa Clara, CA	62.2
13	Salt Lake City, UT	59.8
14	Raleigh-Cary, NC	58.8
15	Pittsburgh, PA	58.7
16	San Diego-Carlsbad-San Marcos, CA	58.3
17	Richmond, VA	57.2
18	Providence-New Bedford-Fall River, RI-MA	57.2
19	Baltimore-Towson, MD	56.8
20	Cincinnati-Middletown, OH-KY-IN	56.2
21	Atlanta-Sandy Springs-Marietta, GA	53.8
22	New York-Northern New Jersey-Long Island, NY-NJ-PA	52.8
23	Cleveland-Elyria-Mentor, OH	52.4
24	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	52.1
25	Buffalo-Niagara Falls, NY	49.0
26	Phoenix-Mesa-Scottsdale, AZ	47.9
27	Nashville-Davidson-Murfreesboro-Franklin, TN	47.3*
28	Chicago-Joliet-Naperville, IL-IN-WI	47.3*
29	Kansas City, MO-KS	47.2
30	Milwaukee-Waukesha-West Allis, WI	46.8
31	Miami-Fort Lauderdale-Pompano Beach, FL	45.2
32	Saint Louis, MO-IL	44.2
33	Charlotte-Gastonia-Rock Hill, NC-SC	43.1*
34	Riverside-San Bernardino-Ontario, CA	43.1*
35	Jacksonville, FL	42.6
36	Tampa-St. Petersburg-Clearwater, FL	42.4
37	New Orleans-Metairie-Kenner, LA	42.2
38	Los Angeles-Long Beach-Santa Ana, CA	41.2
39	Las Vegas-Paradise, NV	40.0
40	Columbus, OH	39.8
41	Orlando-Kissimmee-Sanford, FL	39.2
42	San Antonio-New Braunfels, TX	38.0
43	Indianapolis-Carmel, IN	37.3
44	Memphis, TN-MS-AR	36.8
45	Houston-Sugar Land-Baytown, TX	36.4
46	Birmingham-Hoover, AL	36.1
47	Dallas-Fort Worth-Arlington, TX	35.1
48	Louisville/Jefferson County, KY-IN	32.1
49	Detroit-Warren-Livonia, MI	29.4
50	Oklahoma City, OK	28.2

*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.

This 2012 edition report presents updated rankings from the first four full-edition reports released in 2008, 2009, 2010, and 2011. The long-range vision for the AFI program is to provide annual updates to the rankings, so cities can monitor their progress in improving their health and active living fitness indicators.

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.¹⁻⁵ 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 can also decrease the risk of depression in adults and reduce depression symptoms in young people.²⁻⁵

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.¹ 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; and,
- take action through local community mobilization with the AFI Community Action Guide, health promotion partners and other best practices.⁶

While the AFI data report provides detailed information for cities at the MSA level, the *My AFI* community application tool integrates the components of the AFI program into a health promotion approach that can be applied 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 by promoting active lifestyles and 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 and number of health care providers, 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 further their 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 WellPoint Foundation (www.wellpointfoundation.org), 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, to provide valuable resources that help communities focus their programming efforts, and to assist communities in developing collaborative activities and partnerships with other organizations that contribute to health promotion. Using the AFI data report, communities will be able to assess factors contributing to 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.

ACSM American Fitness Index™ Program Components

The AFI program improves the health, fitness and quality of life of citizens through three 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.
- **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 fifth 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 using data from the U.S. Census Annual Estimates of Population. They are the cities and surrounding metropolitan areas of:

- Atlanta-Sandy Springs-Marietta, GA
- Austin-Round Rock-San Marcos, TX
- Baltimore-Towson, MD
- Birmingham-Hoover, AL
- Boston-Cambridge-Quincy, MA-NH
- Buffalo-Niagara Falls, NY
- Charlotte-Gastonia-Rock Hill, NC-SC
- Chicago-Joliet-Naperville, IL-IN-WI
- Cincinnati-Middletown, OH-KY-IN
- Cleveland-Elyria-Mentor, OH
- Columbus, OH
- Dallas-Fort Worth-Arlington, TX
- Denver-Aurora-Broomfield, CO
- Detroit-Warren-Livonia, MI
- Hartford-West Hartford-East Hartford, CT
- Houston-Sugar Land-Baytown, TX
- Indianapolis-Carmel, IN
- Jacksonville, FL
- Kansas City, MO-KS
- Las Vegas-Paradise, NV
- Los Angeles-Long Beach-Santa Ana, CA
- Louisville/Jefferson County, KY-IN
- Memphis, TN-MS-AR
- Miami-Fort Lauderdale-Pompano Beach, FL
- Milwaukee-Waukesha-West Allis, WI
- Minneapolis-St. Paul-Bloomington, MN-WI
- Nashville-Davidson-Murfreesboro-Franklin, TN
- New Orleans-Metairie-Kenner, LA
- New York-Northern New Jersey-Long Island, 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-New Bedford-Fall River, RI-MA

- Raleigh-Cary, NC
- Richmond, VA
- Riverside-San Bernardino-Ontario, CA
- Sacramento-Arden-Arcade-Roseville, CA
- Saint Louis, MO-IL
- Salt Lake City, UT
- San Antonio-New Braunfels, TX
- San Diego-Carlsbad-San Marcos, CA
- San Francisco-Oakland-Fremont, 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 comprises 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 Ainsworth, Ph.D., FACSM (Arizona State University)
- Steven N. Blair, P.E.D., FACSM (University of South Carolina)
- Jacqueline Epping, M.Ed. (U.S. Centers for Disease Control and Prevention)
- John M. Jakicic, Ph.D., FACSM (University of Pittsburgh)
- Liz Joy, M.D., M.P.H., FACSM (University of Utah School of Medicine/Intermountain Healthcare)
- NiCole Keith, Ph.D., FACSM (Indiana University)
- Roseann M. Lyle, Ph.D., FACSM (Purdue University)
- Melinda M. Manore, Ph.D., R.D., FACSM (Oregon State University)
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- Angela Smith, M.D., FACSM (Children’s Hospital of Philadelphia)
- Stella Lucia Volpe, Ph.D., R.D., 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 is 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 their people through simple, affordable, effective steps.
- There is a need for even more synergy and collaboration to assist U.S. cities in actively making the 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 their 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 in 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* 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 for a community;
- Be measured recently and reported by a reputable agency or organization for the metropolitan areas;
- 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?

Publicly available data sources 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 Selected Metropolitan/Micropolitan Area Risk Trends Behavioral Risk Factor Surveillance System (SMART BRFSS) provided by the U.S. Centers for Disease Control and Prevention. Through an annual 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); the Health Resources and Services Administration’s (HRSA) Area Resource File; and the Federal Bureau of Investigation’s (FBI) Uniform Crime Reporting Program also provided data used in the MSA description and index. In all cases, the most recently available data (typically 2010) were used. The data index elements and their data sources are shown in Appendix A.

How Was the Data Index Built?

Potential 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 Delphi method began with a draft list of elements or measures to include in the index. An expert panel was selected (listed in Appendix B) and a questionnaire was mailed to them for their input on the list of elements. Each participant was asked to score the elements on a scale from 0 to 3 (0 = not appropriate for the index; 1 = should be in the index, but of minor importance; 2 = should be in the index and is of moderate importance; 3 = should be in the index and is of high importance) independently and return their scoring sheet for analysis and preparation for the second round. The panel members also were asked to add measures they thought should be in the index and provide a score for them.

The responses from the first round were summarized into a feedback version of the list and resent to the same panelists for a second round of scoring. Consensus was obtained for some elements during the first round, so the panelists were not asked to rate them during the second round. The list of measures used for the second round showed the panelists' scores from the first round. The panelists were asked to score the elements on the same scale again after they saw how their colleagues had scored each element on the first round and send their responses back for analysis. After the second round, a consensus was obtained for all elements. A final summary report was provided to the expert panel members for their final feedback.

A weight of 1 was assigned to those elements that were considered to be of little importance; 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. From this process, 30 currently available indicators were identified and weighted for the index and 17 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. Each item 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 each MSA score by the maximum possible value and multiplying by 100.

The following formula summarizes the scoring process:

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

r = MSA rank on indicator

w = weight assigned to indicator

k = indicator group

n = 14 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 Portland was 67.9 while the score for Seattle was 67.8. While Portland was ranked higher than Seattle, they are 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 (Minneapolis, MN) and another carried the lowest rank (Oklahoma City, OK), this does not necessarily mean that the highest ranked city has excellent values across all indicators and the lowest ranked city has the lowest values on all the indicators. The ranking merely indicates that, relative to each other, some cities scored better than others.

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

The Areas of Excellence and Improvement Priority Areas for each MSA were listed to assist communities in identifying potential areas where they might focus their efforts using approaches adopted by those cities that have strengths in the same area. This process involved comparing the data index elements of the MSA to a newly developed target goal. The target goals for the personal health indicators were derived by generating the **90th percentile** from the **pooled 2008-2012 AFI** data. The target goals for the community health indicators were derived by calculating the **average** from the **pooled 2008-2012 AFI data**. 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 Behavioral Risk Factor Surveillance Survey 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 relatively valid. 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.

My AFI Community Application Tool Instructions

My AFI is the community application tool of the ACSM American Fitness Index™ (AFI) Program. The purpose of *My AFI* is to enable stakeholders in communities not included in the AFI data report to apply a similar approach to assess their own level of community fitness, as well as build a better understanding of the individual and societal behaviors related to physical activity in their own community. In addition, a community could use *My AFI* to justify improving the built environment in their community, as they compare their resources to those of other similar communities. For many communities, enhancing the built environment and changing policies might be the quicker target goals to achieve.

Communities come in all shapes and sizes, and when it comes to assessing community fitness with *My AFI*, size and shape matter. The availability of data, the sources for data, and even the relevance of these data will vary depending on the size and nature (for example, urban vs. rural) of a specific community. Likewise, to compare one community to others for context, it is important to choose peer communities that are similar. The *My AFI* Community Application Tool, now available at the AFI website (www.AmericanFitnessIndex.org) guides users through a step-by-step process to complete *My AFI*, including active links to online sources for data and Excel® templates. Guidance is provided on where to look for data about communities, how to identify appropriate peer communities, and how to assess a community’s advantages and challenges to guide action. While it may not be possible to find all the AFI data for a specific community, using the data that are available will still be useful to identify opportunities for action. This guide will lead users through the steps to complete *My AFI* for a specific community:

- Step 1: Identify the peer communities that are comparable to your community
- Step 2: Describe your community
- Step 3: Search for Personal Health Indicators
- Step 4: Search for Community/Environmental Indicators
- Step 5: Consider the option of a Mini My AFI
- Step 6: Assess your community’s relative advantages and challenges
- Step 7: Use your My AFI profile to advocate for programs and improvements in your community

The available data will assist in better understanding the community’s physical activity level and health status and to help guide strategic planning activities. While the primary role of analyzing the data might be to identify opportunities for improving the community, remember to celebrate the community’s strengths and past successes. Consult the AFI Community Action Guide or the AFI website (www.americanfitnessindex.org) for tools and resources to focus local health promotion efforts.

References

1. National Physical Activity Plan. (May 2010). Retrieved from <http://www.physicalactivityplan.org/NationalPhysicalActivityPlan.pdf>
2. U.S. Centers for Disease Control and Prevention (2010, Dec 29). Physical Activity. Retrieved from <http://www.cdc.gov/physicalactivity/>
3. American College of Sports Medicine. (2007). 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. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Physical activity guidelines advisory committee report, 2008. Washington: HHS, 2008.
6. Sallis, J. F., Cervero, R. B., Ascher, W., Henderson, K. A., Kraft, M. K., & Kerr, J. (2006). An ecological approach to creating active living communities. *Annual Review of Public Health, 27*, 297-322. doi: 10.1146/annurev.publhealth.27.021405.102100

ATLANTA, GA

(Atlanta-Sandy Springs-Marietta, GA MSA)

Ranking: Total Score = 53.8; Rank = 21

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 with angina or coronary heart disease
- Lower death rate for diabetes
- More park units per capita
- More golf courses 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):

- Higher percent obese
- Higher percent with asthma
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Lower percent bicycling or walking to work
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Lower number of primary health care providers per capita

Description of Atlanta-Sandy Springs-Marietta, GA MSA

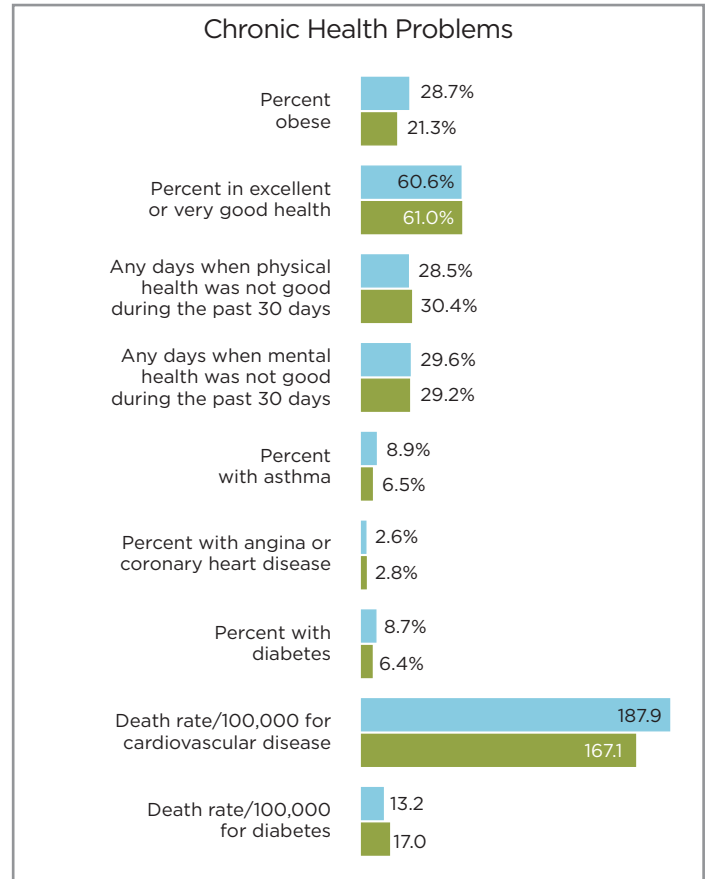
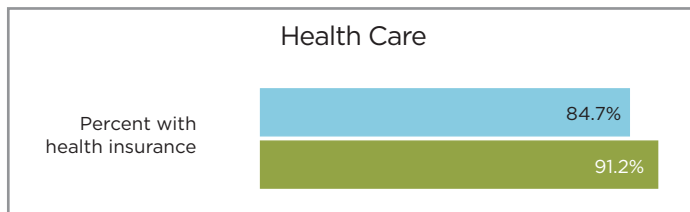
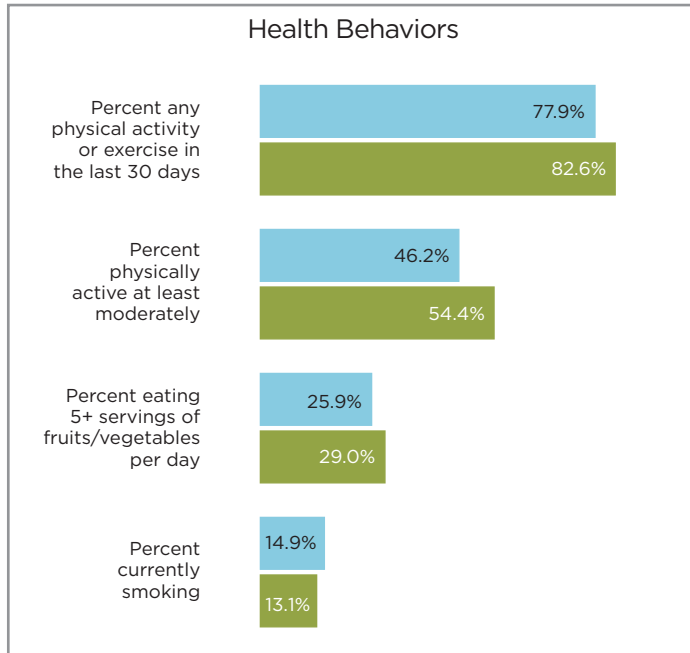
Population	5,475,213
Percent less than 18 years old	26.5%
Percent 18 to 64 years old	64.5%
Percent 65 years old and older	9.0%
Percent male	48.7%
Percent high school graduate or higher	87.5%
Percent White	56.4%
Percent Black or African American	32.5%
Percent Asian	4.8%
Percent Other Race	6.3%
Percent Hispanic/Latino	10.4%
Percent unemployed	13.2%
Median household income	\$53,182
Percent of households below poverty level	11.4%
Violent crime rate/100,000*	413.8
Percent with disability	9.1%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 63.0; Rank = 15

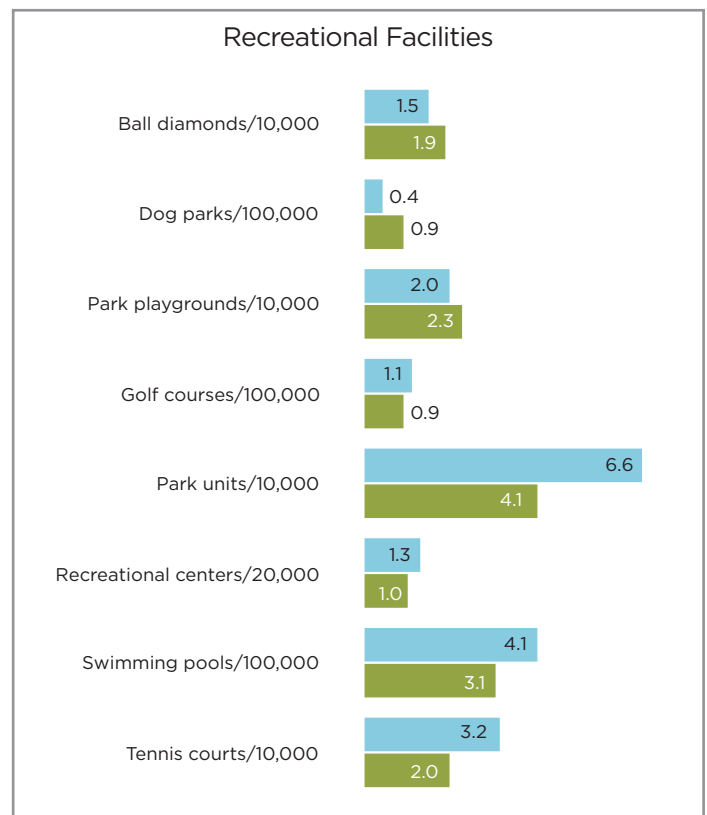
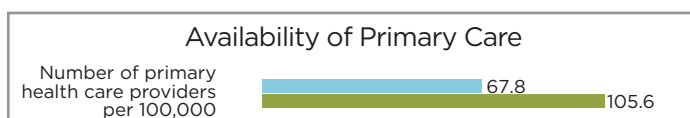
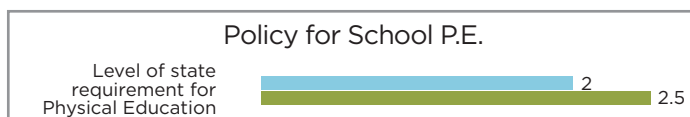
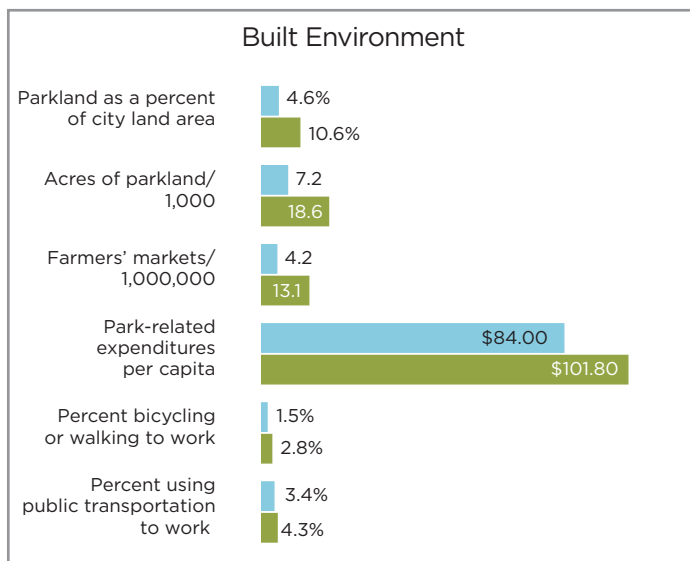
Atlanta Target Goal



Community/Environmental Indicators -- Score = 45.3; Rank = 33

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

Atlanta Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

AUSTIN, TX

(Austin-Round Rock-San Marcos, TX MSA)

Ranking: Total Score = 63.4; Rank = 10

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

- Higher percent physically active at least moderately
- Lower percent currently smoking
- Lower percent with angina or coronary heart disease
- Lower percent with diabetes
- 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 dog parks 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
- Higher percent of days when mental health was not good during the past 30 days
- Lower percent using public transportation to work
- 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
- Lower number of primary health care providers per capita

Description of Austin-Round Rock-San Marcos, TX MSA

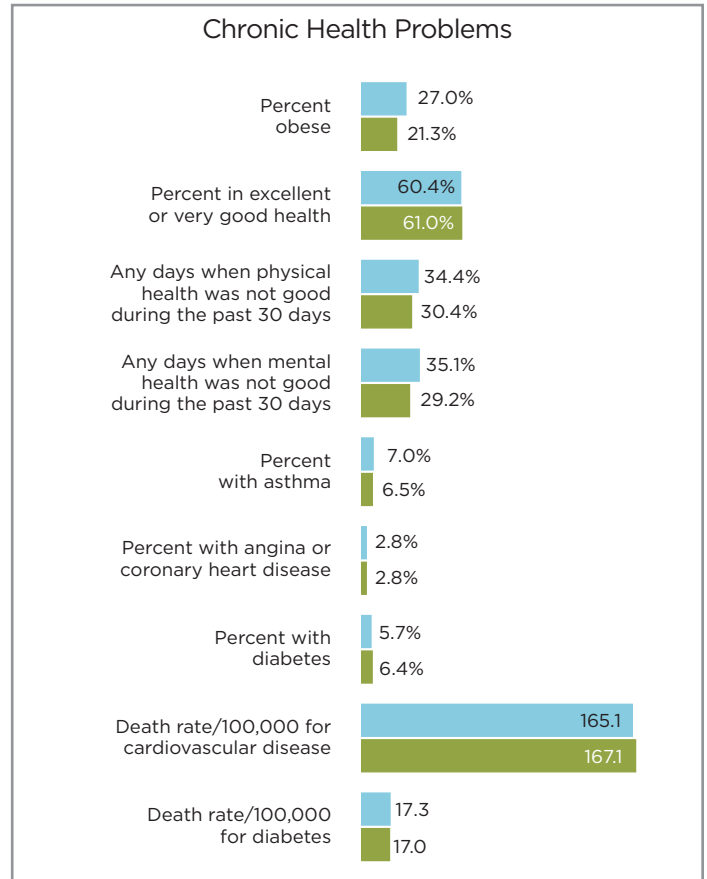
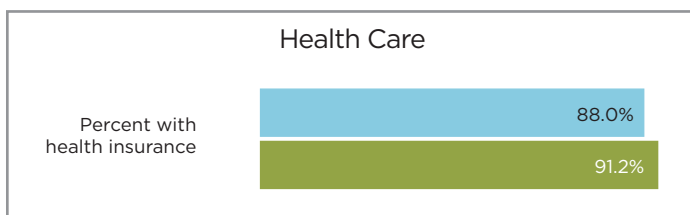
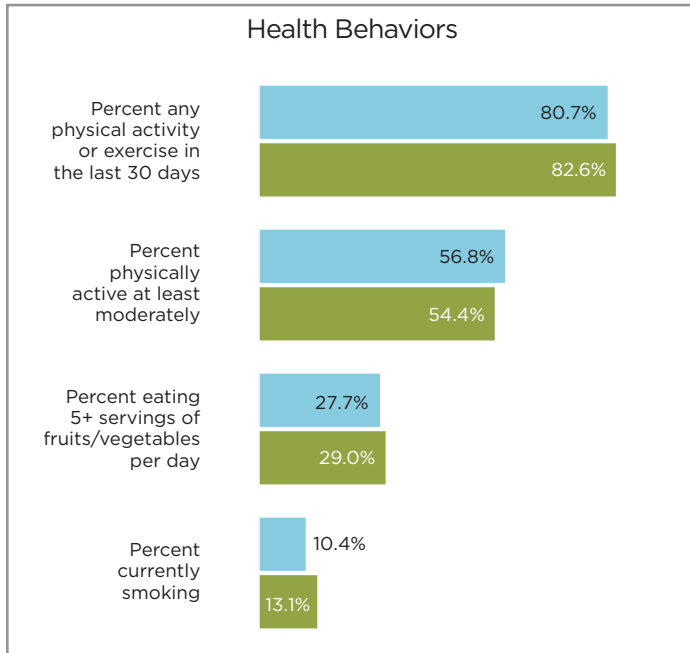
Population	1,705,075
Percent less than 18 years old	25.3%
Percent 18 to 64 years old	66.6%
Percent 65 years old and older	8.1%
Percent male	50.1%
Percent high school graduate or higher	87.5%
Percent White	76.0%
Percent Black or African American	7.3%
Percent Asian	4.8%
Percent Other Race	11.9%
Percent Hispanic/Latino	31.5%
Percent unemployed	8.3%
Median household income	\$55,744
Percent of households below poverty level	10.6%
Violent crime rate/100,000*	327.9
Percent with disability	9.1%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 79.2; Rank = 3.5

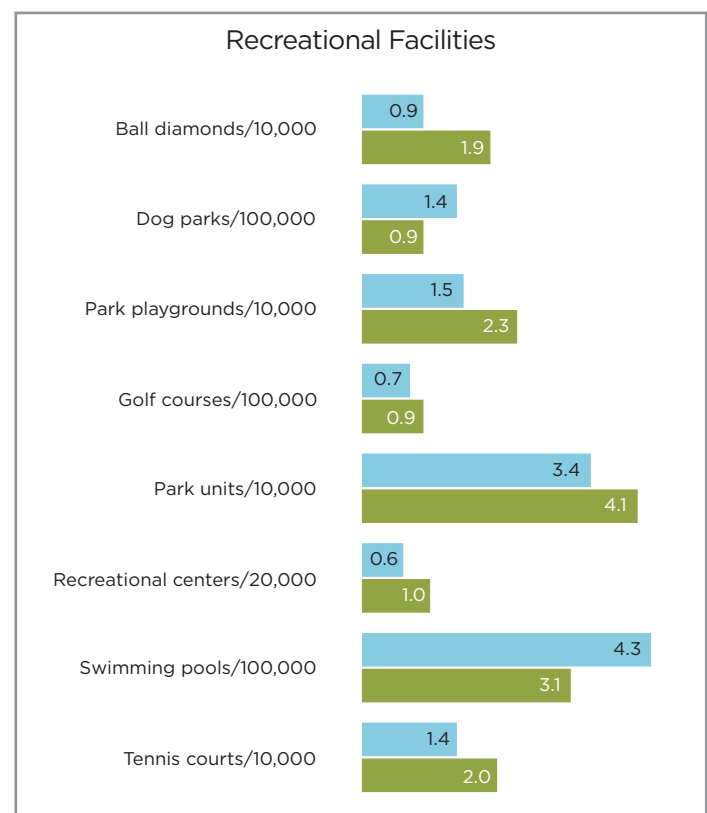
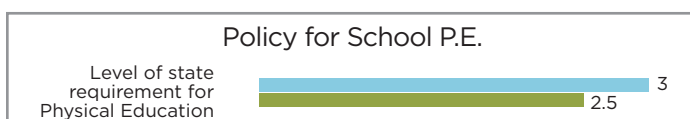
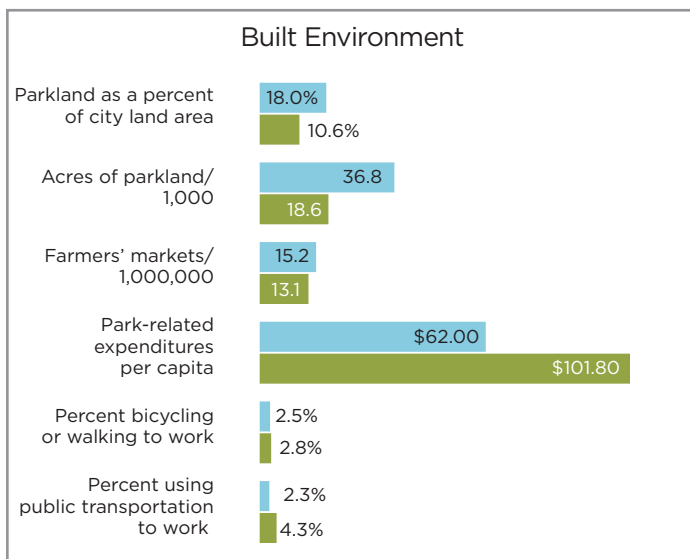
Austin Target Goal



Community/Environmental Indicators -- Score = 48.9; Rank = 31

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

Austin Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

BALTIMORE, MD

(Baltimore-Towson, MD MSA)

Ranking: Total Score = 56.8; 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
- More ball diamonds per capita
- More park playgrounds per capita
- More park units per capita
- More recreational centers per capita
- More swimming pools per capita
- Higher level of state requirement for physical education classes
- Higher number of primary health care providers per capita

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

- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Lower park-related expenditures per capita

Description of Baltimore-Towson, MD MSA

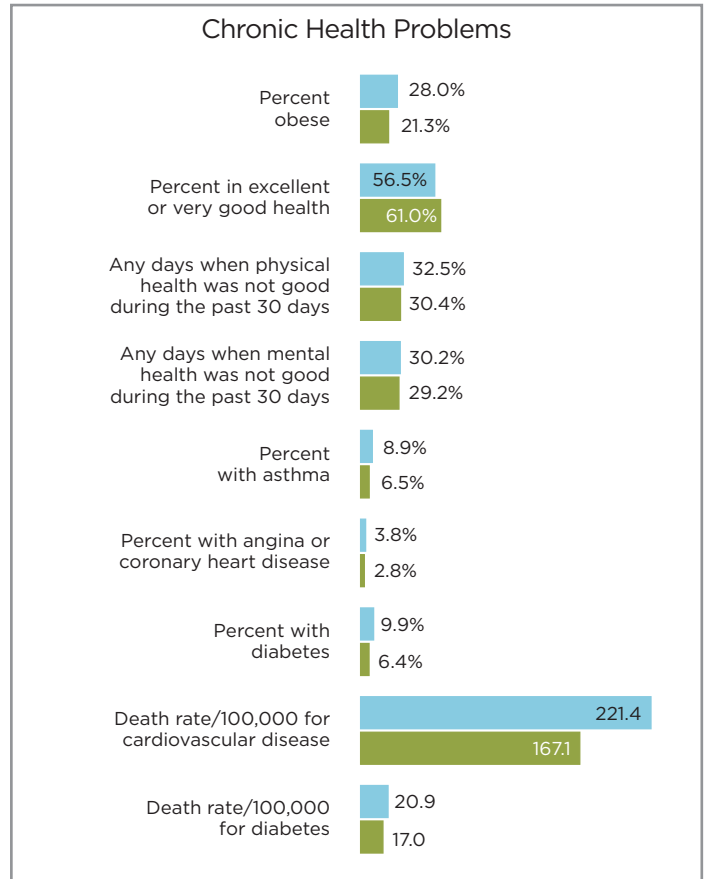
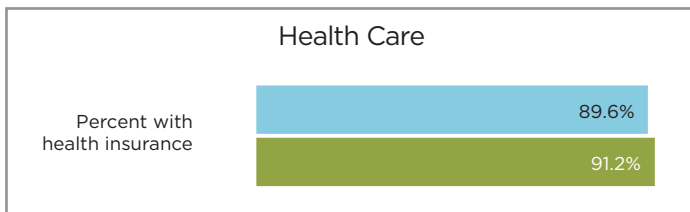
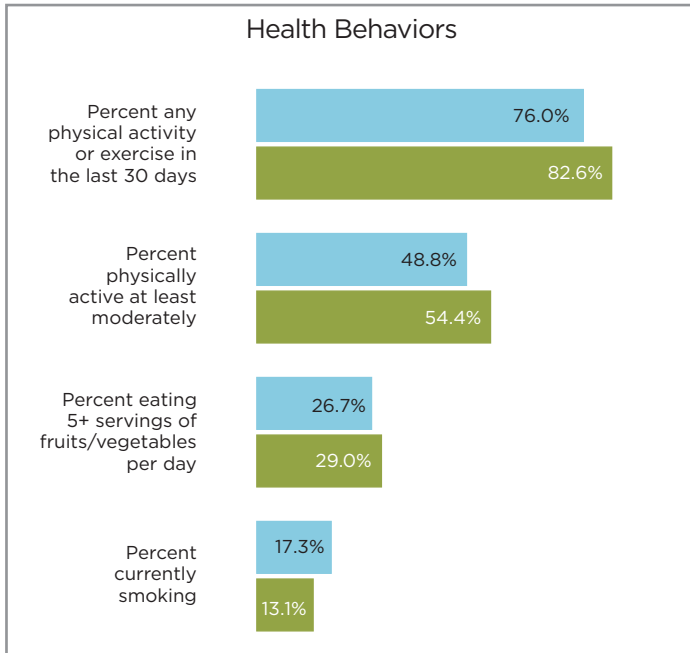
Population	2,690,886
Percent less than 18 years old	23.0%
Percent 18 to 64 years old	64.4%
Percent 65 years old and older	12.6%
Percent male	48.2%
Percent high school graduate or higher	87.7%
Percent White	62.6%
Percent Black or African American	28.6%
Percent Asian	4.6%
Percent Other Race	4.2%
Percent Hispanic/Latino	4.6%
Percent unemployed	8.9%
Median household income	\$64,812
Percent of households below poverty level	7.6%
Violent crime rate/100,000*	685.3
Percent with disability	10.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 52.5; Rank = 24

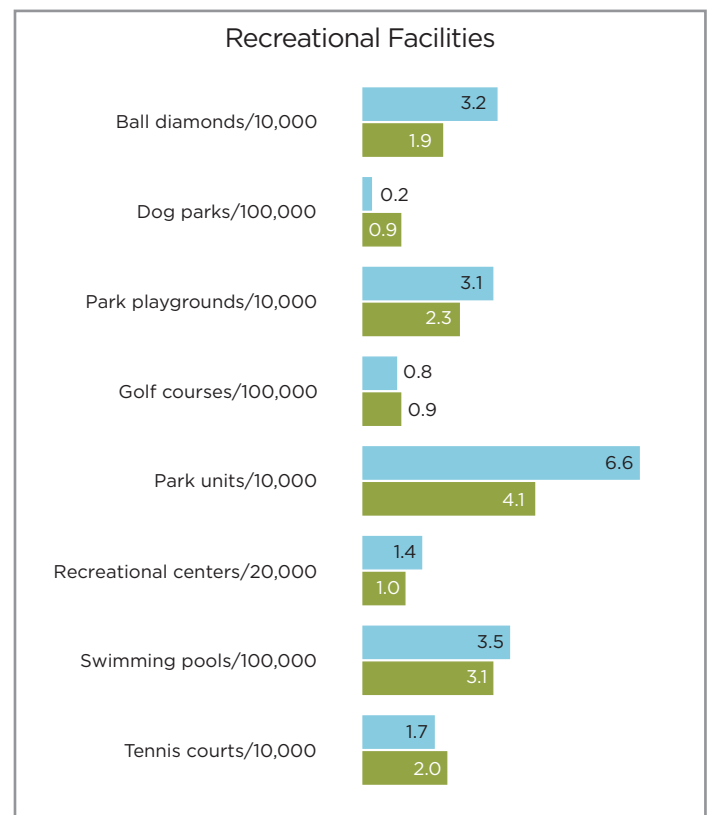
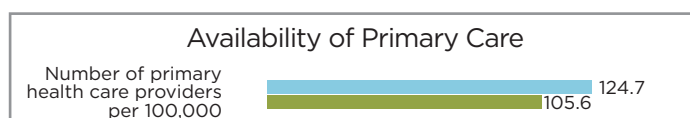
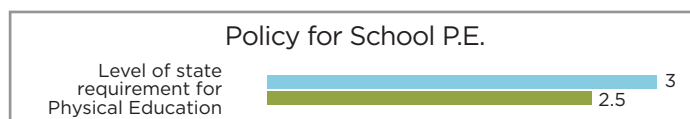
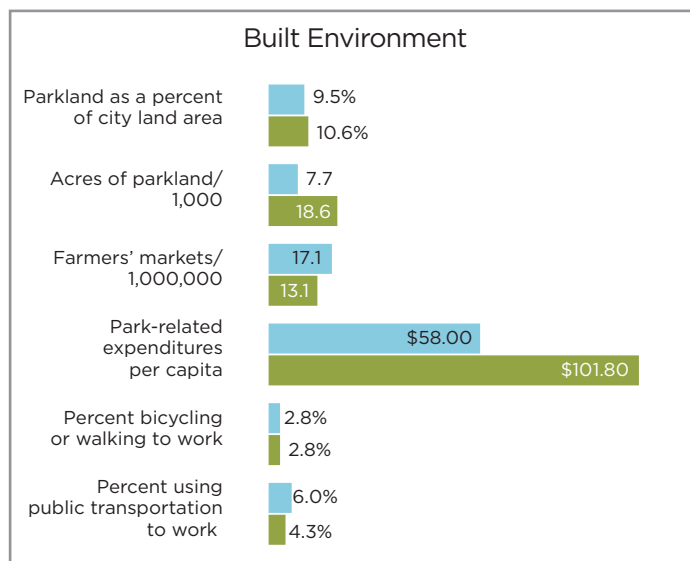
■ Baltimore ■ Target Goal



Community/Environmental Indicators -- Score = 60.7; Rank = 13

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

■ Baltimore ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

BIRMINGHAM, AL

(Birmingham-Hoover, AL MSA)

Ranking: Total Score = 36.1; Rank = 46

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

- More farmers' markets per capita
- More swimming pools per capita
- More tennis courts per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for physical education classes

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

- Lower percent physically active at least moderately
- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer dog parks per capita
- Lower park-related expenditures per capita

Description of Birmingham-Hoover, AL MSA

Population	1,131,070
Percent less than 18 years old	23.9%
Percent 18 to 64 years old	63.1%
Percent 65 years old and older	13.0%
Percent male	48.1%
Percent high school graduate or higher	84.6%
Percent White	67.4%
Percent Black or African American	28.4%
Percent Asian	1.2%
Percent Other Race	3.0%
Percent Hispanic/Latino	4.4%
Percent unemployed	11.6%
Median household income	\$44,216
Percent of households below poverty level	13.3%
Violent crime rate/100,000*	N/A‡
Percent with disability	15.3%

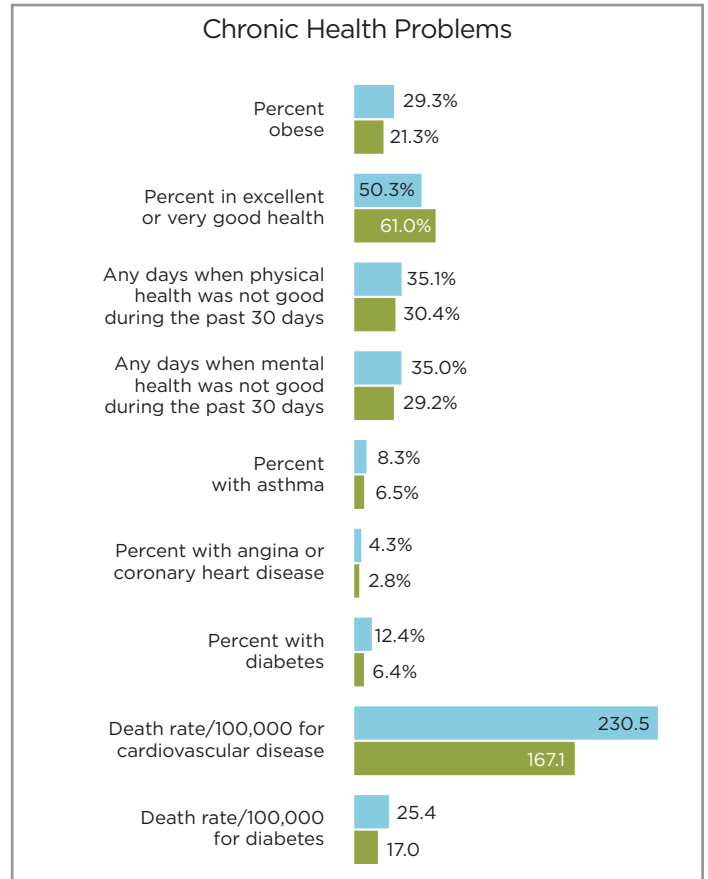
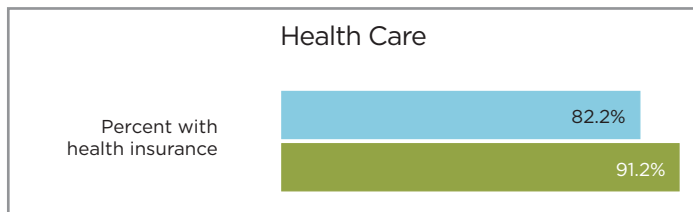
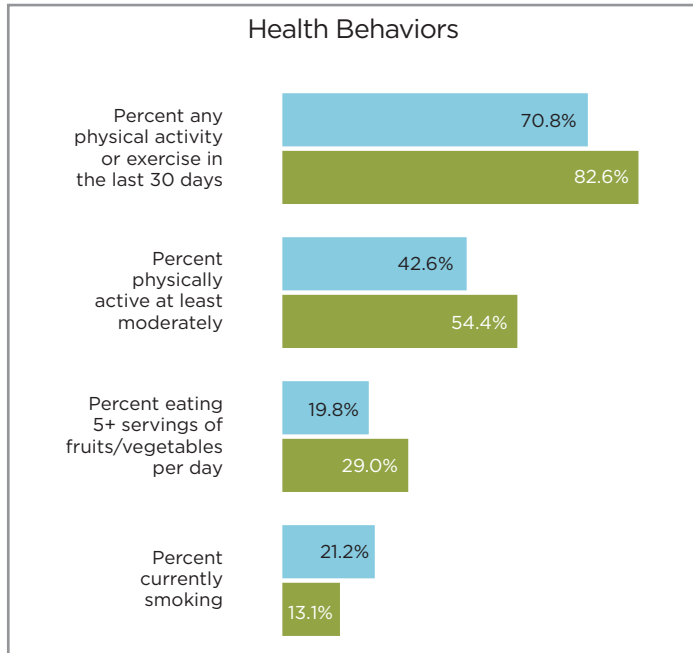
‡This measure was not available

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 18.7; Rank = 50

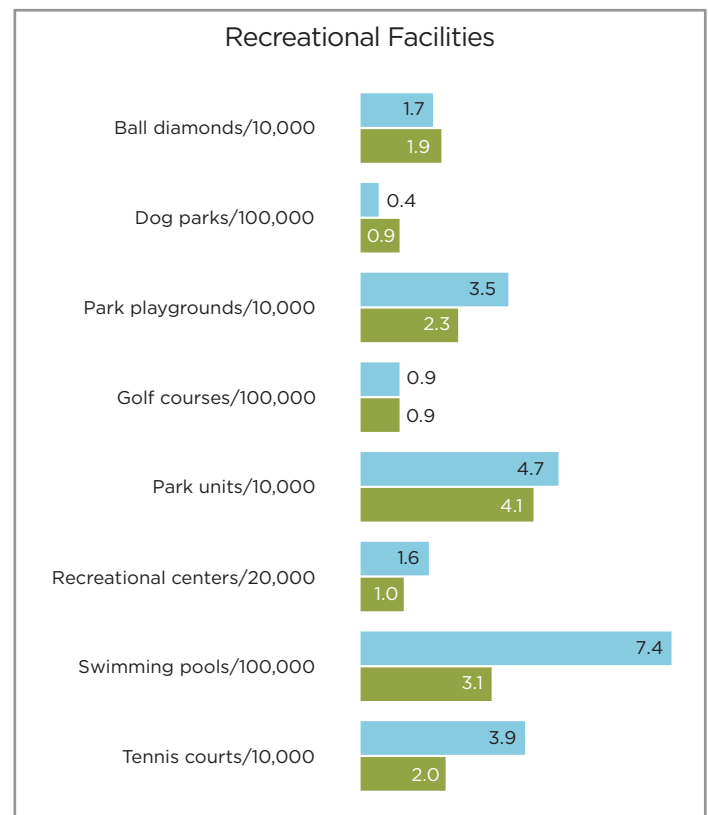
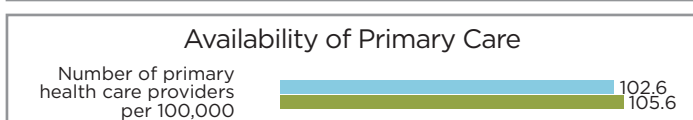
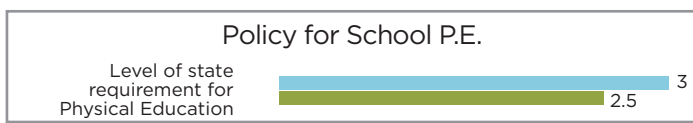
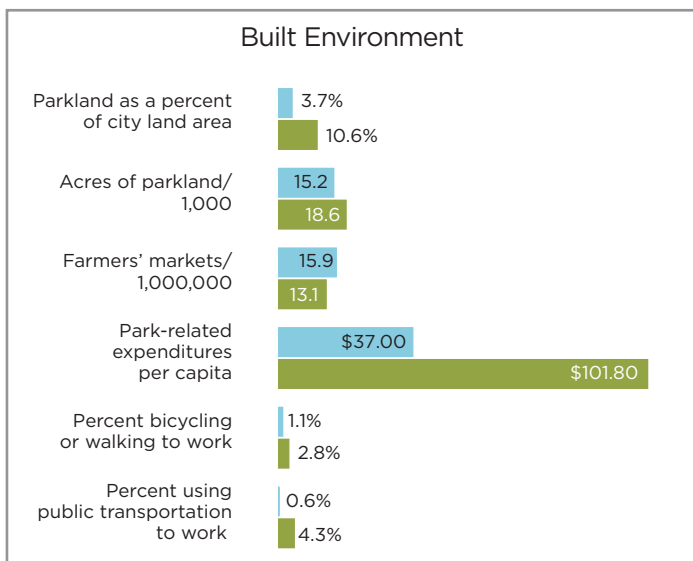
■ Birmingham ■ Target Goal



Community/Environmental Indicators -- Score = 52.2; Rank = 26

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

■ Birmingham ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

BOSTON, MA

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

Ranking: Total Score = 70.0; Rank = 3

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

- Lower percent currently smoking
- Higher percent in excellent or very good health
- Lower death rate for diabetes
- Higher percent with health insurance
- 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
- More ball diamonds per capita
- More park playgrounds 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
- Higher number of primary health care providers per capita

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

- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Fewer golf courses per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

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

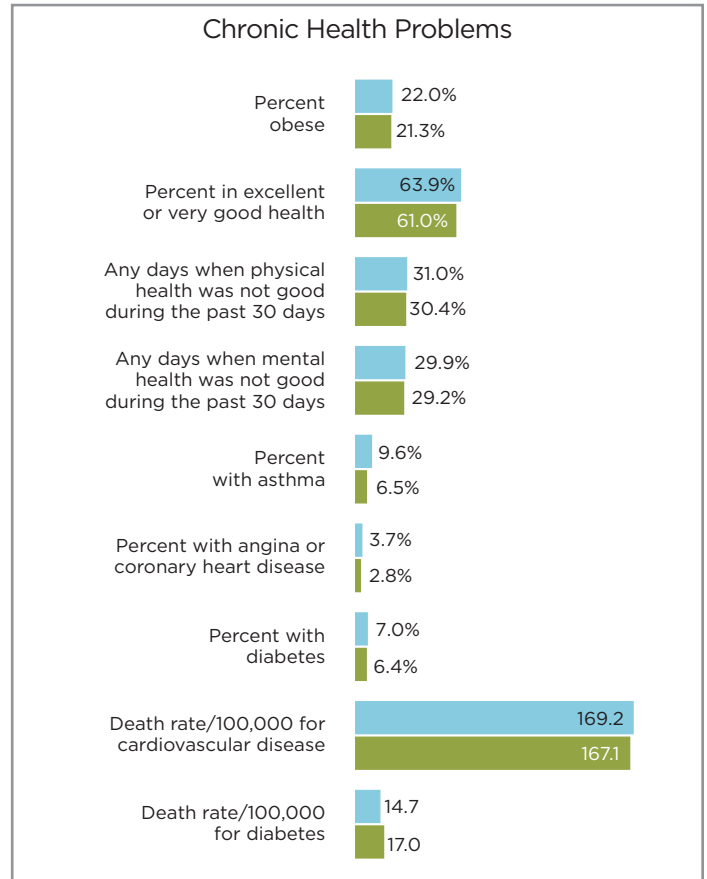
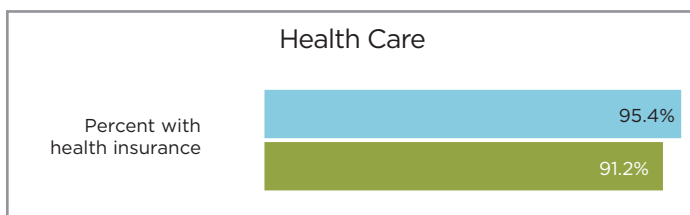
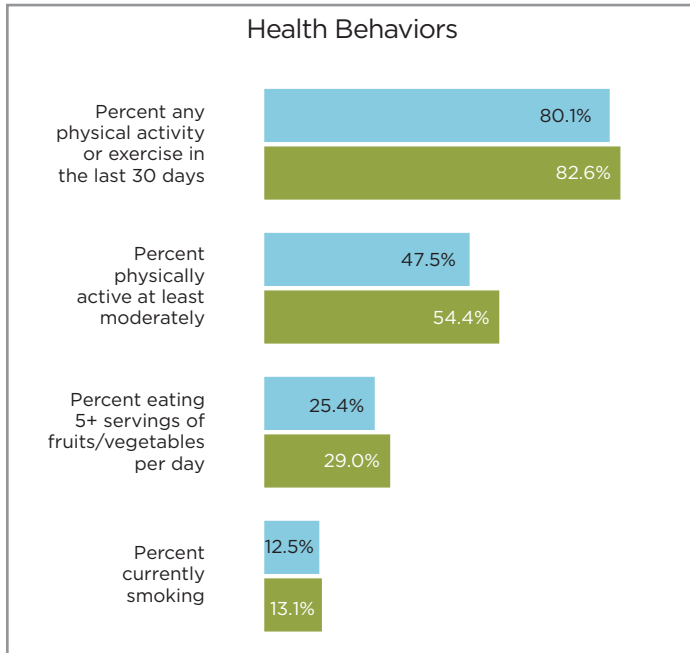
Population	4,588,680
Percent less than 18 years old	21.6%
Percent 18 to 64 years old	65.3%
Percent 65 years old and older	13.1%
Percent male	48.4%
Percent high school graduate or higher	90.6%
Percent White	79.2%
Percent Black or African American	7.5%
Percent Asian	6.5%
Percent Other Race	6.8%
Percent Hispanic/Latino	9.1%
Percent unemployed	9.5%
Median household income	\$68,020
Percent of households below poverty level	7.1%
Violent crime rate/100,000*	406.0
Percent with disability	9.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 75.5; Rank = 6

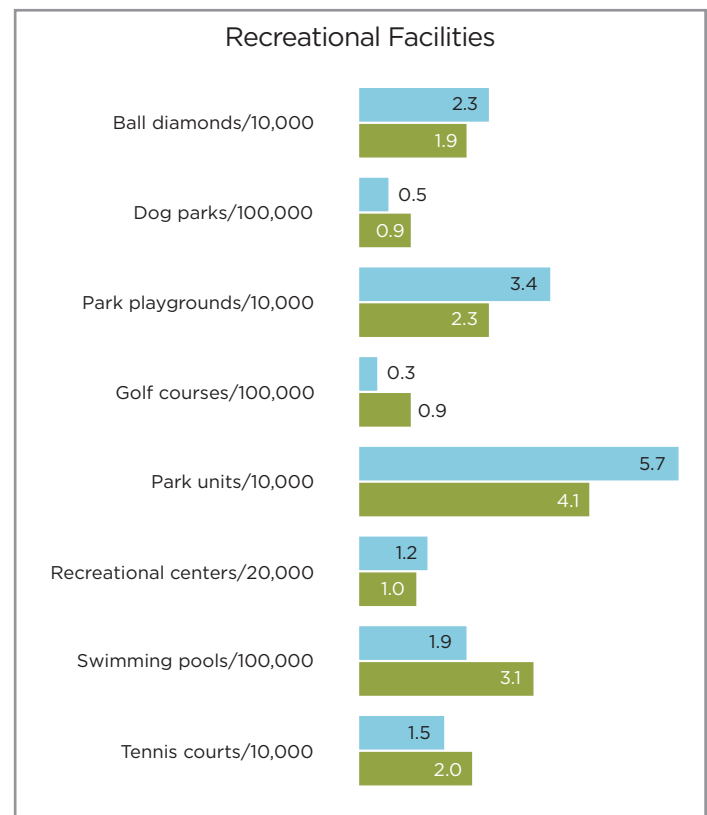
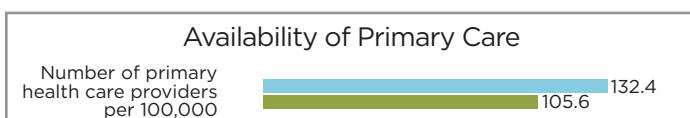
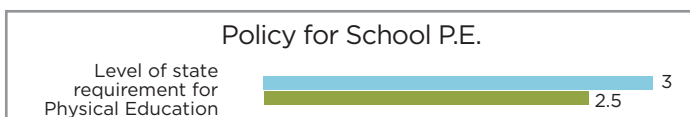
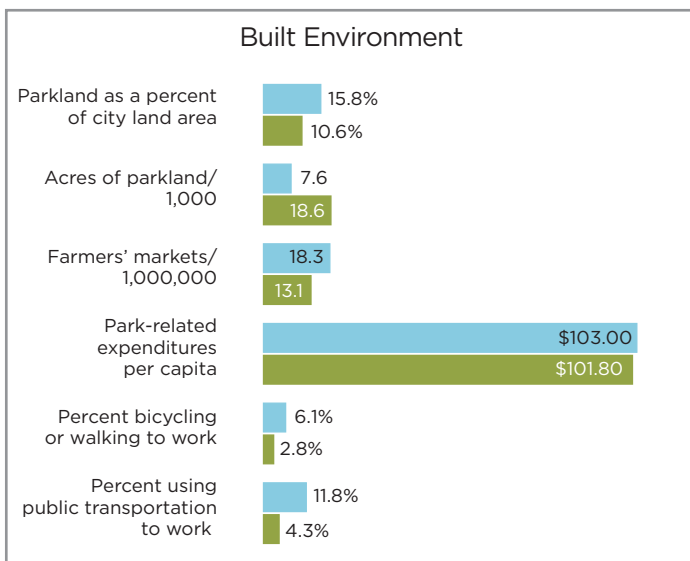
■ Boston ■ Target Goal



Community/Environmental Indicators -- Score = 64.9; Rank = 8

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

■ Boston ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

BUFFALO, NY

(Buffalo-Niagara Falls, NY MSA)

Ranking: Total Score = 49.0; Rank = 25

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

- Higher percent with health insurance
- 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 swimming pools 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 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
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Lower park-related expenditures per capita

Description of Buffalo-Niagara Falls, NY MSA

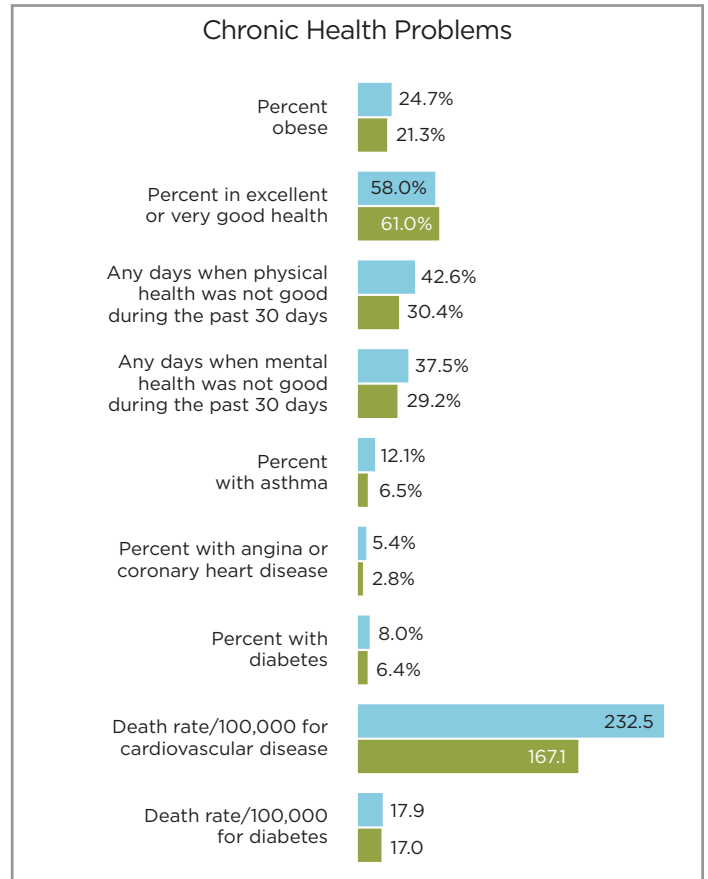
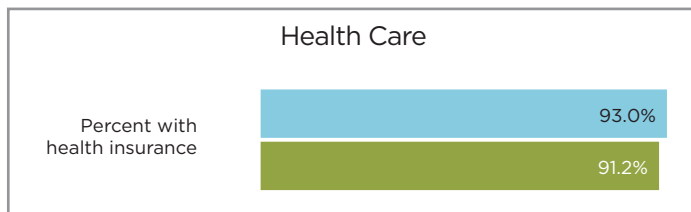
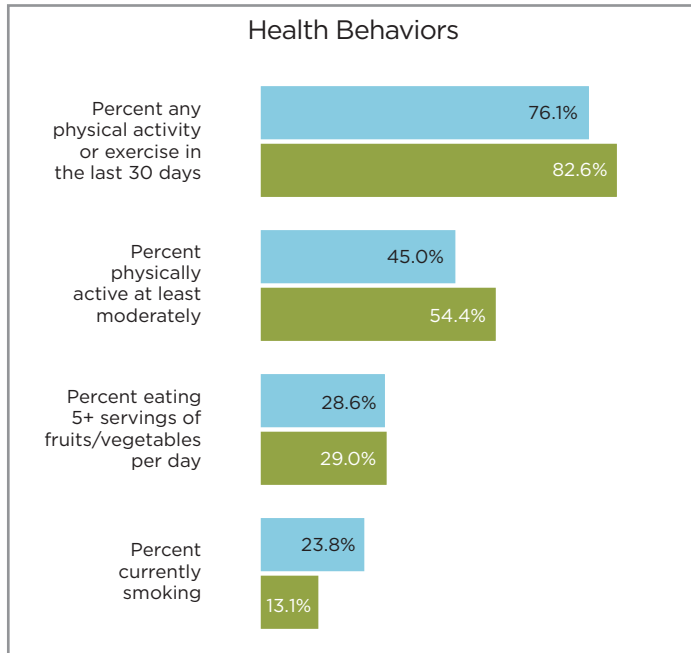
Population	1,123,804
Percent less than 18 years old	21.6%
Percent 18 to 64 years old	62.6%
Percent 65 years old and older	15.7%
Percent male	48.4%
Percent high school graduate or higher	89.6%
Percent White	81.9%
Percent Black or African American	11.9%
Percent Asian	2.2%
Percent Other Race	4.0%
Percent Hispanic/Latino	4.1%
Percent unemployed	9.7%
Median household income	\$46,420
Percent of households below poverty level	10.4%
Violent crime rate/100,000*	483.7
Percent with disability	12.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 42.7; Rank = 31

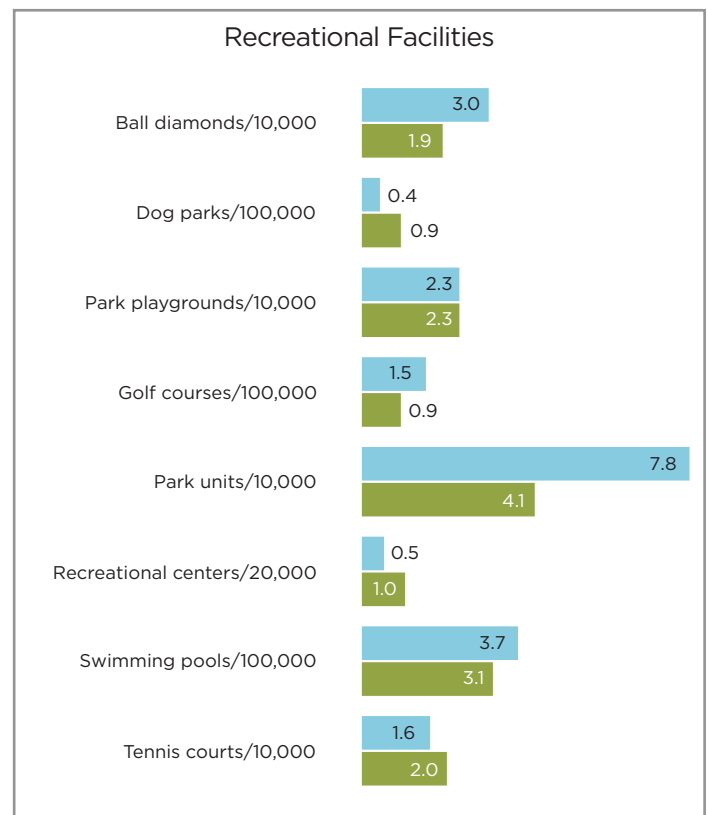
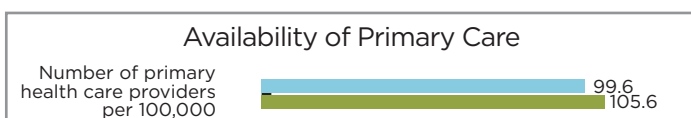
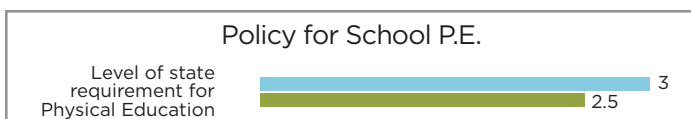
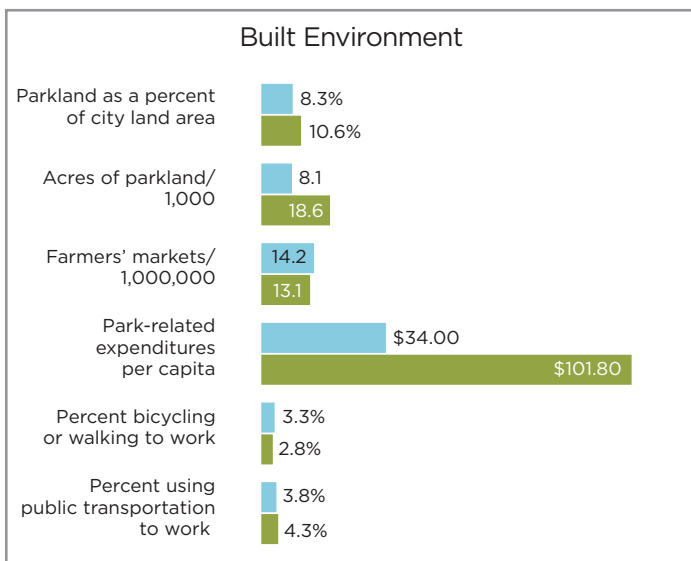
Buffalo Target Goal



Community/Environmental Indicators -- Score = 54.7; Rank = 20

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

Buffalo Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

CHARLOTTE, NC

(Charlotte-Gastonia-Rock Hill, NC-SC MSA)

Ranking: Total Score = 43.1; Rank = 33

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

- Lower percent with asthma
- More acres of parkland per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- 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
- Fewer tennis courts per capita
- Lower number of primary health care providers per capita

Description of Charlotte-Gastonia-Rock Hill, NC-SC MSA

Population	1,745,524
Percent less than 18 years old	25.9%
Percent 18 to 64 years old	64.0%
Percent 65 years old and older	10.1%
Percent male	48.5%
Percent high school graduate or higher	86.3%
Percent White	67.6%
Percent Black or African American	23.8%
Percent Asian	3.1%
Percent Other Race	5.4%
Percent Hispanic/Latino	9.9%
Percent unemployed	13.5%
Median household income	\$50,449
Percent of households below poverty level	11.1%
Violent crime rate/100,000*	N/A‡
Percent with disability	10.0%

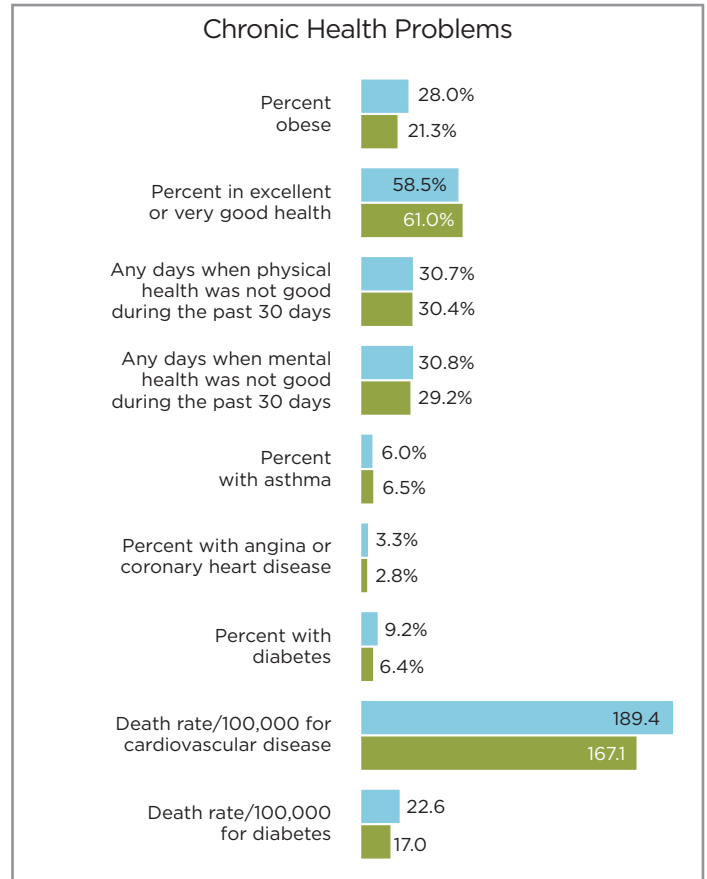
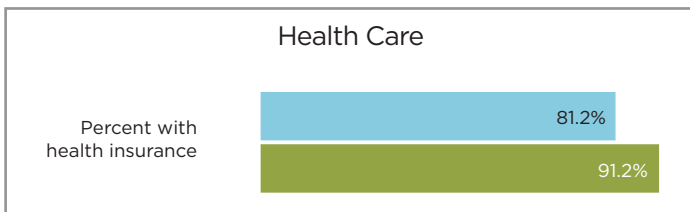
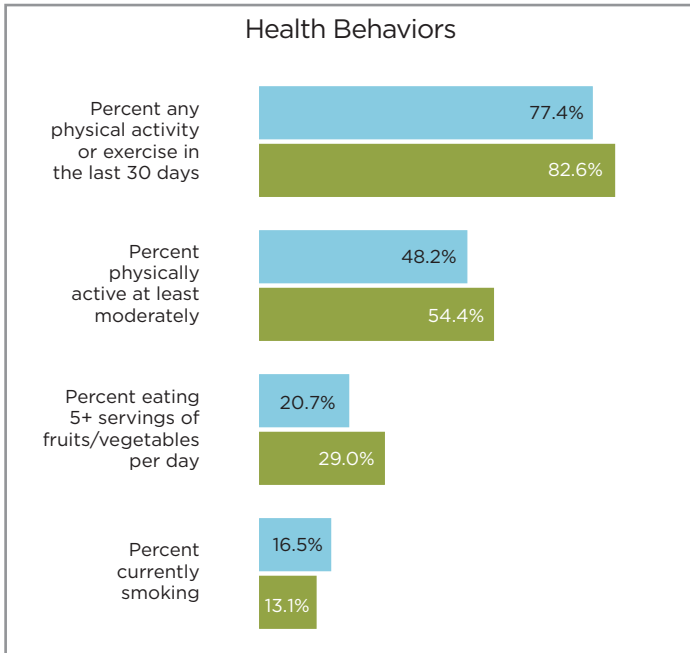
‡ This measure was not available

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 53.0; Rank = 22

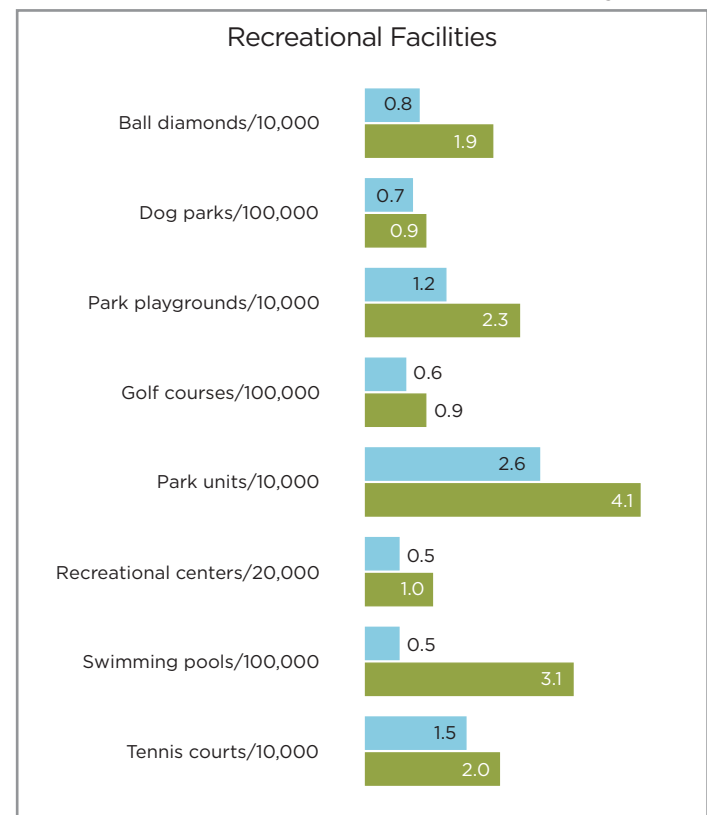
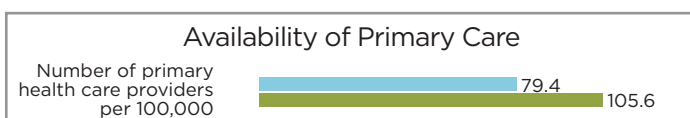
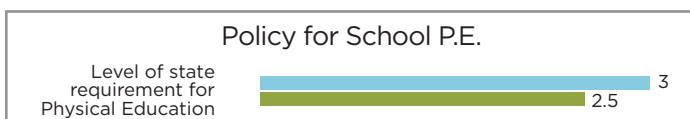
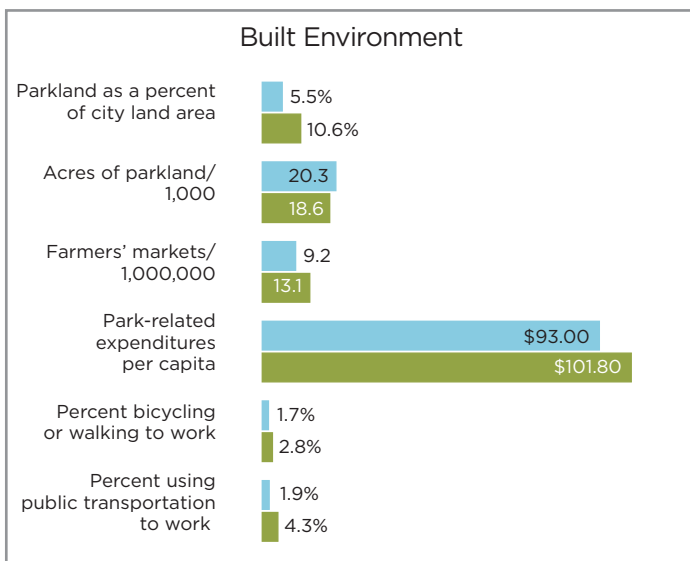
Charlotte Target Goal



Community/Environmental Indicators -- Score = 34.0; Rank = 43

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

Charlotte Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

CHICAGO, IL

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

Ranking: Total Score = 47.3; Rank = 28

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
- More ball diamonds 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):

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent 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
- 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

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

Population	9,580,567
Percent less than 18 years old	25.1%
Percent 18 to 64 years old	63.5%
Percent 65 years old and older	11.4%
Percent male	48.9%
Percent high school graduate or higher	86.4%
Percent White	66.3%
Percent Black or African American	17.3%
Percent Asian	5.7%
Percent Other Race	10.7%
Percent Hispanic/Latino	20.8%
Percent unemployed	12.2%
Median household income	\$57,104
Percent of households below poverty level	10.0%
Violent crime rate/100,000*	N/A‡
Percent with disability	9.3%

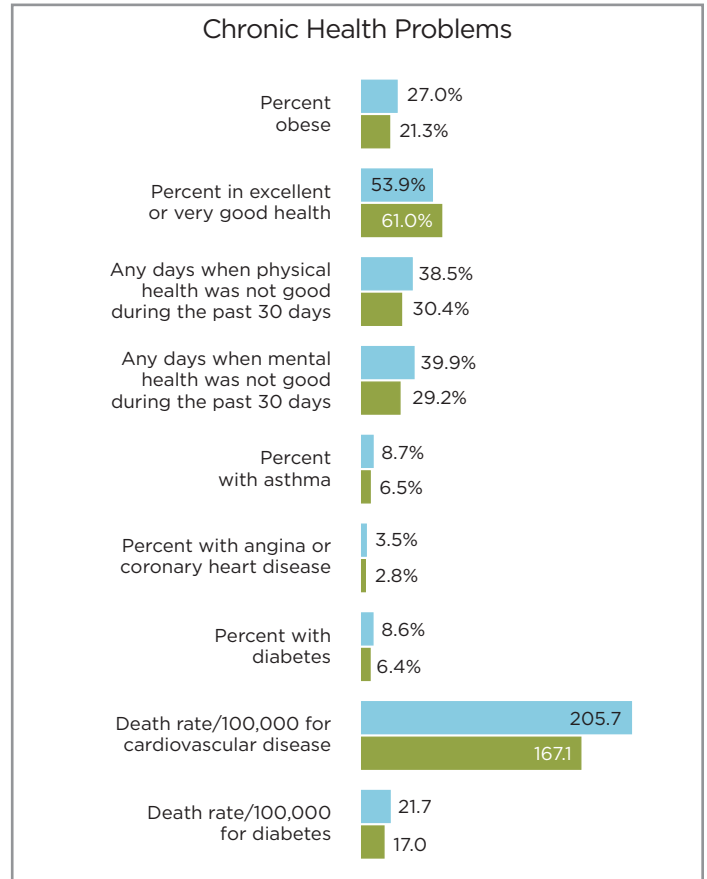
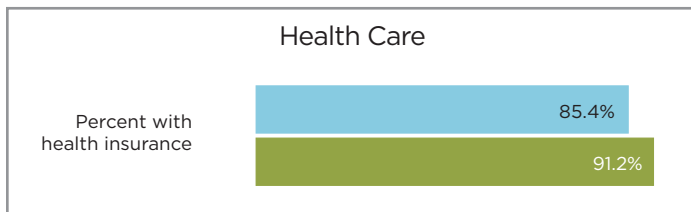
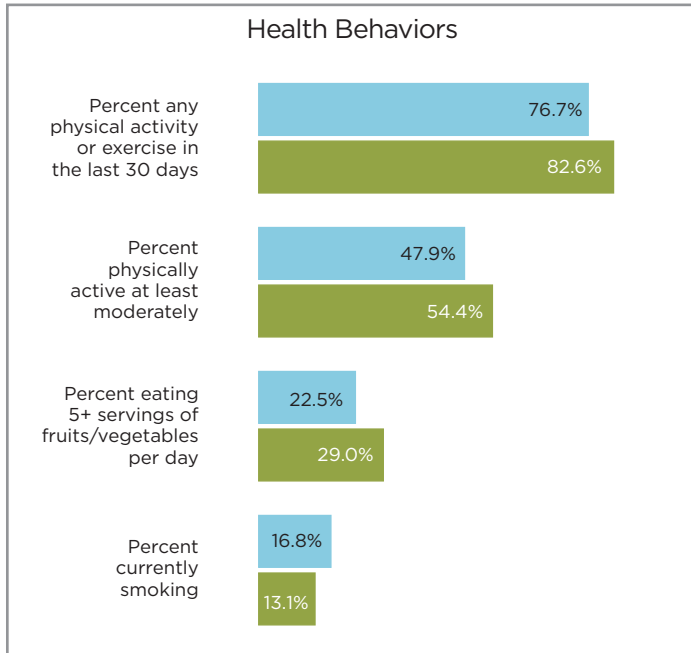
‡This measure was not available.

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 40.4; Rank = 35

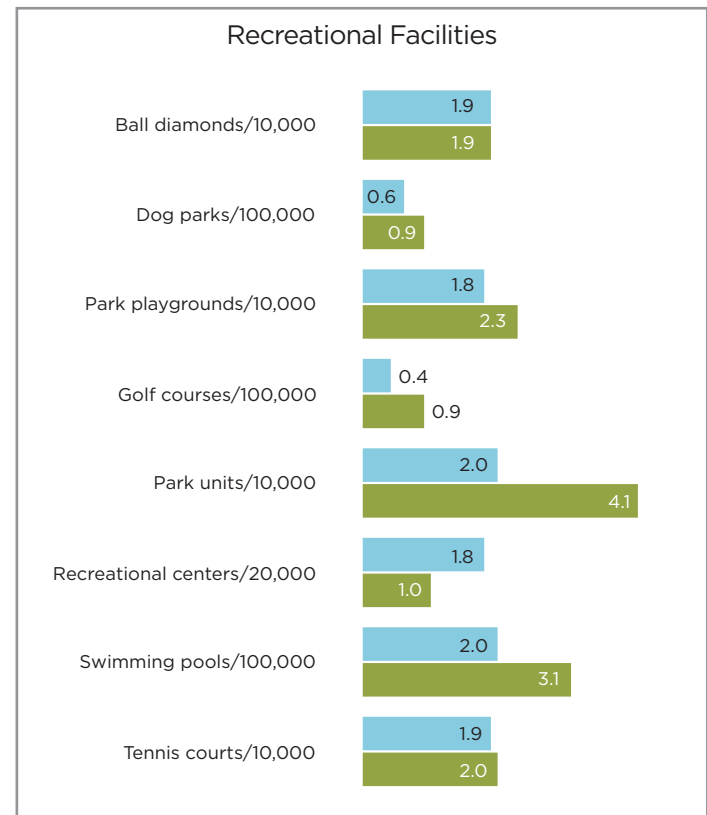
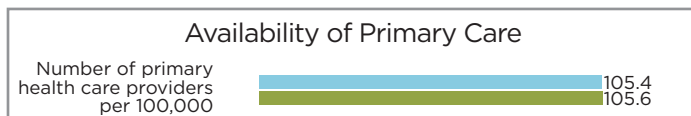
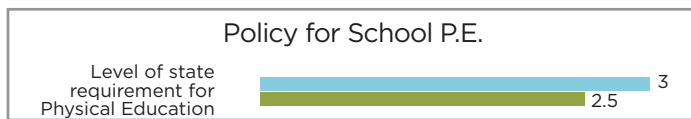
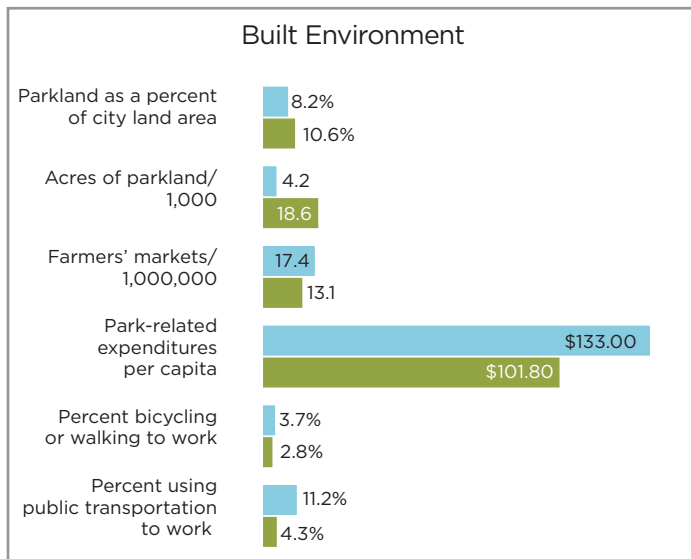
Chicago Target Goal



Community/Environmental Indicators -- Score = 53.6; Rank = 23

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

Chicago Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

CINCINNATI, OH

(Cincinnati-Middletown, OH-KY-IN MSA)

Ranking: Total Score = 56.2; Rank = 20

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

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

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

- Lower percentage eating 5+ servings of fruits/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 using public transportation to work

Description of Cincinnati-Middletown, OH-KY-IN MSA

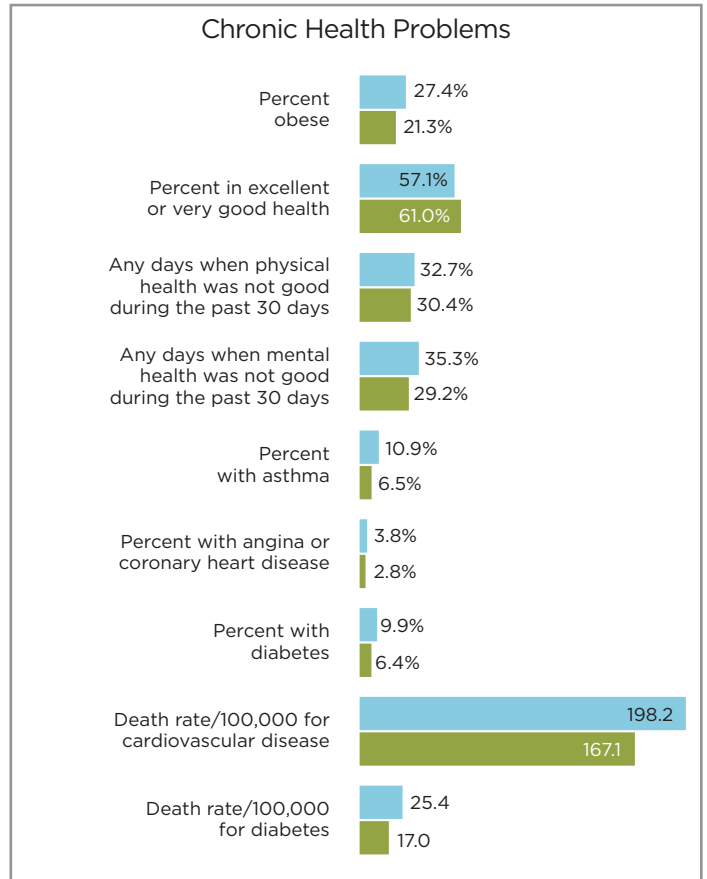
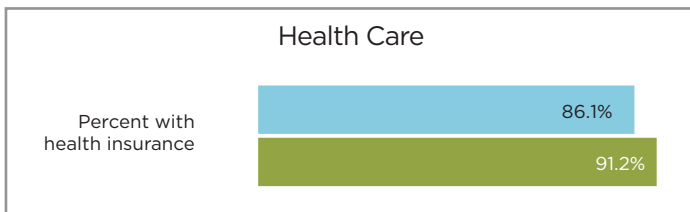
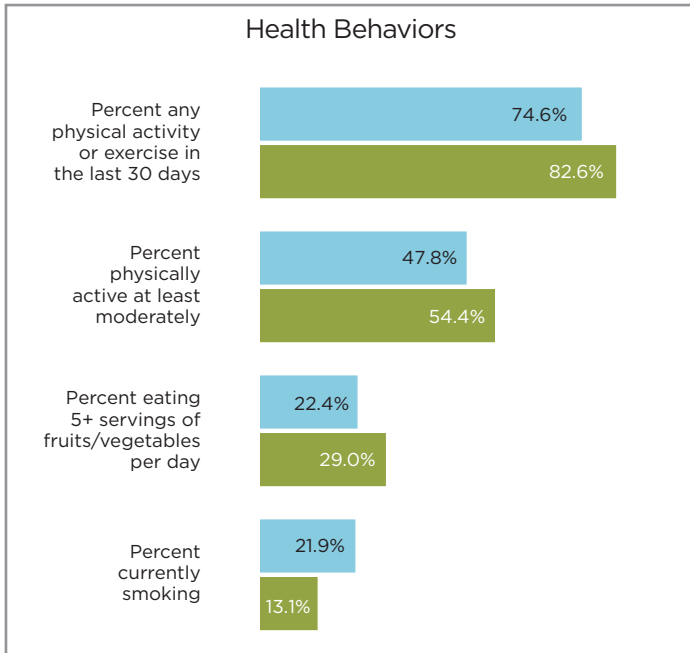
Population	2,171,896
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	62.8%
Percent 65 years old and older	12.2%
Percent male	48.9%
Percent high school graduate or higher	88.2%
Percent White	83.3%
Percent Black or African American	12.1%
Percent Asian	1.9%
Percent Other Race	2.7%
Percent Hispanic/Latino	2.6%
Percent unemployed	10.3%
Median household income	\$51,572
Percent of households below poverty level	10.2%
Violent crime rate/100,000*	314.1
Percent with disability	11.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 33.7; Rank = 43

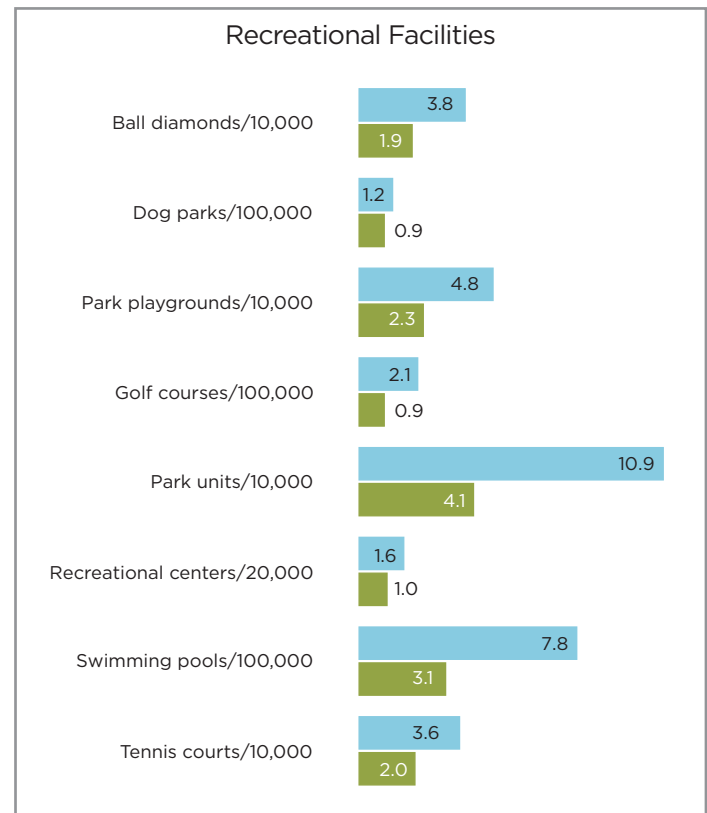
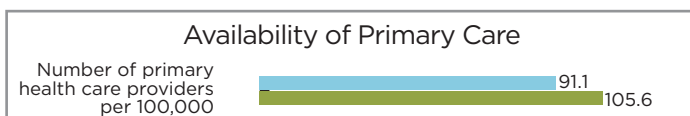
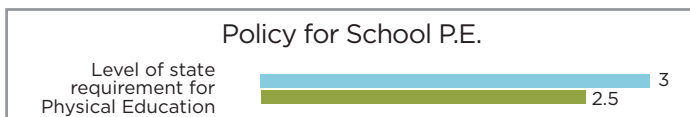
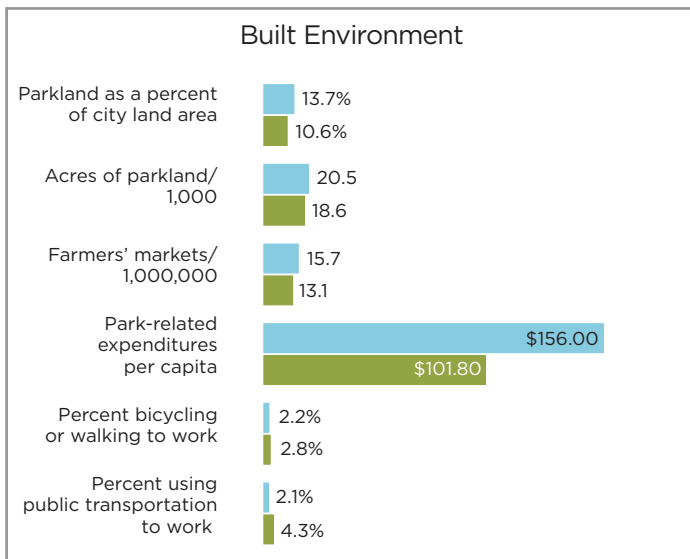
■ Cincinnati ■ Target Goal



Community/Environmental Indicators -- Score = 77.0; Rank = 1

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

■ Cincinnati ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

CLEVELAND, OH

(Cleveland-Elyria-Mentor, OH MSA)

Ranking: Total Score = 52.4; Rank = 23

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

- More farmers’ markets per capita
- More ball diamonds per capita
- More park playgrounds per capita
- More golf courses per capita
- More recreation centers per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for physical education classes
- Higher number of primary health care providers per capita

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

- Lower percentage eating 5+ servings of fruits/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
- Fewer dog parks per capita

Description of Cleveland-Elyria-Mentor, OH MSA

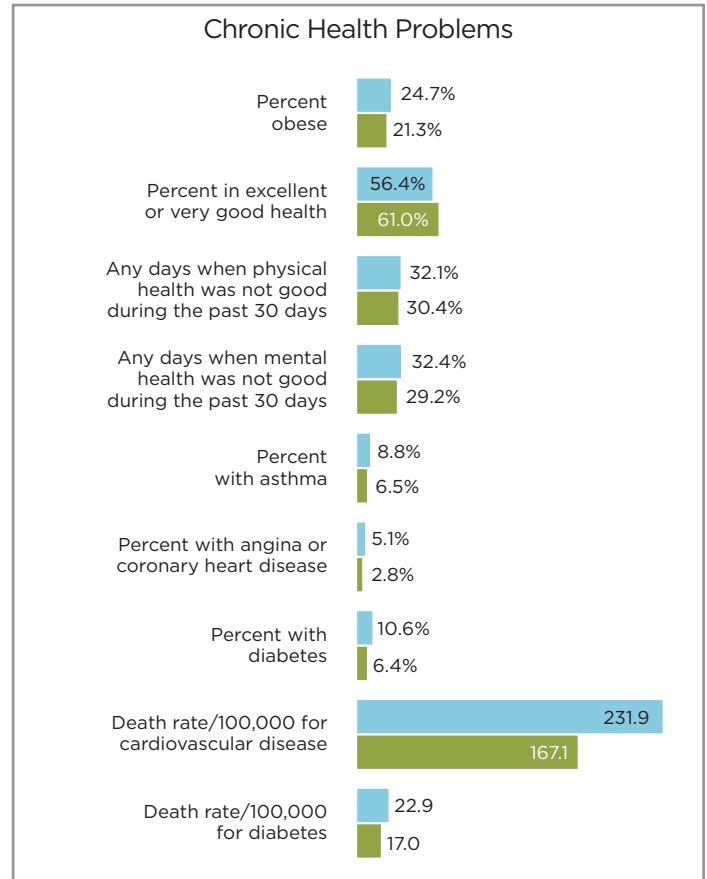
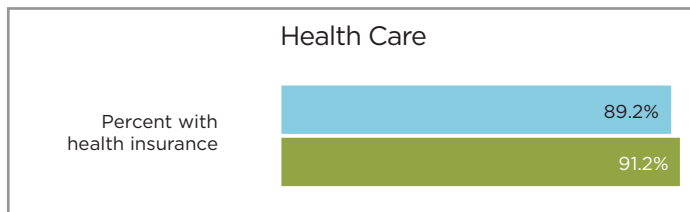
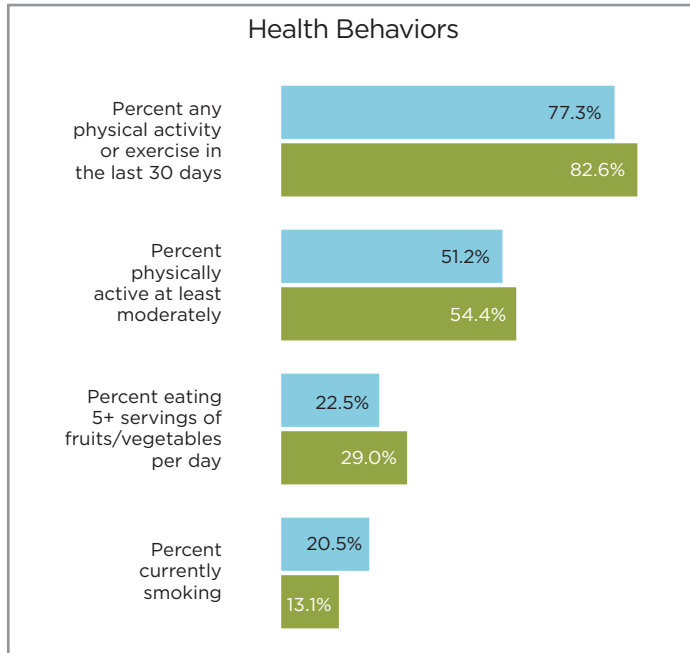
Population	2,091,286
Percent less than 18 years old	23.2%
Percent 18 to 64 years old	61.6%
Percent 65 years old and older	15.2%
Percent male	48.0%
Percent high school graduate or higher	88.8%
Percent White	74.5%
Percent Black or African American	20.0%
Percent Asian	2.0%
Percent Other Race	3.5%
Percent Hispanic/Latino	4.7%
Percent unemployed	11.6%
Median household income	\$46,231
Percent of households below poverty level	11.7%
Violent crime rate/100,000*	415.7
Percent with disability	13.0%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 46.2; Rank = 29

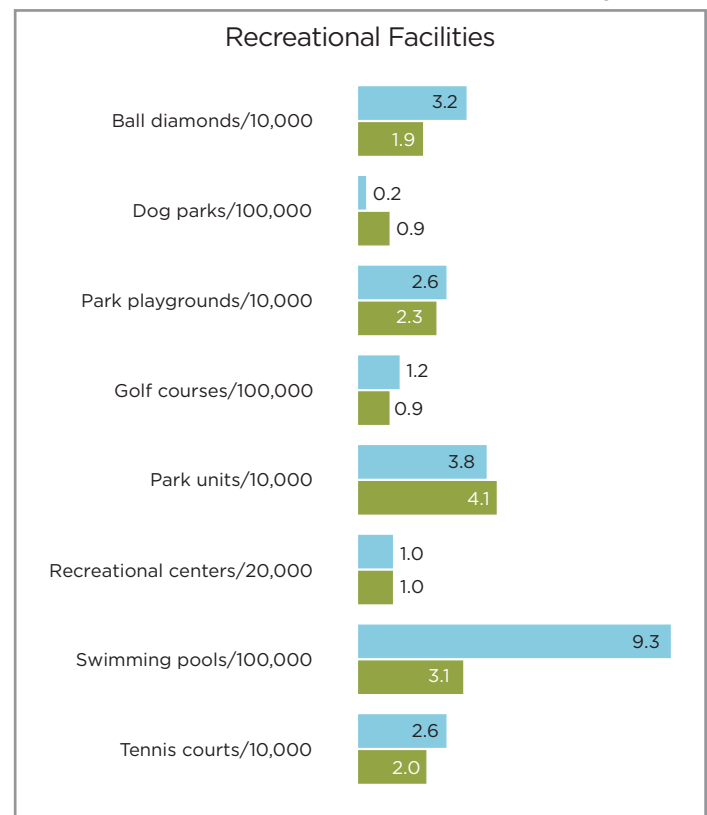
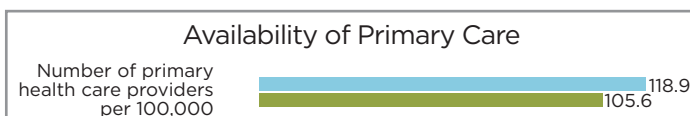
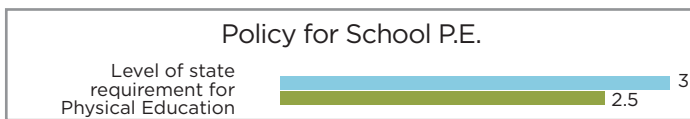
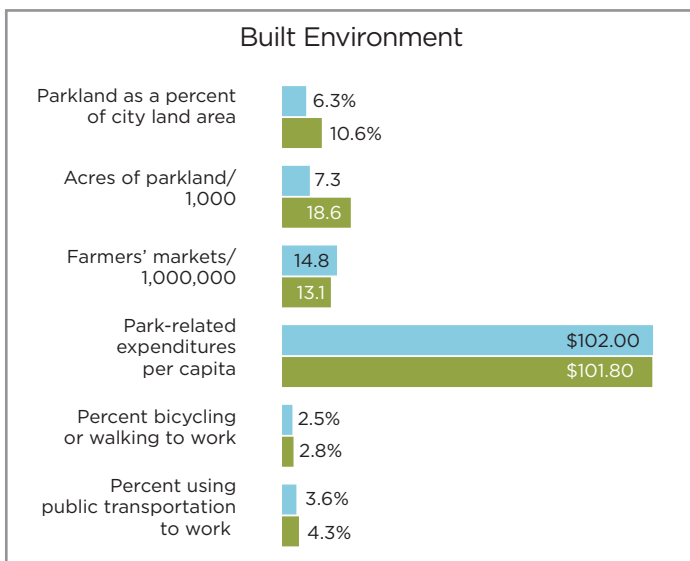
■ Cleveland ■ Target Goal



Community/Environmental Indicators -- Score = 58.2; Rank = 15

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

■ Cleveland ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

COLUMBUS, OH

(Columbus, OH MSA)

Ranking: Total Score = 39.8; Rank = 40

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

- More farmers’ markets per capita
- More golf courses per capita
- More park units per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/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
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita

Description of Columbus, OH MSA

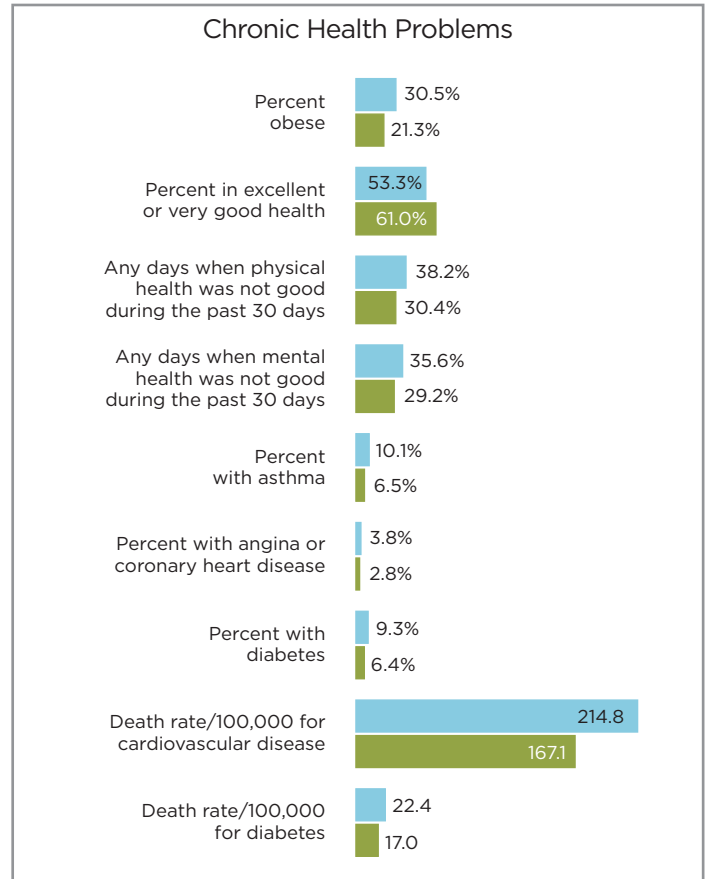
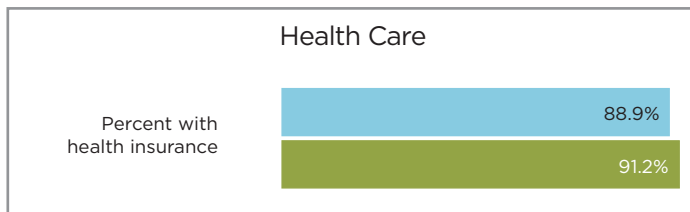
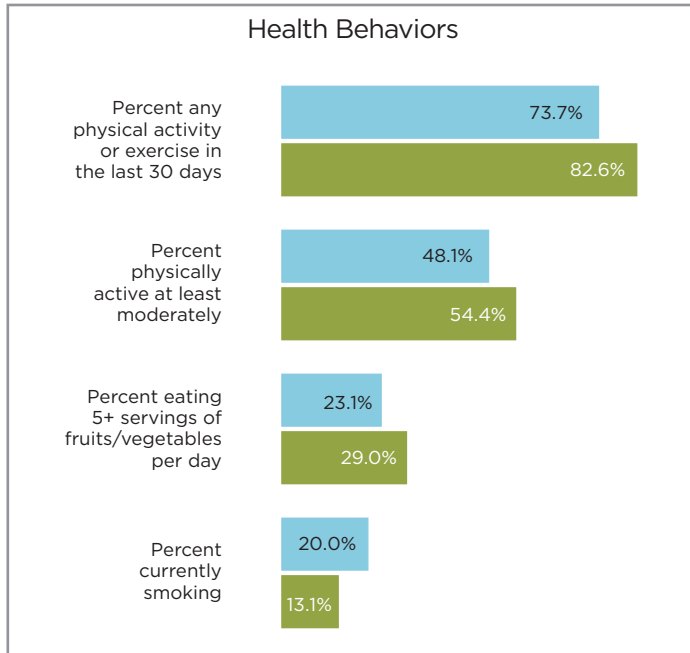
Population	1,801,848
Percent less than 18 years old	24.8%
Percent 18 to 64 years old	64.6%
Percent 65 years old and older	10.6%
Percent male	48.9%
Percent high school graduate or higher	89.8%
Percent White	78.2%
Percent Black or African American	15.0%
Percent Asian	3.3%
Percent Other Race	3.6%
Percent Hispanic/Latino	3.6%
Percent unemployed	10.2%
Median household income	\$51,039
Percent of households below poverty level	11.6%
Violent crime rate/100,000*	369.0
Percent with disability	11.5%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 31.1; Rank = 45

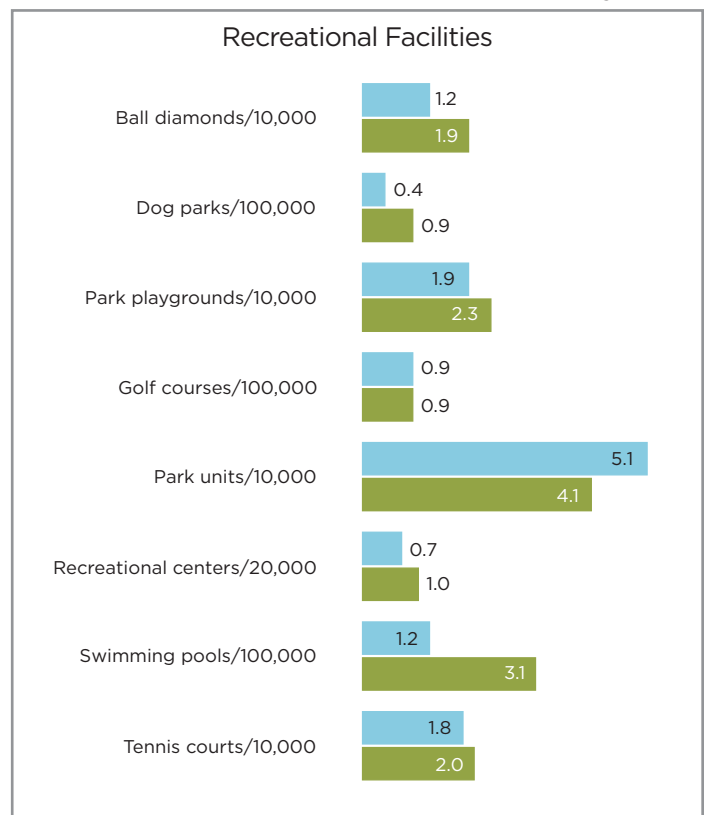
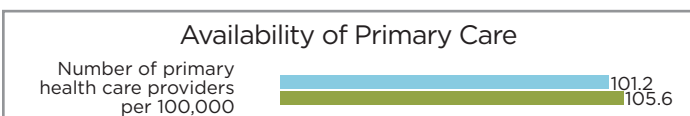
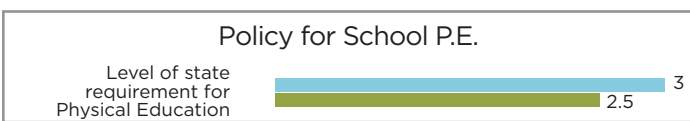
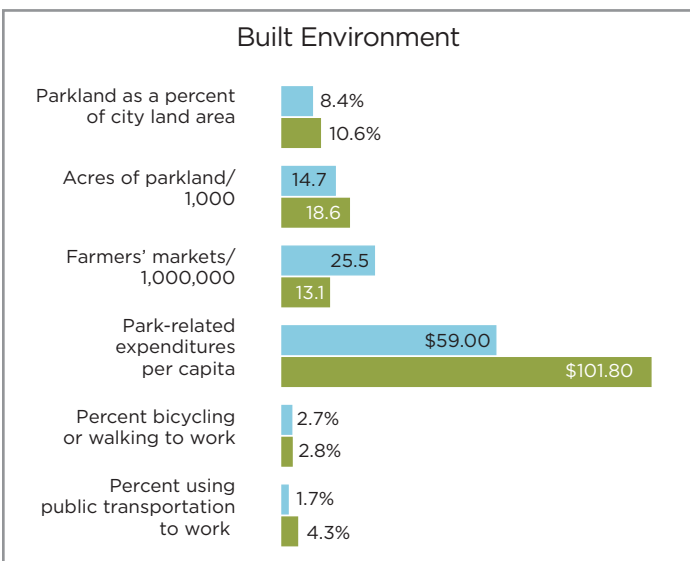
■ Columbus ■ Target Goal



Community/Environmental Indicators -- Score = 47.8; Rank = 32

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

■ Columbus ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

DALLAS, TX

(Dallas-Fort Worth-Arlington, TX MSA)

Ranking: Total Score = 35.1; Rank = 47

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

- Higher percent of city land area as parkland
- More acres of parkland 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 percentage eating 5+ servings of fruits/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 number of primary health care providers per capita

Description of Dallas-Fort Worth-Arlington, TX MSA

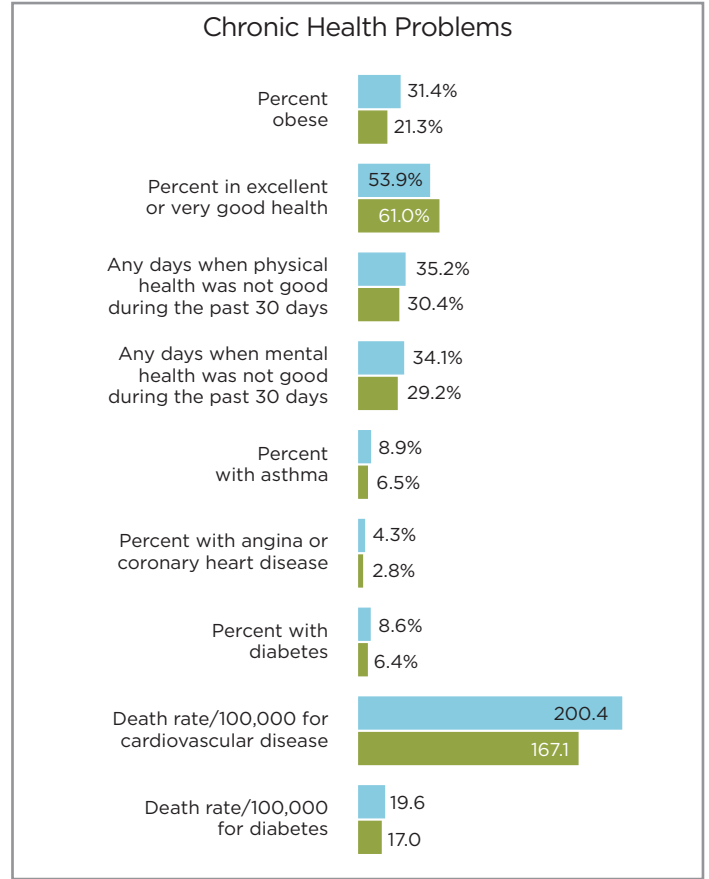
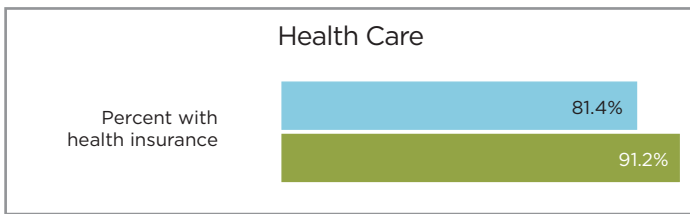
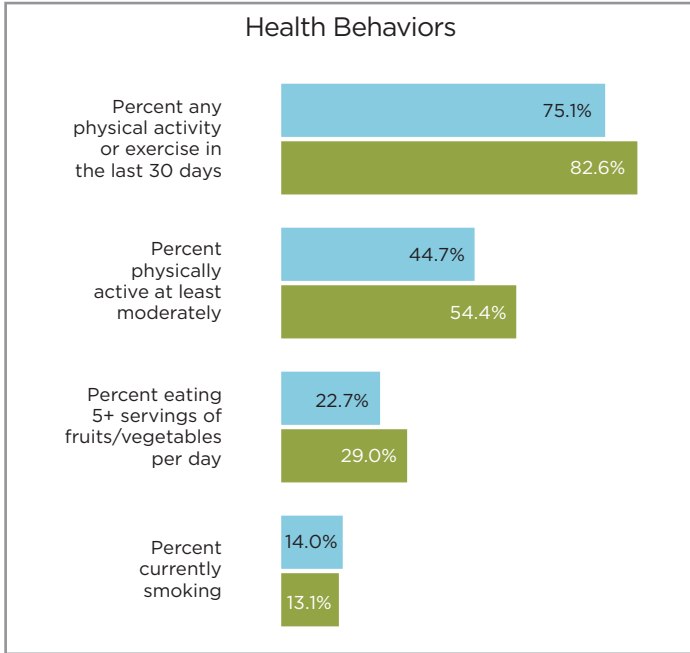
Population	6,447,615
Percent less than 18 years old	27.8%
Percent 18 to 64 years old	63.4%
Percent 65 years old and older	8.8%
Percent male	49.3%
Percent high school graduate or higher	83.6%
Percent White	68.4%
Percent Black or African American	14.8%
Percent Asian	5.3%
Percent Other Race	11.4%
Percent Hispanic/Latino	27.6%
Percent unemployed	9.1%
Median household income	\$54,449
Percent of households below poverty level	11.2%
Violent crime rate/100,000*	372.6
Percent with disability	9.2%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 34.0 Rank = 42

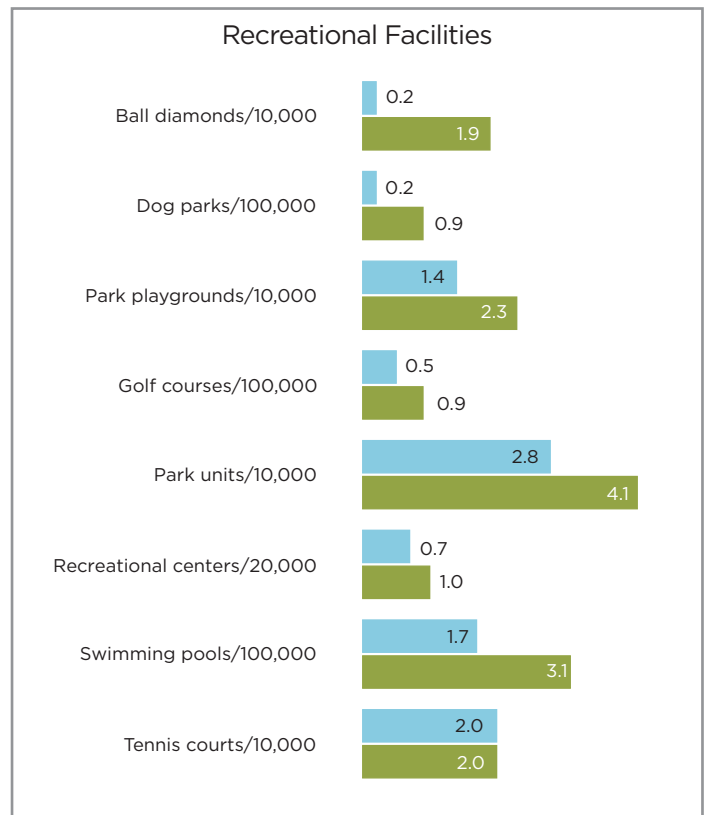
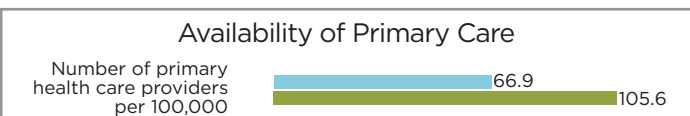
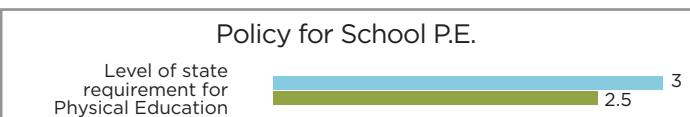
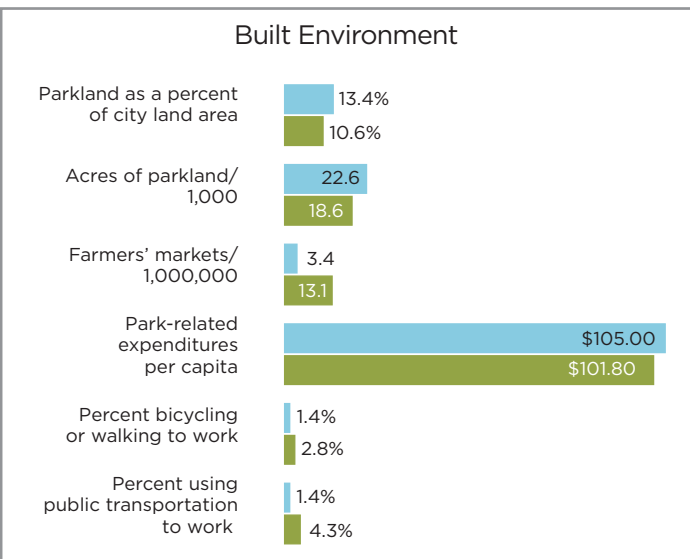
■ Dallas ■ Target Goal



Community/Environmental Indicators -- Score = 36.0; Rank = 41

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

■ Dallas ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

DENVER, CO

(Denver-Aurora-Broomfield, CO MSA)

Ranking: Total Score = 65.6; Rank = 9

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

- Higher percent any physical activity or exercise in the last 30 days
- Higher percent physically active at least moderately
- Lower percent obese
- Higher percent in excellent or very good health
- Lower percent with angina or coronary heart disease
- Lower percent with diabetes
- Lower death rate for cardiovascular disease
- 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):

- 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
- Lower level of state requirement for physical education classes

Description of Denver-Aurora-Broomfield, CO MSA

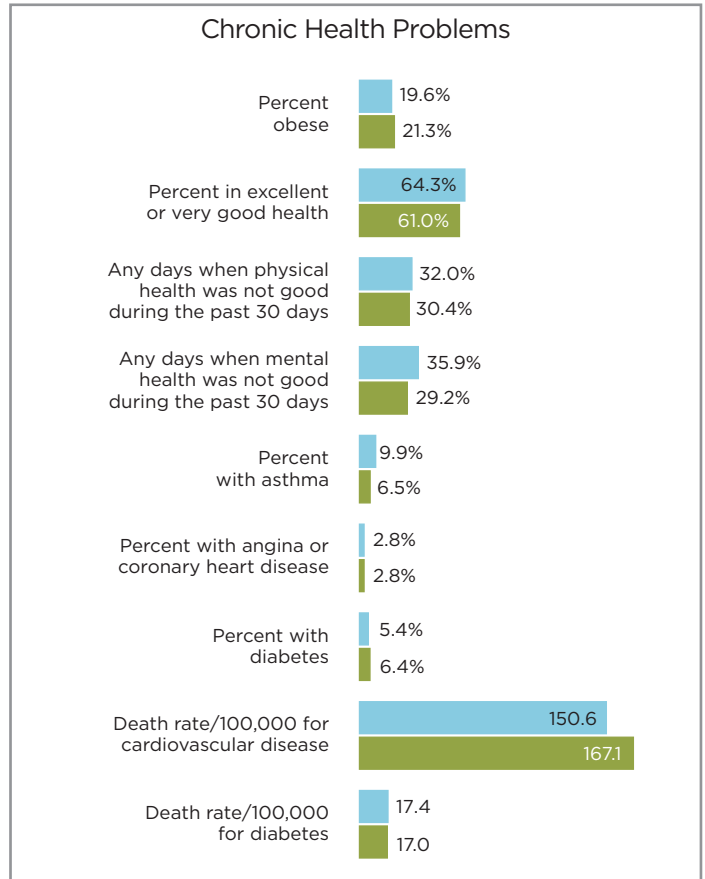
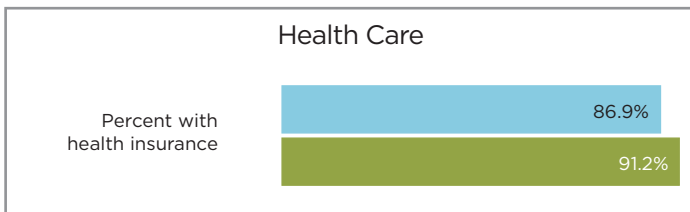
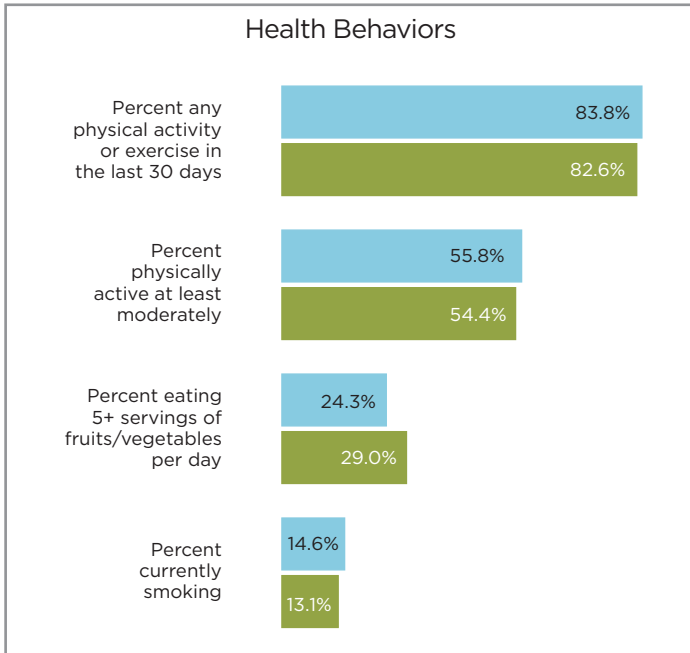
Population	2,552,195
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	65.0%
Percent 65 years old and older	10.0%
Percent male	49.7%
Percent high school graduate or higher	88.8%
Percent White	80.1%
Percent Black or African American	5.4%
Percent Asian	3.6%
Percent Other Race	10.9%
Percent Hispanic/Latino	22.5%
Percent unemployed	9.9%
Median household income	\$58,732
Percent of households below poverty level	9.0%
Violent crime rate/100,000*	337.1
Percent with disability	9.0%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 77.4; Rank = 5

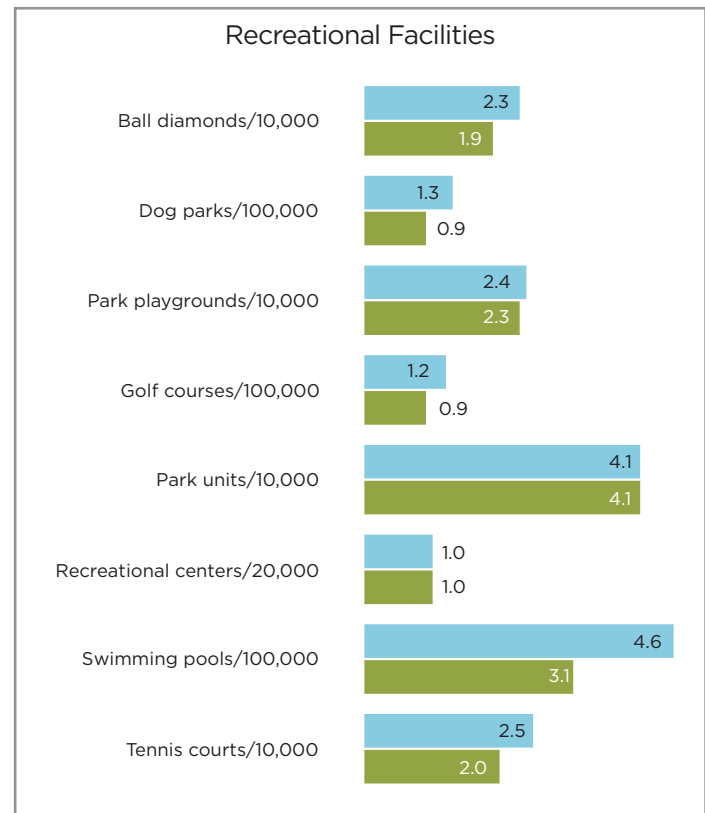
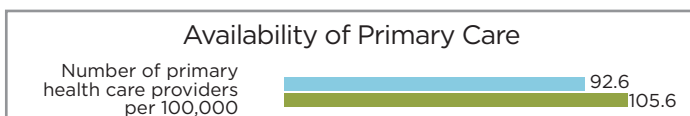
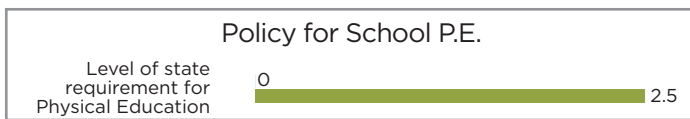
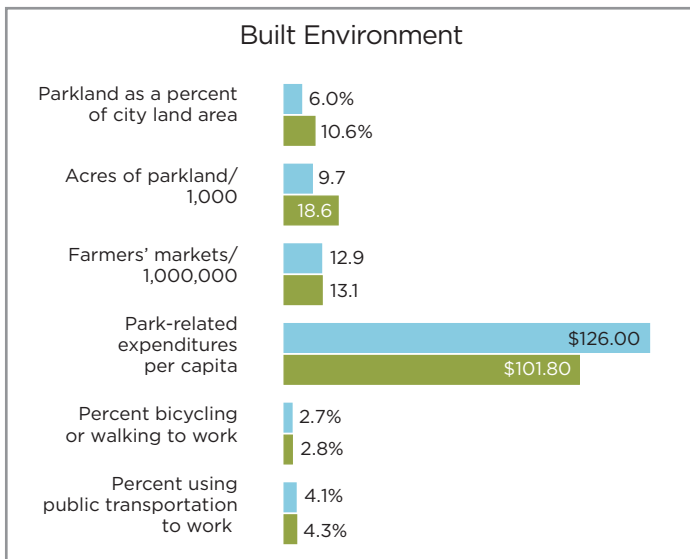
■ Denver ■ Target Goal



Community/Environmental Indicators -- Score = 54.8; Rank = 19

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

■ Denver ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

DETROIT, MI

(Detroit-Warren-Livonia, MI MSA)

Ranking: Total Score = 29.4; Rank = 49

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

- More farmers’ markets per capita
- More ball diamonds per capita
- More park playgrounds per capita
- More park units per capita
- Higher number of primary health care providers per capita

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

- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer dog parks per capita
- Fewer golf courses per capita
- Fewer recreation centers 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 Detroit-Warren-Livonia, MI MSA

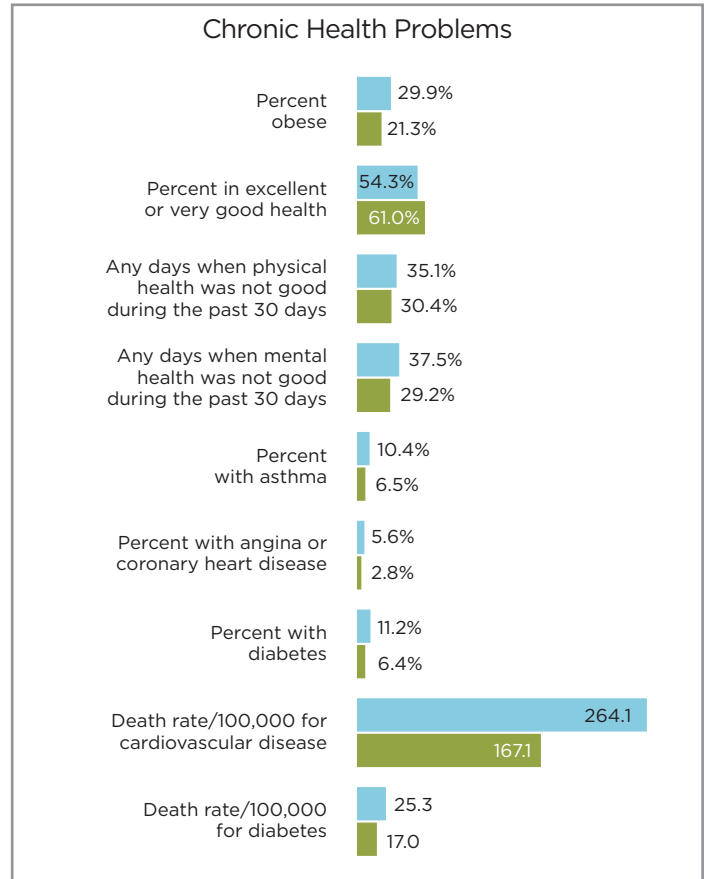
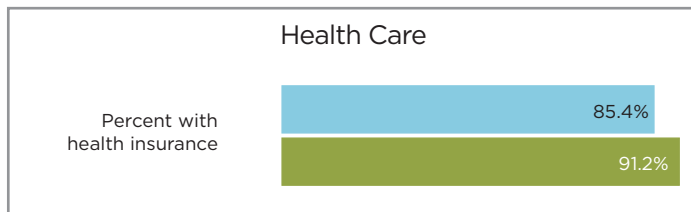
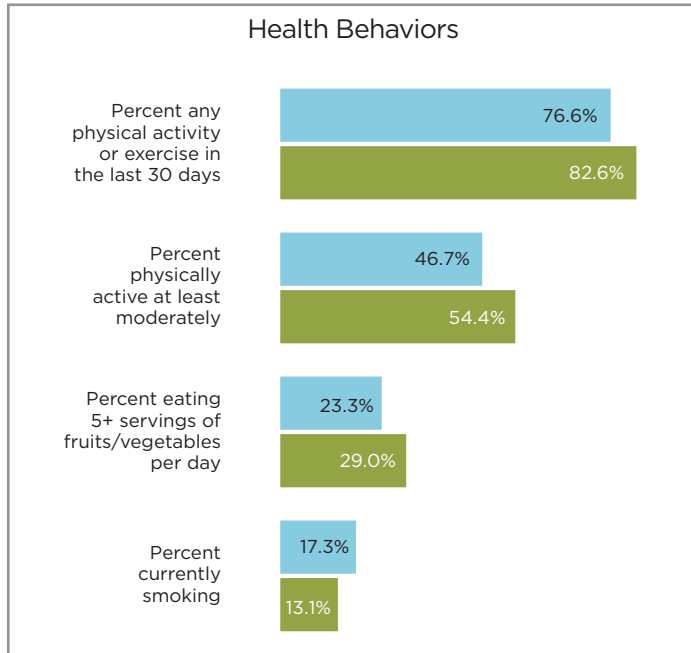
Population	4,403,437
Percent less than 18 years old	24.3%
Percent 18 to 64 years old	62.5%
Percent 65 years old and older	13.2%
Percent male	48.5%
Percent high school graduate or higher	88.1%
Percent White	70.2%
Percent Black or African American	22.8%
Percent Asian	3.3%
Percent Other Race	3.7%
Percent Hispanic/Latino	3.9%
Percent unemployed	17.0%
Median household income	\$48,198
Percent of households below poverty level	12.3%
Violent crime rate/100,000*	635.4
Percent with disability	13.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 27.2; Rank = 47

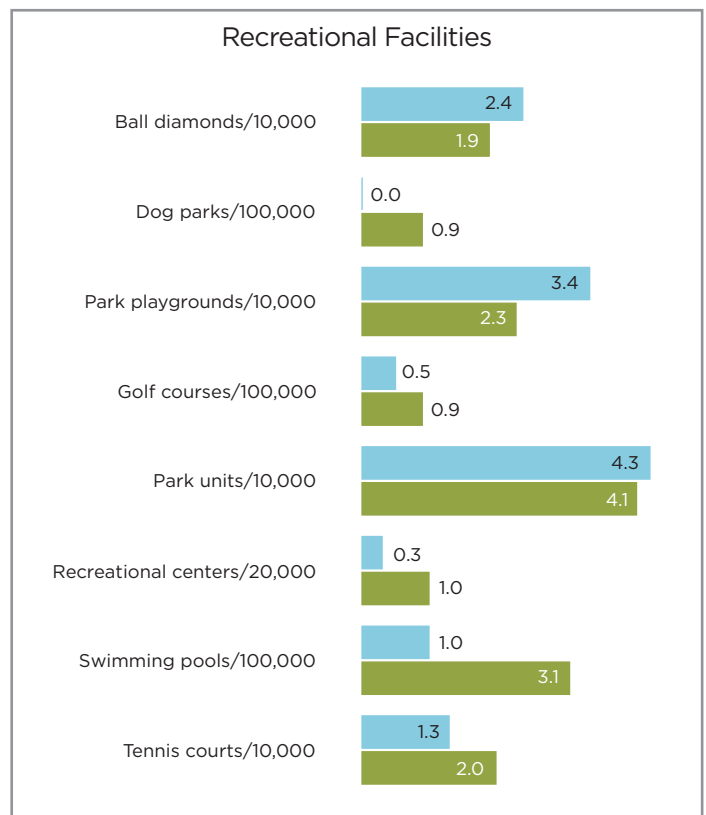
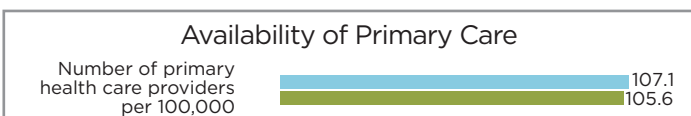
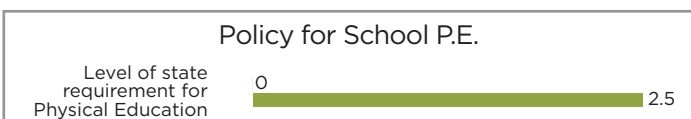
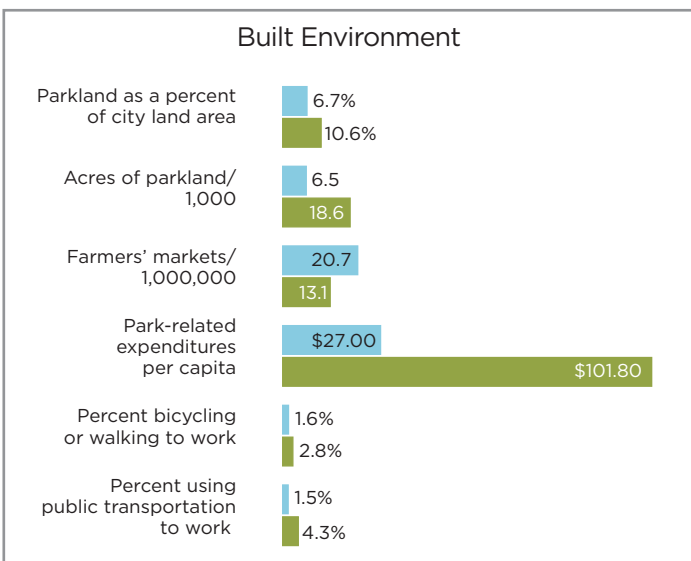
■ Detroit ■ Target Goal



Community/Environmental Indicators -- Score = 31.4; Rank = 49

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

■ Detroit ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

HARTFORD, CT

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

Ranking: Total Score = 68.5; Rank = 5

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

- Higher percent physically active at least moderately
- Higher percentage eating 5+ servings of fruits/vegetables per day
- Lower percent currently smoking
- Lower death rate for diabetes
- Higher percent of city land area as parkland
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- 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 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

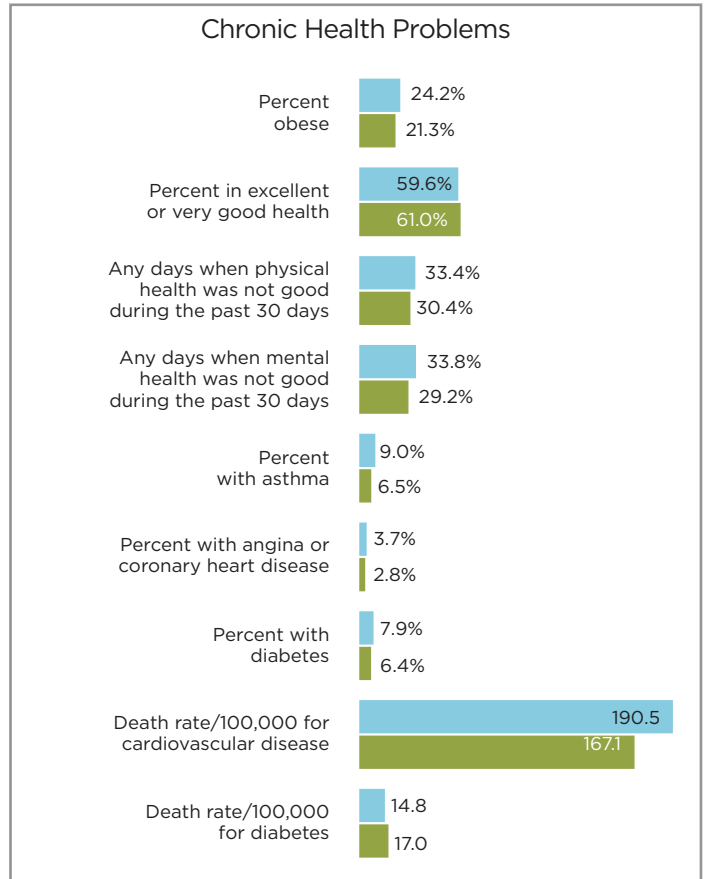
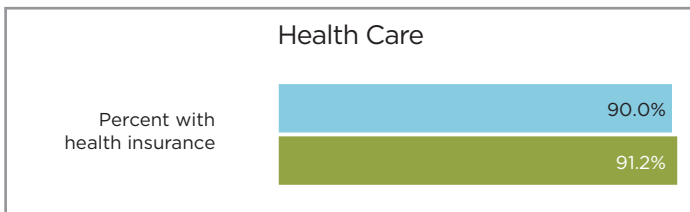
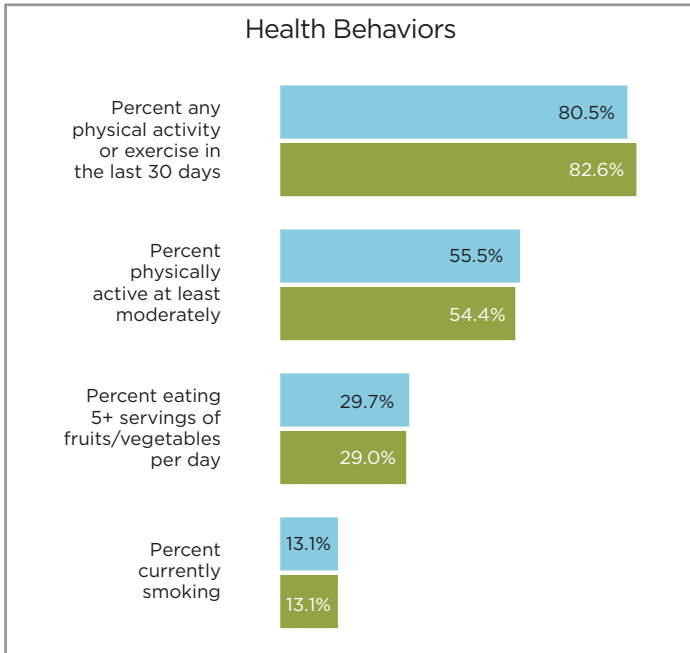
Population	1,195,998
Percent less than 18 years old	22.3%
Percent 18 to 64 years old	63.4%
Percent 65 years old and older	14.3%
Percent male	48.6%
Percent high school graduate or higher	89.0%
Percent White	77.3%
Percent Black or African American	10.5%
Percent Asian	3.8%
Percent Other Race	8.4%
Percent Hispanic/Latino	12.5%
Percent unemployed	10.4%
Median household income	\$63,104
Percent of households below poverty level	7.0%
Violent crime rate/100,000*	297.4
Percent with disability	10.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 74.3; Rank = 7

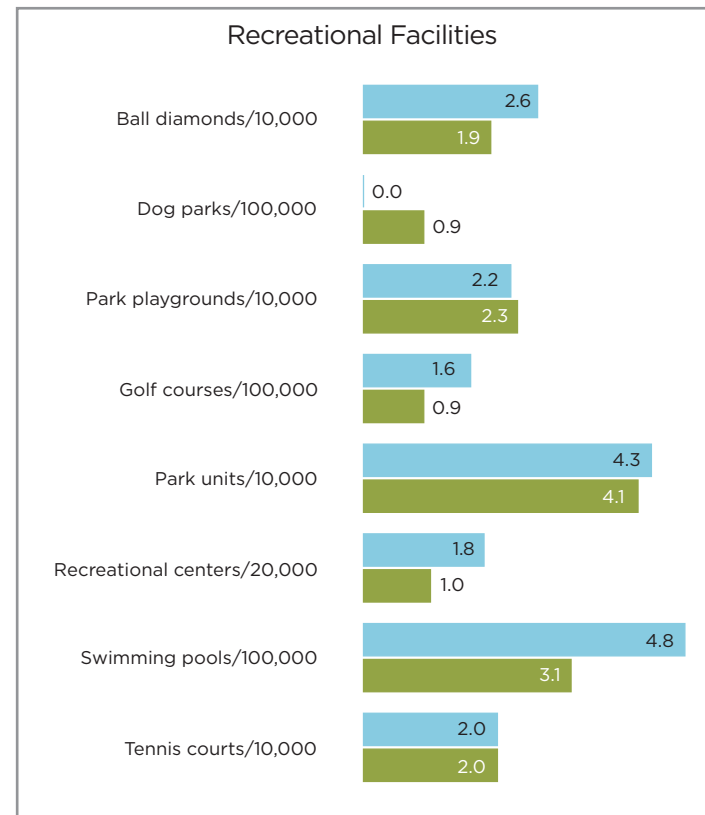
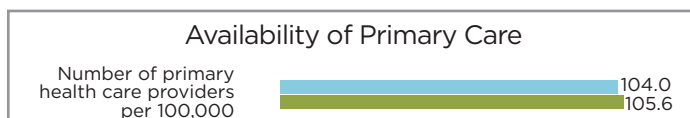
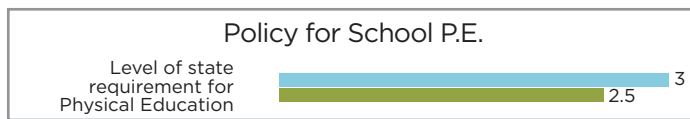
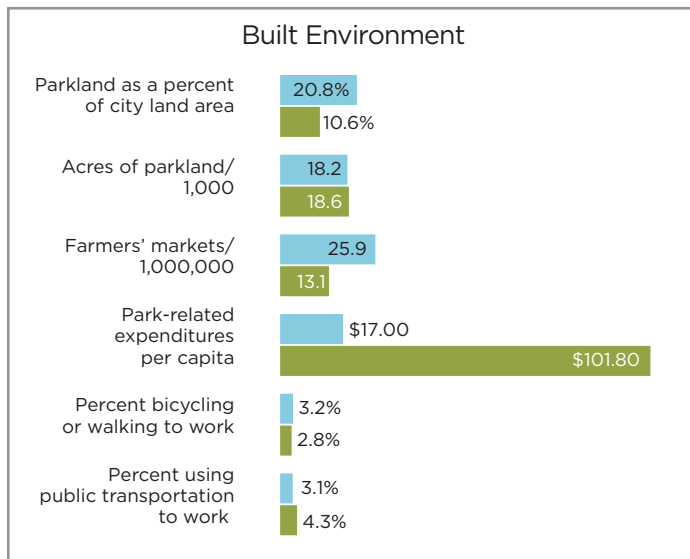
■ Hartford ■ Target Goal



Community/Environmental Indicators -- Score = 63.2; Rank = 10

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

■ Hartford ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

HOUSTON, TX

(Houston-Sugar Land-Baytown, TX MSA)

Ranking: Total Score = 36.4; Rank = 45

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
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for 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
- Fewer tennis courts per capita
- Lower park-related expenditures per capita
- Lower number of primary health care providers per capita

Description of Houston-Sugar Land-Baytown, TX MSA

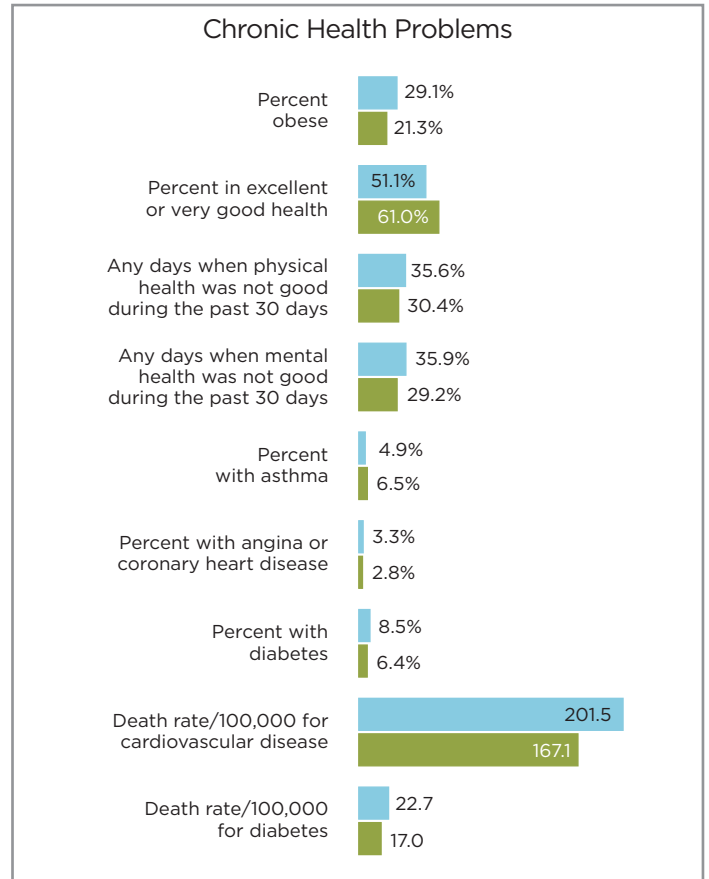
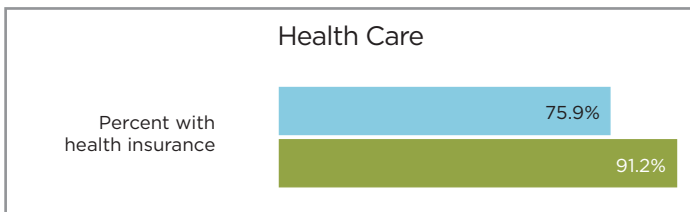
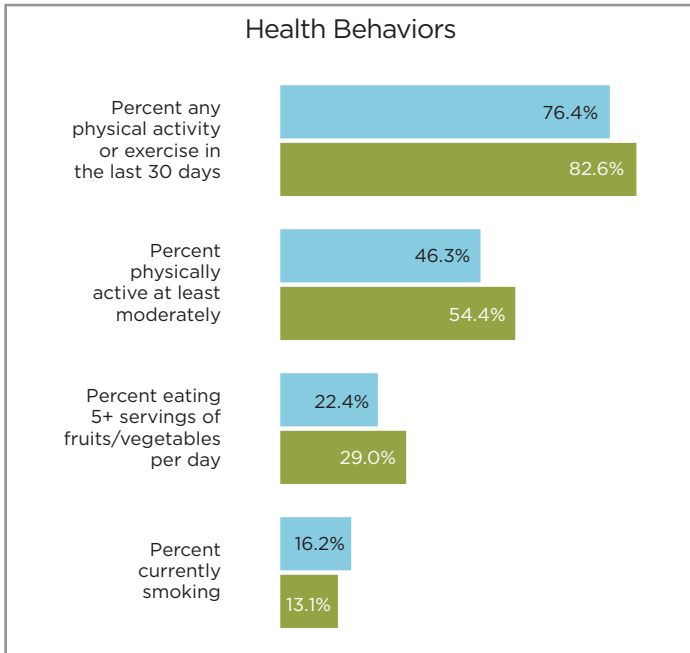
Population	5,867,489
Percent less than 18 years old	28.0%
Percent 18 to 64 years old	63.4%
Percent 65 years old and older	8.6%
Percent male	49.7%
Percent high school graduate or higher	80.6%
Percent White	65.6%
Percent Black or African American	17.2%
Percent Asian	6.6%
Percent Other Race	10.5%
Percent Hispanic/Latino	35.4%
Percent unemployed	8.9%
Median household income	\$53,942
Percent of households below poverty level	13.2%
Violent crime rate/100,000*	620.7
Percent with disability	9.2%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 39.7; Rank = 36

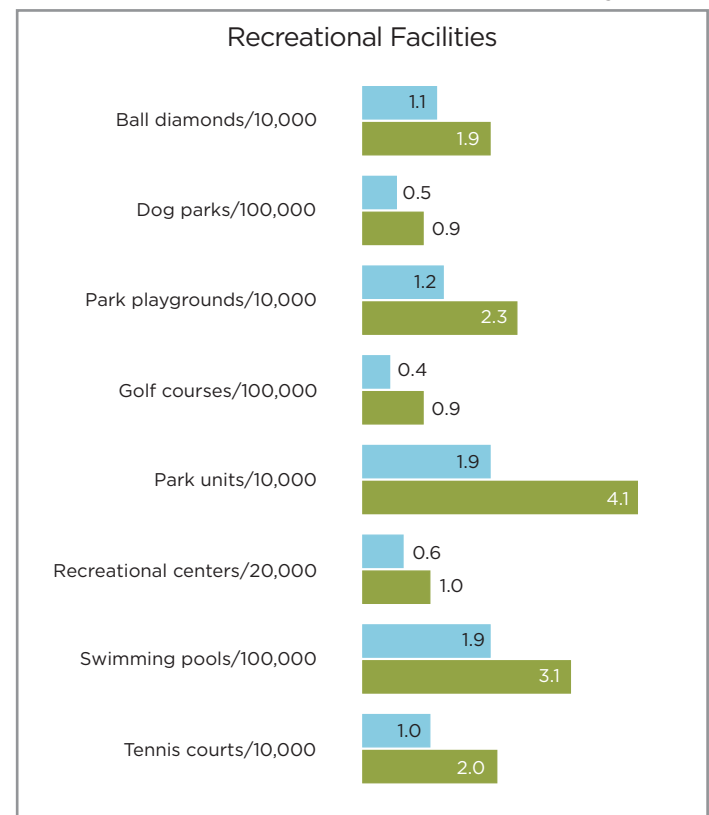
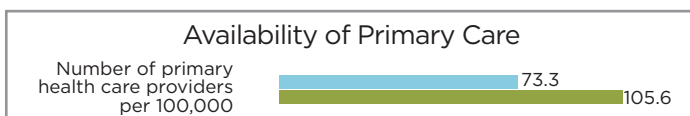
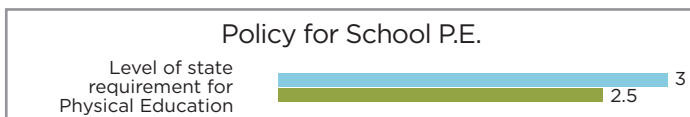
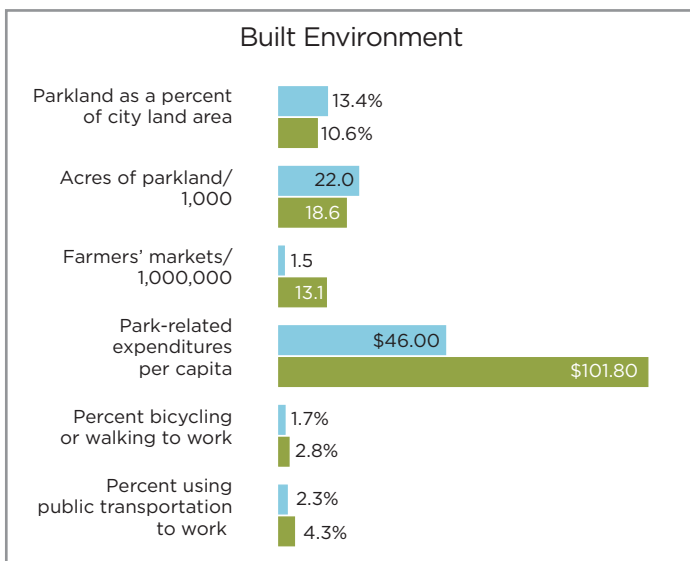
■ Houston ■ Target Goal



Community/Environmental Indicators -- Score = 33.3; Rank = 47

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

■ Houston ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

INDIANAPOLIS, IN

(Indianapolis-Carmel, IN MSA)

Ranking: Total Score = 37.3; Rank = 43

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

- More golf courses per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- 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 ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Indianapolis-Carmel, IN MSA

Population	1,743,658
Percent less than 18 years old	26.2%
Percent 18 to 64 years old	62.9%
Percent 65 years old and older	10.9%
Percent male	48.7%
Percent high school graduate or higher	88.2%
Percent White	78.0%
Percent Black or African American	15.0%
Percent Asian	2.3%
Percent Other Race	4.7%
Percent Hispanic/Latino	6.2%
Percent unemployed	10.5%
Median household income	\$48,867
Percent of households below poverty level	11.3%
Violent crime rate/100,000*	N/A‡
Percent with disability	10.6%

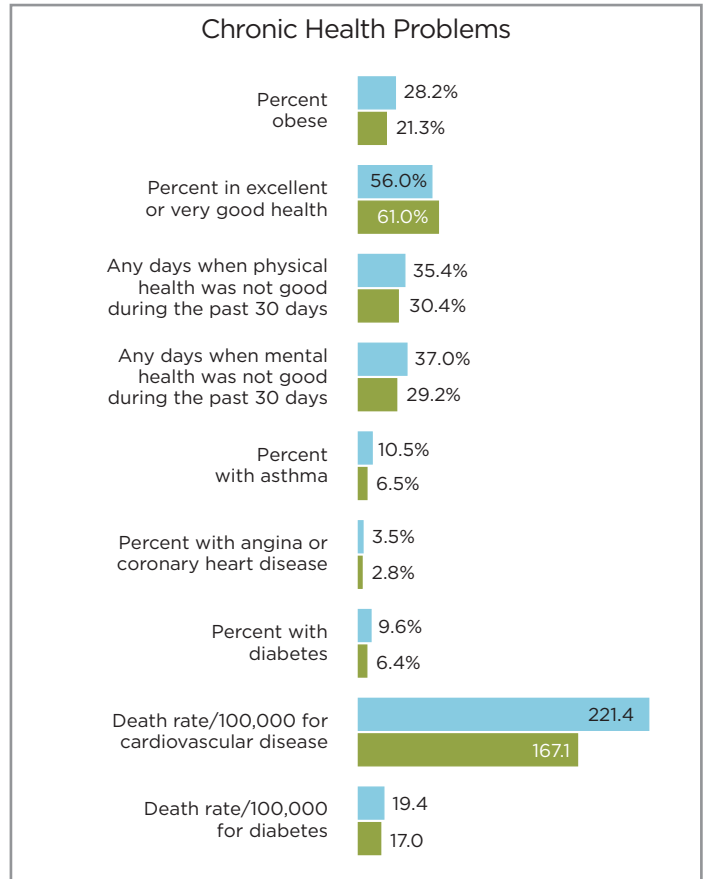
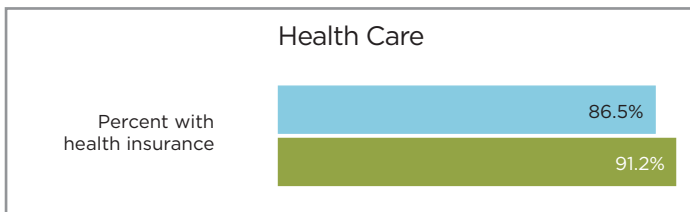
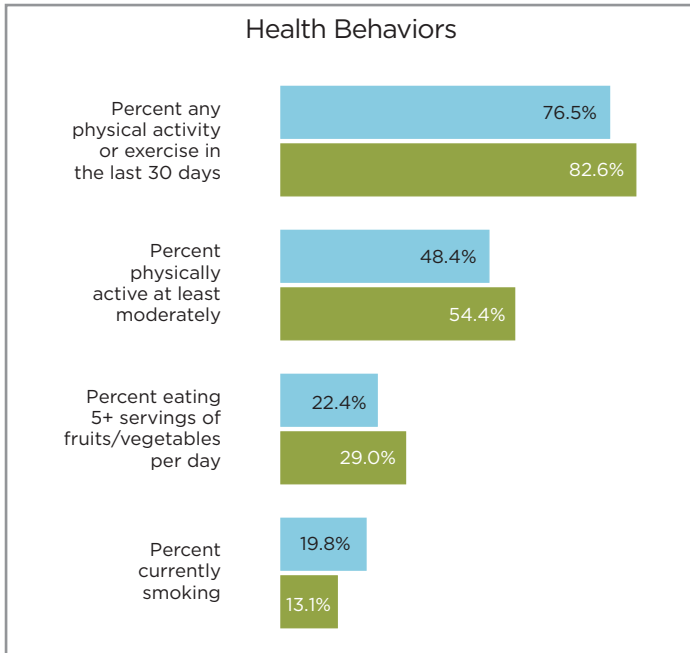
‡This measure was not available

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 37.8; Rank = 37

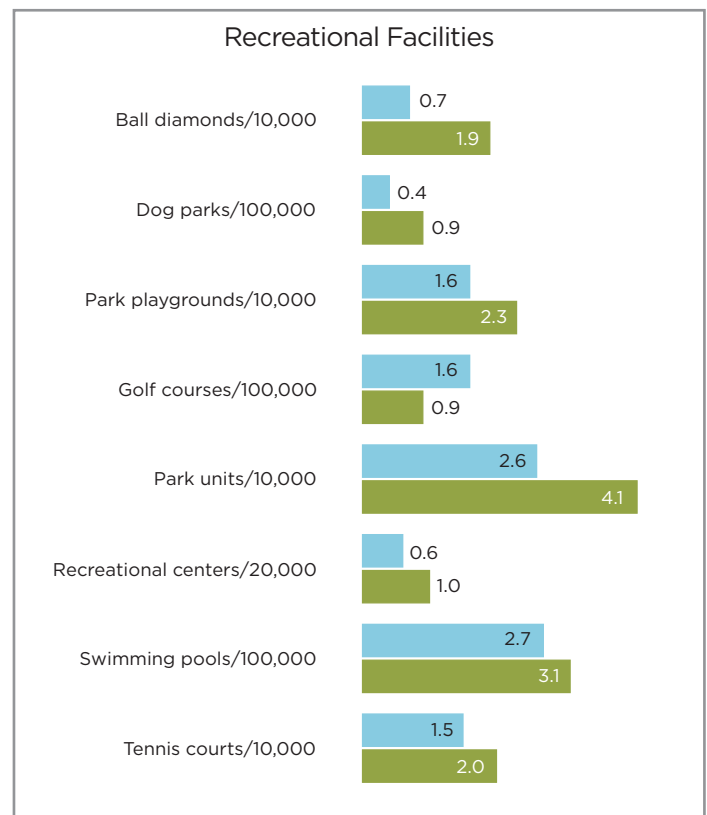
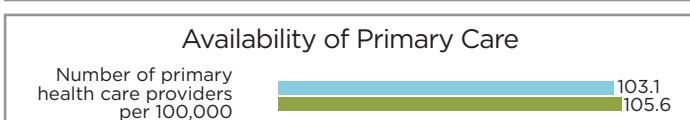
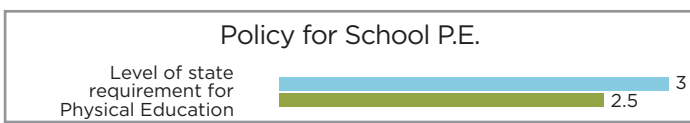
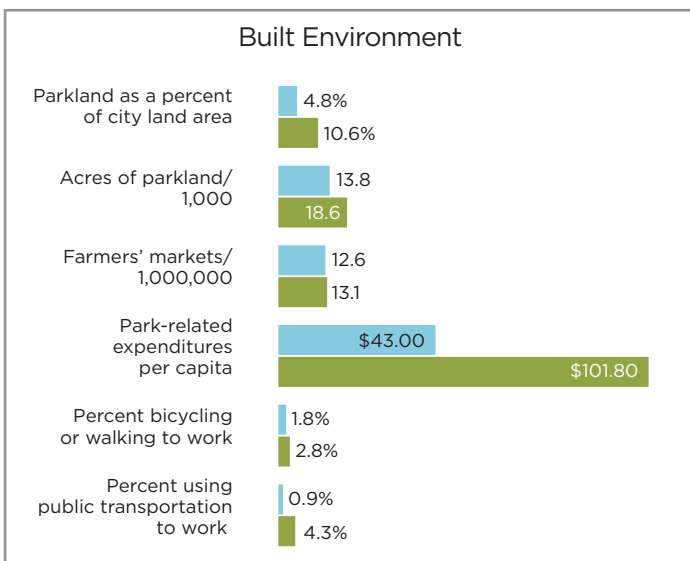
Indianapolis Target Goal



Community/Environmental Indicators -- Score = 36.9; Rank = 40

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

Indianapolis Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

JACKSONVILLE, FL

(Jacksonville, FL MSA)

Ranking: Total Score = 42.6; Rank = 35

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

- 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
- More tennis courts per capita

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- Fewer farmers' markets 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
- Lower park-related expenditures per capita
- Lower level of state requirement for physical education classes

Description of Jacksonville, FL MSA

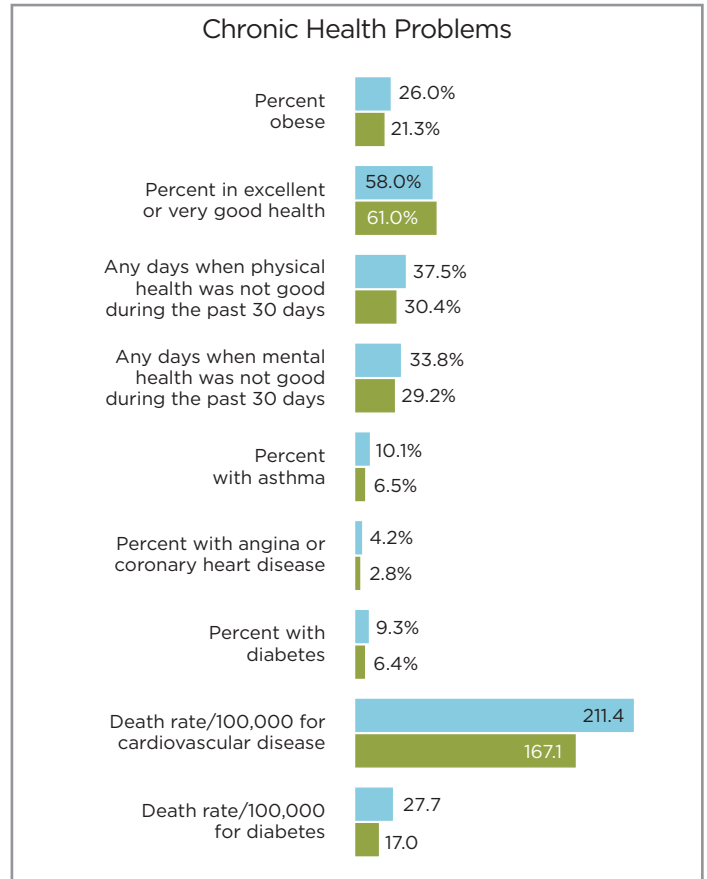
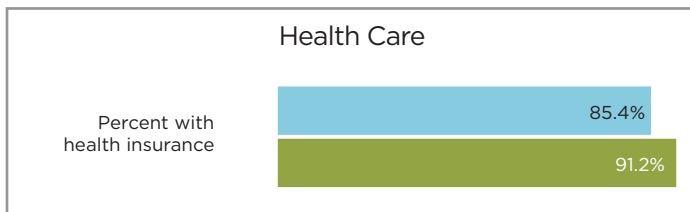
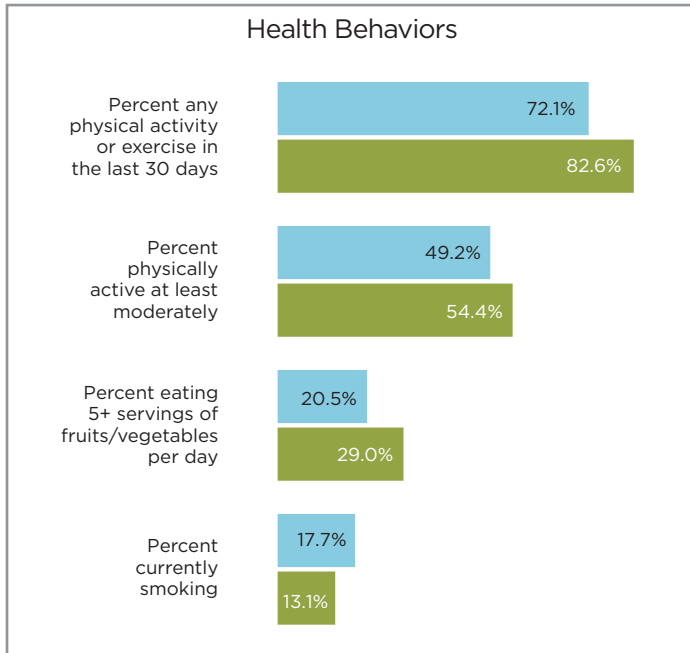
Population	1,328,144
Percent less than 18 years old	23.8%
Percent 18 to 64 years old	64.1%
Percent 65 years old and older	12.1%
Percent male	48.7%
Percent high school graduate or higher	89.1%
Percent White	70.8%
Percent Black or African American	22.1%
Percent Asian	3.3%
Percent Other Race	3.8%
Percent Hispanic/Latino	7.0%
Percent unemployed	11.8%
Median household income	\$50,324
Percent of households below poverty level	11.0%
Violent crime rate/100,000*	557.0
Percent with disability	11.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 34.2; Rank = 41

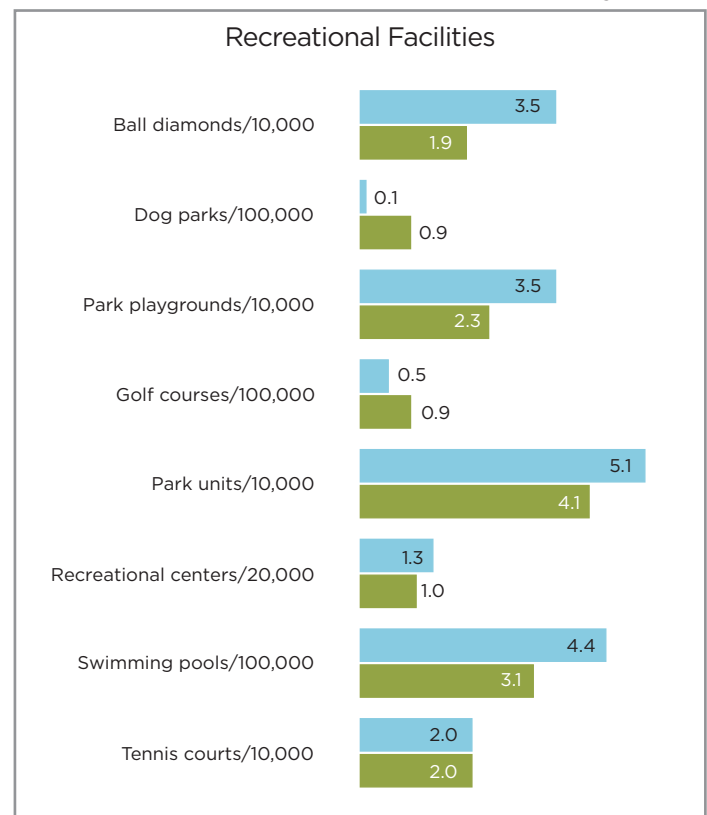
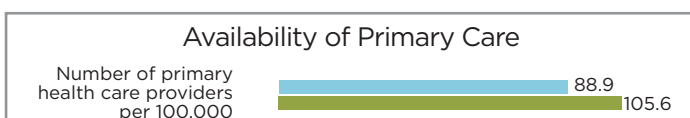
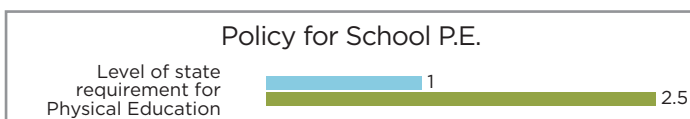
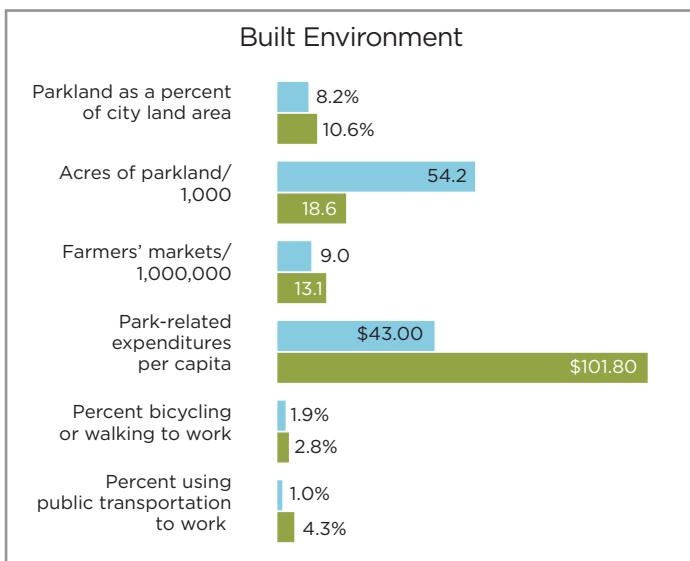
Jacksonville Target Goal



Community/Environmental Indicators -- Score = 50.4; Rank = 28

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

Jacksonville Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

KANSAS CITY, MO

(Kansas City, MO-KS MSA)

Ranking: Total Score = 47.2; Rank = 29

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

- More acres of parkland per capita
- More farmers’ markets per capita
- More ball diamonds per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

Description of Kansas City, MO-KS MSA

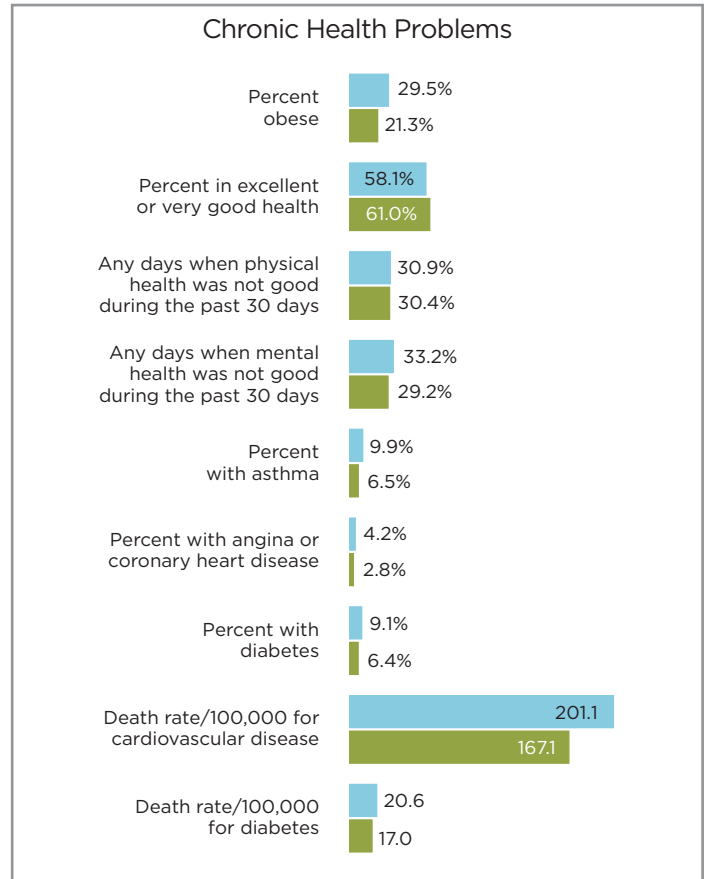
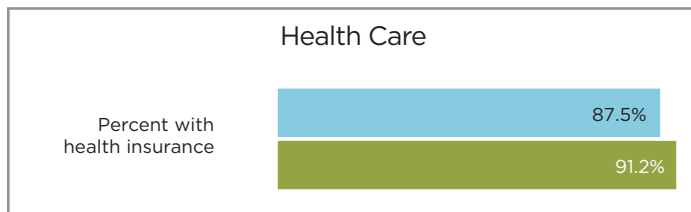
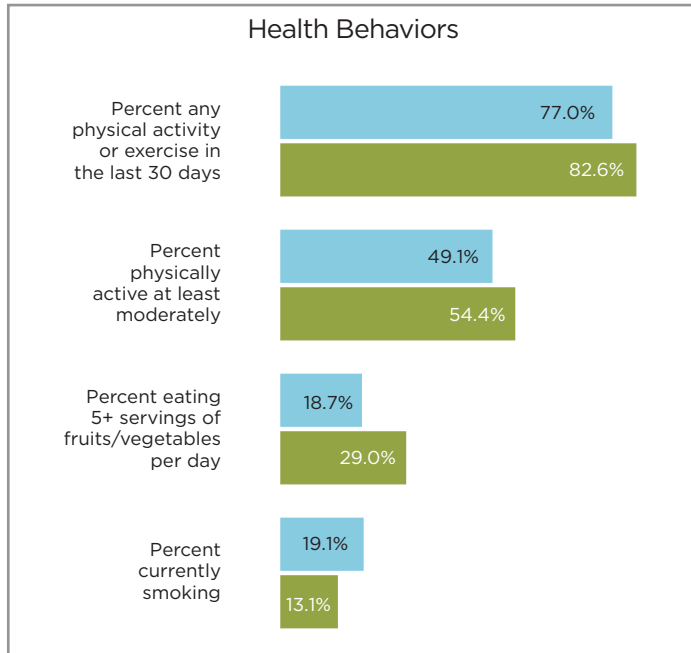
Population	2,067,585
Percent less than 18 years old	25.6%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	12.0%
Percent male	48.9%
Percent high school graduate or higher	90.1%
Percent White	79.6%
Percent Black or African American	12.6%
Percent Asian	2.3%
Percent Other Race	5.5%
Percent Hispanic/Latino	8.3%
Percent unemployed	8.6%
Median household income	\$53,919
Percent of households below poverty level	8.8%
Violent crime rate/100,000*	461.3
Percent with disability	10.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 44.5; Rank = 30

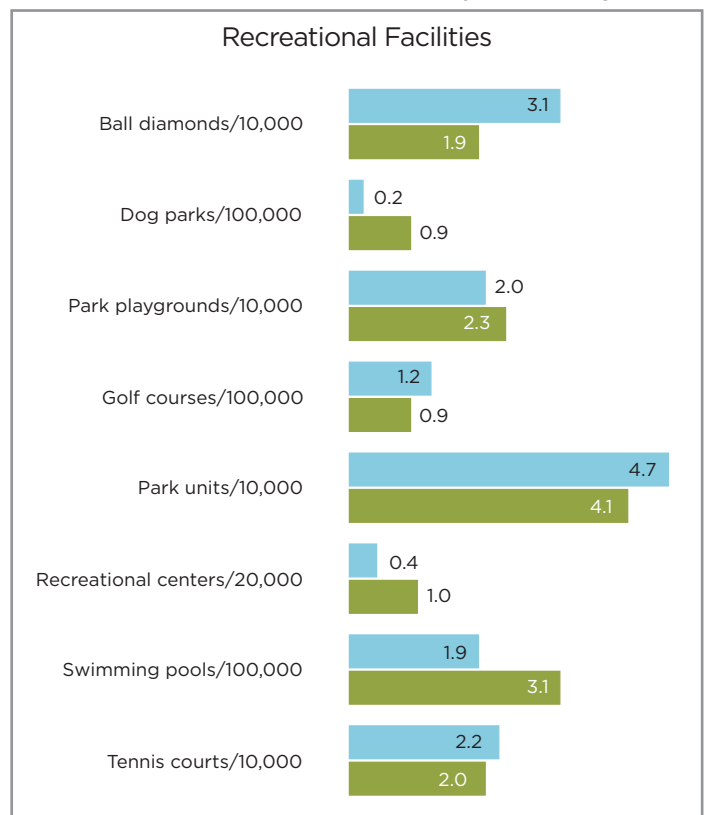
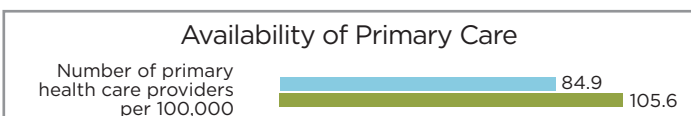
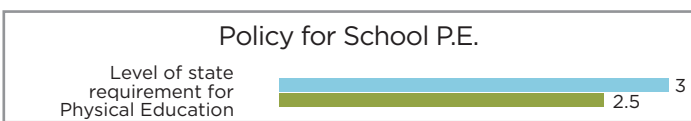
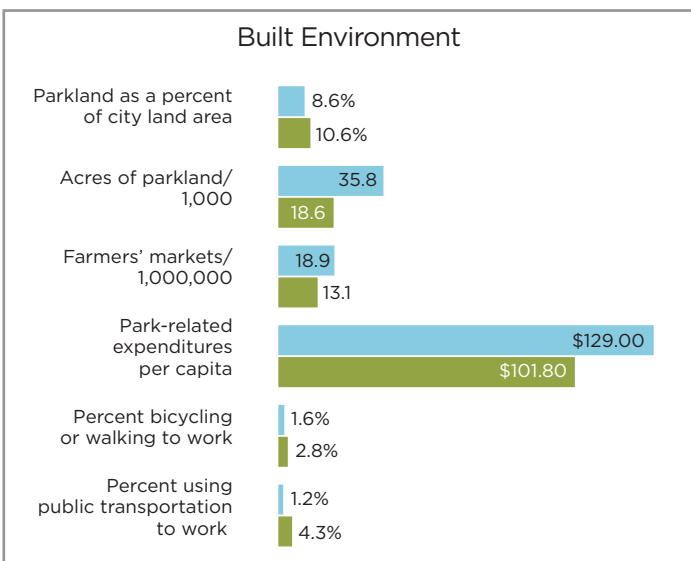
■ Kansas City ■ Target Goal



Community/Environmental Indicators -- Score = 49.6; Rank = 29

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

■ Kansas City ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

LAS VEGAS, NV

(Las Vegas-Paradise, NV MSA)

Ranking: Total Score = 40.0; Rank = 39

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

- Lower death rate for diabetes
- More dog parks per capita
- More recreation centers 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 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
- Fewer farmers' markets per capita
- 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 number of primary health care providers per capita

Description of Las Vegas-Paradise, NV MSA

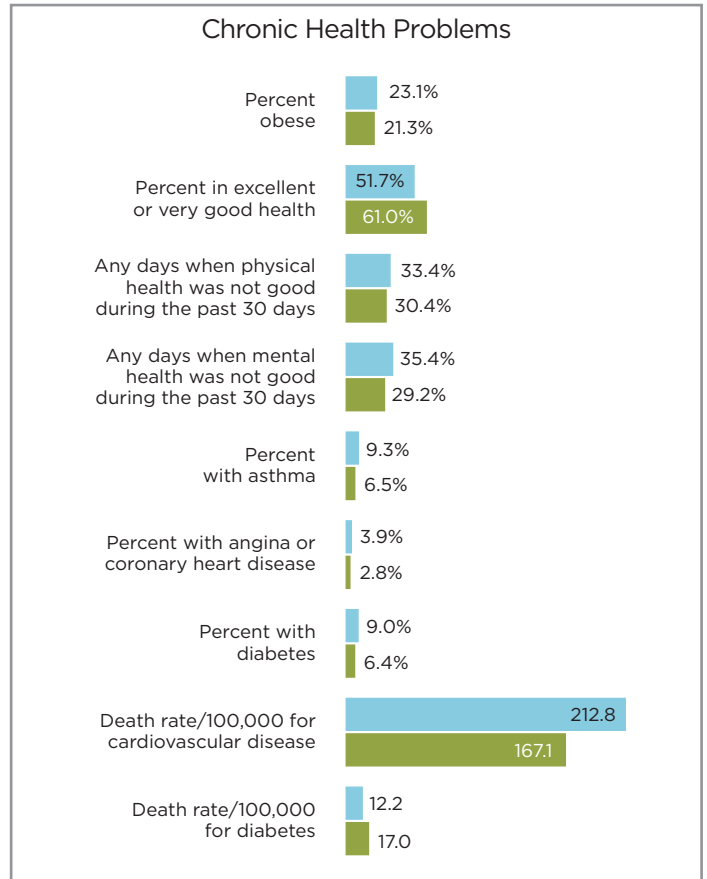
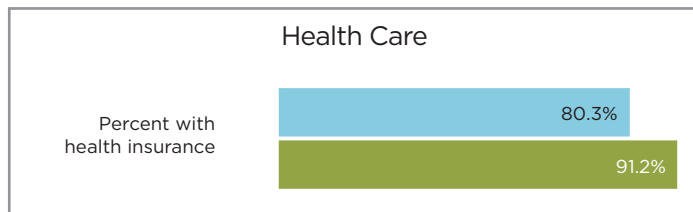
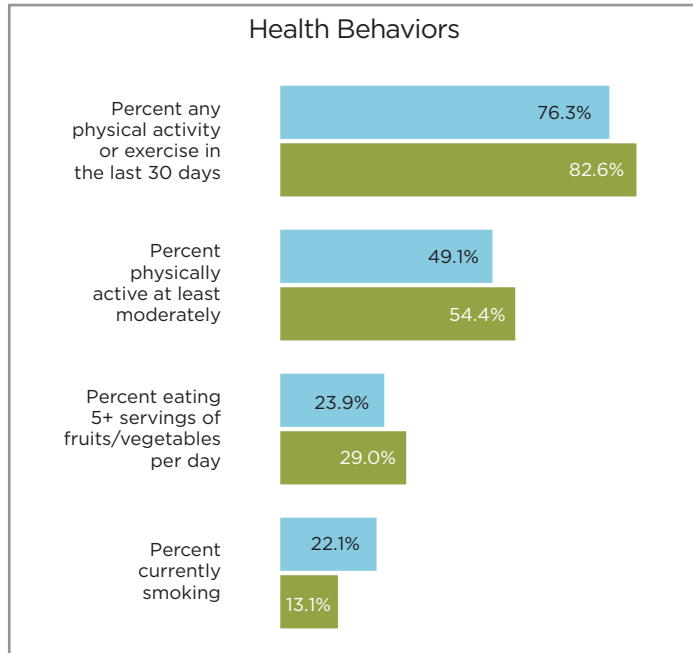
Population	1,902,834
Percent less than 18 years old	25.0%
Percent 18 to 64 years old	63.7%
Percent 65 years old and older	11.3%
Percent male	50.4%
Percent high school graduate or higher	83.9%
Percent White	67.9%
Percent Black or African American	10.4%
Percent Asian	8.7%
Percent Other Race	13.0%
Percent Hispanic/Latino	29.2%
Percent unemployed	14.1%
Median household income	\$51,437
Percent of households below poverty level	11.5%
Violent crime rate/100,000*	763.4
Percent with disability	9.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 41.2; Rank = 34

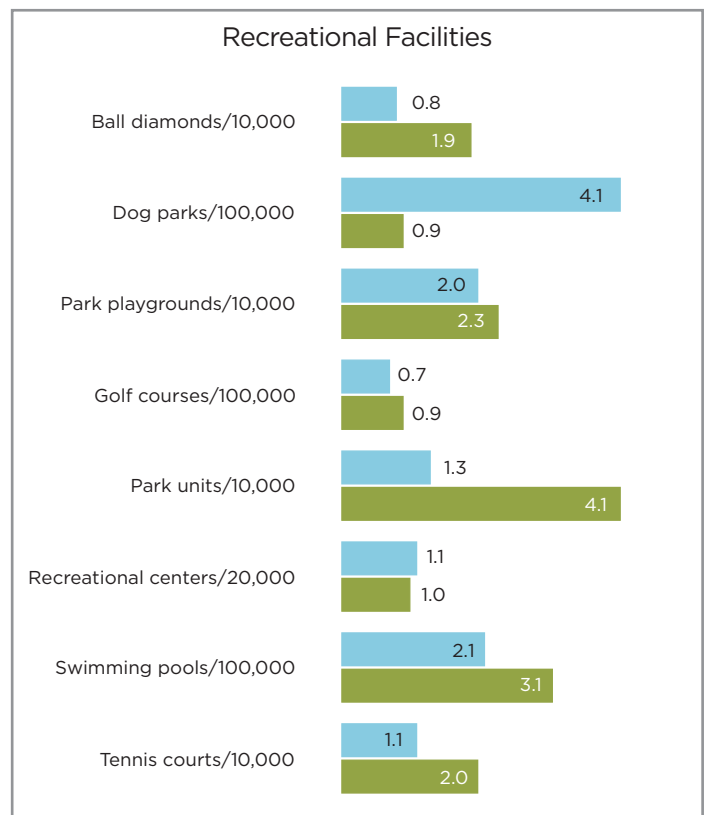
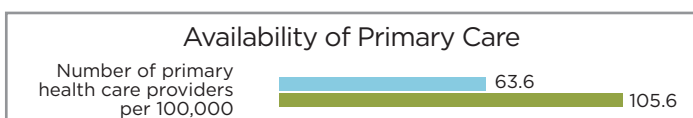
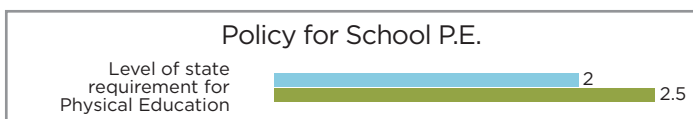
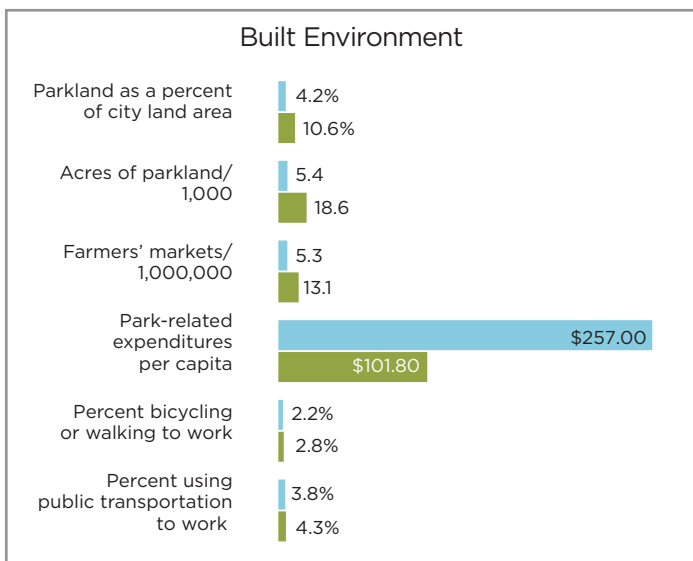
Las Vegas Target Goal



Community/Environmental Indicators -- Score = 38.9; Rank = 38

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

Las Vegas Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

LOS ANGELES, CA

(Los Angeles-Long Beach-Santa Ana, CA MSA)

Ranking: Total Score = 41.2; Rank = 38

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

- Lower percent currently smoking
- Lower percent with asthma
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- 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 physically active at least moderately
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- 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-Santa Ana, CA MSA

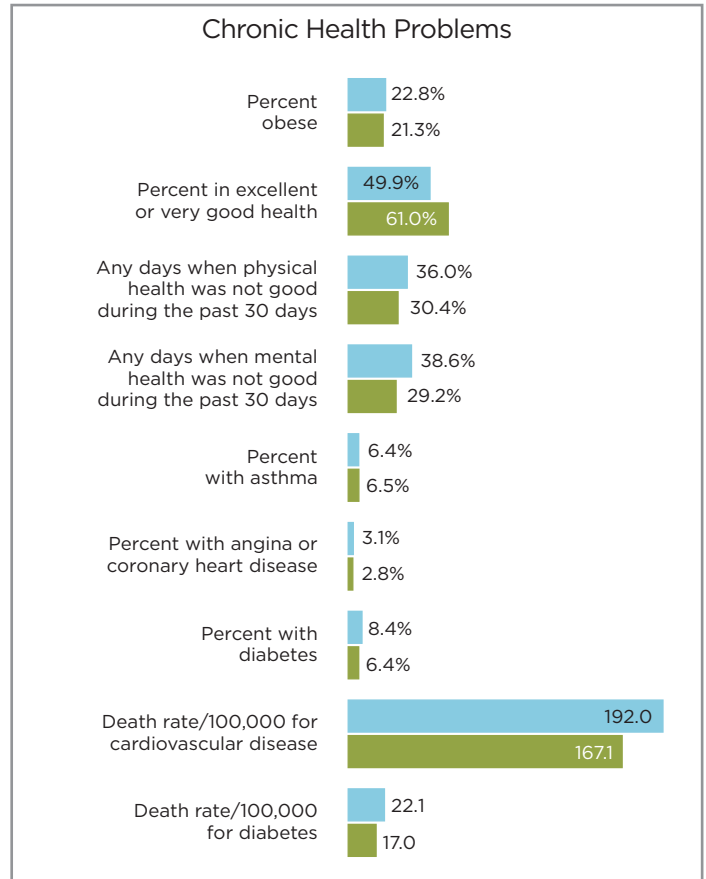
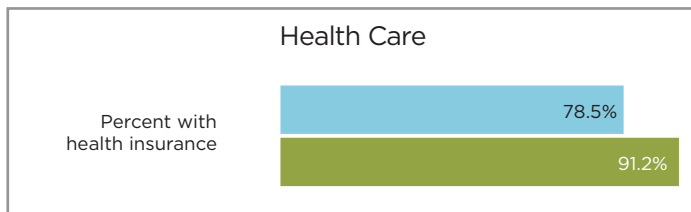
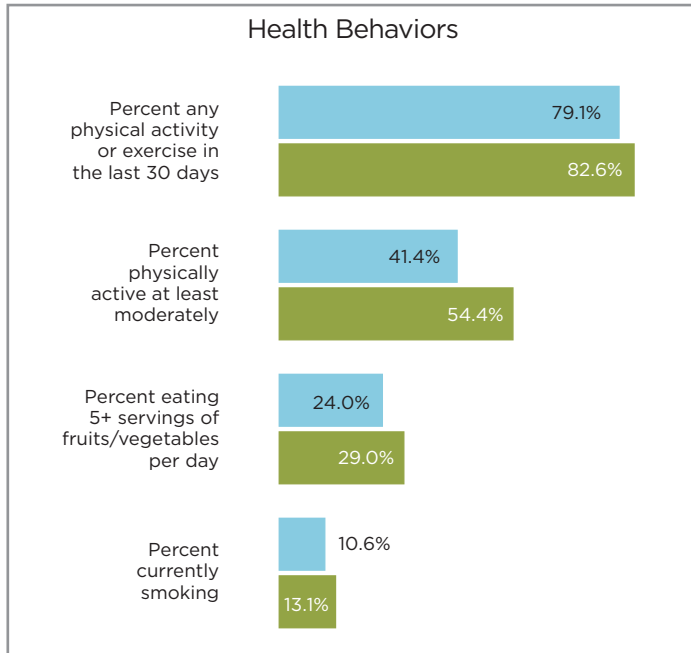
Population	12,874,797
Percent less than 18 years old	24.5%
Percent 18 to 64 years old	64.5%
Percent 65 years old and older	11.0%
Percent male	49.3%
Percent high school graduate or higher	77.5%
Percent White	54.7%
Percent Black or African American	6.9%
Percent Asian	14.8%
Percent Other Race	23.6%
Percent Hispanic/Latino	44.5%
Percent unemployed	12.1%
Median household income	\$56,691
Percent of households below poverty level	12.6%
Violent crime rate/100,000*	442.6
Percent with disability	8.8%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 49.1; Rank = 26

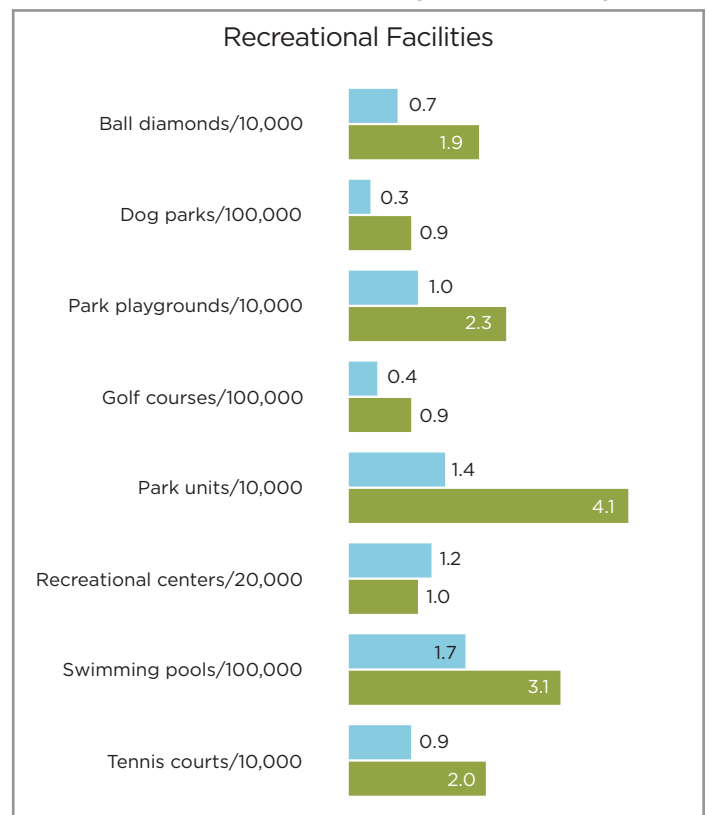
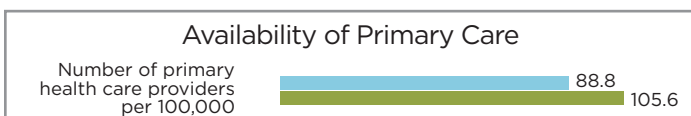
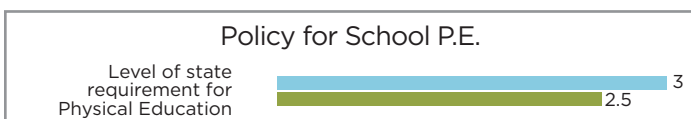
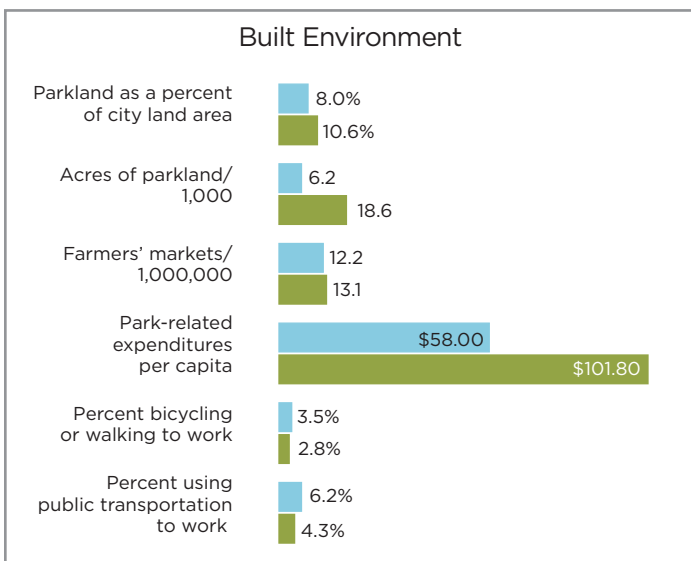
Los Angeles Target Goal



Community/Environmental Indicators -- Score = 33.9; Rank = 45

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

Los Angeles Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

LOUISVILLE, KY

(Louisville/Jefferson County, KY-IN MSA)

Ranking: Total Score = 32.1; 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
- More tennis courts per capita

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

- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when physical health was not good during the past 30 days
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- 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
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for physical education classes

Description of Louisville/Jefferson County, KY-IN MSA

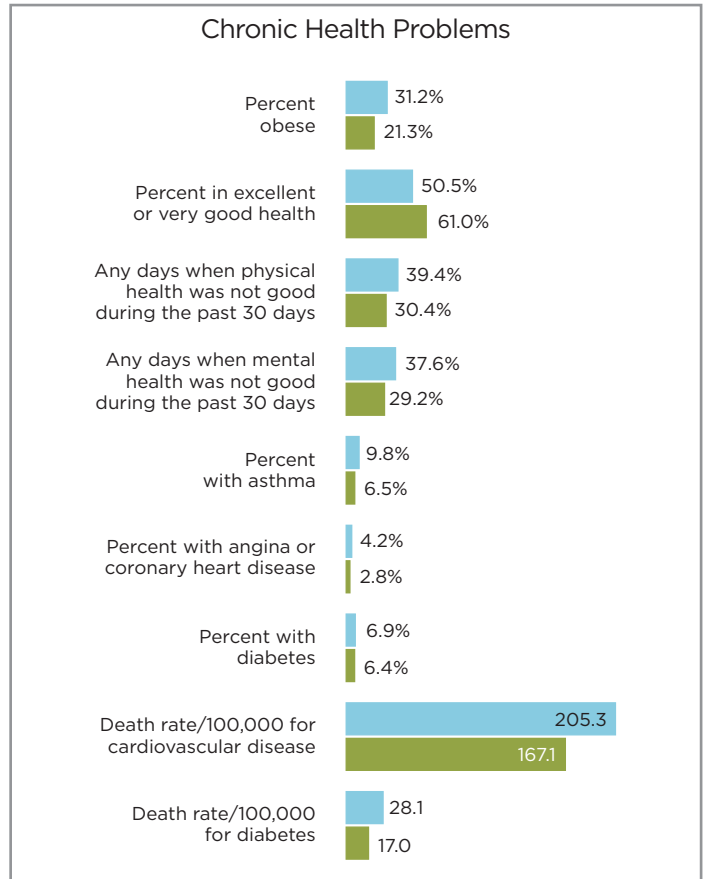
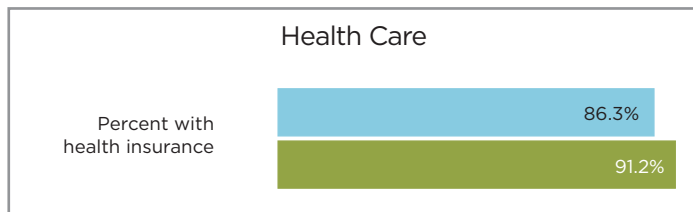
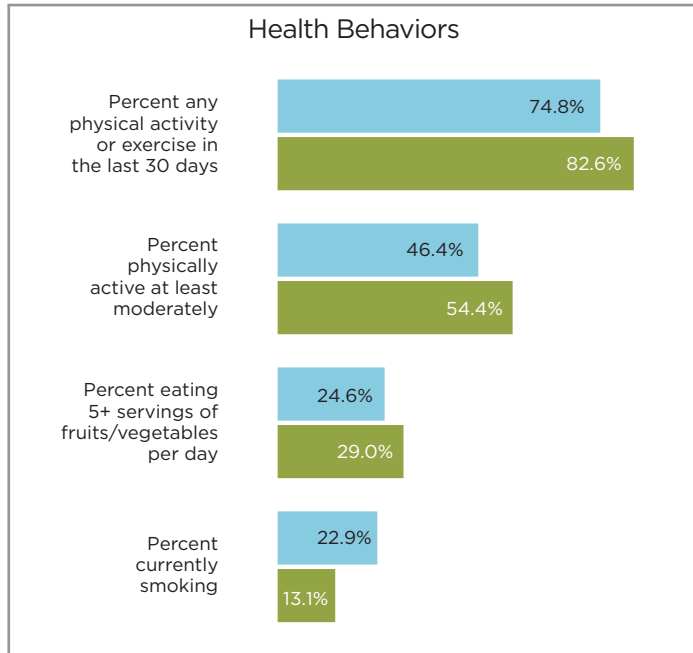
Population	1,258,577
Percent less than 18 years old	24.0%
Percent 18 to 64 years old	63.2%
Percent 65 years old and older	12.8%
Percent male	48.8%
Percent high school graduate or higher	86.9%
Percent White	81.8%
Percent Black or African American	13.7%
Percent Asian	1.6%
Percent Other Race	2.8%
Percent Hispanic/Latino	3.9%
Percent unemployed	10.9%
Median household income	\$44,678
Percent of households below poverty level	11.4%
Violent crime rate/100,000*	395.2
Percent with disability	13.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 30.1; Rank = 46

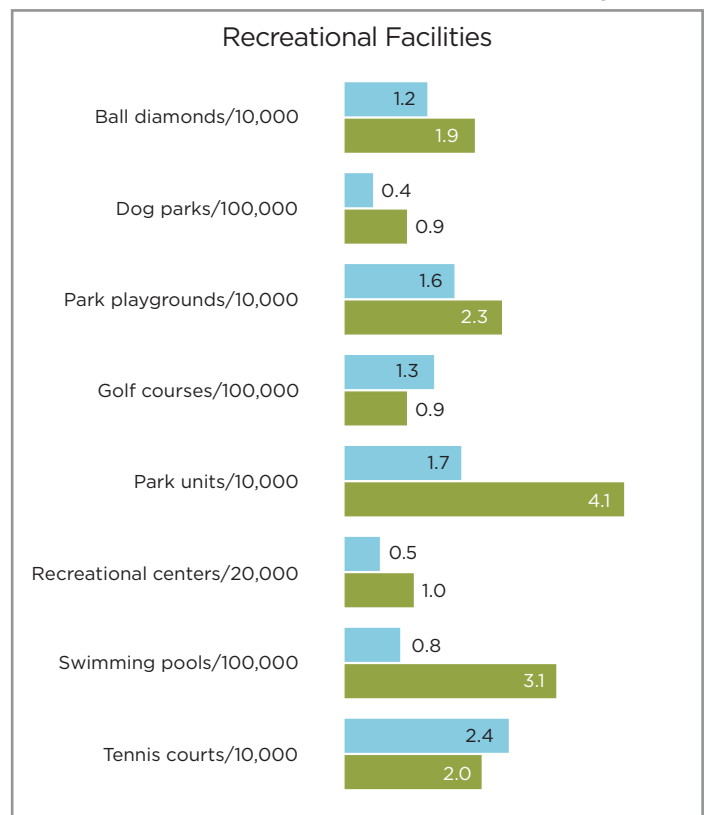
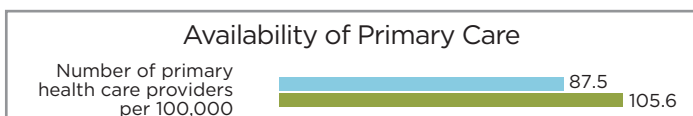
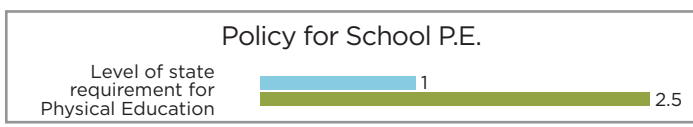
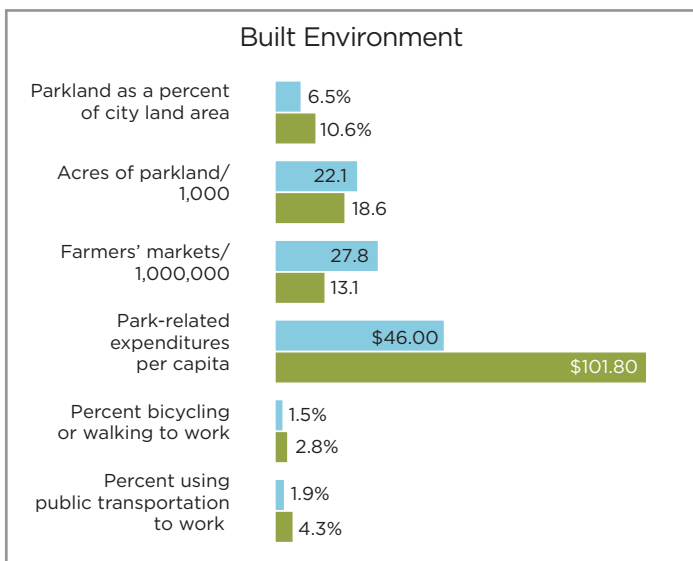
■ Louisville ■ Target Goal



Community/Environmental Indicators -- Score = 33.8; Rank = 46

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

■ Louisville ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

MEMPHIS, TN

(Memphis, TN-MS-AR MSA)

Ranking: Total Score = 36.8; Rank = 44

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
- Lower percent with angina or coronary heart disease
- More golf course per capita
- Higher level of state requirement for physical education classes

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

- Lower percent physically active at least moderately
- Lower percent eating 5+ servings of fruits/ vegetables per day
- Higher percent currently smoking
- Higher percent obese
- 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 park playgrounds per capita
- Fewer park units per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita
- Lower number of primary health care providers per capita

Description of Memphis, TN-MS-AR MSA

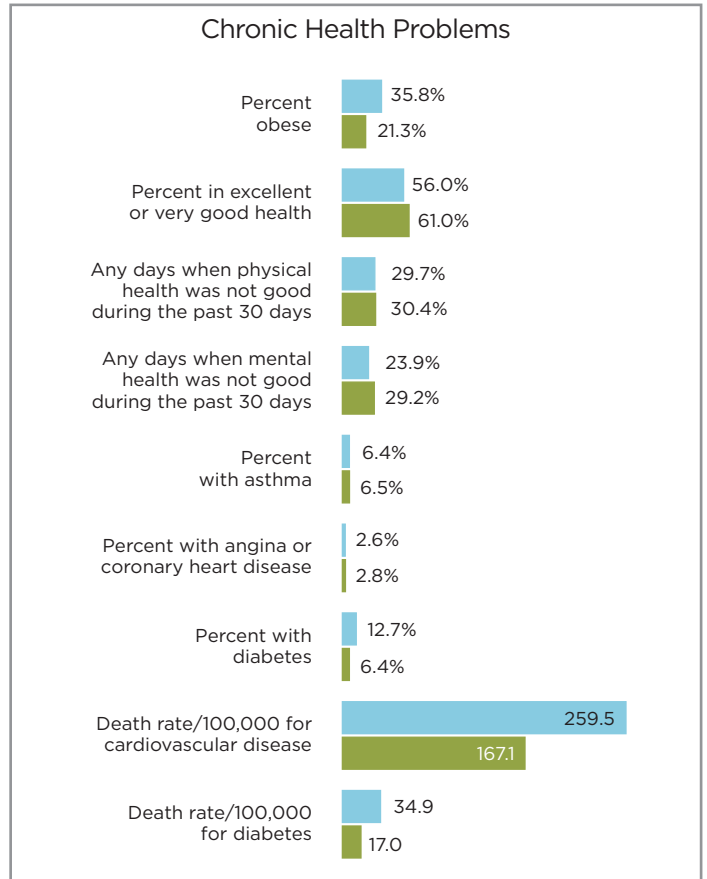
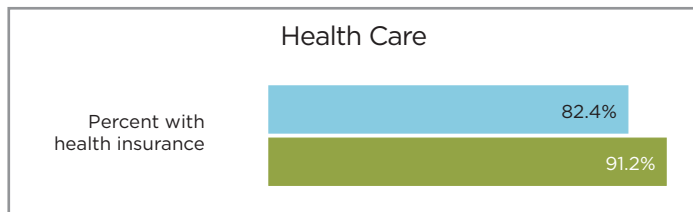
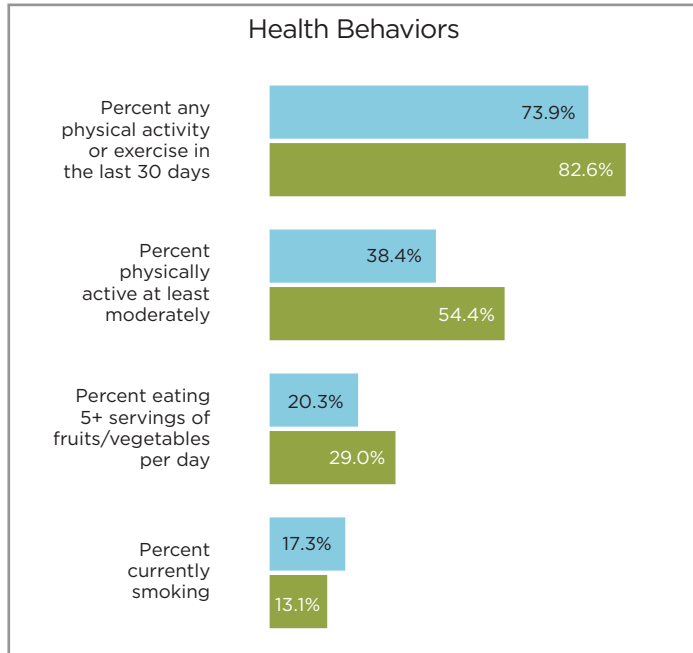
Population	1,304,926
Percent less than 18 years old	26.6%
Percent 18 to 64 years old	62.9%
Percent 65 years old and older	10.5%
Percent male	48.1%
Percent high school graduate or higher	85.6%
Percent White	48.4%
Percent Black or African American	45.6%
Percent Asian	1.9%
Percent Other Race	4.2%
Percent Hispanic/Latino	4.8%
Percent unemployed	12.7%
Median household income	\$45,377
Percent of households below poverty level	15.0%
Violent crime rate/100,000*	1,006.5
Percent with disability	12.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 36.5; Rank = 40

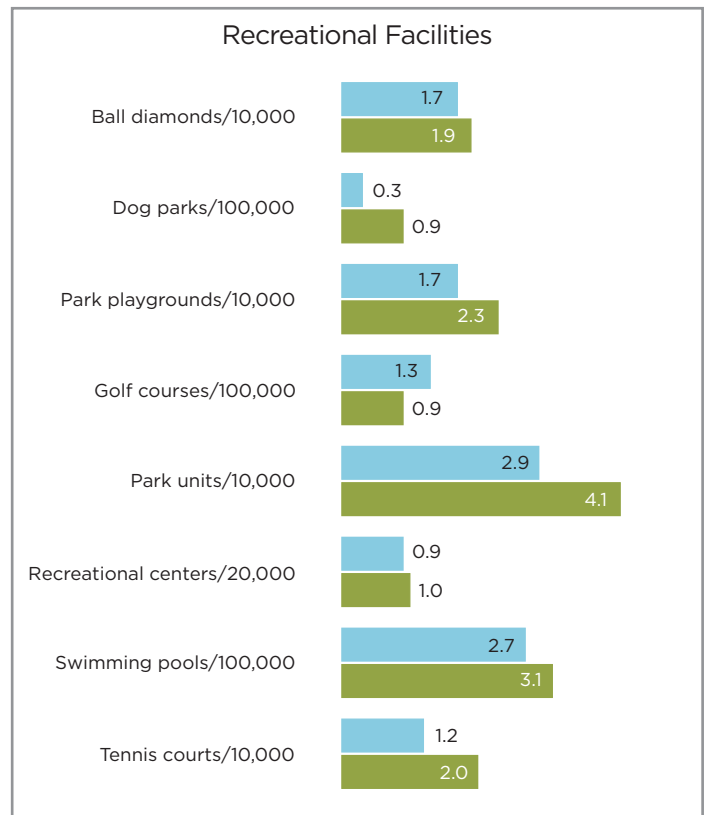
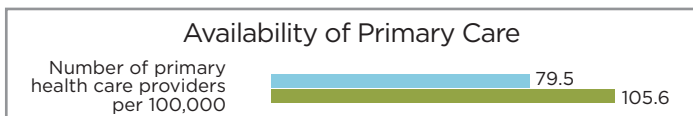
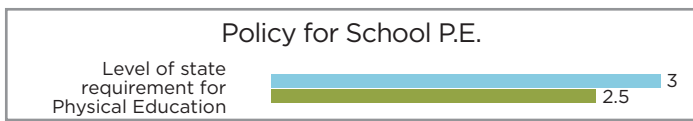
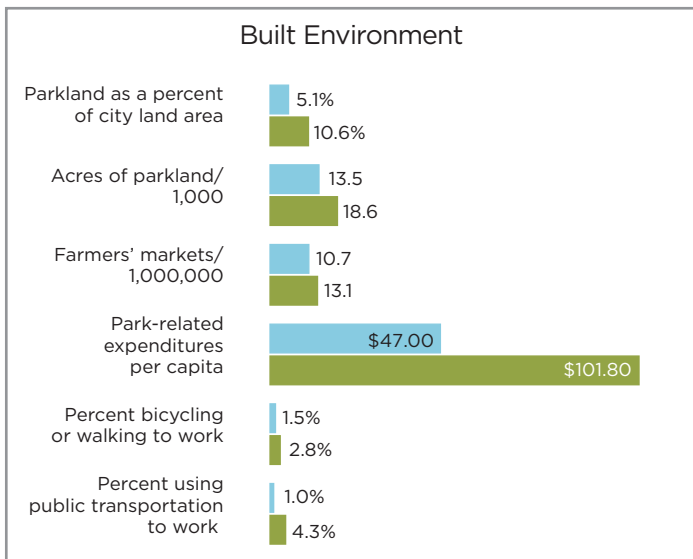
Memphis Target Goal



Community/Environmental Indicators -- Score = 37.0; Rank = 39

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

Memphis Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

MIAMI, FL

(Miami-Fort Lauderdale-Pompano Beach, FL MSA)

Ranking: Total Score = 45.2; Rank = 31

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

- Lower percent currently smoking
- Lower percent of days when mental health was not good during the past 30 days
- Lower death rate for cardiovascular disease
- More recreation centers per capita
- More swimming pools per capita

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

- Lower percent physically active at least moderately
- 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 level of state requirement for physical education classes
- Lower number of primary health care providers per capita

Description of Miami-Fort Lauderdale-Pompano Beach, FL MSA

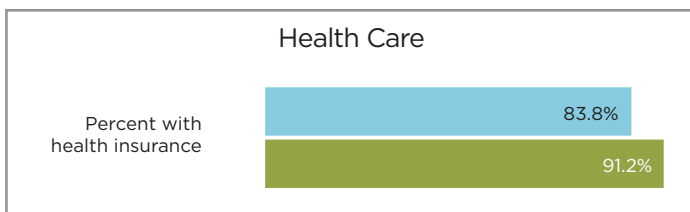
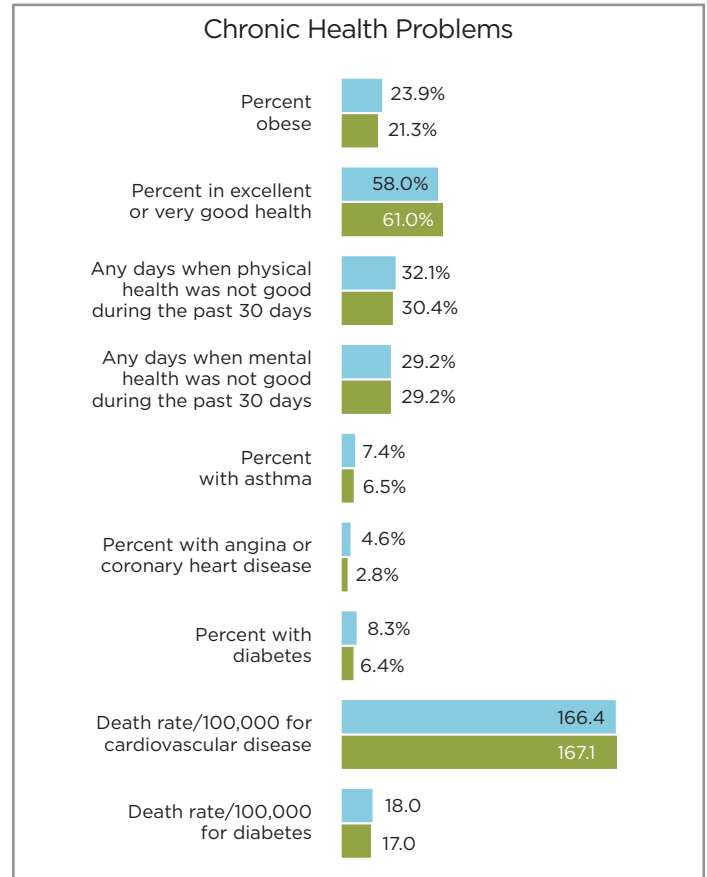
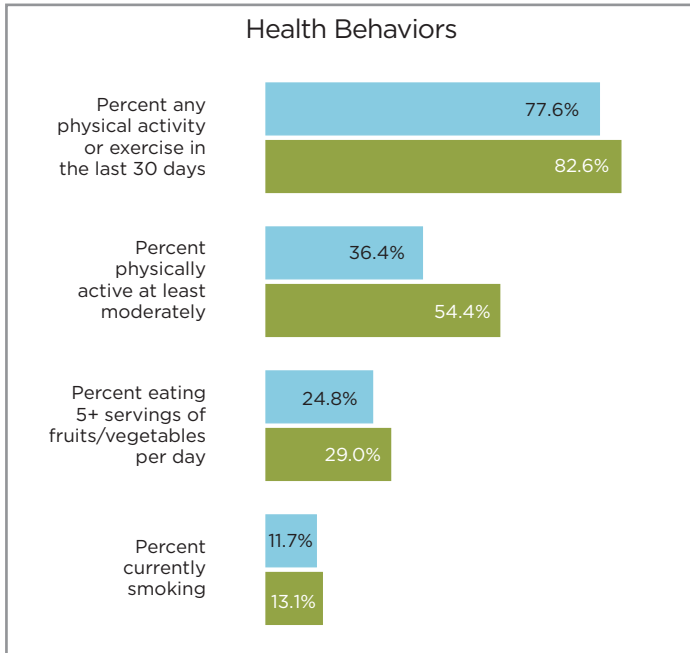
Population	5,547,051
Percent less than 18 years old	21.7%
Percent 18 to 64 years old	62.4%
Percent 65 years old and older	15.9%
Percent male	48.4%
Percent high school graduate or higher	82.7%
Percent White	71.7%
Percent Black or African American	20.9%
Percent Asian	2.3%
Percent Other Race	5.1%
Percent Hispanic/Latino	41.7%
Percent unemployed	13.4%
Median household income	\$45,352
Percent of households below poverty level	13.2%
Violent crime rate/100,000*	609.2
Percent with disability	10.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 58.7; Rank = 17

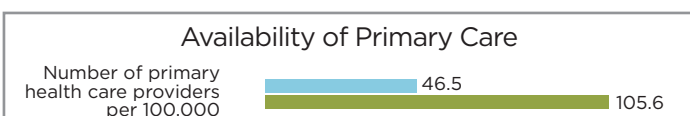
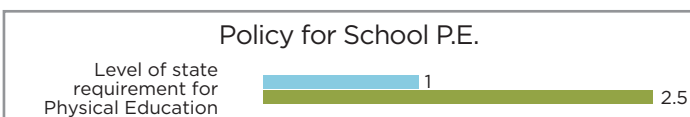
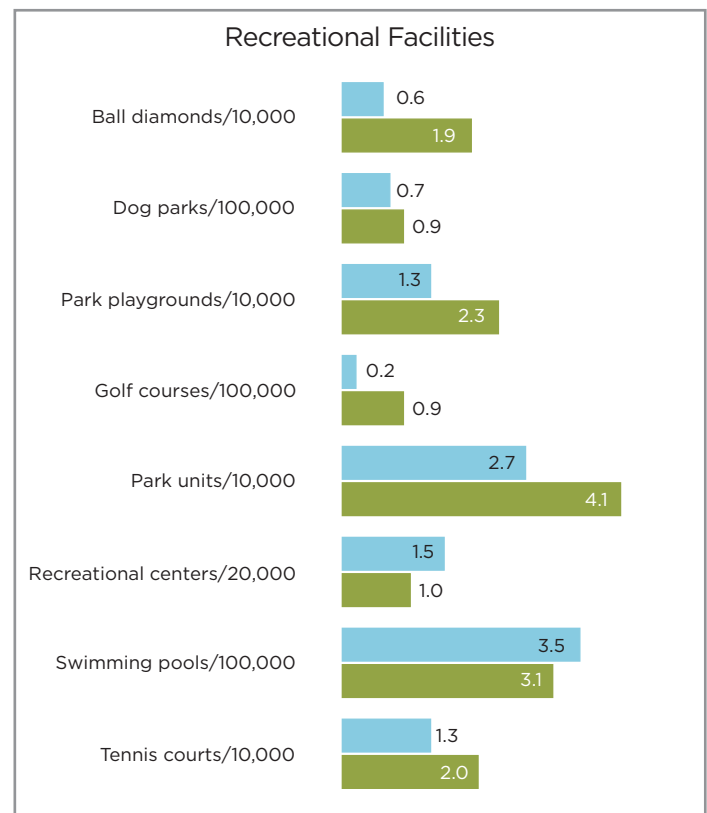
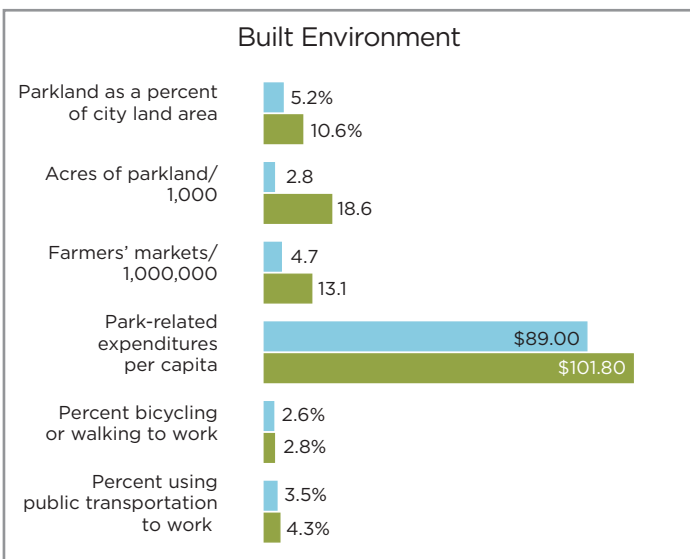
■ Miami ■ Target Goal



Community/Environmental Indicators -- Score = 32.7; Rank = 48

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

■ Miami ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

MILWAUKEE, WI

(Milwaukee-Waukesha-West Allis, WI MSA)

Ranking: Total Score = 46.8; Rank = 30

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

- Lower death rate for diabetes
- More farmers’ markets per capita
- Higher percent bicycling or walking to work
- More golf courses per capita
- Higher level of state requirement for physical education classes
- Higher number of primary health care providers per capita

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

- Lower percentage eating 5+ servings of fruits/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 death rate for cardiovascular disease
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer park playgrounds per capita
- Fewer park units per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Milwaukee-Waukesha-West Allis, WI MSA

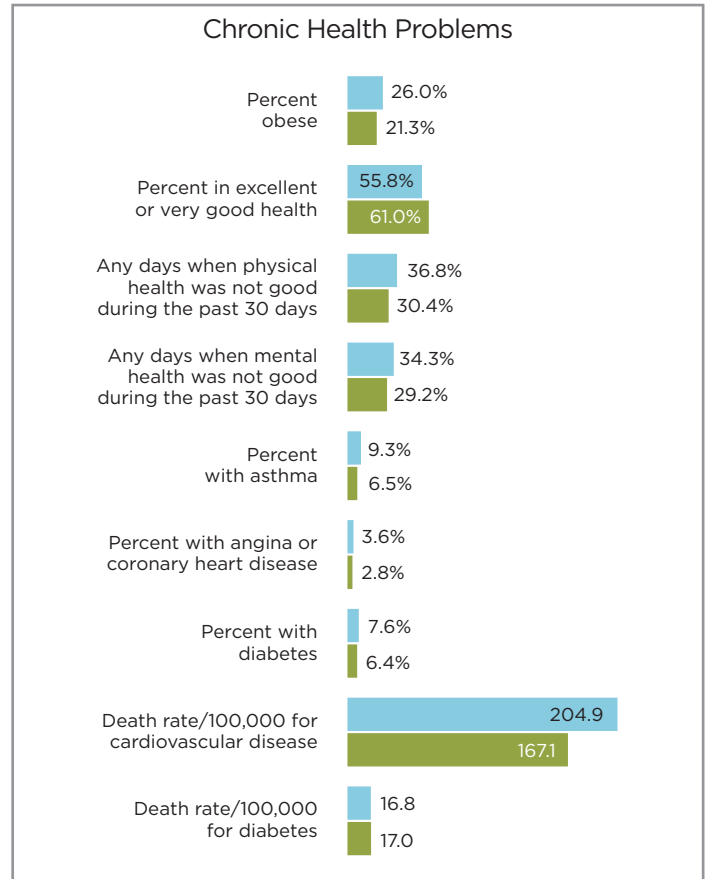
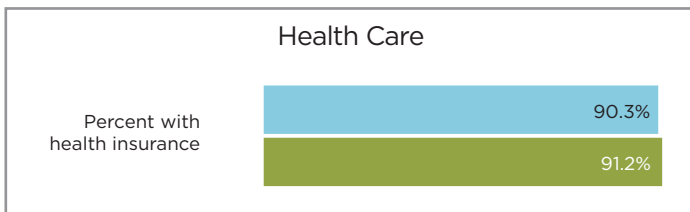
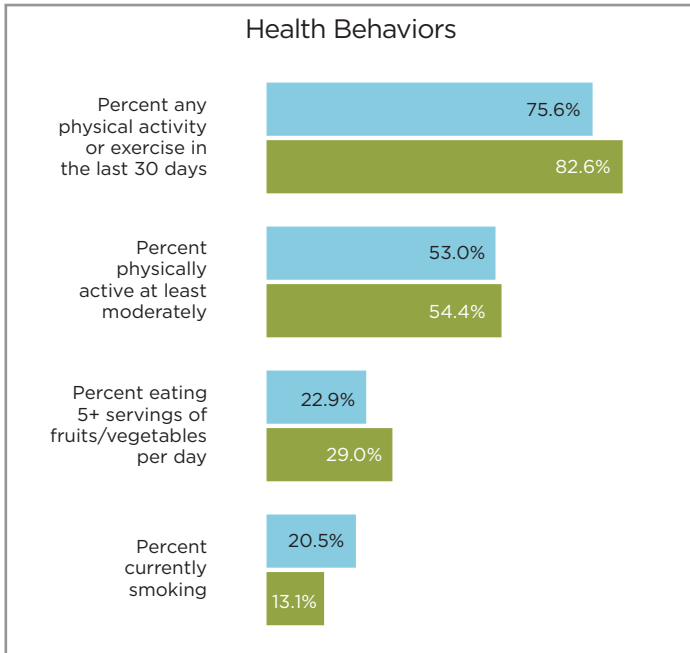
Population	1,559,667
Percent less than 18 years old	24.6%
Percent 18 to 64 years old	62.8%
Percent 65 years old and older	12.6%
Percent male	48.6%
Percent high school graduate or higher	89.4%
Percent White	74.4%
Percent Black or African American	16.5%
Percent Asian	2.9%
Percent Other Race	6.2%
Percent Hispanic/Latino	9.5%
Percent unemployed	10.4%
Median household income	\$49,774
Percent of households below poverty level	11.4%
Violent crime rate/100,000*	464.1
Percent with disability	10.8%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 51.2; Rank = 25

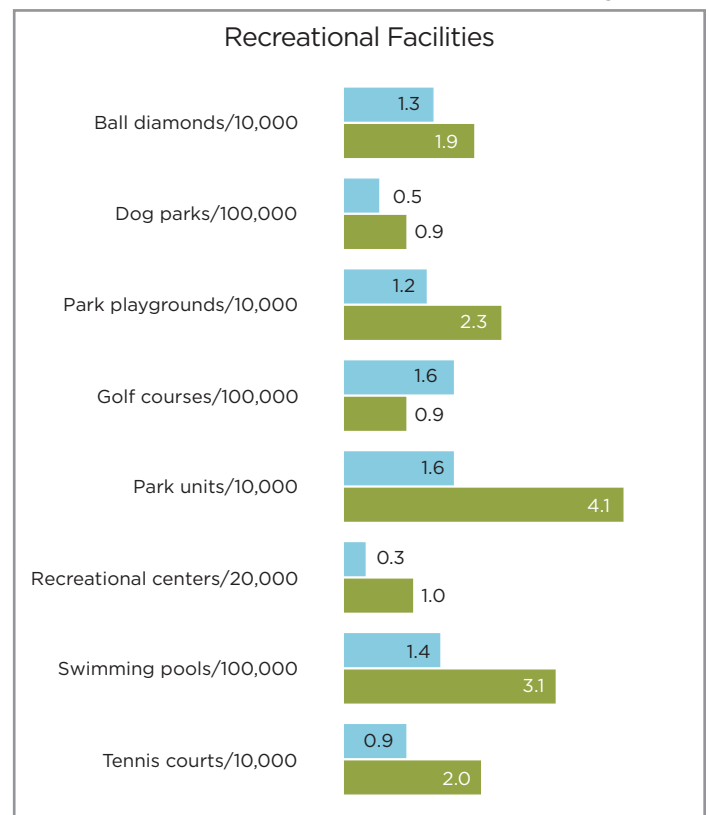
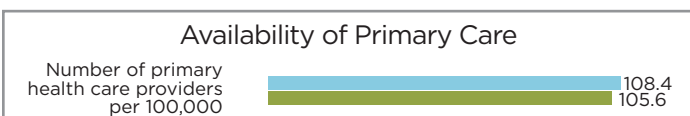
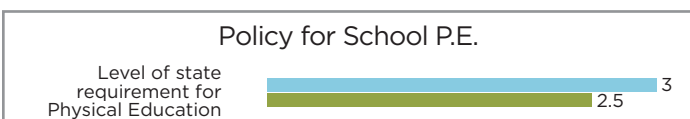
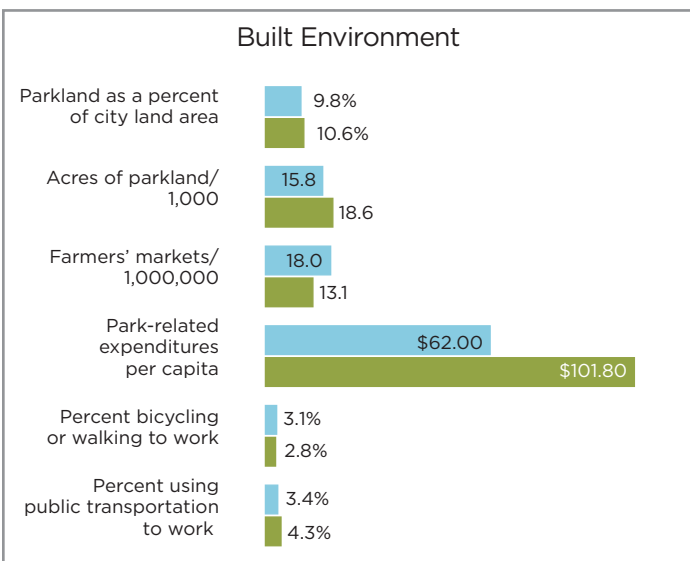
Milwaukee Target Goal



Community/Environmental Indicators -- Score = 42.8; Rank = 35

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

Milwaukee Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

MINNEAPOLIS, MN

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

Ranking: Total Score = 76.4; Rank = 1

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

- Higher percent of any physical activity or exercise in the last 30 days
- Higher percent physically active at least moderately
- Higher percent in excellent or very good health
- Lower percent of days when physical health was not good during the past 30 days
- Lower percent with diabetes
- 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
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More recreation centers per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent with asthma
- Fewer acres of parkland per capita
- Fewer swimming pools per capita

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

Population	3,269,814
Percent less than 18 years old	25.0%
Percent 18 to 64 years old	64.3%
Percent 65 years old and older	10.7%
Percent male	49.3%
Percent high school graduate or higher	93.0%
Percent White	82.0%
Percent Black or African American	7.3%
Percent Asian	5.7%
Percent Other Race	5.0%
Percent Hispanic/Latino	5.4%
Percent unemployed	8.8%
Median household income	\$62,352
Percent of households below poverty level	7.1%
Violent crime rate/100,000*	N/A‡
Percent with disability	8.9%

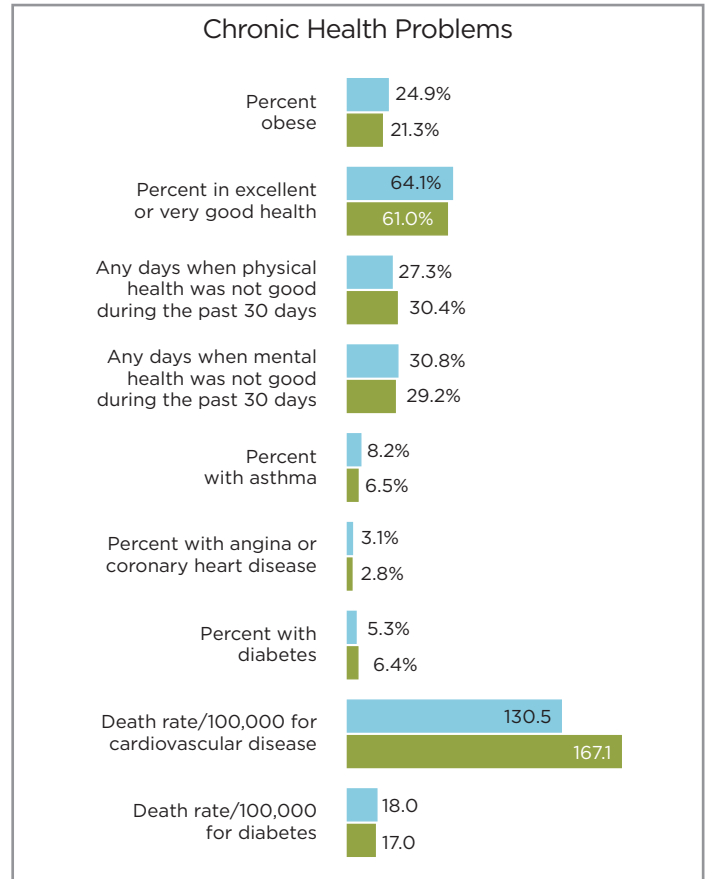
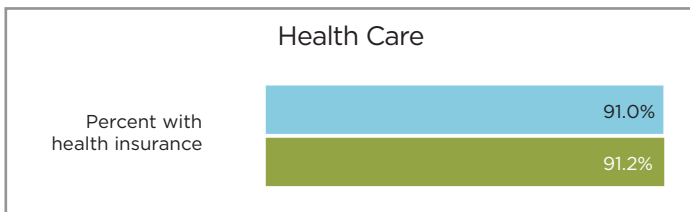
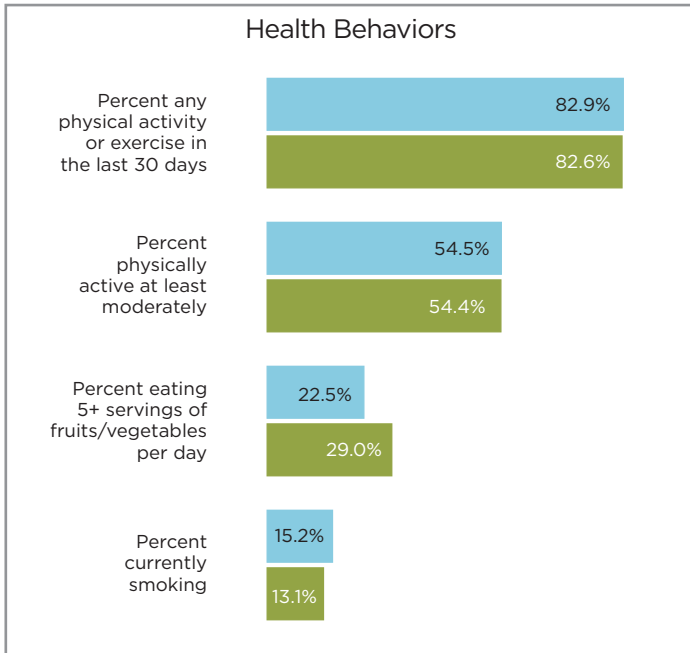
‡ This measure was not available

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 79.3 Rank = 2

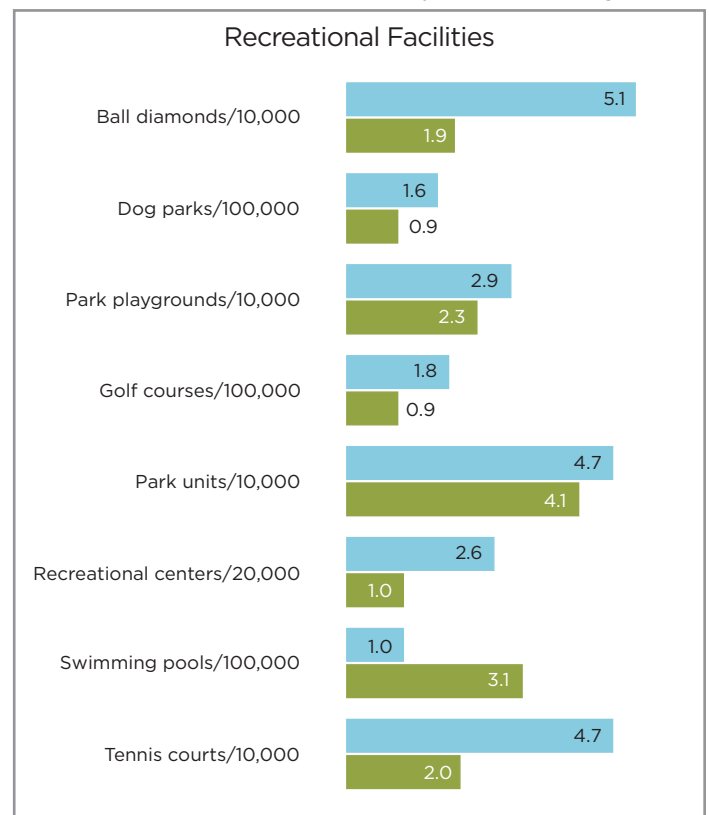
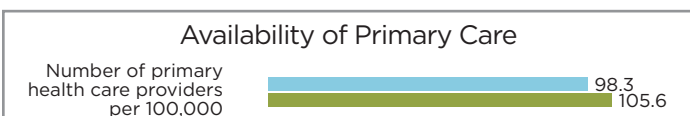
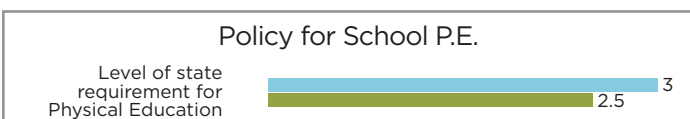
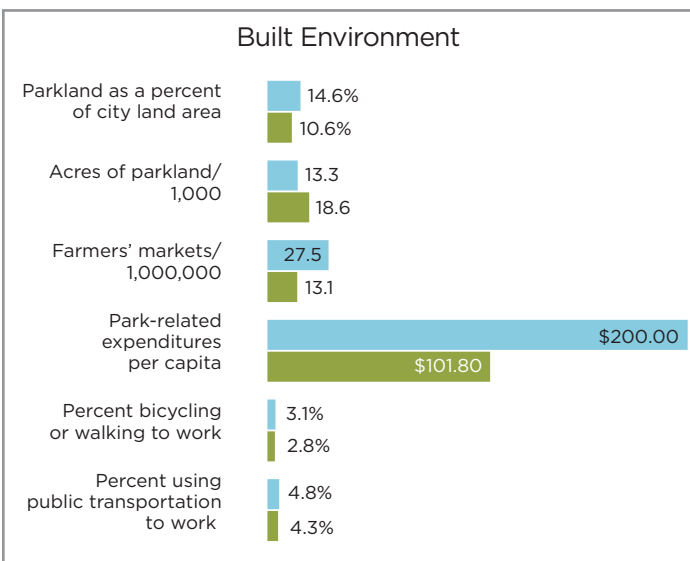
■ Minneapolis ■ Target Goal



Community/Environmental Indicators -- Score = 73.8; Rank = 2

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

■ Minneapolis ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

NASHVILLE, TN

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

Ranking: Total Score = 47.3; Rank = 27

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
- More golf courses per capita
- More tennis courts per capita
- Higher level of state requirement for physical education classes

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

- Lower percent physically active at least moderately
- Higher percent currently smoking
- 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 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 units per capita
- Lower park-related expenditures per capita

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

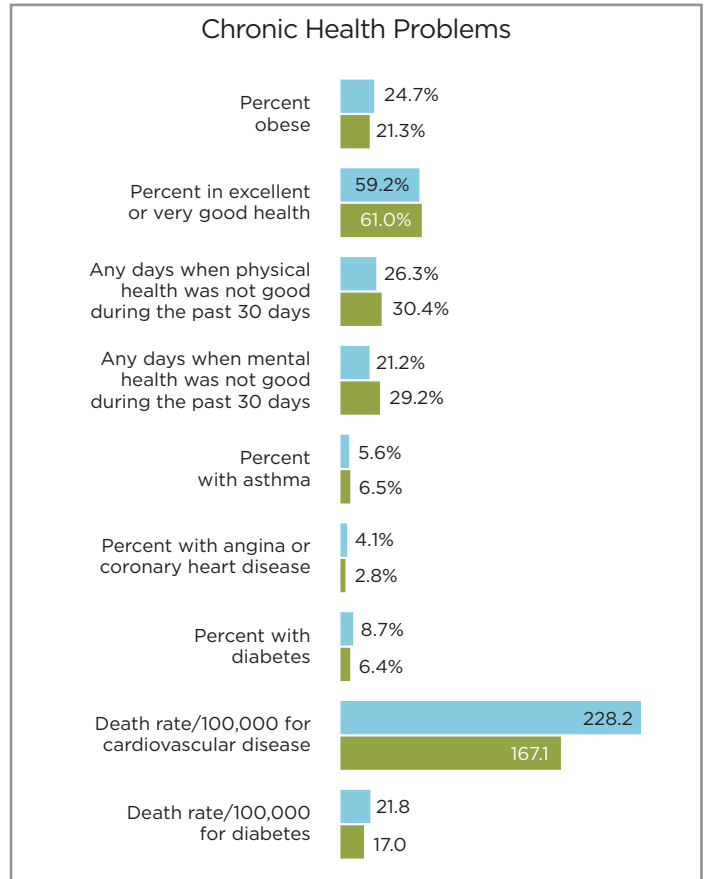
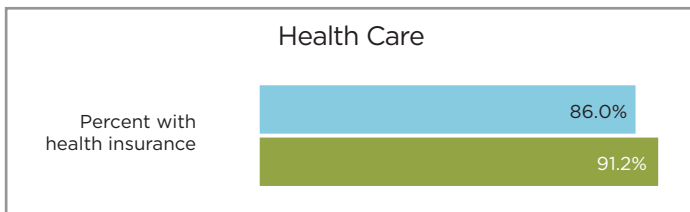
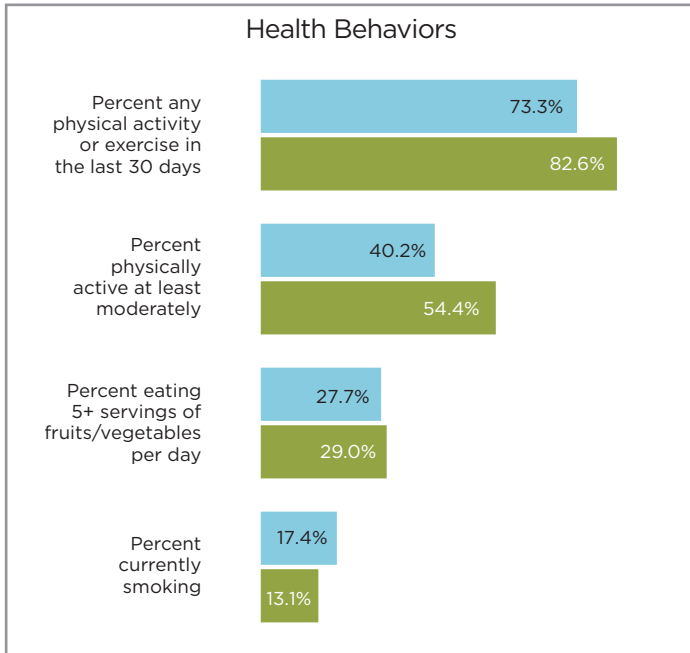
Population	1,582,264
Percent less than 18 years old	24.4%
Percent 18 to 64 years old	64.9%
Percent 65 years old and older	10.7%
Percent male	48.9%
Percent high school graduate or higher	86.0%
Percent White	77.9%
Percent Black or African American	15.4%
Percent Asian	2.3%
Percent Other Race	4.4%
Percent Hispanic/Latino	6.6%
Percent unemployed	10.0%
Median household income	\$47,975
Percent of households below poverty level	11.4%
Violent crime rate/100,000*	643.2
Percent with disability	11.4%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 53.6; Rank = 21

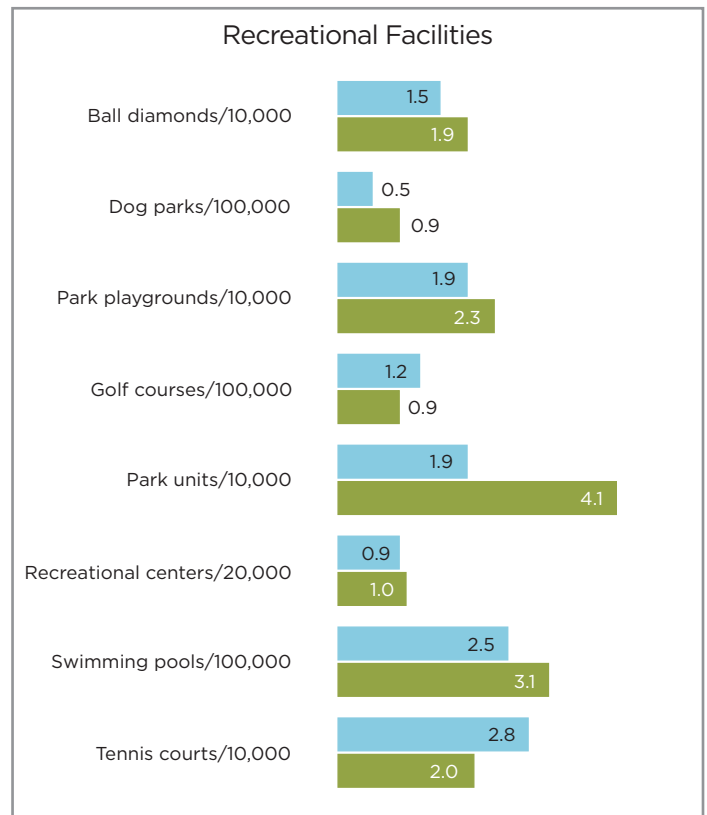
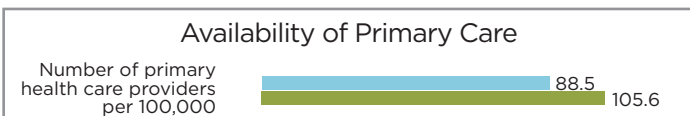
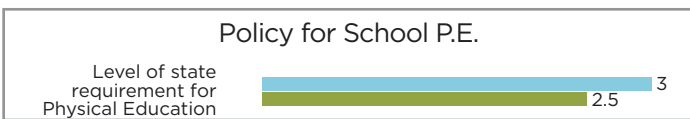
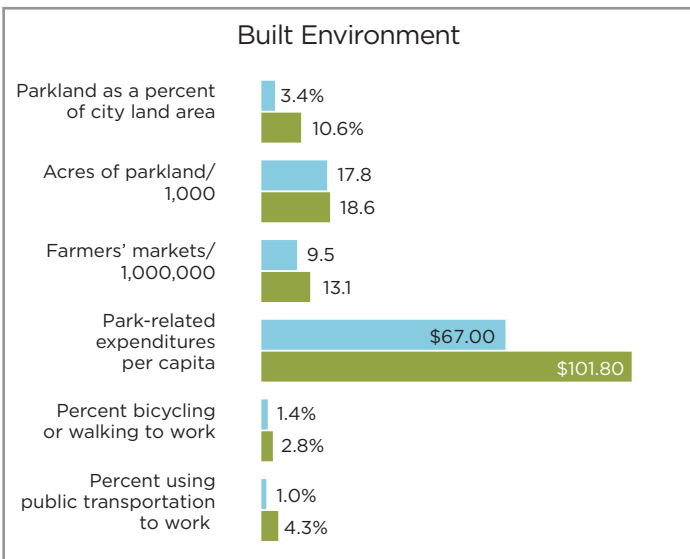
■ Nashville ■ Target Goal



Community/Environmental Indicators -- Score = 41.4; Rank = 36

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

■ Nashville ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

NEW ORLEANS, LA

(New Orleans-Metairie-Kenner, LA MSA)

Ranking: Total Score = 42.2; Rank = 37

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

- Higher percent of city land area as parkland
- More acres of parkland per capita
- Higher percent bicycling or walking to work
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More swimming pools per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/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
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Fewer ball diamonds per capita
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer tennis courts per capita

Description of New Orleans-Metairie-Kenner, LA MSA

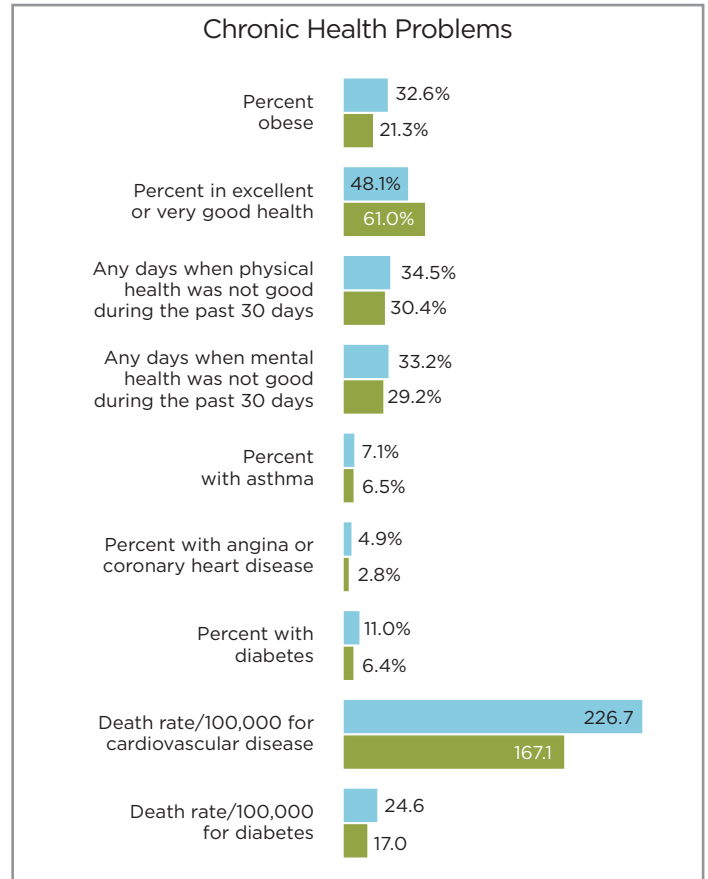
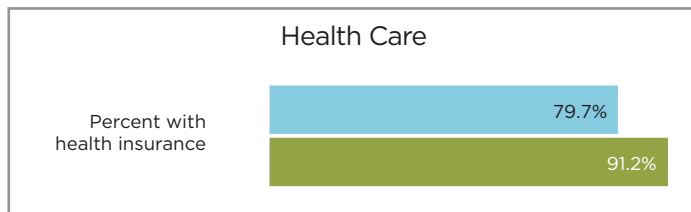
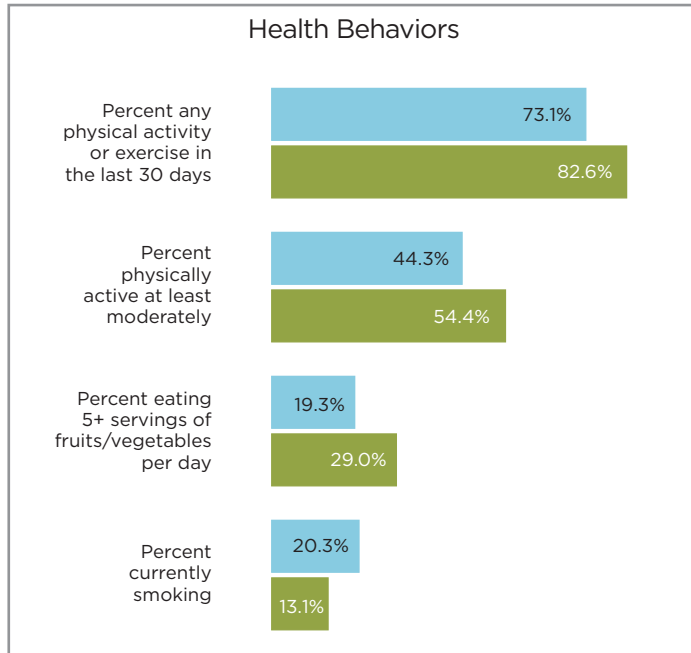
Population	1,189,981
Percent less than 18 years old	23.4%
Percent 18 to 64 years old	64.5%
Percent 65 years old and older	12.2%
Percent male	48.8%
Percent high school graduate or higher	84.1%
Percent White	58.3%
Percent Black or African American	34.0%
Percent Asian	2.8%
Percent Other Race	4.9%
Percent Hispanic/Latino	7.9%
Percent unemployed	11.1%
Median household income	\$46,134
Percent of households below poverty level	14.1%
Violent crime rate/100,000*	466.5
Percent with disability	13.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 19.9; Rank = 49

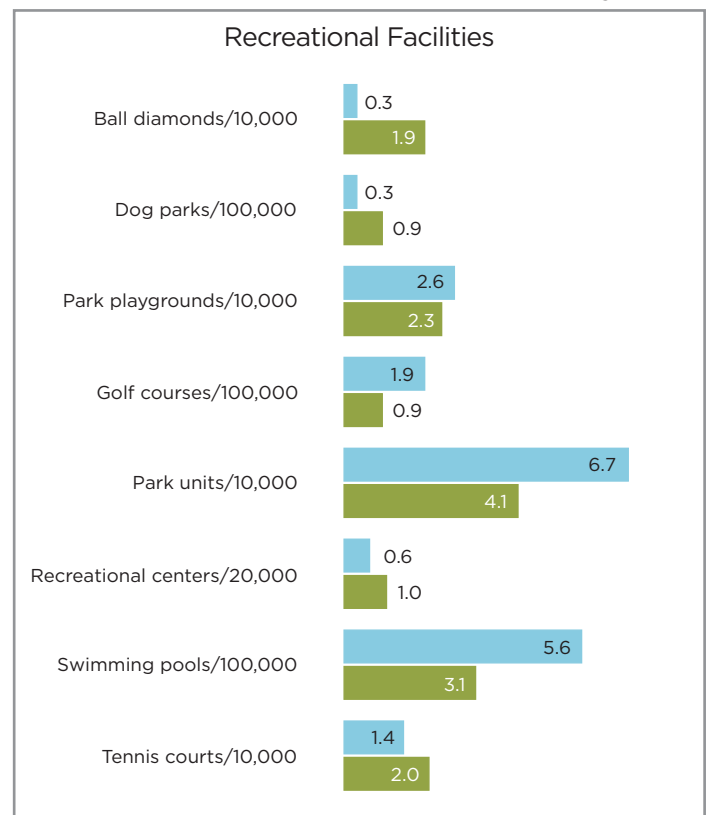
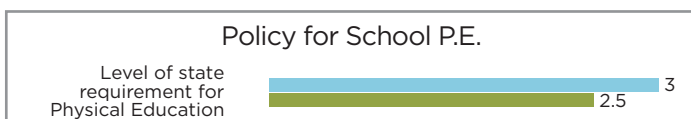
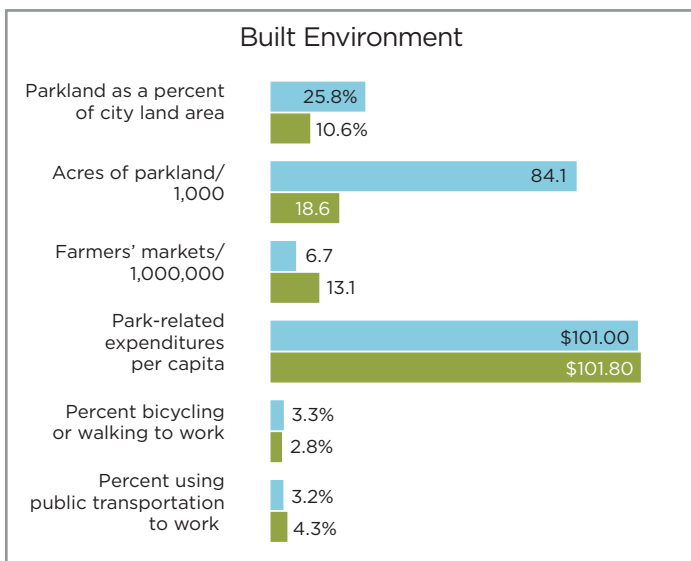
■ New Orleans ■ Target Goal



Community/Environmental Indicators -- Score = 62.8; Rank = 11

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

■ New Orleans ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

NEW YORK, NY

(New York-Northern New Jersey-Long Island, NY-NJ-PA MSA)

Ranking: Total Score = 52.8; Rank = 22

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

- Higher percent of city land area as parkland
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- More dog parks per capita
- More park units per capita
- Higher park-related expenditure per capita
- Higher level of state requirement for physical education classes
- Higher number of primary health care providers per capita

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

- Lower percent physically active at least moderately
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Fewer acres of parkland per capita
- Fewer farmers' markets per capita
- Fewer ball diamonds per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of New York-Northern New Jersey-Long Island, NY-NJ-PA MSA

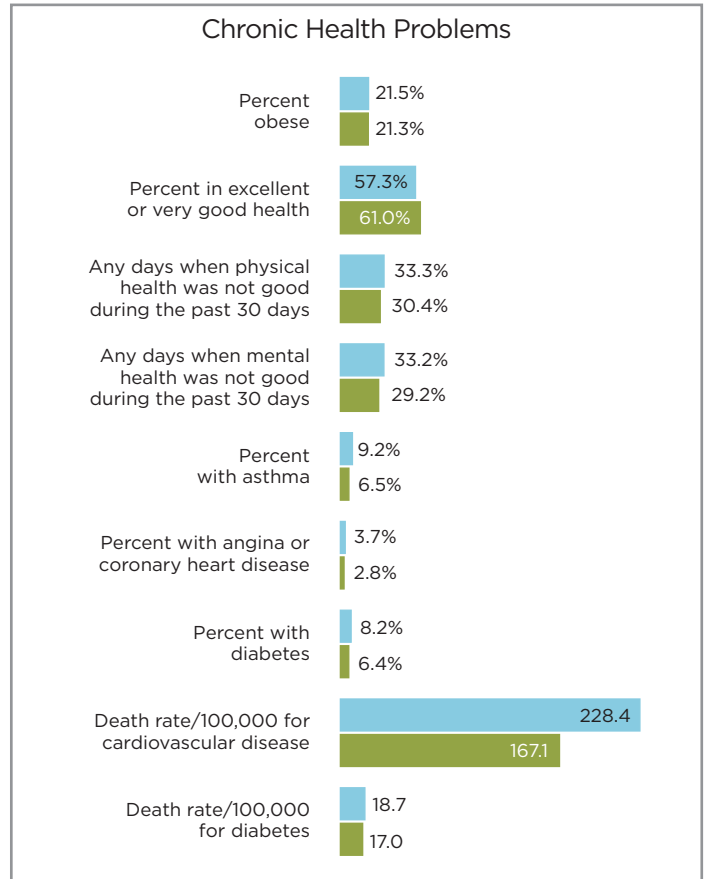
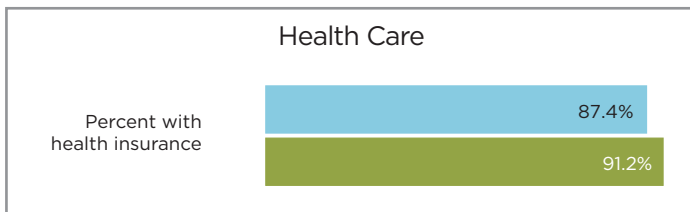
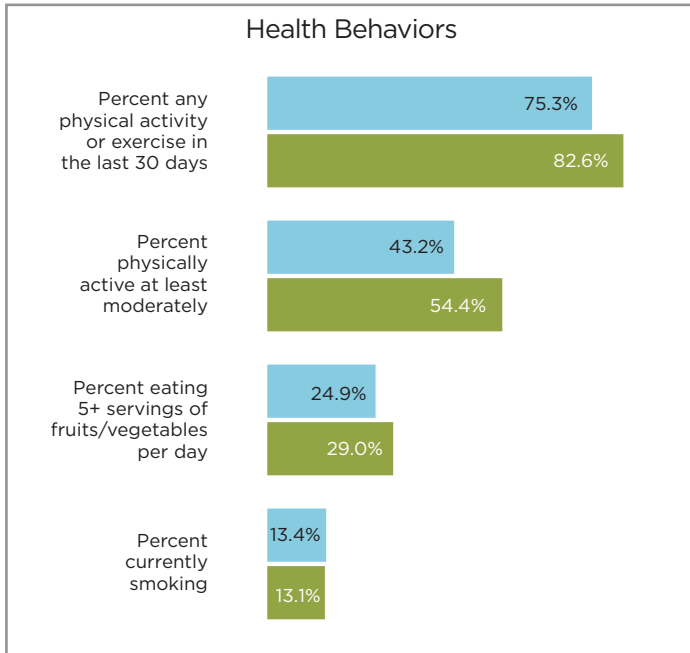
Population	19,069,796
Percent less than 18 years old	22.8%
Percent 18 to 64 years old	64.1%
Percent 65 years old and older	13.1%
Percent male	48.1%
Percent high school graduate or higher	84.7%
Percent White	59.6%
Percent Black or African American	17.4%
Percent Asian	10.0%
Percent Other Race	13.0%
Percent Hispanic/Latino	23.0%
Percent unemployed	10.4%
Median household income	\$61,927
Percent of households below poverty level	10.8%
Violent crime rate/100,000*	391.9
Percent with disability	9.3%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 56.4; Rank = 20

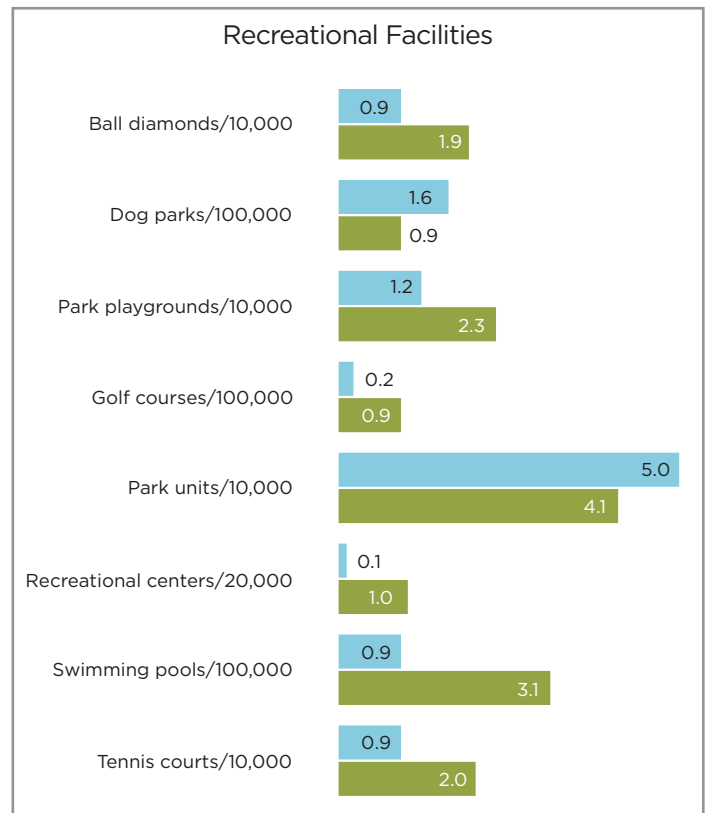
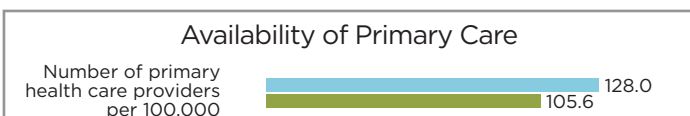
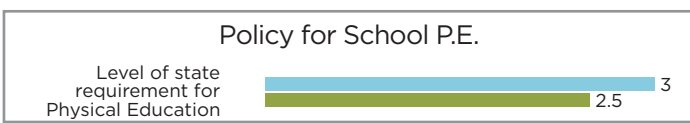
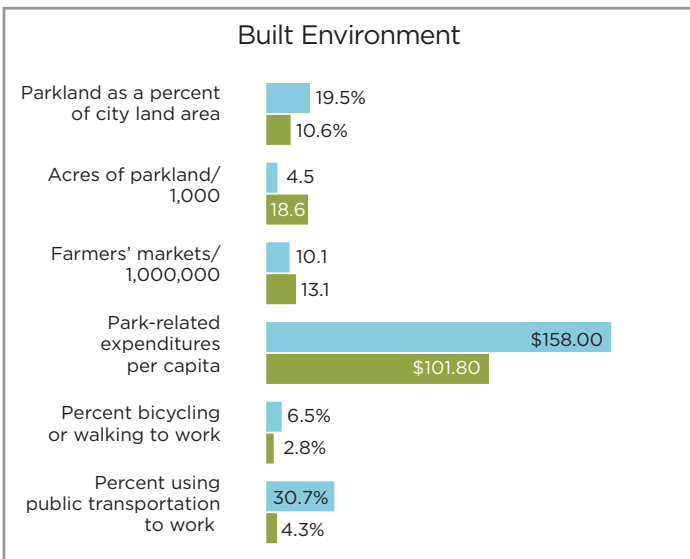
■ New York ■ Target Goal



Community/Environmental Indicators -- Score = 49.4; Rank = 30

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

■ New York ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

OKLAHOMA CITY, OK

(Oklahoma City, OK MSA)

Ranking: Total Score = 28.2; Rank = 50

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

- More acres of parkland per capita
- More golf courses per capita

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Lower percent of city land area as parkland
- 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 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
- Lower number of primary health care providers per capita

Description of Oklahoma City, OK MSA

Population	1,227,278
Percent less than 18 years old	25.0%
Percent 18 to 64 years old	63.3%
Percent 65 years old and older	11.8%
Percent male	49.4%
Percent high school graduate or higher	87.5%
Percent White	73.6%
Percent Black or African American	10.2%
Percent Asian	2.8%
Percent Other Race	13.4%
Percent Hispanic/Latino	11.4%
Percent unemployed	7.7%
Median household income	\$46,238
Percent of households below poverty level	12.2%
Violent crime rate/100,000*	N/A‡
Percent with disability	13.5%

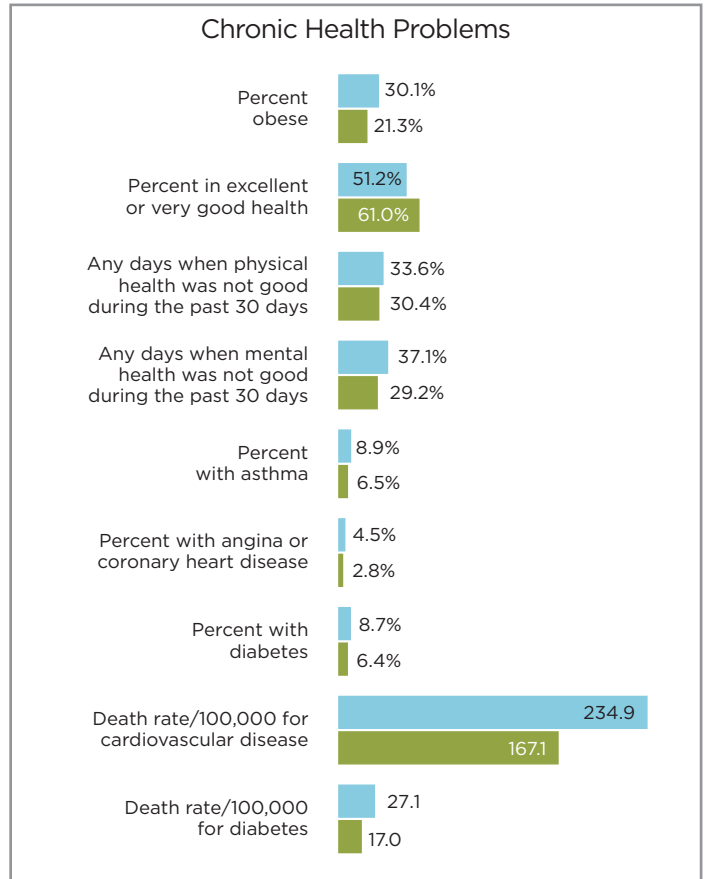
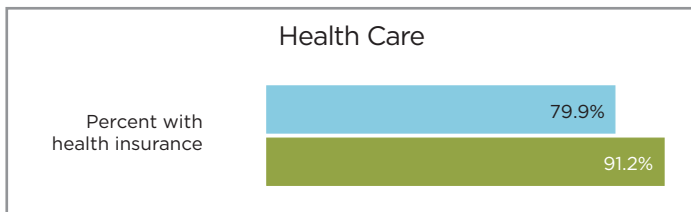
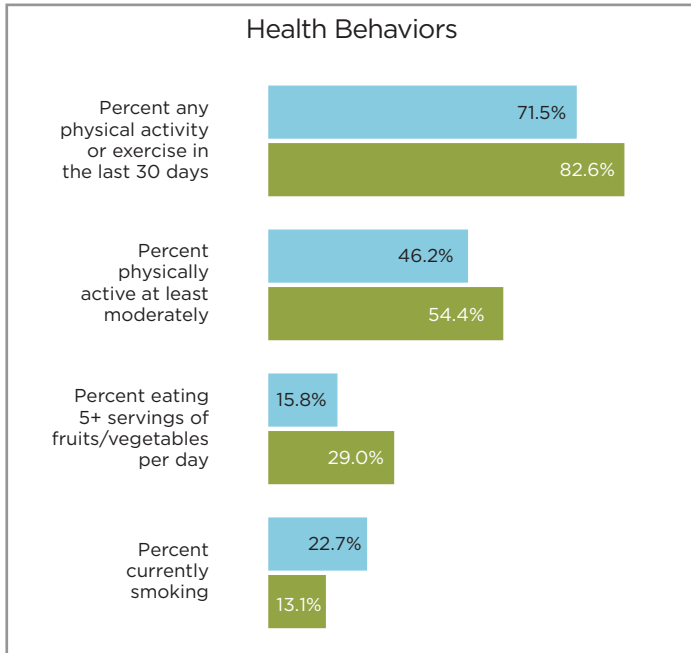
‡ This measure was not available

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 20.5; Rank = 48

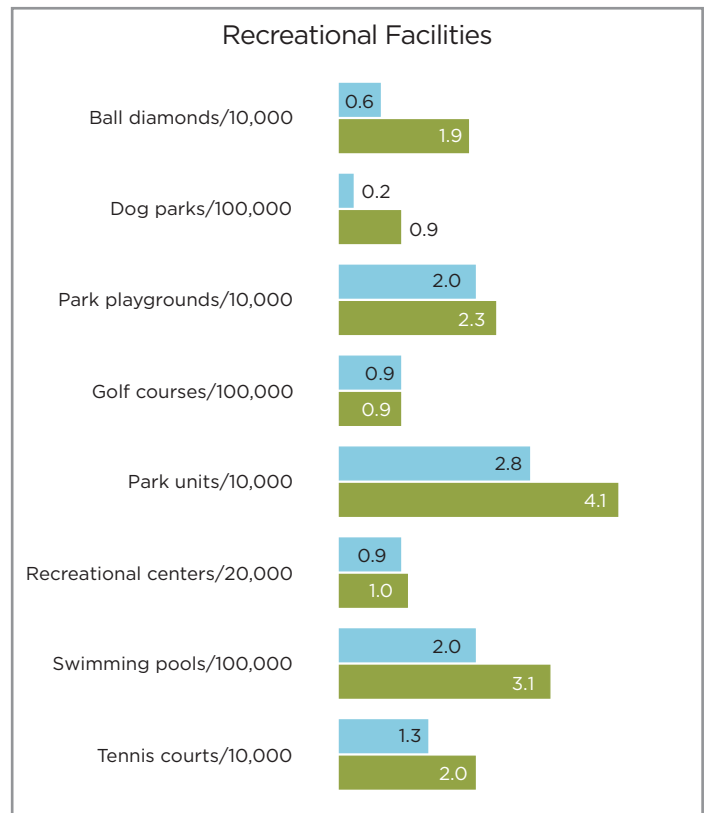
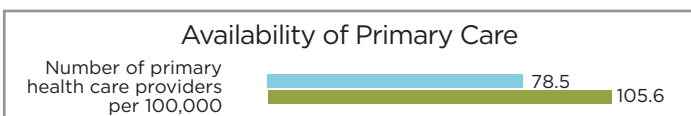
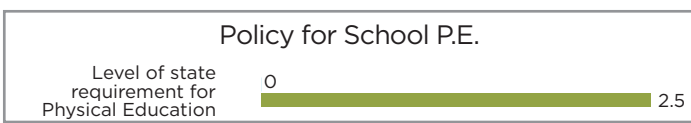
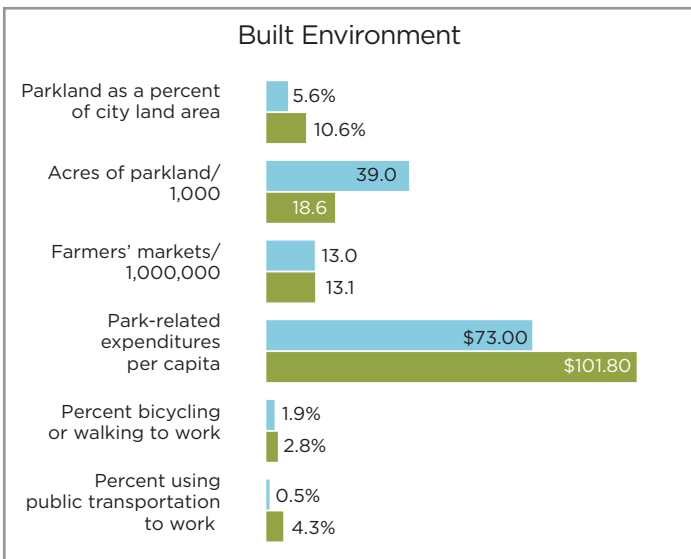
■ Oklahoma City ■ Target Goal



Community/Environmental Indicators -- Score = 35.3; Rank = 42

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

■ Oklahoma City ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

ORLANDO, FL

(Orlando-Kissimmee-Sanford, FL MSA)

Ranking: Total Score = 39.2; Rank = 41

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):

- 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
- Fewer farmers' markets 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
- Lower level of state requirement for physical education classes
- Lower number of primary health care providers per capita

Description of Orlando-Kissimmee-Sanford, FL MSA

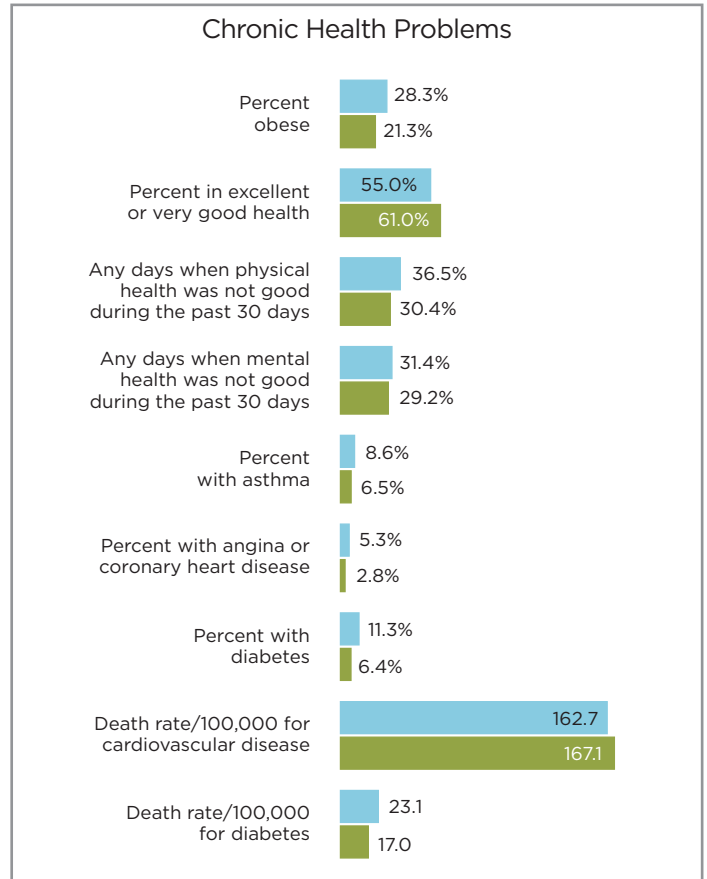
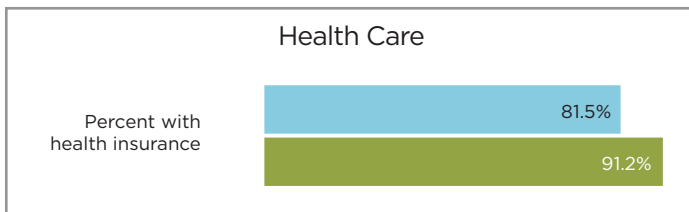
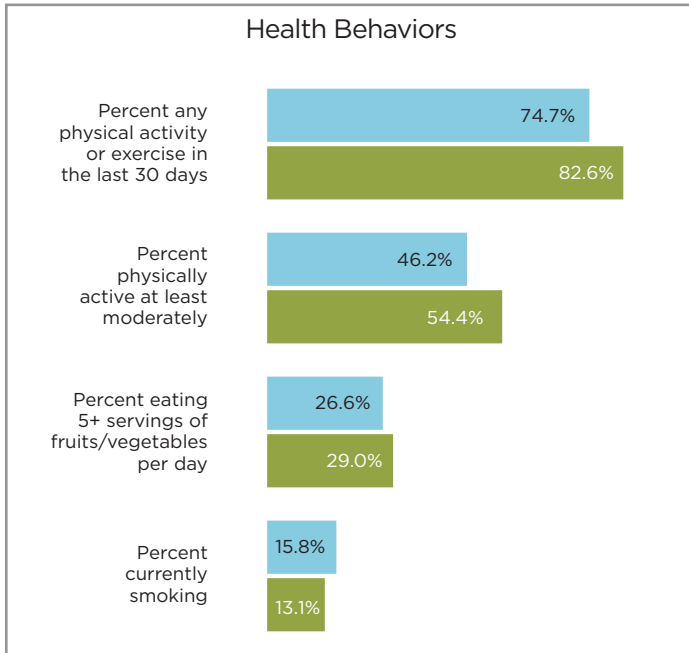
Population	2,082,421
Percent less than 18 years old	23.4%
Percent 18 to 64 years old	64.3%
Percent 65 years old and older	12.3%
Percent male	49.0%
Percent high school graduate or higher	87.1%
Percent White	73.3%
Percent Black or African American	15.8%
Percent Asian	3.7%
Percent Other Race	7.2%
Percent Hispanic/Latino	25.4%
Percent unemployed	12.5%
Median household income	\$46,478
Percent of households below poverty level	11.2%
Violent crime rate/100,000*	613.7
Percent with disability	10.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 37.3; Rank = 38

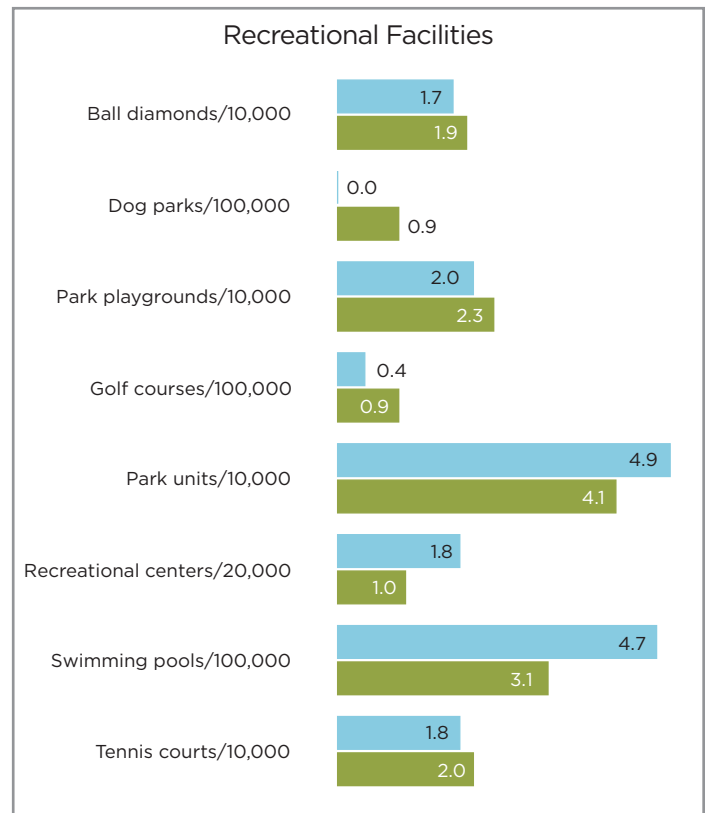
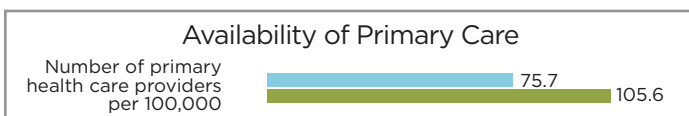
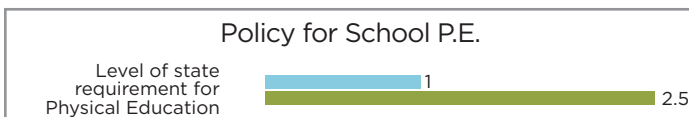
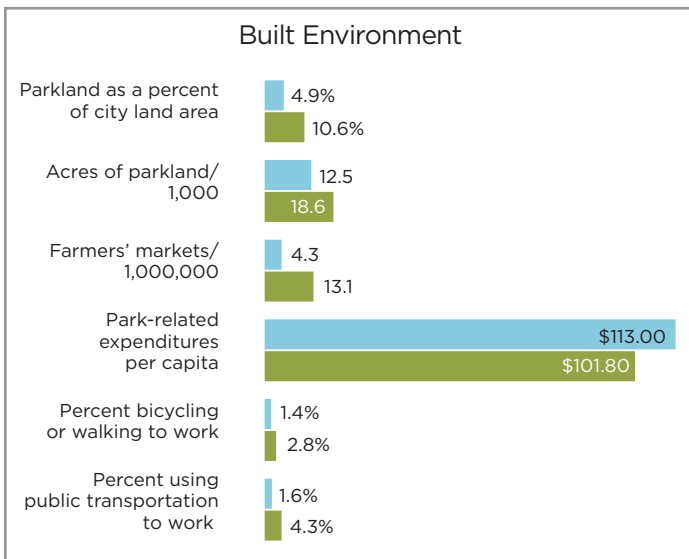
Orlando Target Goal



Community/Environmental Indicators -- Score = 40.9; Rank = 37

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

Orlando Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

PHILADELPHIA, PA

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

Ranking: Total Score = 52.1; 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
- More ball diamonds per capita
- More recreation centers per capita
- More swimming pools per capita
- Higher level of state requirement for physical education classes
- Higher number of primary health care providers per capita

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

- Higher percent currently smoking
- Higher percent with asthma
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- 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

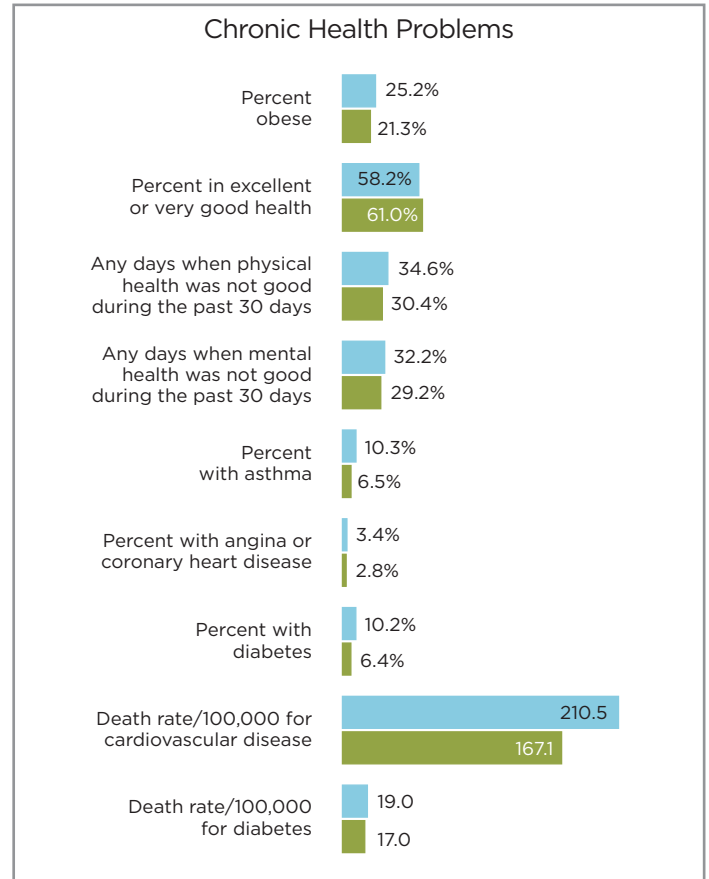
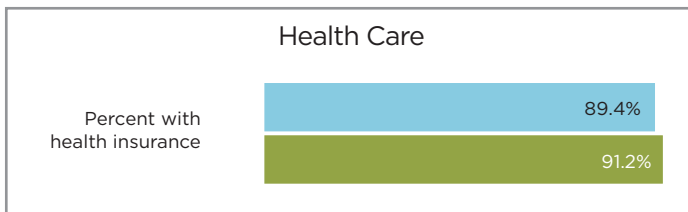
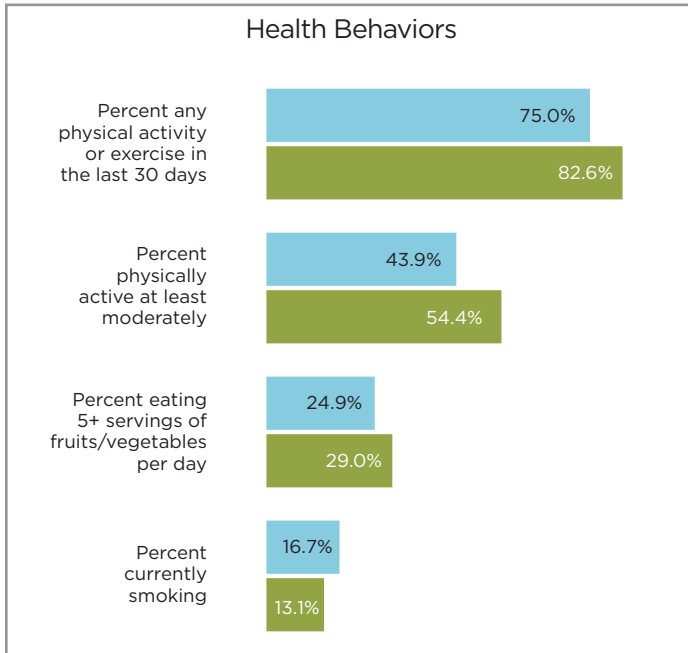
Population	5,968,252
Percent less than 18 years old	23.3%
Percent 18 to 64 years old	63.4%
Percent 65 years old and older	13.3%
Percent male	48.3%
Percent high school graduate or higher	88.4%
Percent White	68.8%
Percent Black or African American	20.9%
Percent Asian	5.0%
Percent Other Race	5.3%
Percent Hispanic/Latino	7.9%
Percent unemployed	10.6%
Median household income	\$58,095
Percent of households below poverty level	9.0%
Violent crime rate/100,000*	551.8
Percent with disability	11.6%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 48.5; Rank = 27

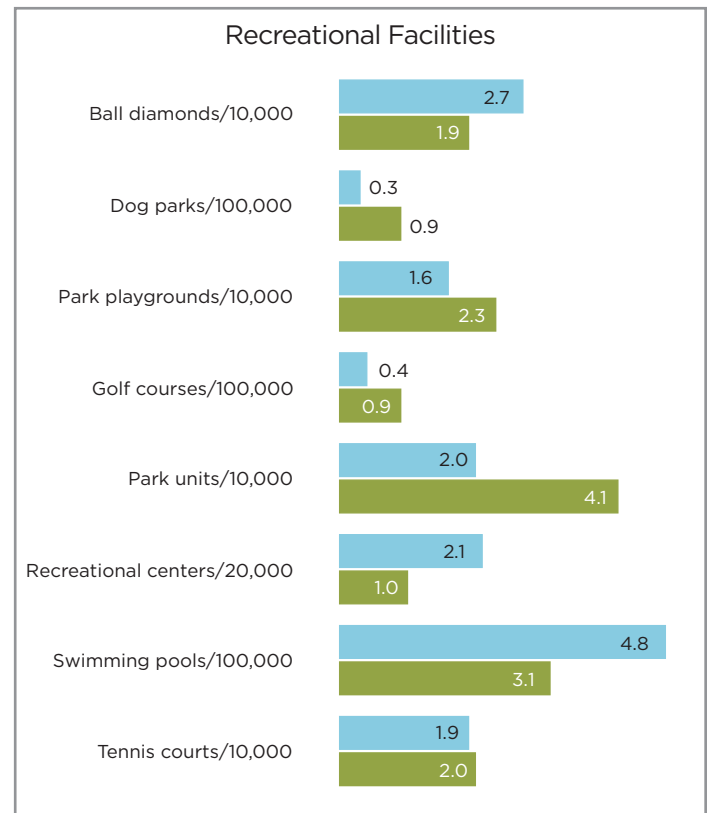
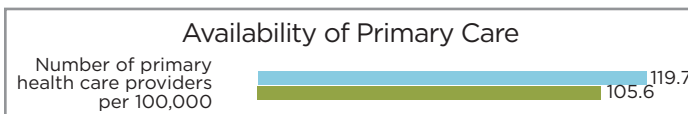
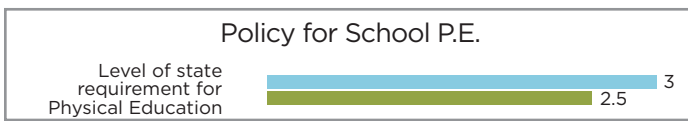
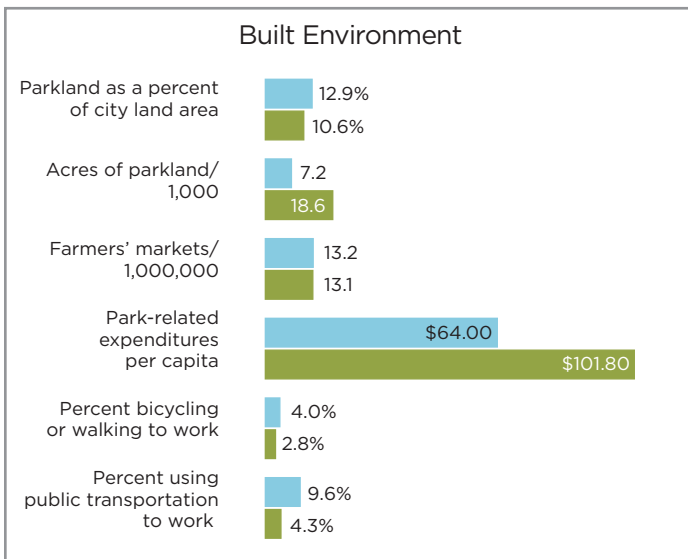
Philadelphia Target Goal



Community/Environmental Indicators -- Score = 55.4; Rank = 18

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

Philadelphia Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

PHOENIX, AZ

(Phoenix-Mesa-Scottsdale, AZ MSA)

Ranking: Total Score = 47.9; Rank = 26

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 acres of parkland per capita

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

- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- 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
- Fewer tennis courts per capita
- Lower park-related expenditures per capita
- Lower level of state requirement for physical education classes
- Lower number of primary health care providers per capita

Description of Phoenix-Mesa-Scottsdale, AZ MSA

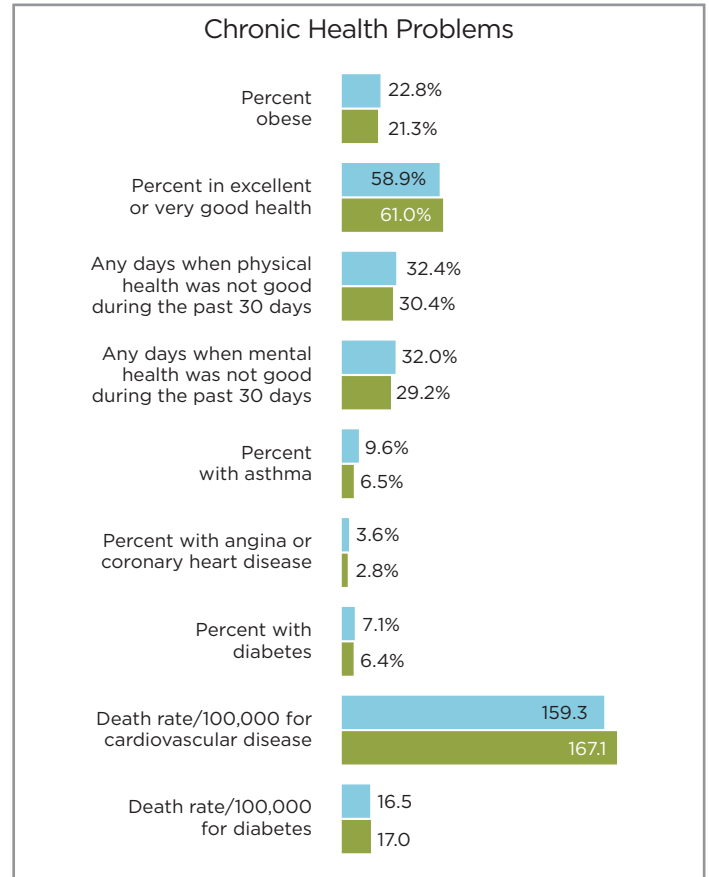
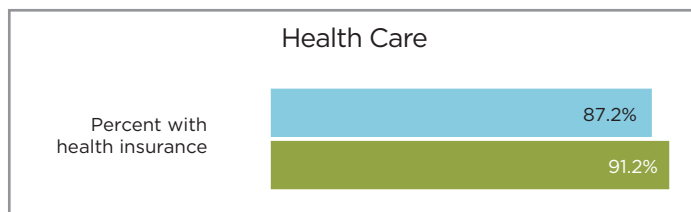
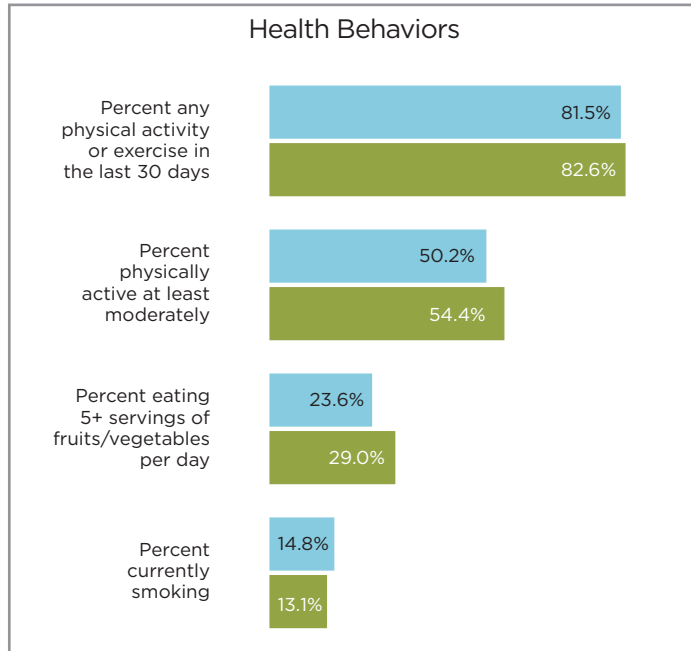
Population	4,364,094
Percent less than 18 years old	26.4%
Percent 18 to 64 years old	61.3%
Percent 65 years old and older	12.3%
Percent male	49.8%
Percent high school graduate or higher	86.0%
Percent White	80.5%
Percent Black or African American	5.1%
Percent Asian	3.2%
Percent Other Race	11.2%
Percent Hispanic/Latino	29.6%
Percent unemployed	11.5%
Median household income	\$50,385
Percent of households below poverty level	11.9%
Violent crime rate/100,000*	370.8
Percent with disability	9.8%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 68.4; Rank = 11

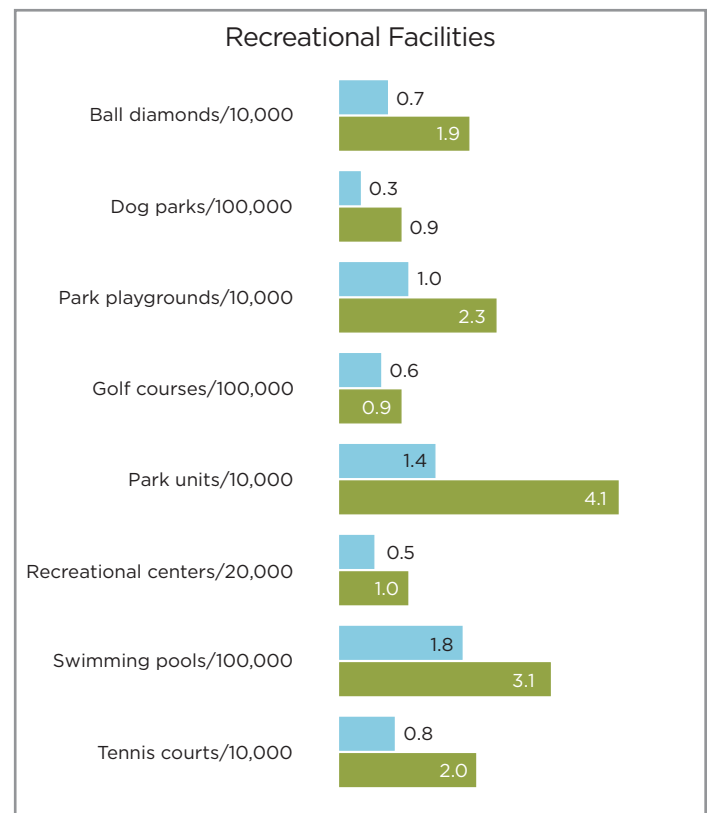
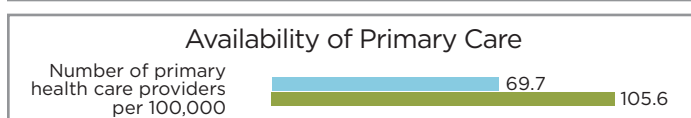
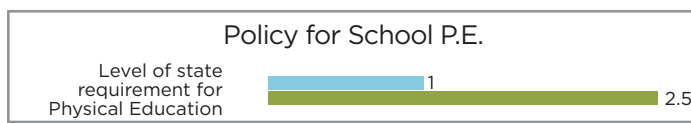
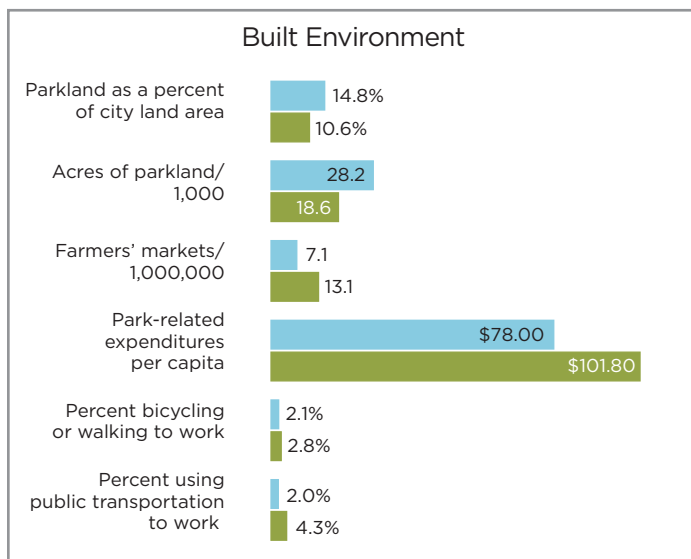
■ Phoenix ■ Target Goal



Community/Environmental Indicators -- Score = 29.0; Rank = 50

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

■ Phoenix ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

PITTSBURGH, PA

(Pittsburgh, PA MSA)

Ranking: Total Score = 58.7; Rank = 15

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

- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- 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
- Higher number of primary health care providers per capita

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

- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Fewer acres of parkland per capita
- Fewer golf courses per capita

Description of Pittsburgh, PA MSA

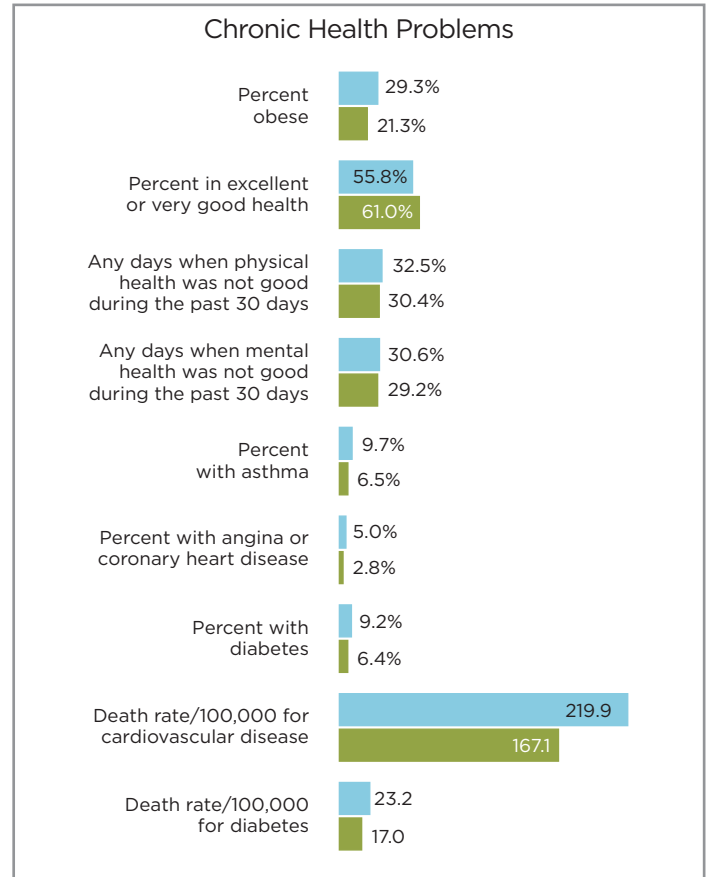
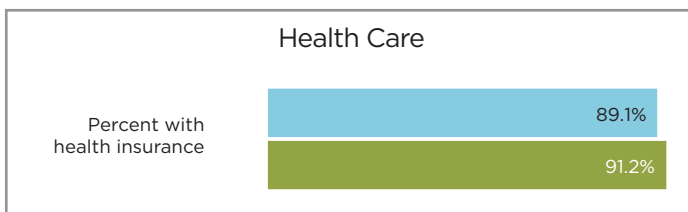
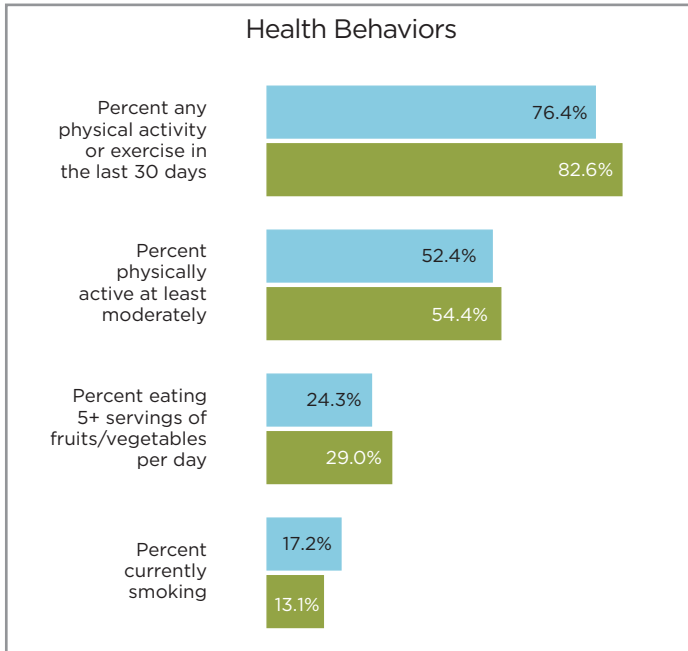
Population	2,354,957
Percent less than 18 years old	20.2%
Percent 18 to 64 years old	62.6%
Percent 65 years old and older	17.3%
Percent male	48.3%
Percent high school graduate or higher	91.3%
Percent White	87.8%
Percent Black or African American	8.1%
Percent Asian	1.7%
Percent Other Race	2.3%
Percent Hispanic/Latino	1.3%
Percent unemployed	8.7%
Median household income	\$46,700
Percent of households below poverty level	8.4%
Violent crime rate/100,000*	319.5
Percent with disability	14.3%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 46.3; Rank = 28

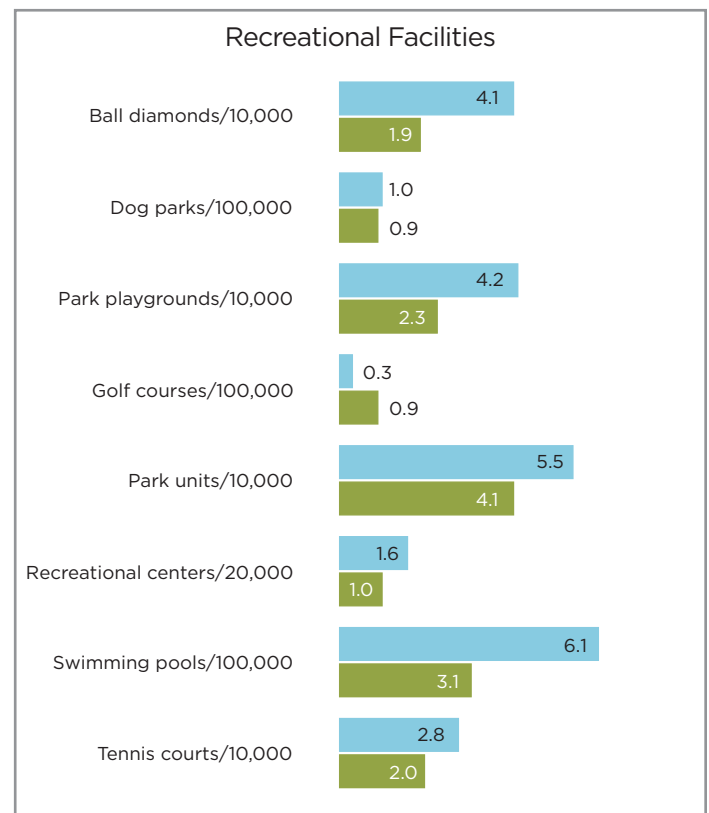
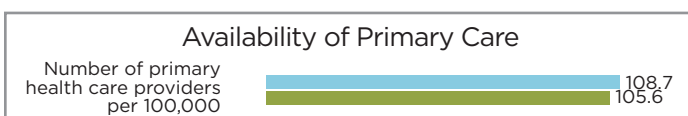
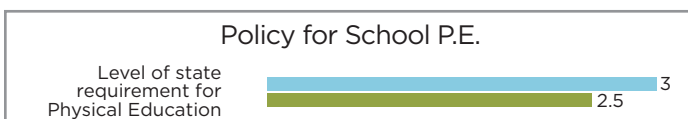
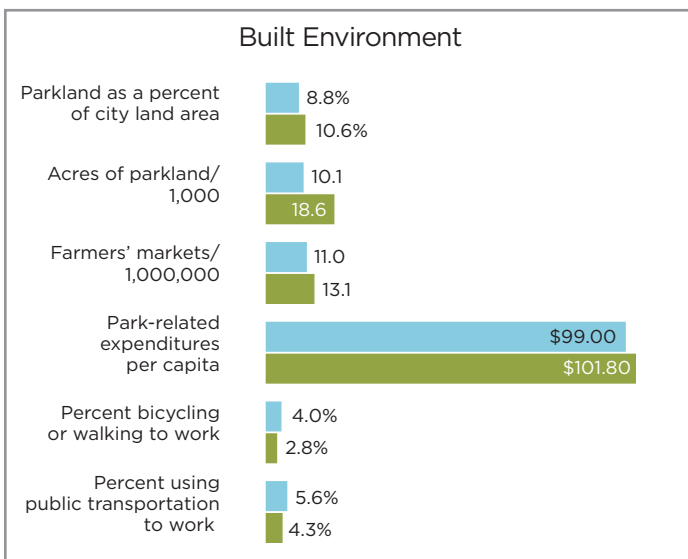
■ Pittsburgh ■ Target Goal



Community/Environmental Indicators -- Score = 70.2; Rank = 5

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

■ Pittsburgh ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

PORTLAND, OR

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

Ranking: Total Score = 67.9; Rank = 7

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

- Higher percent of any physical activity or exercise in the last 30 days
- Higher percent physically active at least moderately
- 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
- 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 obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher death rate for diabetes
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower level of state requirement for physical education classes

Description of Portland-Vancouver-Hillsboro, OR MSA

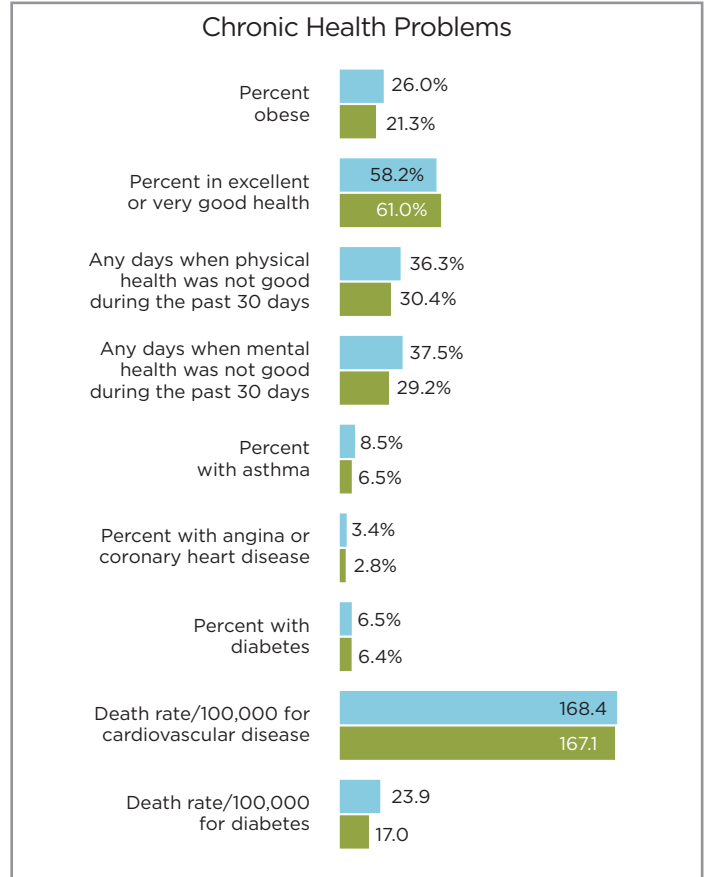
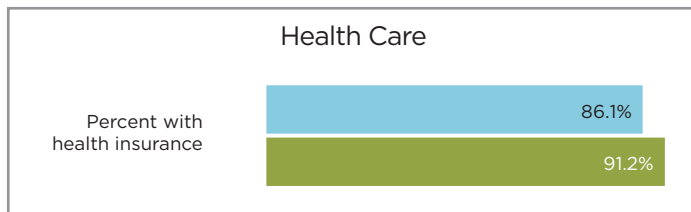
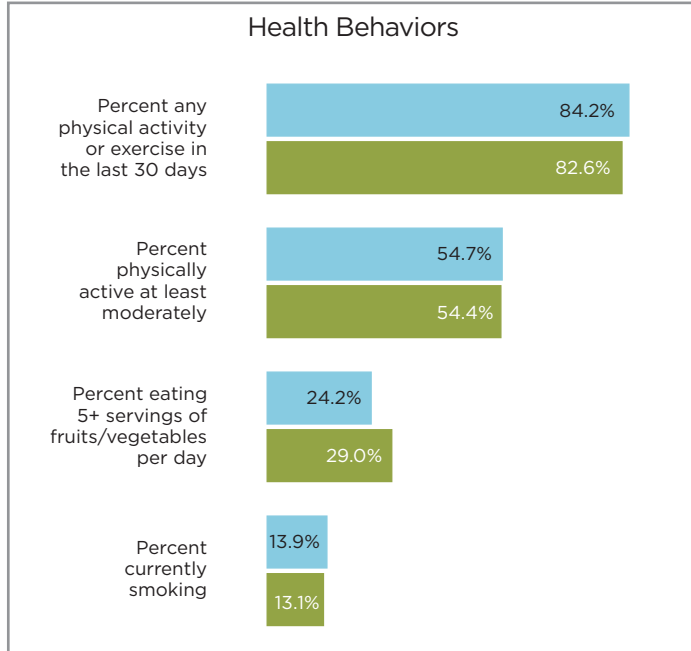
Population	2,241,841
Percent less than 18 years old	23.7%
Percent 18 to 64 years old	65.0%
Percent 65 years old and older	11.3%
Percent male	49.5%
Percent high school graduate or higher	89.9%
Percent White	81.9%
Percent Black or African American	3.0%
Percent Asian	5.7%
Percent Other Race	9.4%
Percent Hispanic/Latino	10.9%
Percent unemployed	12.5%
Median household income	\$53,078
Percent of households below poverty level	9.3%
Violent crime rate/100,000*	N/A‡
Percent with disability	11.6%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 64.3; Rank = 14

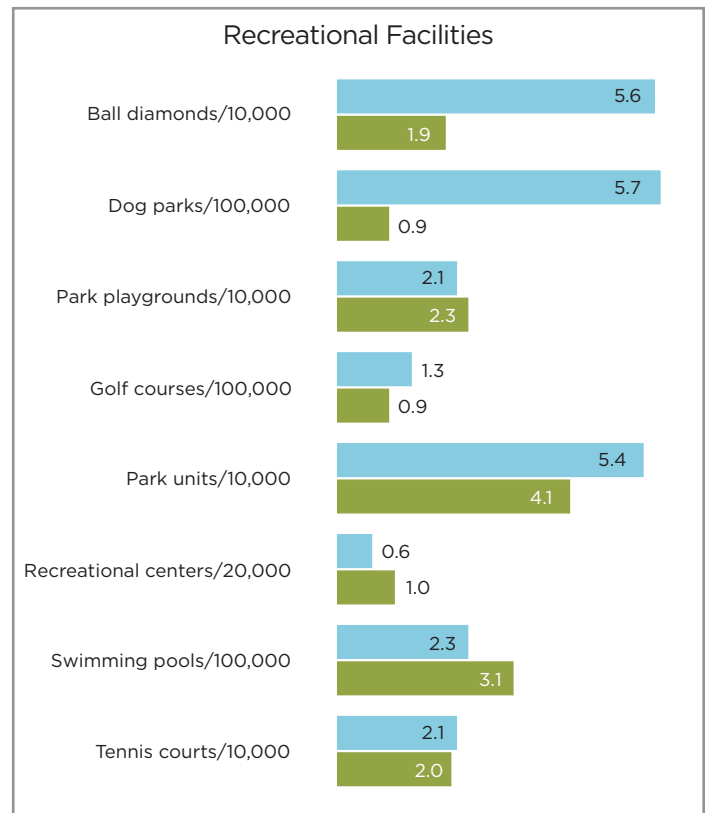
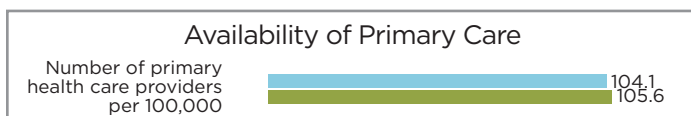
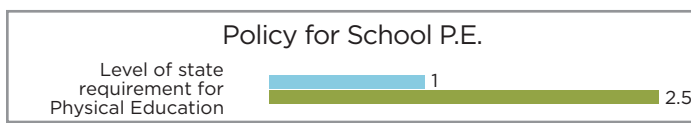
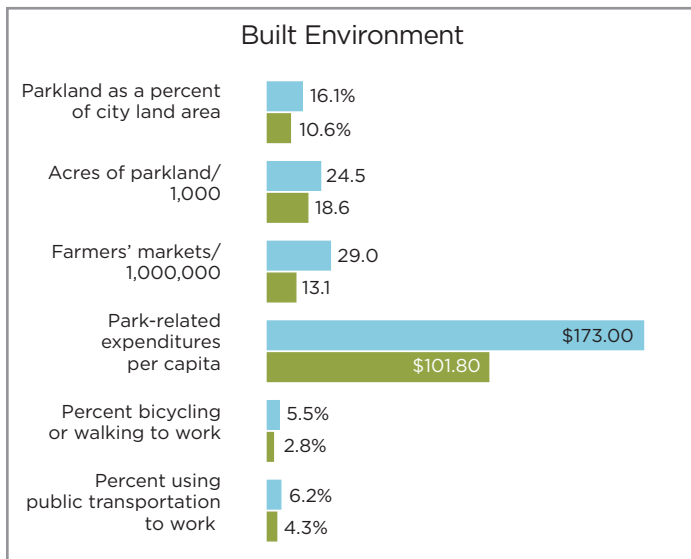
■ Portland ■ Target Goal



Community/Environmental Indicators -- Score = 71.2; Rank = 4

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

■ Portland ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

PROVIDENCE, RI

(Providence-New Bedford-Fall River, RI-MA MSA)

Ranking: Total Score = 57.2; Rank = 18

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

- Lower death rate for diabetes
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- 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 level of state requirement for physical education classes

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

- Higher percent currently smoking
- Higher percent obese
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer tennis courts per capita
- Lower park-related expenditures per capita

Description of Providence-New Bedford-Fall River, RI-MA MSA

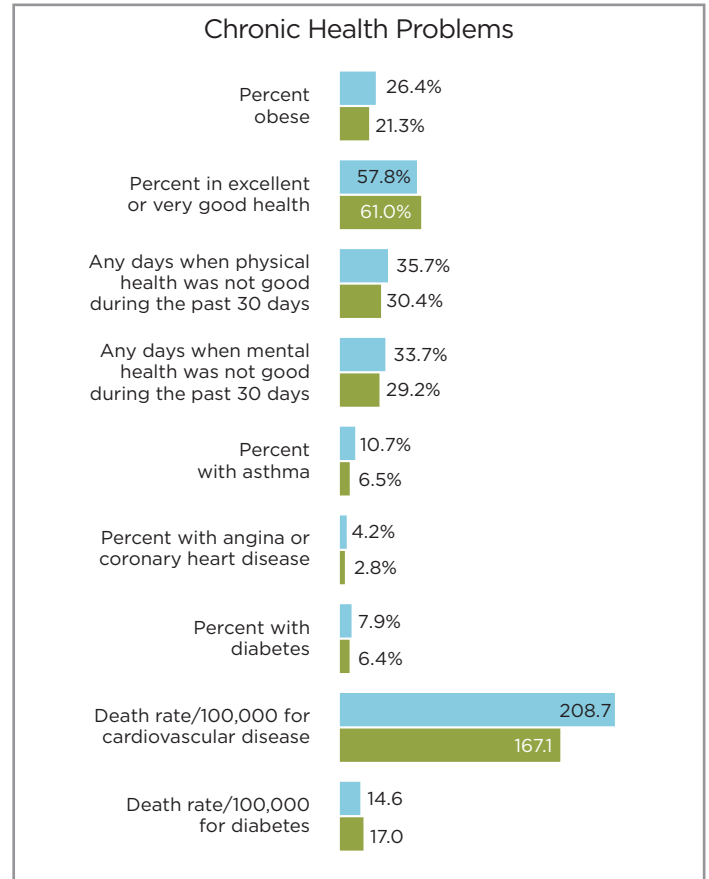
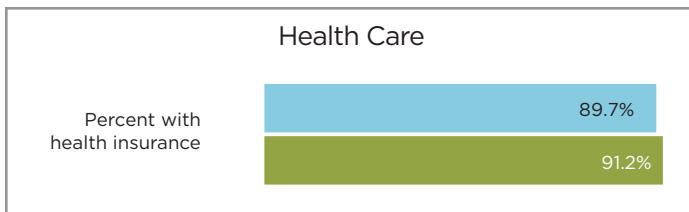
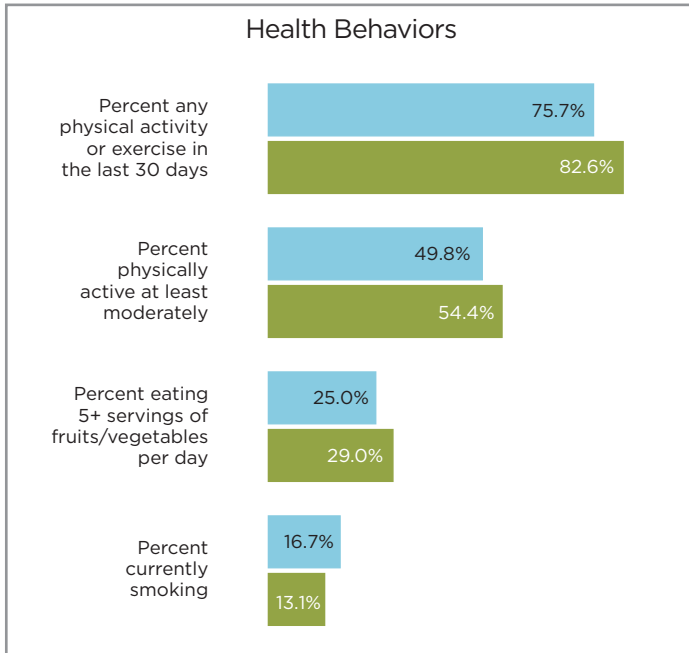
Population	1,600,642
Percent less than 18 years old	21.6%
Percent 18 to 64 years old	64.0%
Percent 65 years old and older	14.4%
Percent male	48.3%
Percent high school graduate or higher	82.6%
Percent White	84.2%
Percent Black or African American	5.2%
Percent Asian	2.6%
Percent Other Race	8.1%
Percent Hispanic/Latino	10.3%
Percent unemployed	11.5%
Median household income	\$51,935
Percent of households below poverty level	9.5%
Violent crime rate/100,000*	371.4
Percent with disability	13.6%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 52.6; Rank = 23

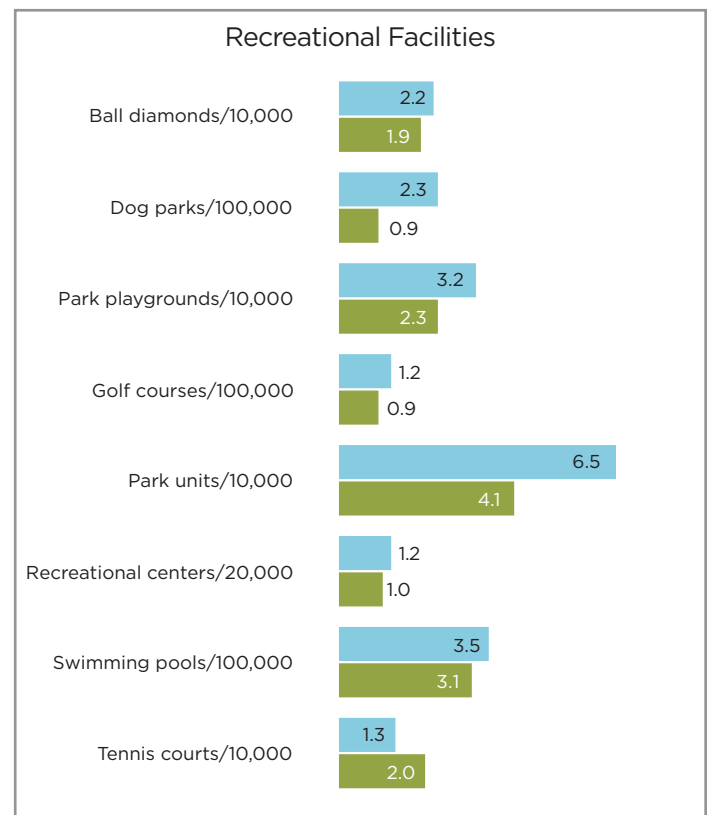
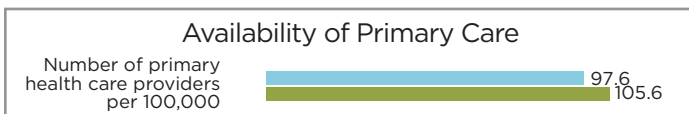
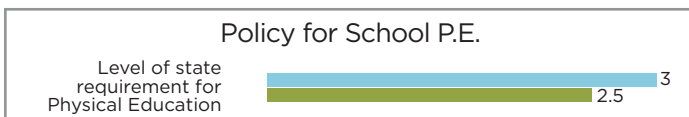
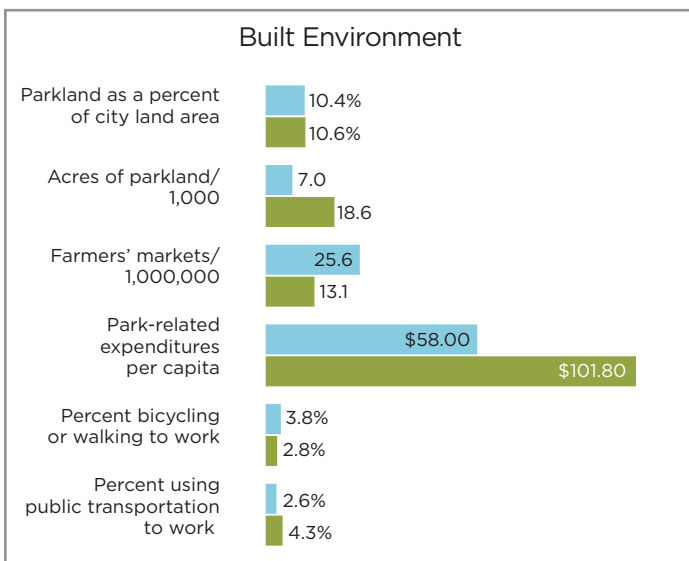
■ Providence ■ Target Goal



Community/Environmental Indicators -- Score = 61.4; Rank = 12

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

■ Providence ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

RALEIGH, NC

(Raleigh-Cary, NC MSA)

Ranking: Total Score = 58.8; Rank = 14

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

- Higher percent currently smoking
- Higher percent obese
- 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 golf courses per capita
- Fewer swimming pools per capita
- Lower number of primary health care providers per capita

Description of Raleigh-Cary, NC MSA

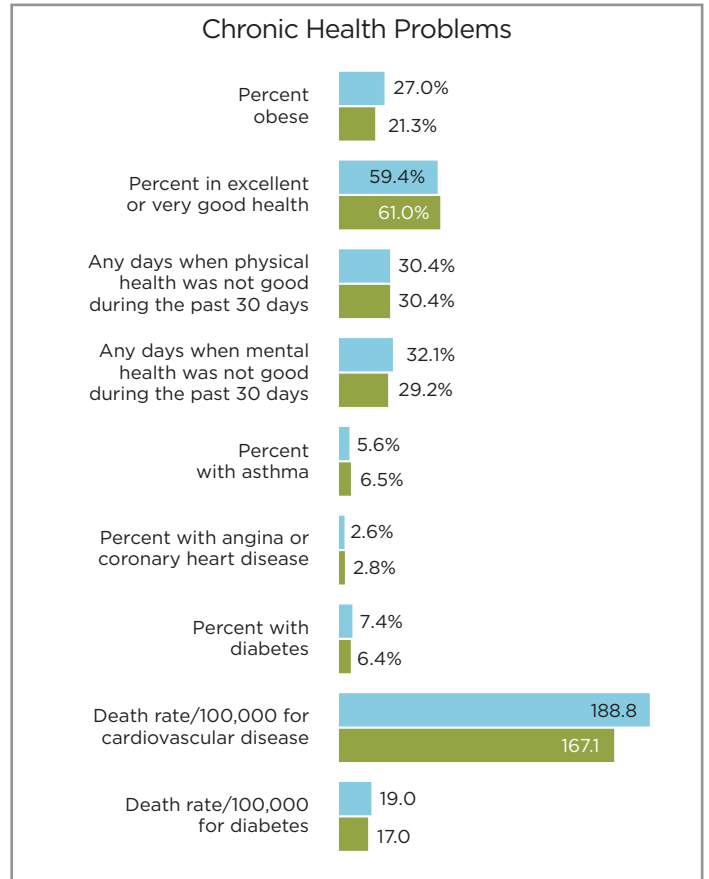
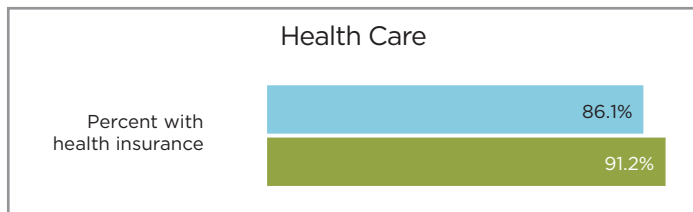
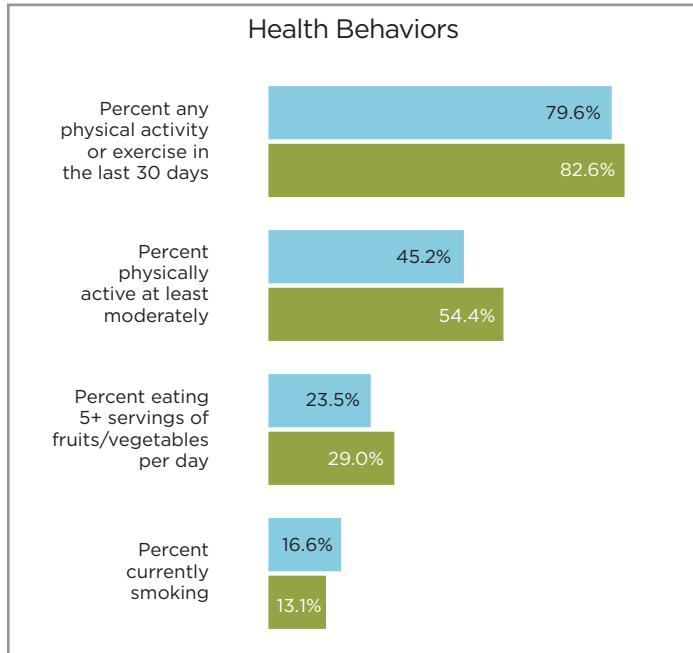
Population	1,125,827
Percent less than 18 years old	26.2%
Percent 18 to 64 years old	64.8%
Percent 65 years old and older	9.0%
Percent male	48.9%
Percent high school graduate or higher	90.9%
Percent White	70.2%
Percent Black or African American	20.2%
Percent Asian	4.3%
Percent Other Race	5.3%
Percent Hispanic/Latino	10.2%
Percent unemployed	10.1%
Median household income	\$57,840
Percent of households below poverty level	10.0%
Violent crime rate/100,000*	242.6
Percent with disability	8.7%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 64.4; Rank = 13

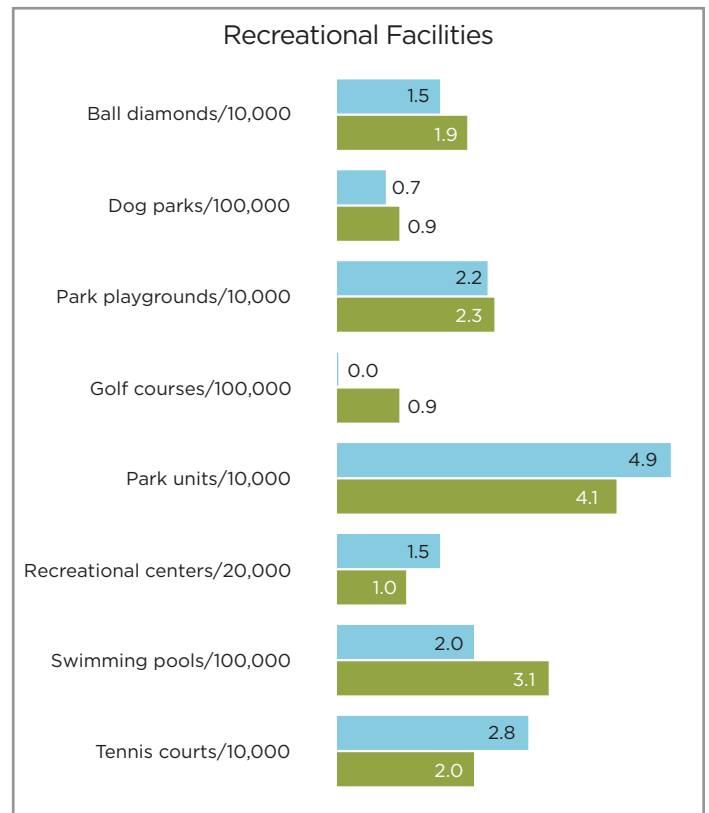
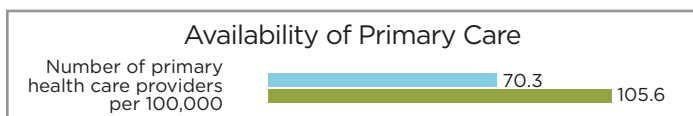
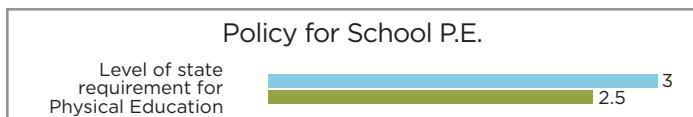
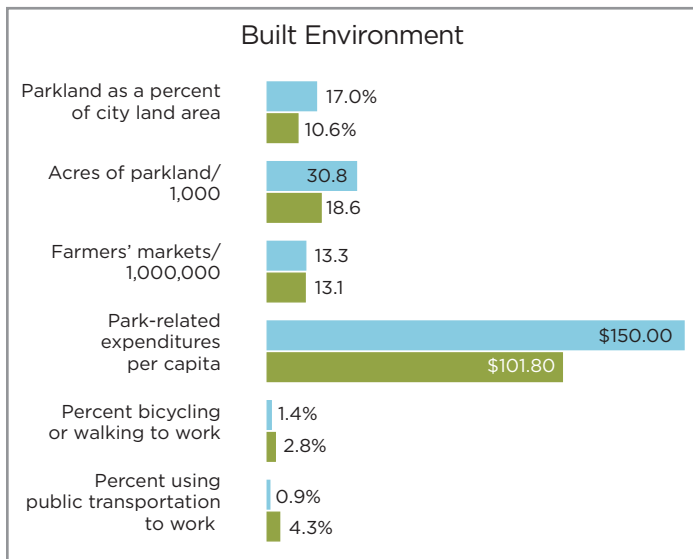
■ Raleigh ■ Target Goal



Community/Environmental Indicators -- Score = 53.7; Rank = 21

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

■ Raleigh ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

RICHMOND, VA

(Richmond, VA MSA)

Ranking: Total Score = 57.2; Rank = 17

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

- Higher percent physically active at least moderately
- Higher percentage eating 5+ servings of fruits/vegetables per day
- Lower percent of days when physical health was not good during the past 30 days
- More ball diamonds per capita
- More dog parks per capita
- More park playgrounds 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 currently smoking
- Higher percent obese
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Lower percent bicycling or walking to work
- Fewer golf courses per capita
- Lower park-related expenditures per capita

Description of Richmond, VA MSA

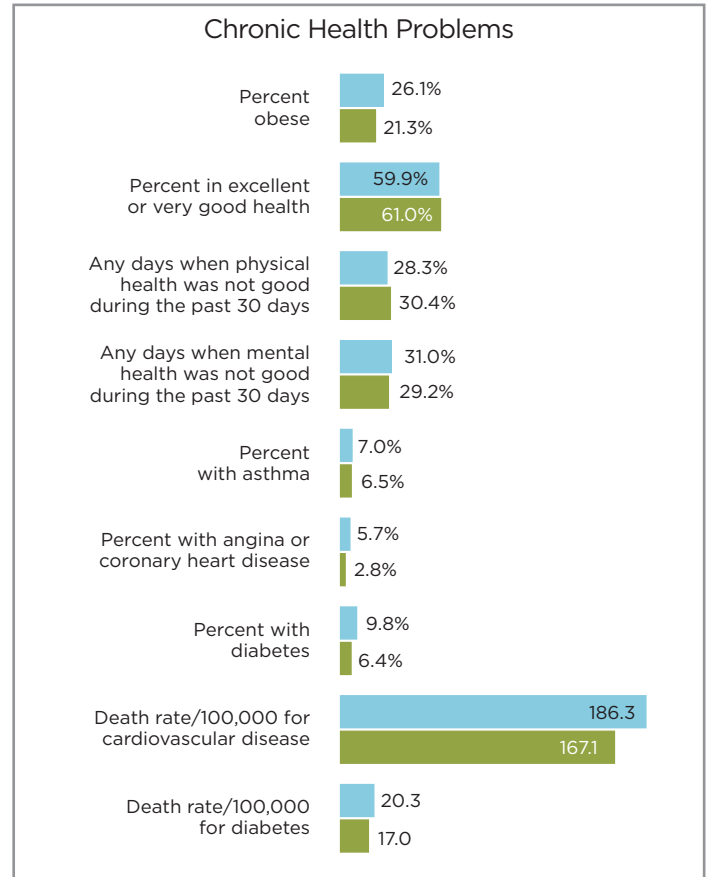
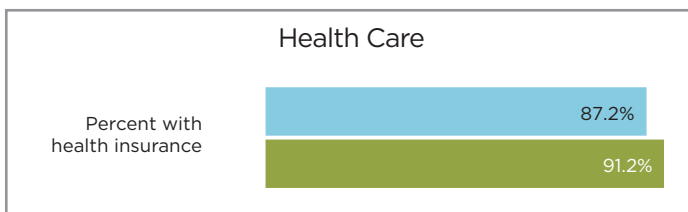
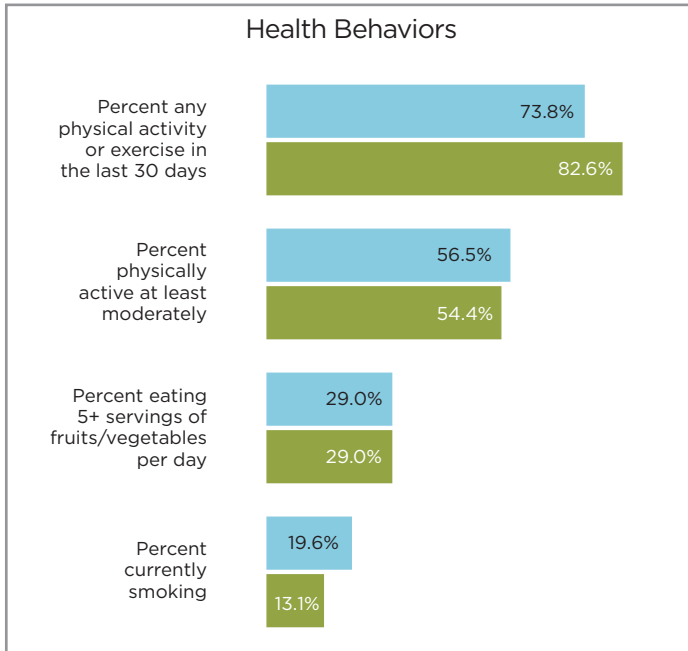
Population	1,238,187
Percent less than 18 years old	23.3%
Percent 18 to 64 years old	64.5%
Percent 65 years old and older	12.1%
Percent male	48.6%
Percent high school graduate or higher	86.0%
Percent White	63.3%
Percent Black or African American	30.2%
Percent Asian	3.1%
Percent Other Race	3.4%
Percent Hispanic/Latino	5.0%
Percent unemployed	9.1%
Median household income	\$55,325
Percent of households below poverty level	8.4%
Violent crime rate/100,000*	269.3
Percent with disability	11.4%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 57.7; Rank = 18

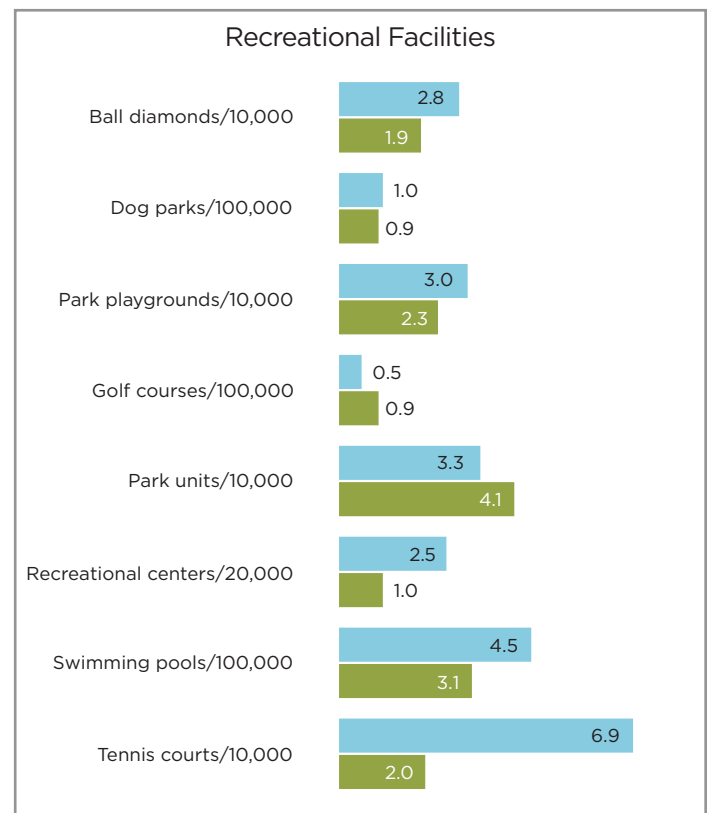
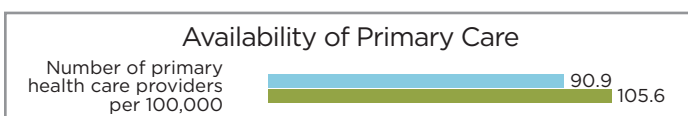
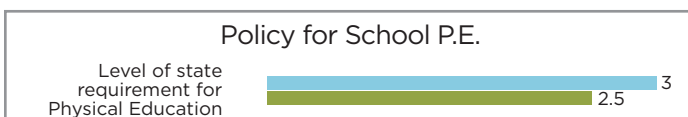
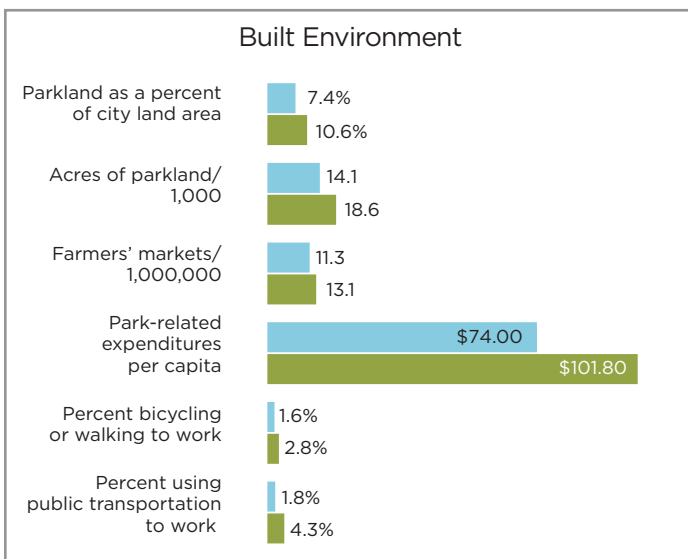
Richmond Target Goal



Community/Environmental Indicators -- Score = 56.8; Rank = 17

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

Richmond Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

RIVERSIDE, CA

(Riverside-San Bernardino-Ontario, CA MSA)

Ranking: Total Score = 43.1; Rank = 34

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

- 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 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 diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- Fewer farmers' markets per capita
- Lower percent using public transportation to work
- Fewer ball diamonds 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 number of primary health care providers per capita

Description of Riverside-San Bernardino-Ontario, CA MSA

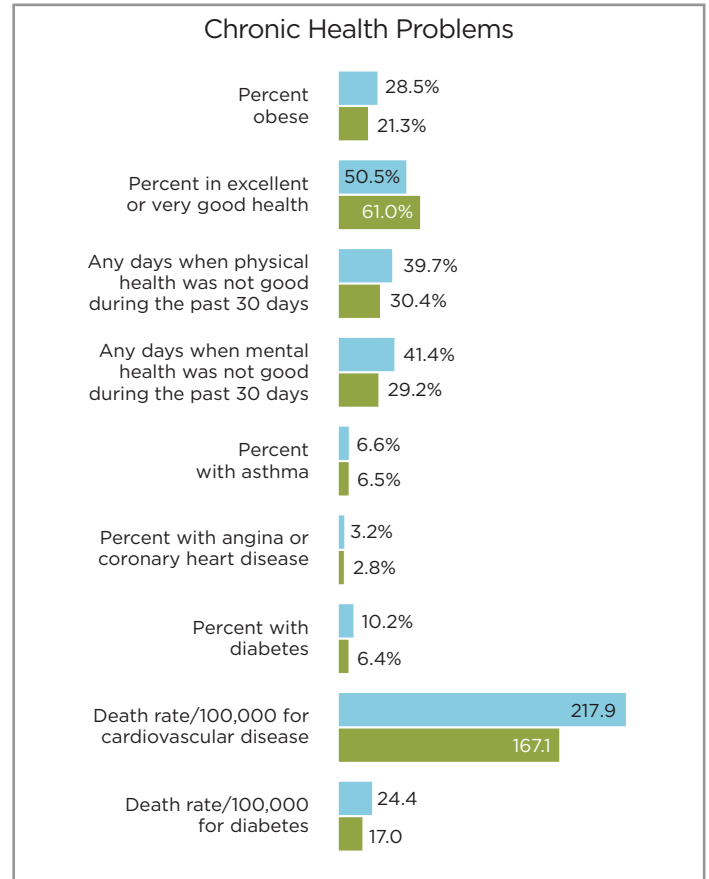
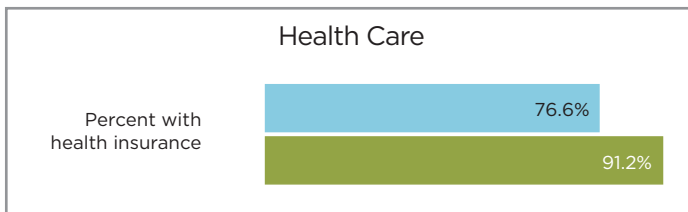
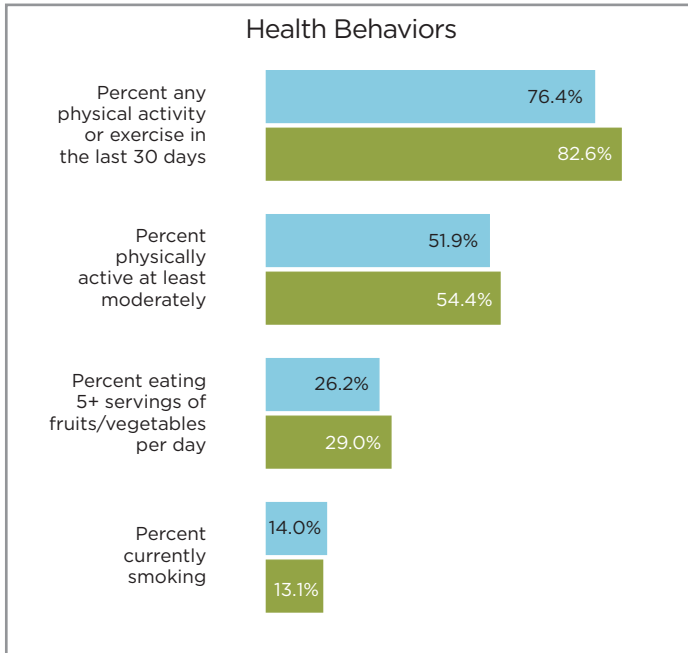
Population	4,143,113
Percent less than 18 years old	28.8%
Percent 18 to 64 years old	60.8%
Percent 65 years old and older	10.4%
Percent male	49.7%
Percent high school graduate or higher	78.2%
Percent White	65.9%
Percent Black or African American	7.4%
Percent Asian	6.2%
Percent Other Race	20.5%
Percent Hispanic/Latino	47.4%
Percent unemployed	16.3%
Median household income	\$53,548
Percent of households below poverty level	12.9%
Violent crime rate/100,000*	368.5
Percent with disability	10.3%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 41.4; Rank = 33

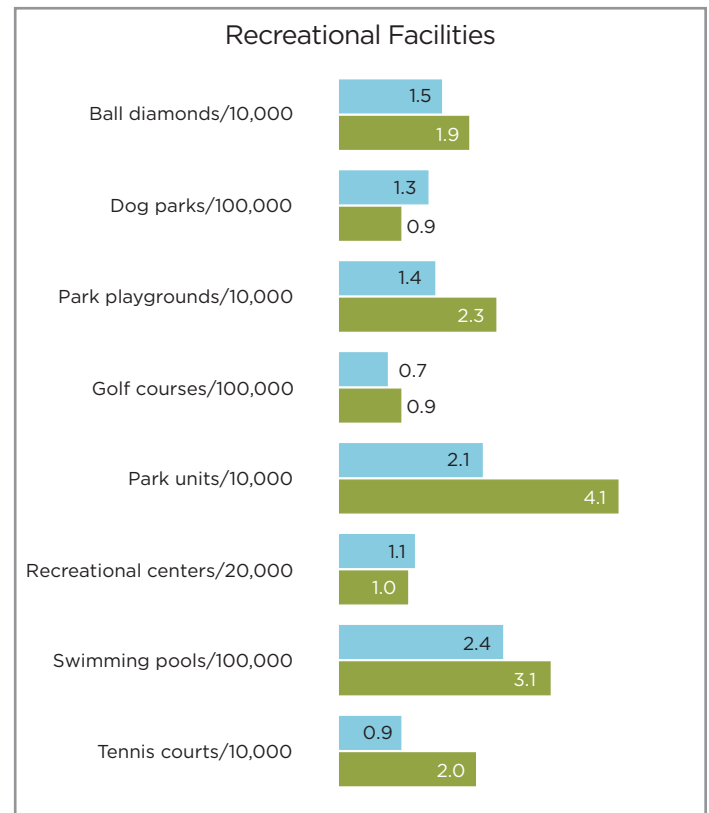
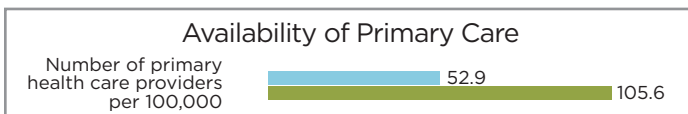
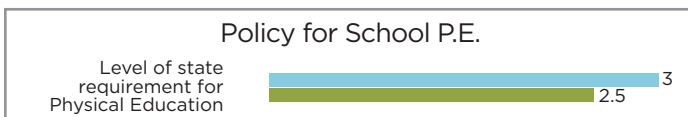
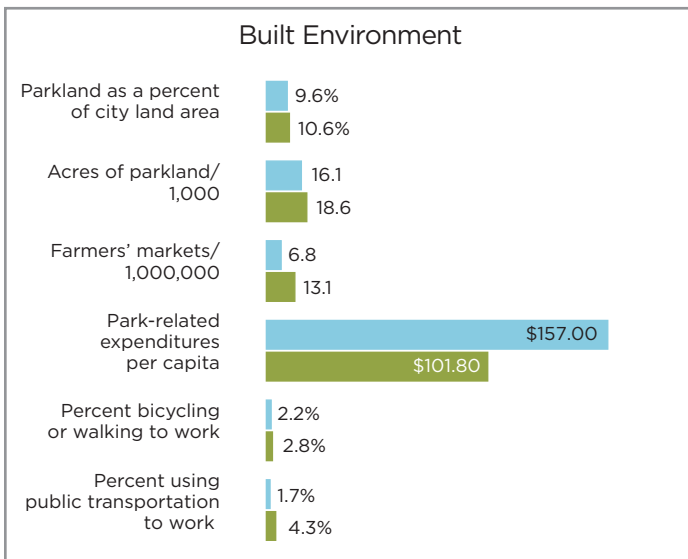
■ Riverside ■ Target Goal



Community/Environmental Indicators -- Score = 44.7; Rank = 34

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

■ Riverside ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SACRAMENTO, CA

(Sacramento-Arden Arcade-Roseville, CA MSA)

Ranking: Total Score = 68.4; Rank = 6

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

- Higher percent of any physical activity or exercise in the last 30 days
- Higher percentage eating 5+ servings of fruits/vegetables per day
- Lower percent currently smoking
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- 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 angina or coronary heart disease
- Higher percent with diabetes
- Lower percent of city land area as parkland
- Fewer acres of parkland per capita
- Lower percent using public transportation to work
- Fewer tennis courts per capita

Description of Sacramento-Arden Arcade-Roseville, CA MSA

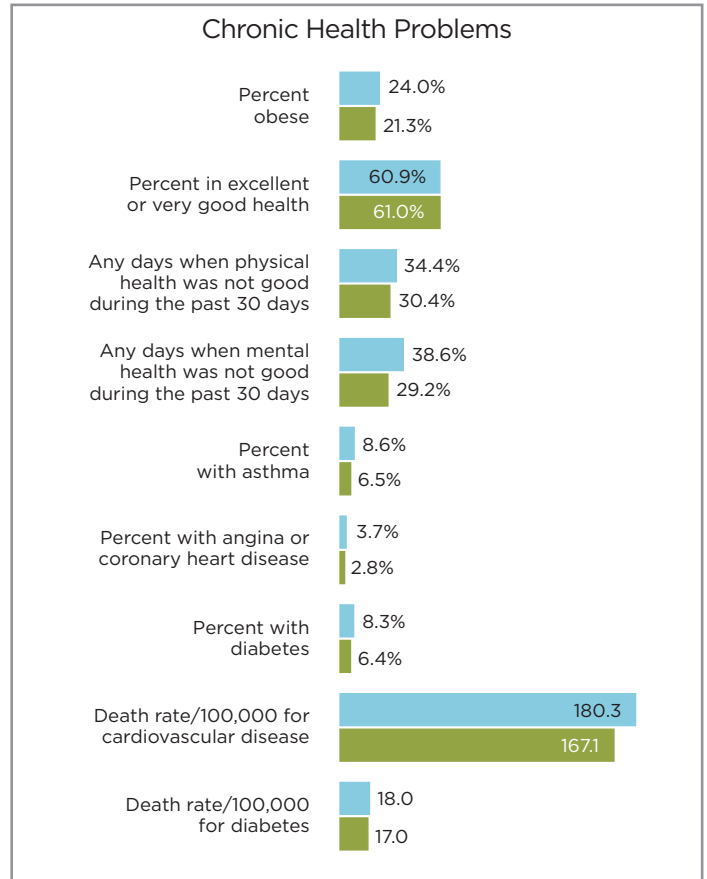
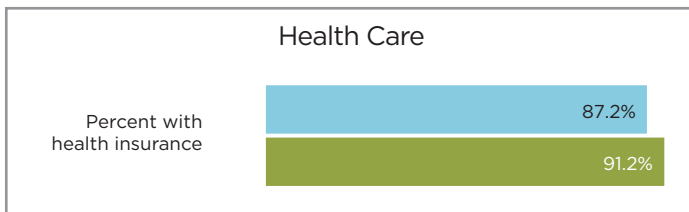
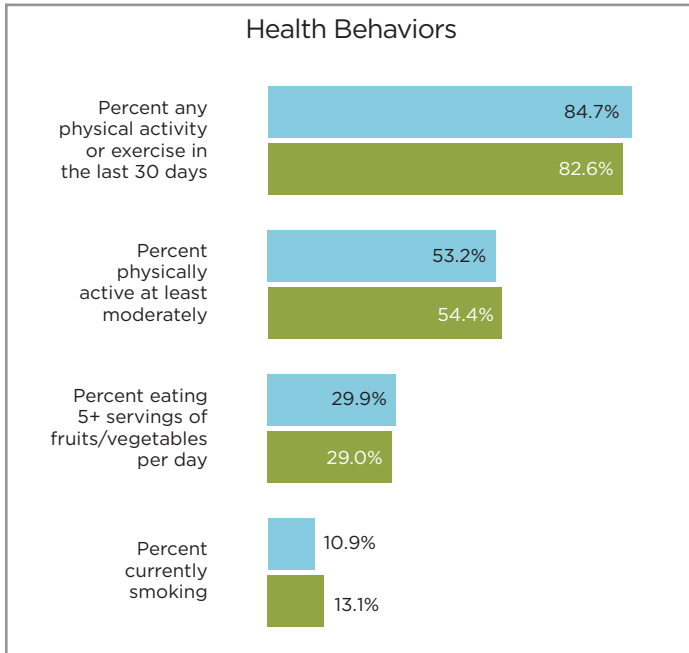
Population	2,127,355
Percent less than 18 years old	24.9%
Percent 18 to 64 years old	63.1%
Percent 65 years old and older	12.0%
Percent male	49.1%
Percent high school graduate or higher	87.1%
Percent White	67.2%
Percent Black or African American	7.2%
Percent Asian	11.9%
Percent Other Race	13.7%
Percent Hispanic/Latino	20.3%
Percent unemployed	13.8%
Median household income	\$56,233
Percent of households below poverty level	10.8%
Violent crime rate/100,000*	478.1
Percent with disability	12.6%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 73.4; Rank = 8

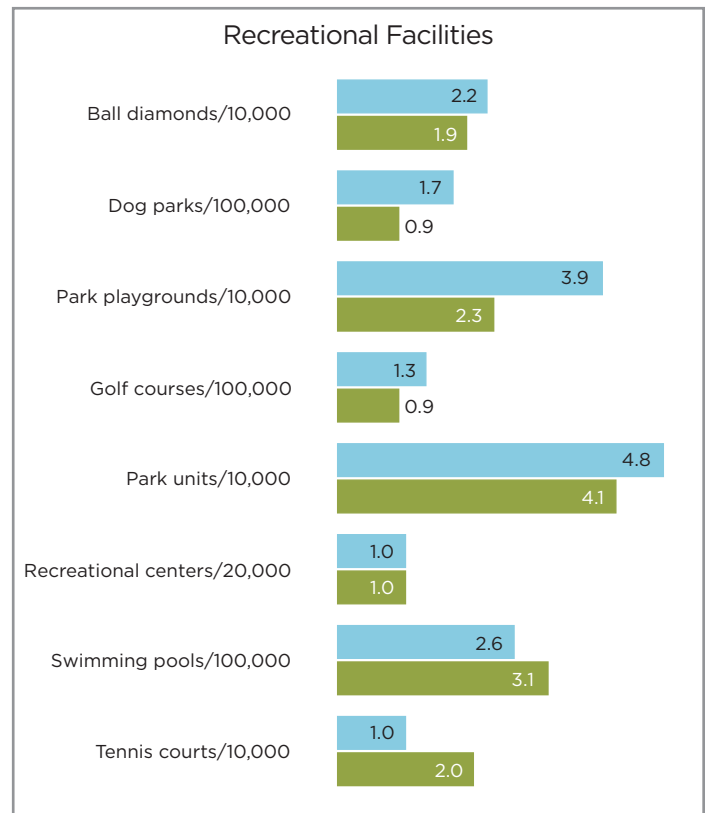
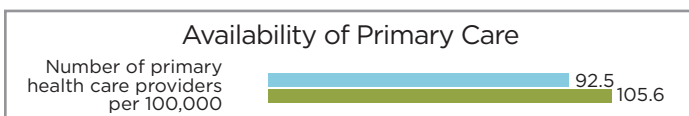
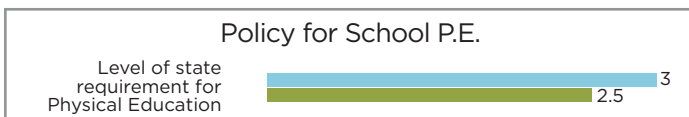
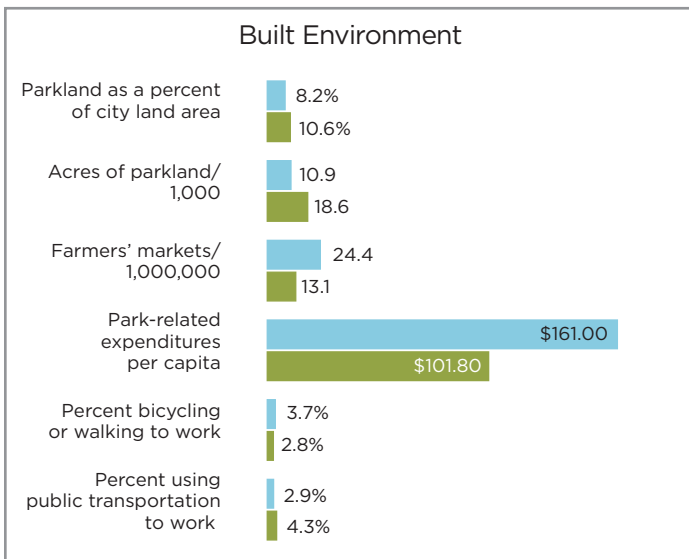
■ Sacramento ■ Target Goal



Community/Environmental Indicators -- Score = 63.9; Rank = 9

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

■ Sacramento ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SAINT LOUIS, MO

(Saint Louis, MO-IL MSA)

Ranking: Total Score = 44.2; Rank = 32

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

- More ball diamonds per capita
- More dog parks per capita
- More golf courses per capita
- More swimming pools per capita
- More tennis courts per capita
- Higher level of state requirement for physical education classes

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

- Lower percentage eating 5+ servings of fruits/vegetables per day
- Higher percent currently smoking
- Higher percent obese
- Higher percent of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Higher death rate for cardiovascular disease
- Higher death rate for diabetes
- 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 park-related expenditures per capita

Description of Saint Louis, MO-IL MSA

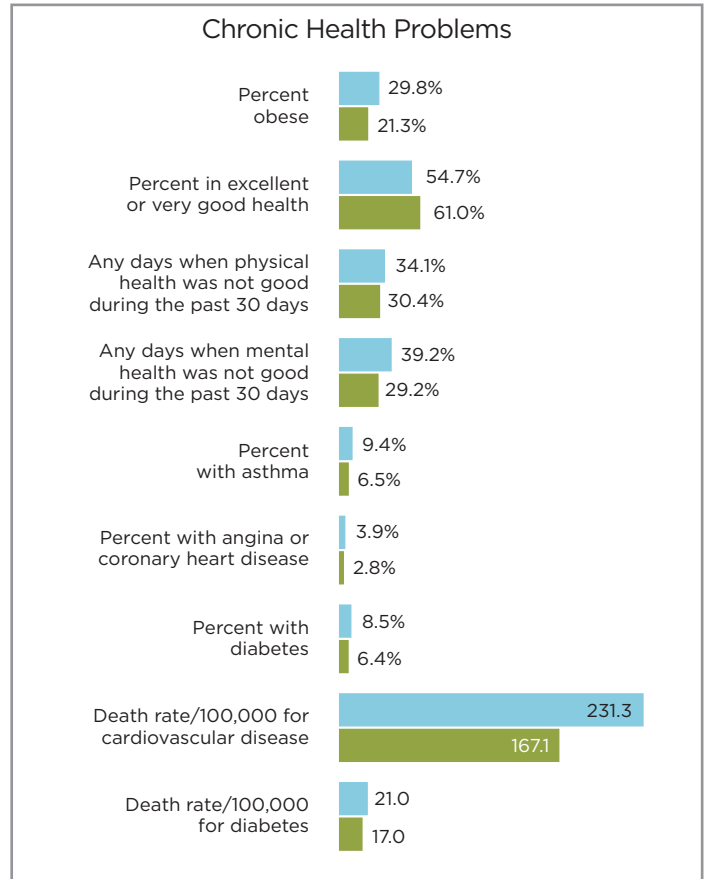
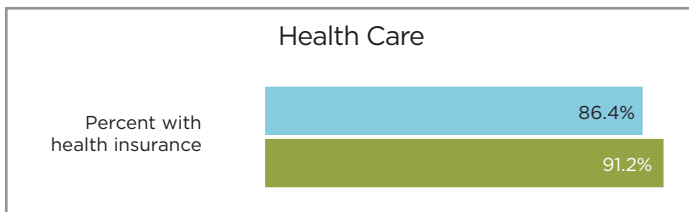
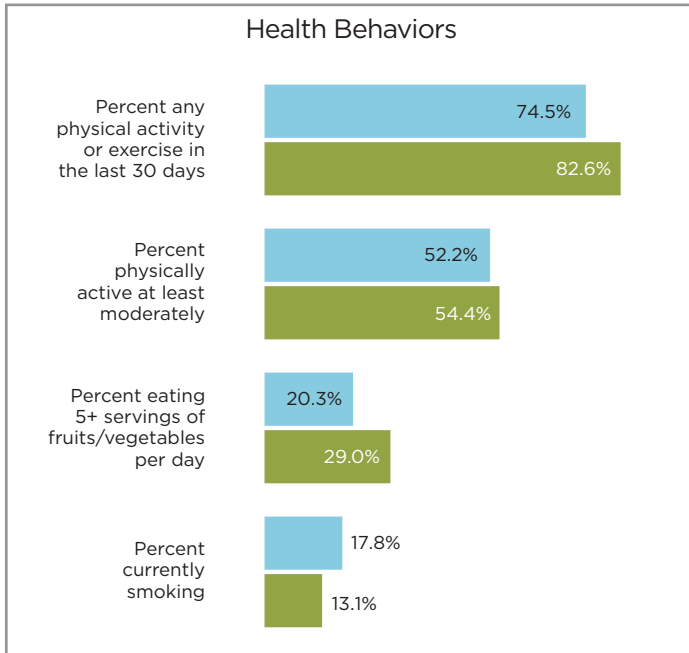
Population	2,828,990
Percent less than 18 years old	23.8%
Percent 18 to 64 years old	62.8%
Percent 65 years old and older	13.3%
Percent male	48.4%
Percent high school graduate or higher	88.9%
Percent White	76.9%
Percent Black or African American	18.5%
Percent Asian	2.0%
Percent Other Race	2.5%
Percent Hispanic/Latino	2.6%
Percent unemployed	10.6%
Median household income	\$50,912
Percent of households below poverty level	9.6%
Violent crime rate/100,000*	497.4
Percent with disability	12.1%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 36.7; Rank = 39

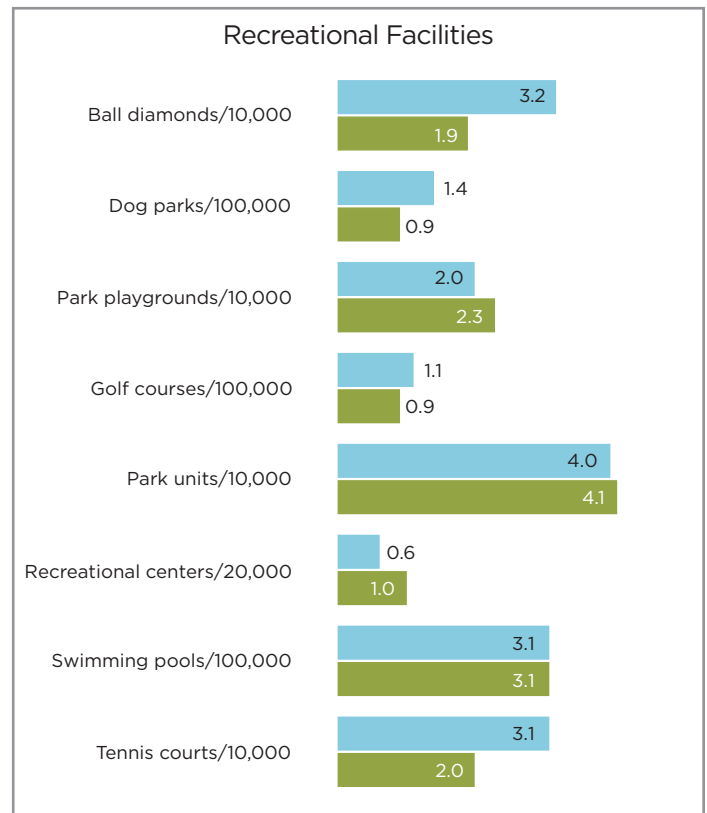
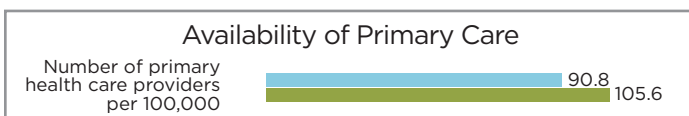
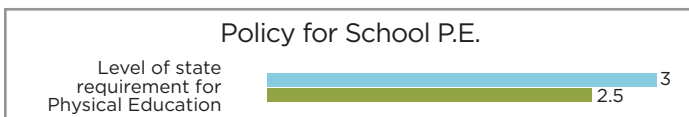
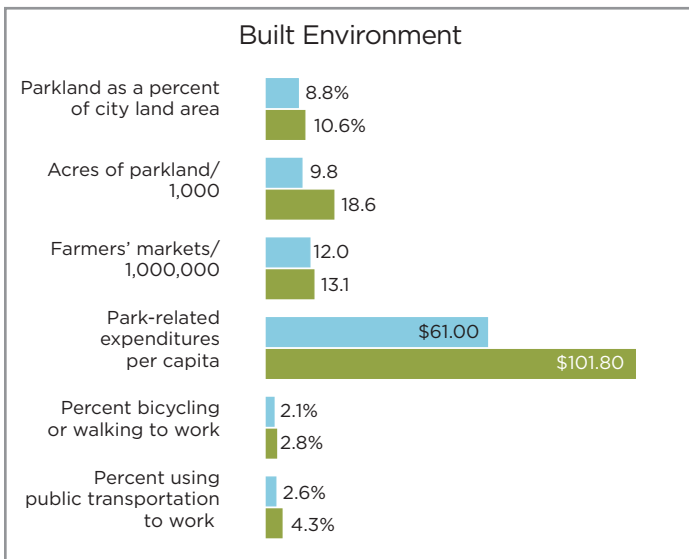
■ Saint Louis ■ Target Goal



Community/Environmental Indicators -- Score = 51.2; Rank = 27

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

■ Saint Louis ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SALT LAKE CITY, UT

(Salt Lake City, UT MSA)

Ranking: Total Score = 59.8; Rank = 13

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

- Higher percent physically active at least moderately
- Lower percent currently smoking
- Lower percent with angina or coronary heart disease
- Lower death rate for cardiovascular disease
- Higher percent bicycling or walking to work
- More dog parks per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher level of state requirement for physical education classes

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

- Higher percent 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
- Lower percent using public transportation to work
- Fewer ball diamonds per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita
- Lower park-related expenditures per capita
- Lower number of primary health care providers per capita

Description of Salt Lake City, UT MSA

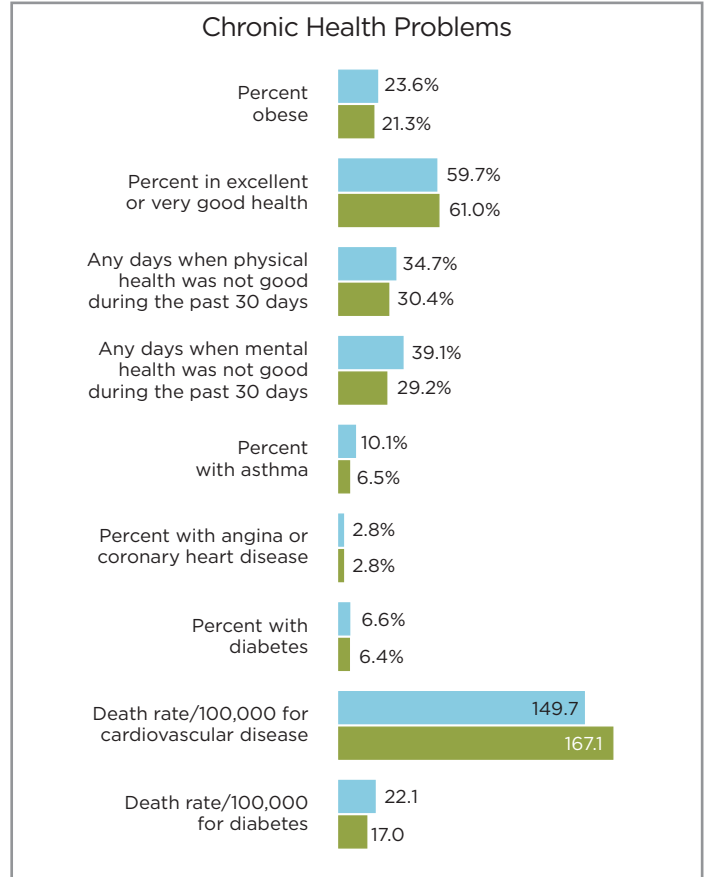
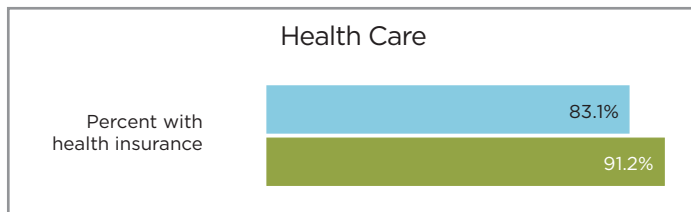
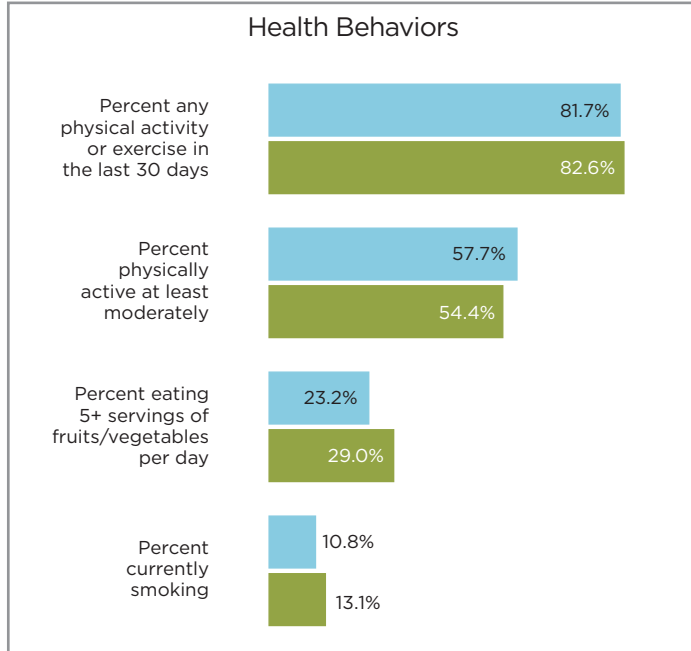
Population	1,130,293
Percent less than 18 years old	29.4%
Percent 18 to 64 years old	62.0%
Percent 65 years old and older	8.6%
Percent male	50.4%
Percent high school graduate or higher	88.4%
Percent White	86.8%
Percent Black or African American	1.5%
Percent Asian	2.9%
Percent Other Race	8.8%
Percent Hispanic/Latino	16.6%
Percent unemployed	9.7%
Median household income	\$57,419
Percent of households below poverty level	10.1%
Violent crime rate/100,000*	355.5
Percent with disability	8.2%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 66.5 Rank = 12

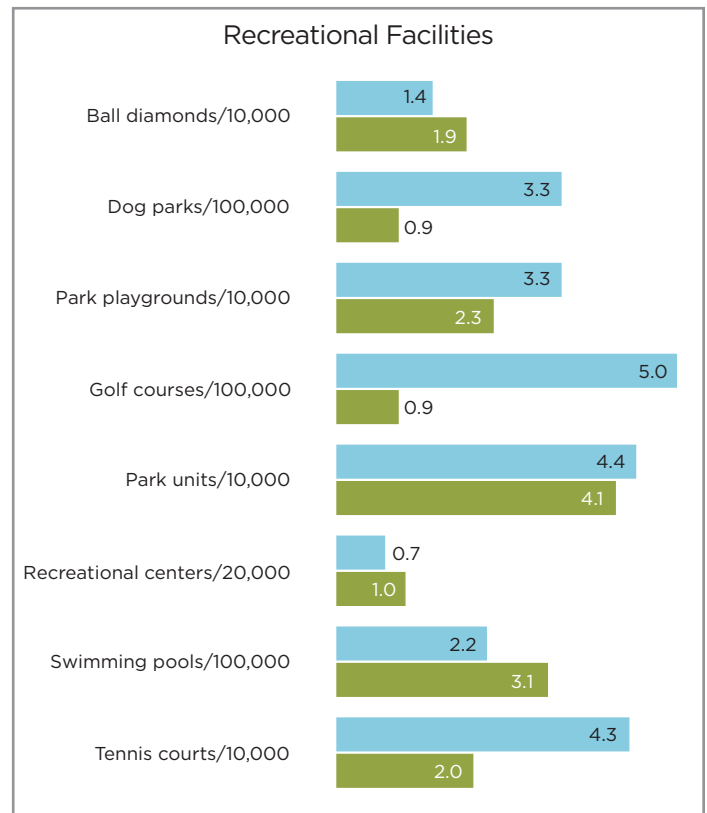
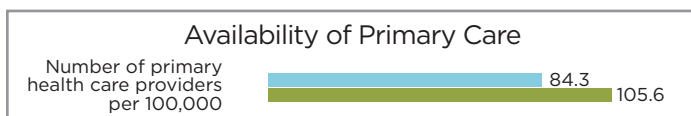
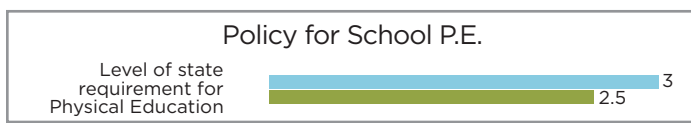
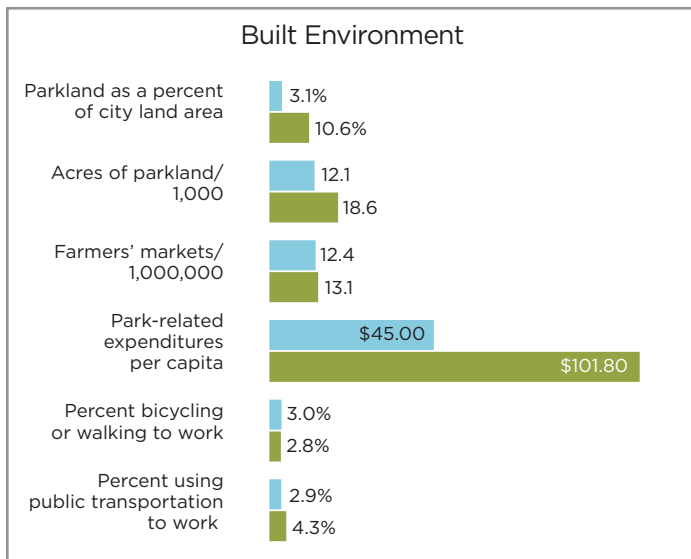
■ Salt Lake City ■ Target Goal



Community/Environmental Indicators -- Score = 53.6; Rank = 22

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

■ Salt Lake City ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SAN ANTONIO, TX

(San Antonio-New Braunfels, TX MSA)

Ranking: Total Score = 38.0; Rank = 42

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 farmers' markets per capita
- Higher level of state requirement for physical education classes

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

- Higher percent currently smoking
- Higher percent obese
- Higher percent 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
- 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
- Lower number of primary health care providers per capita

Description of San Antonio-New Braunfels, TX MSA

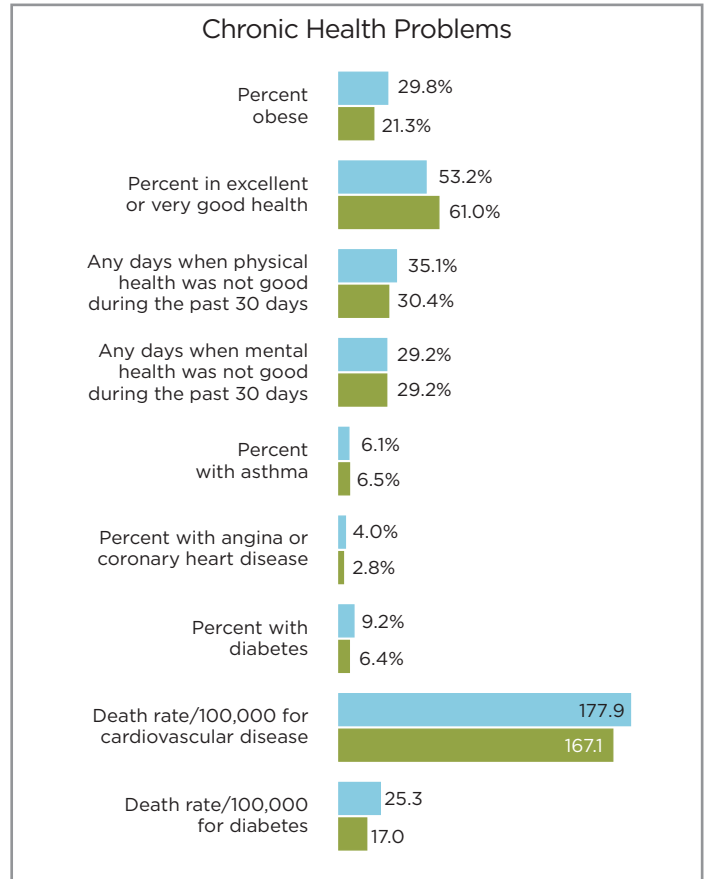
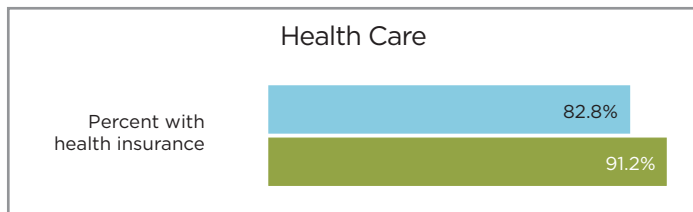
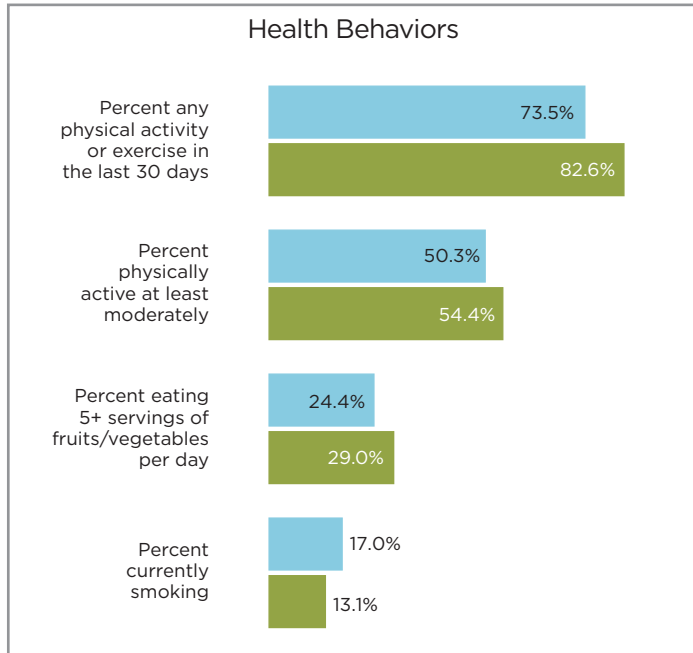
Population	2,072,128
Percent less than 18 years old	26.9%
Percent 18 to 64 years old	62.2%
Percent 65 years old and older	11.0%
Percent male	49.1%
Percent high school graduate or higher	82.5%
Percent White	77.8%
Percent Black or African American	6.4%
Percent Asian	2.0%
Percent Other Race	13.8%
Percent Hispanic/Latino	54.2%
Percent unemployed	8.7%
Median household income	\$50,225
Percent of households below poverty level	12.3%
Violent crime rate/100,000*	484.0
Percent with disability	12.9%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 42.3; Rank = 32

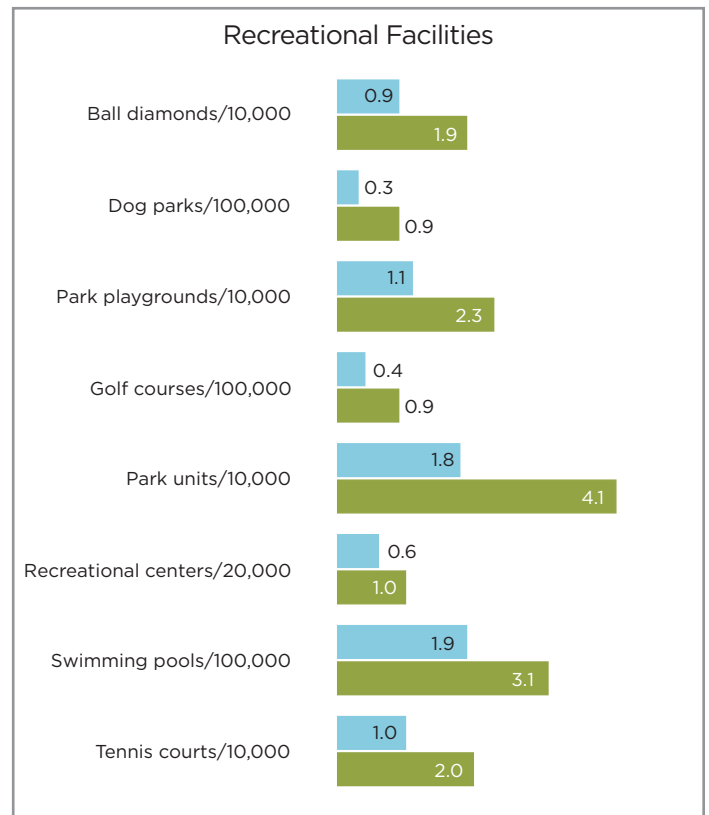
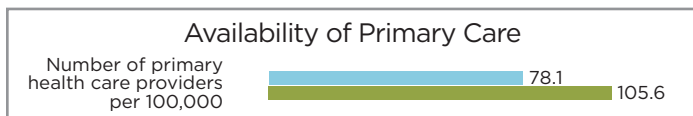
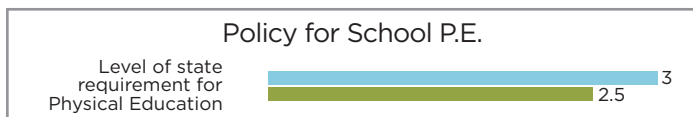
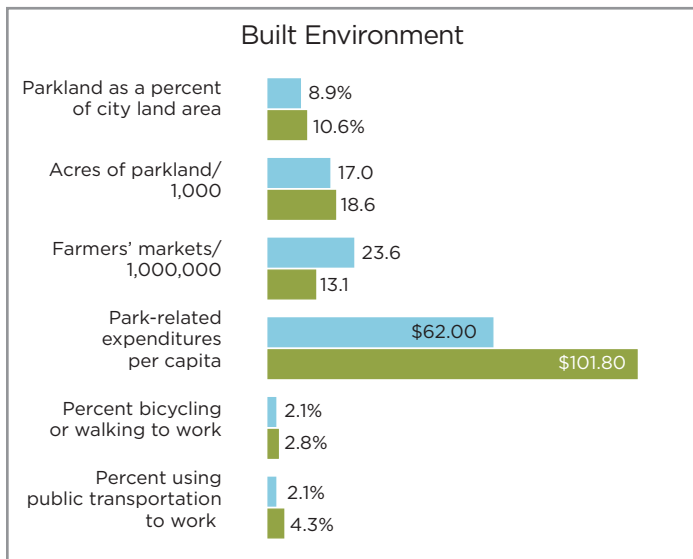
San Antonio Target Goal



Community/Environmental Indicators -- Score = 33.9; Rank = 44

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

San Antonio Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SAN DIEGO, CA

(San Diego-Carlsbad-San Marcos, CA MSA)

Ranking: Total Score = 58.3 Rank = 16

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

- Higher percent physically active at least moderately
- Lower percent currently smoking
- 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 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 obese
- Higher percent with angina or coronary heart disease
- Higher percent with diabetes
- Lower percent using public transportation to work
- Fewer park playgrounds per capita
- Fewer golf courses per capita
- Fewer swimming pools per capita
- Fewer tennis courts per capita

Description of San Diego-Carlsbad-San Marcos, CA MSA

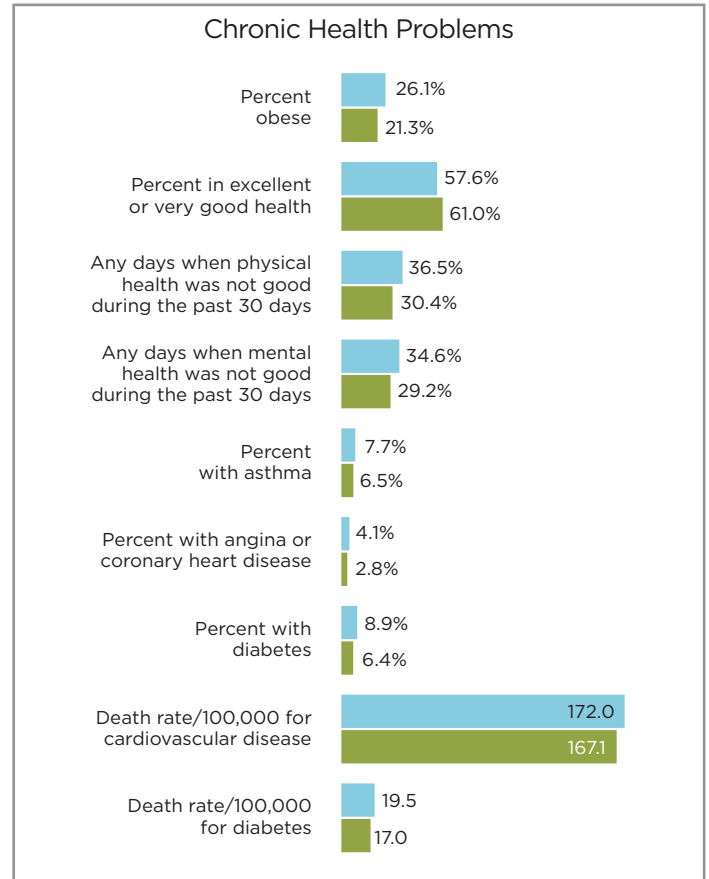
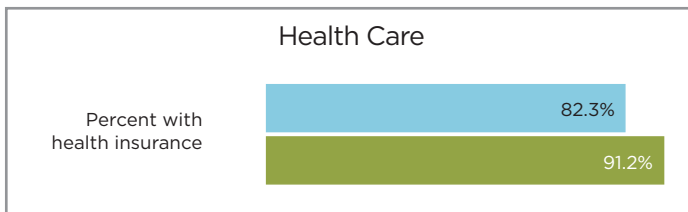
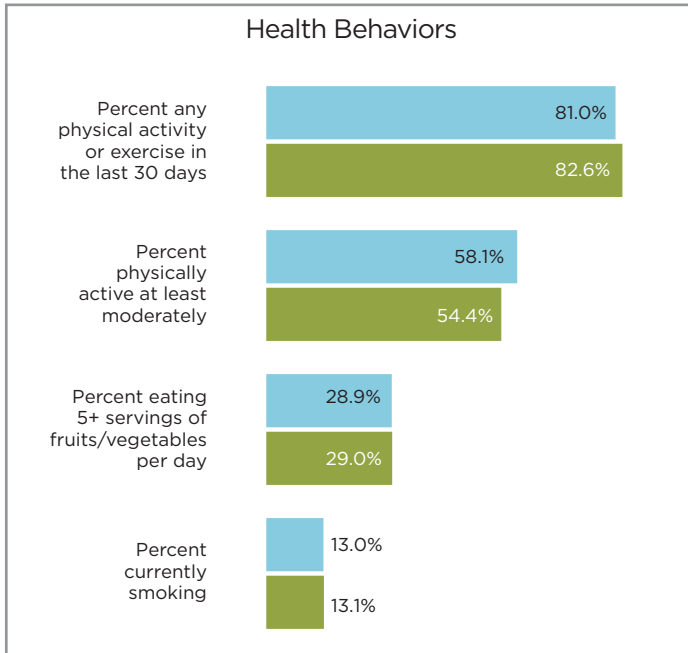
Population	3,053,793
Percent less than 18 years old	23.4%
Percent 18 to 64 years old	65.3%
Percent 65 years old and older	11.4%
Percent male	50.2%
Percent high school graduate or higher	85.1%
Percent White	71.6%
Percent Black or African American	5.0%
Percent Asian	10.8%
Percent Other Race	12.7%
Percent Hispanic/Latino	32.1%
Percent unemployed	11.3%
Median household income	\$59,923
Percent of households below poverty level	10.9%
Violent crime rate/100,000*	378.5
Percent with disability	9.1%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 59.6; Rank = 16

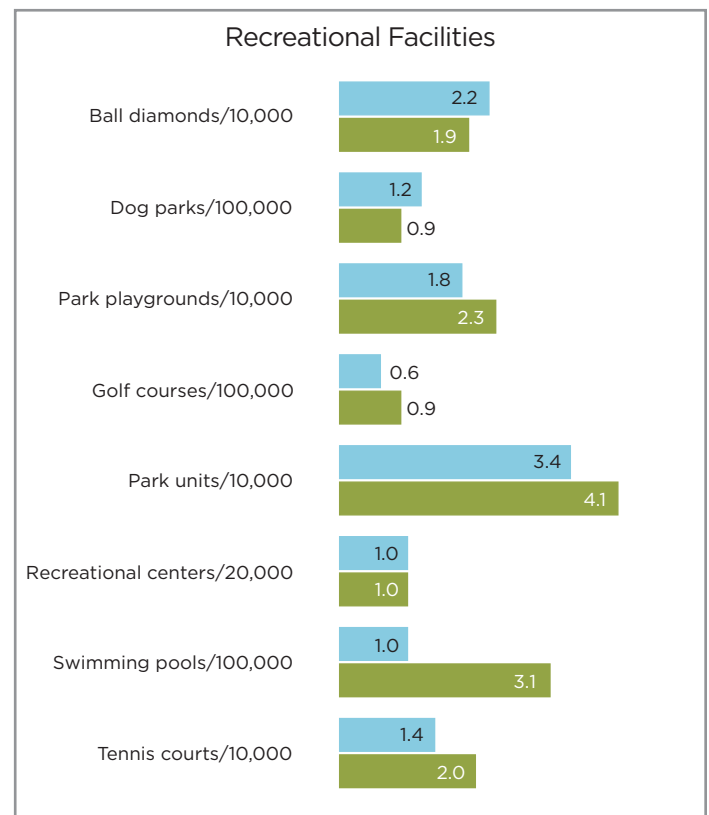
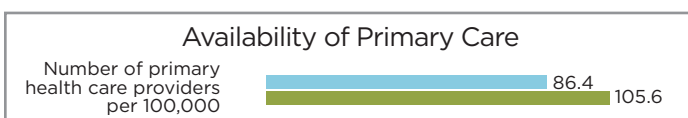
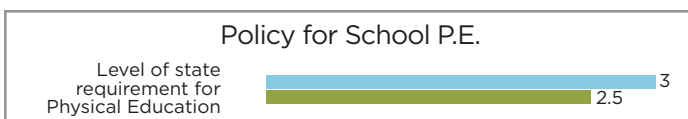
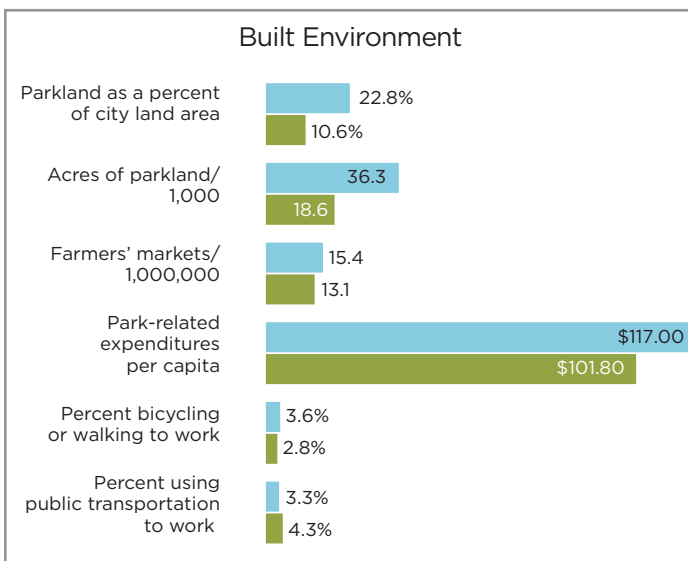
San Diego Target Goal



Community/Environmental Indicators -- Score = 57.1; Rank = 16

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

San Diego Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SAN FRANCISCO, CA

(San Francisco-Oakland-Fremont, CA MSA)

Ranking: Total Score = 69.0; Rank = 4

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

- Higher percent of any physical activity or exercise in the last 30 days
- Lower percent currently smoking
- Lower percent obese
- Higher percent in excellent or very good health
- Lower death rate for cardiovascular disease
- Lower death rate for diabetes
- Higher percent with health insurance
- 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
- More dog parks per capita
- More golf courses per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for physical education classes
- More primary health care providers 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
- 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-Fremont, CA MSA

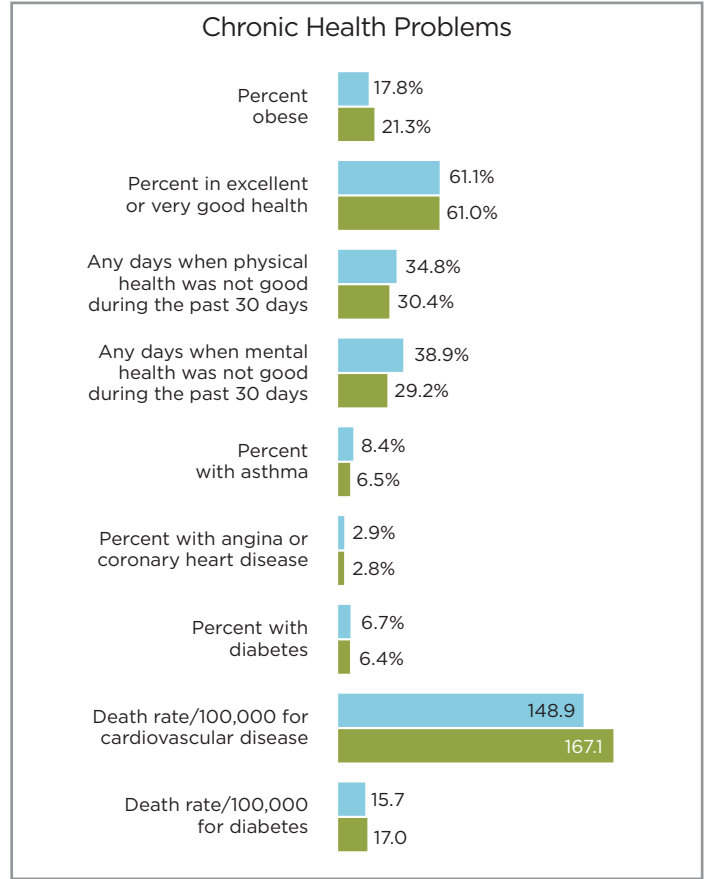
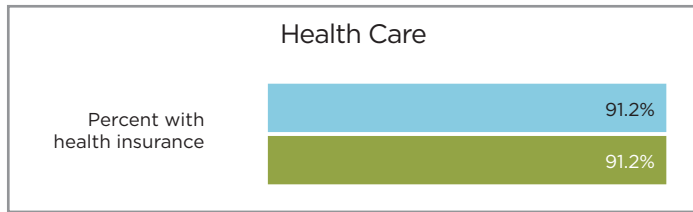
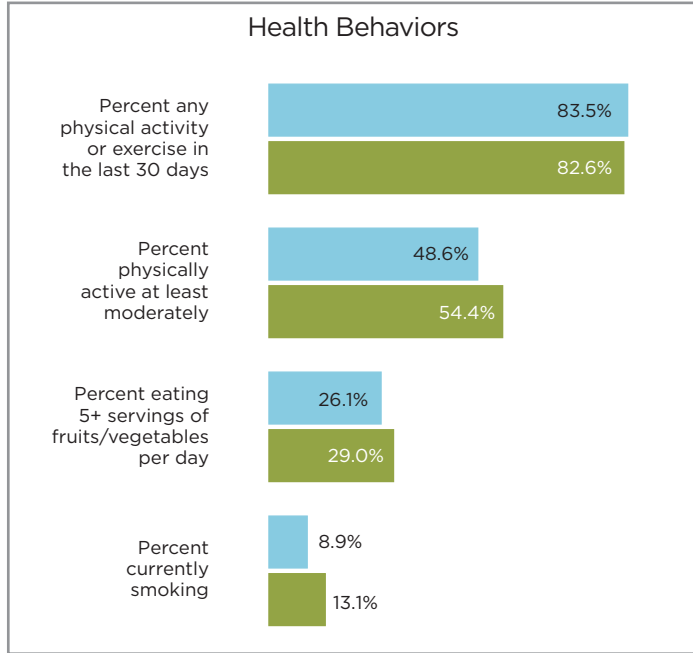
Population	4,317,853
Percent less than 18 years old	21.2%
Percent 18 to 64 years old	66.2%
Percent 65 years old and older	12.6%
Percent male	49.3%
Percent high school graduate or higher	87.2%
Percent White	55.4%
Percent Black or African American	8.2%
Percent Asian	23.4%
Percent Other Race	12.9%
Percent Hispanic/Latino	21.7%
Percent unemployed	10.8%
Median household income	\$73,027
Percent of households below poverty level	7.3%
Violent crime rate/100,000*	529.0
Percent with disability	9.1%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 79.5; Rank = 1

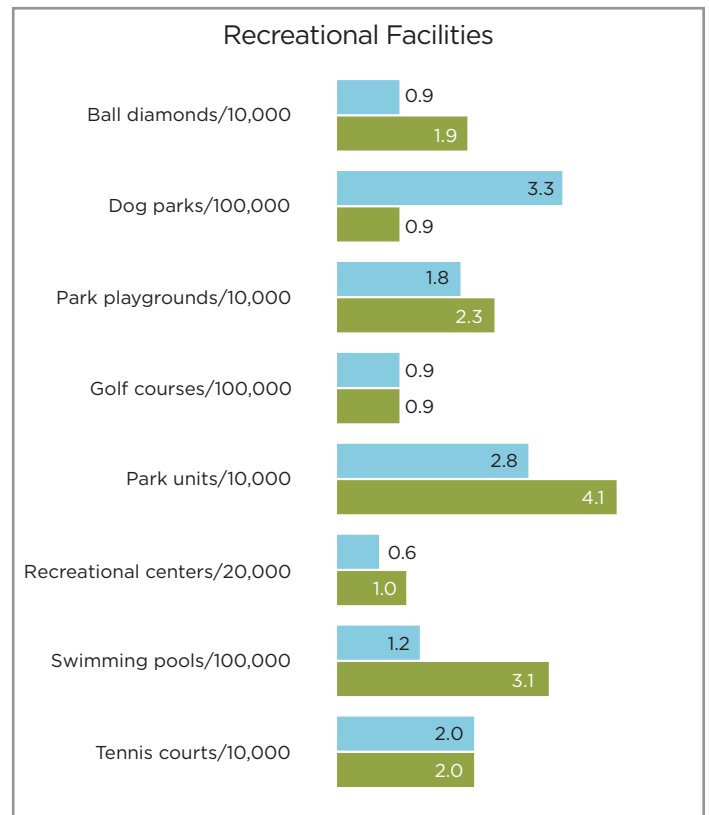
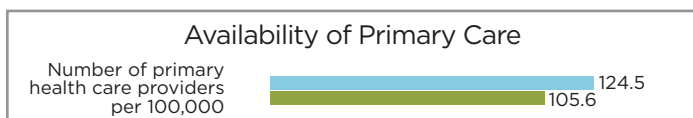
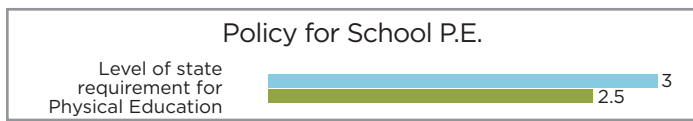
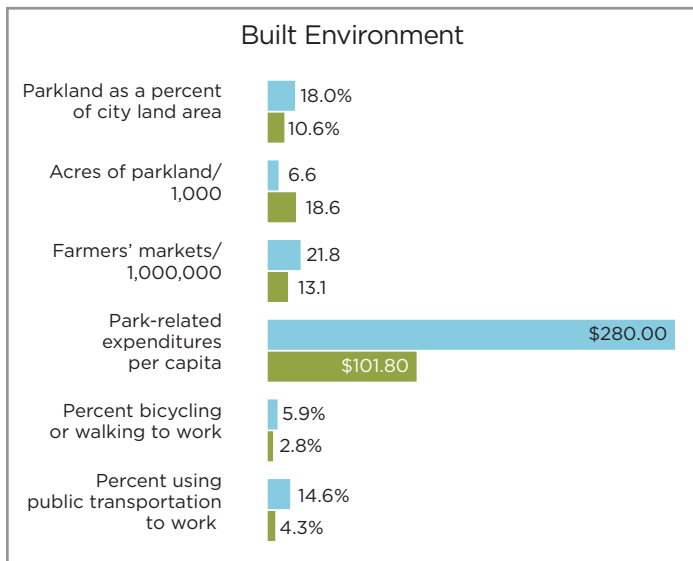
■ San Francisco ■ Target Goal



Community/Environmental Indicators -- Score = 59.3; Rank = 14

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

■ San Francisco ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SAN JOSE, CA

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

Ranking: Total Score = 62.2; Rank = 12

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

- Higher percent of any physical activity or exercise in the last 30 days
- Higher percentage eating 5+ servings of fruits/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 farmers' markets per capita
- Higher percent bicycling or walking to work
- More dog parks per capita
- More park playgrounds per capita
- More recreation centers per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for physical education classes
- Higher number of primary health care providers per capita

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

- Higher percent with diabetes
- Higher death rate for diabetes
- Lower percent using public transportation to work
- 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

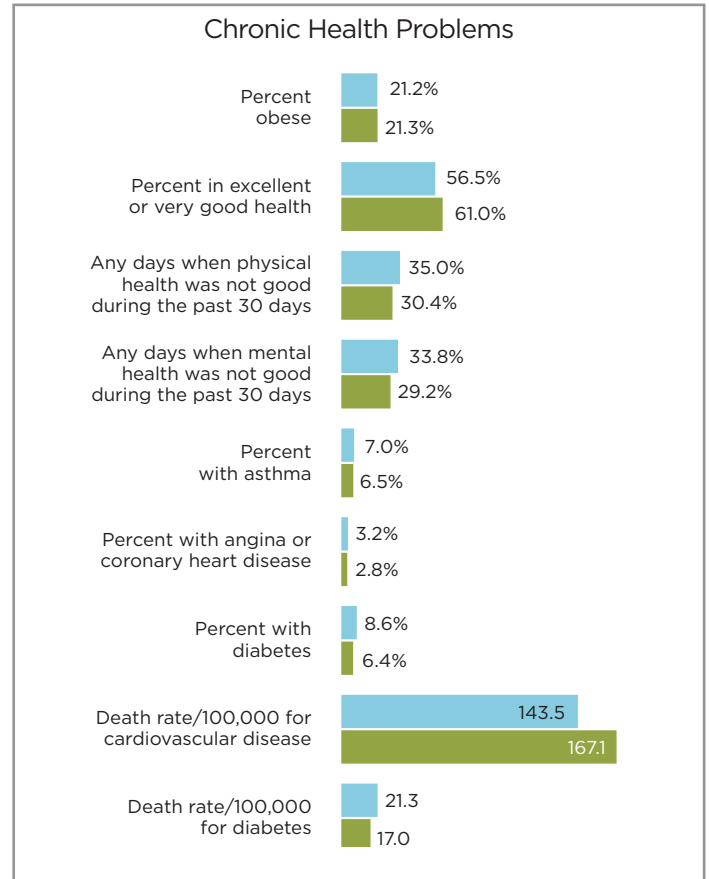
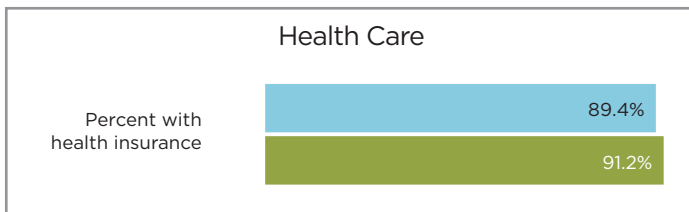
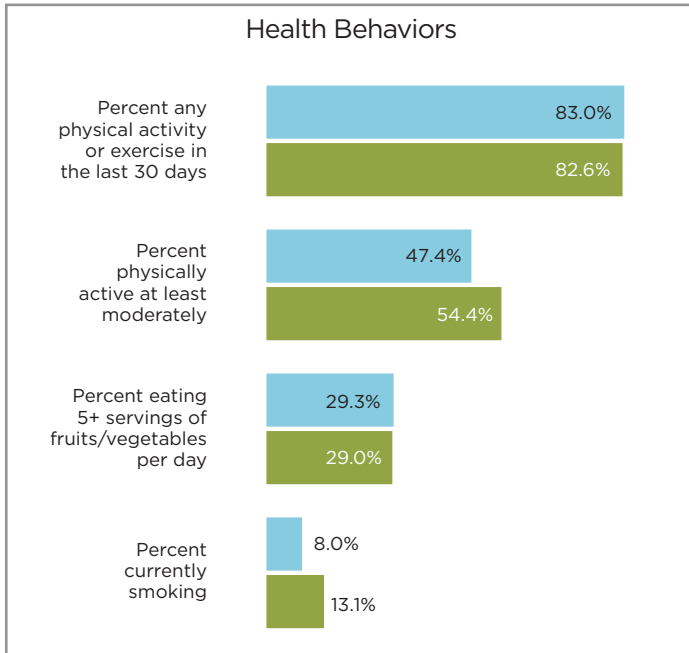
Population	1,839,700
Percent less than 18 years old	24.3%
Percent 18 to 64 years old	64.7%
Percent 65 years old and older	11.0%
Percent male	50.1%
Percent high school graduate or higher	86.2%
Percent White	51.0%
Percent Black or African American	2.6%
Percent Asian	31.2%
Percent Other Race	15.2%
Percent Hispanic/Latino	27.9%
Percent unemployed	11.3%
Median household income	\$83,944
Percent of households below poverty level	7.0%
Violent crime rate/100,000*	264.5
Percent with disability	8.0%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 72.2; Rank = 9

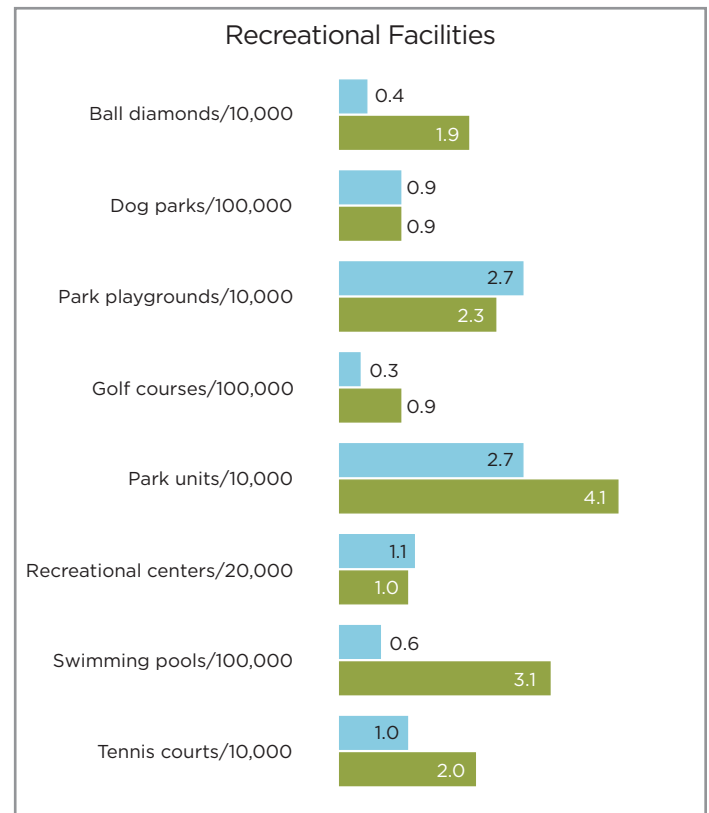
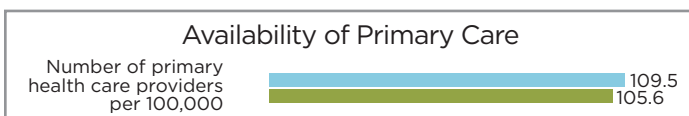
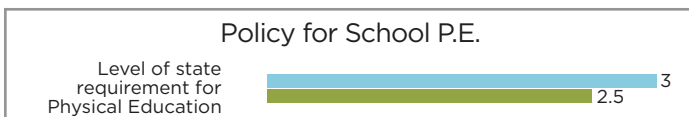
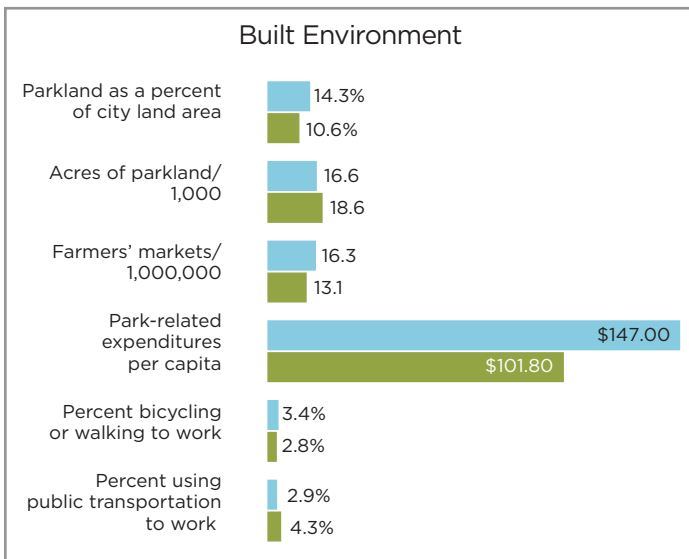
San Jose Target Goal



Community/Environmental Indicators -- Score = 52.9; Rank =24

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

San Jose Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

SEATTLE, WA

(Seattle-Tacoma-Bellevue, WA MSA)

Ranking: Total Score = 67.8; Rank = 8

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

- Higher percent of any physical activity or exercise in the past 30 days
- More farmers’ markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- 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 of days when mental health was not good during the past 30 days
- Higher percent with asthma
- Higher death rate for diabetes
- Fewer acres of parkland per capita
- Fewer swimming pools per capita

Description of Seattle-Tacoma-Bellevue, WA MSA

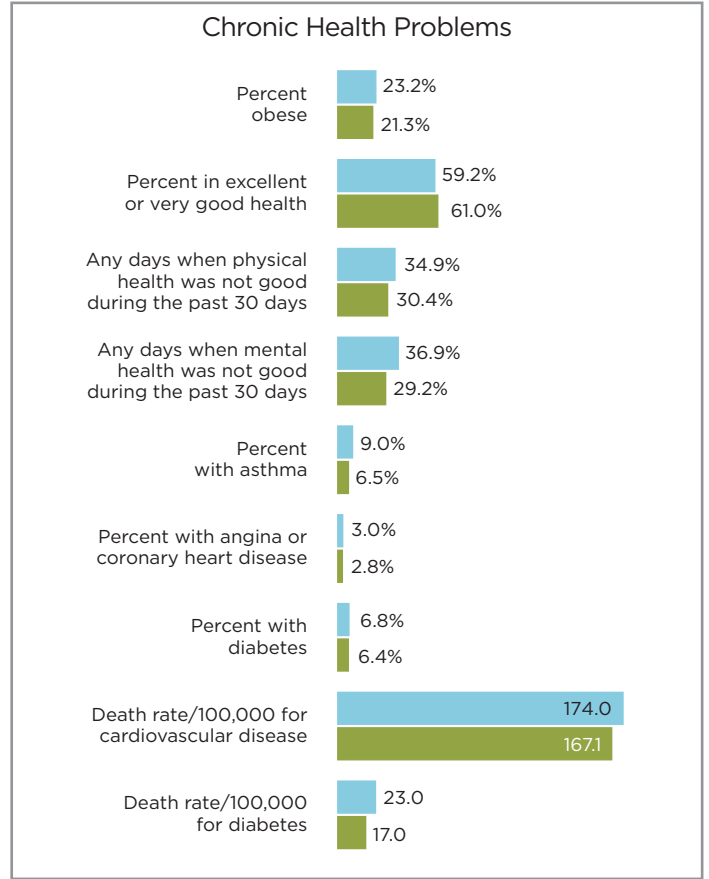
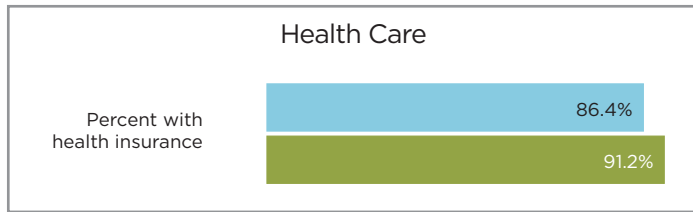
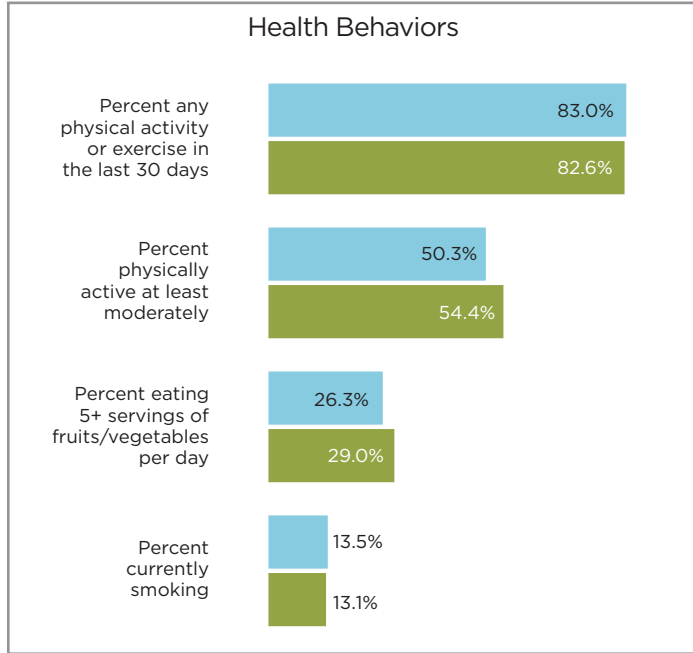
Population	3,407,848
Percent less than 18 years old	22.8%
Percent 18 to 64 years old	66.3%
Percent 65 years old and older	10.8%
Percent male	49.8%
Percent high school graduate or higher	91.2%
Percent White	73.3%
Percent Black or African American	5.5%
Percent Asian	11.5%
Percent Other Race	9.7%
Percent Hispanic/Latino	9.0%
Percent unemployed	10.4%
Median household income	\$63,088
Percent of households below poverty level	7.9%
Violent crime rate/100,000*	353.0
Percent with disability	10.2%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 69.1; Rank = 10

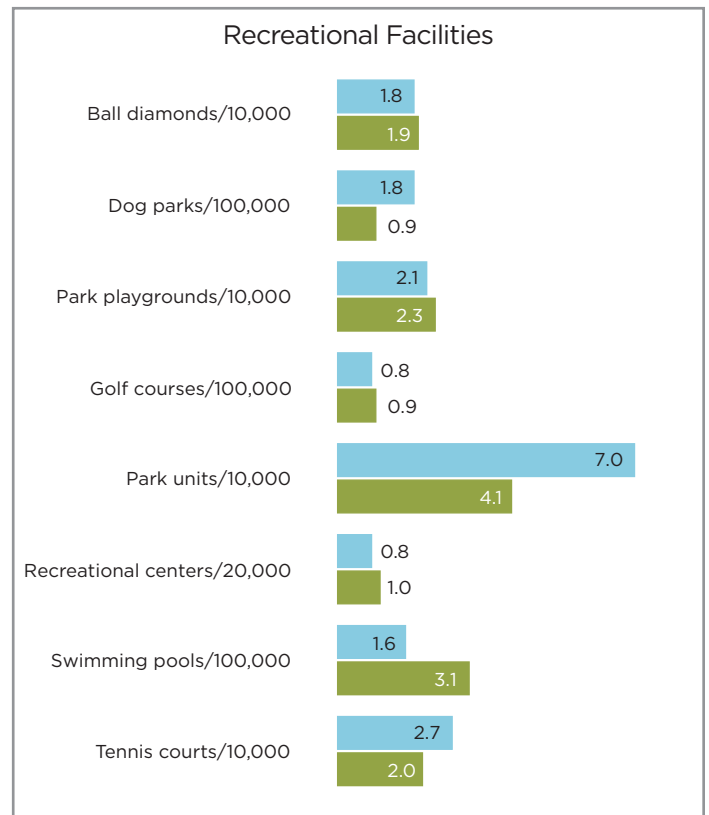
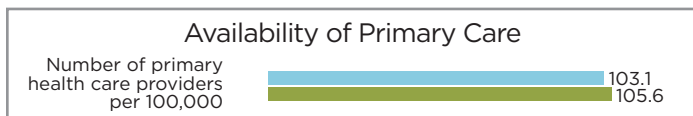
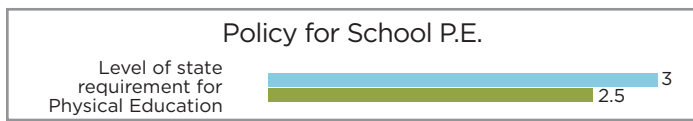
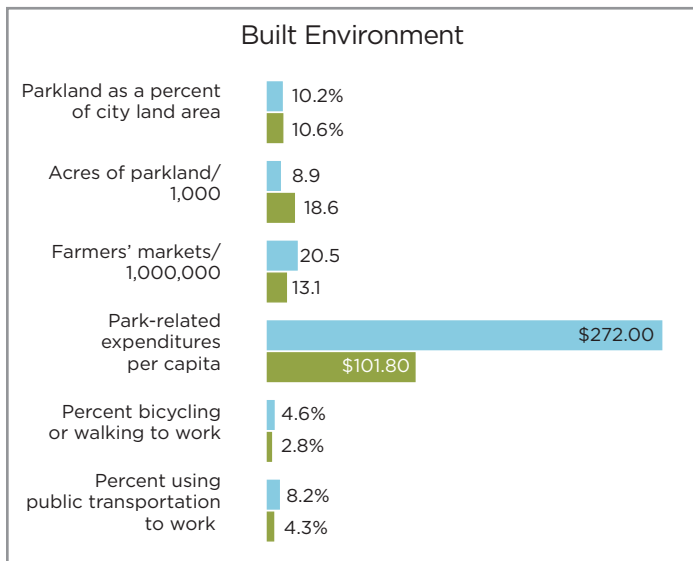
Seattle Target Goal



Community/Environmental Indicators -- Score = 66.6; Rank = 7

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

Seattle Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

TAMPA, FL

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

Ranking: Total Score = 42.4; Rank = 36

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):

- 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
- Fewer farmers' markets 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

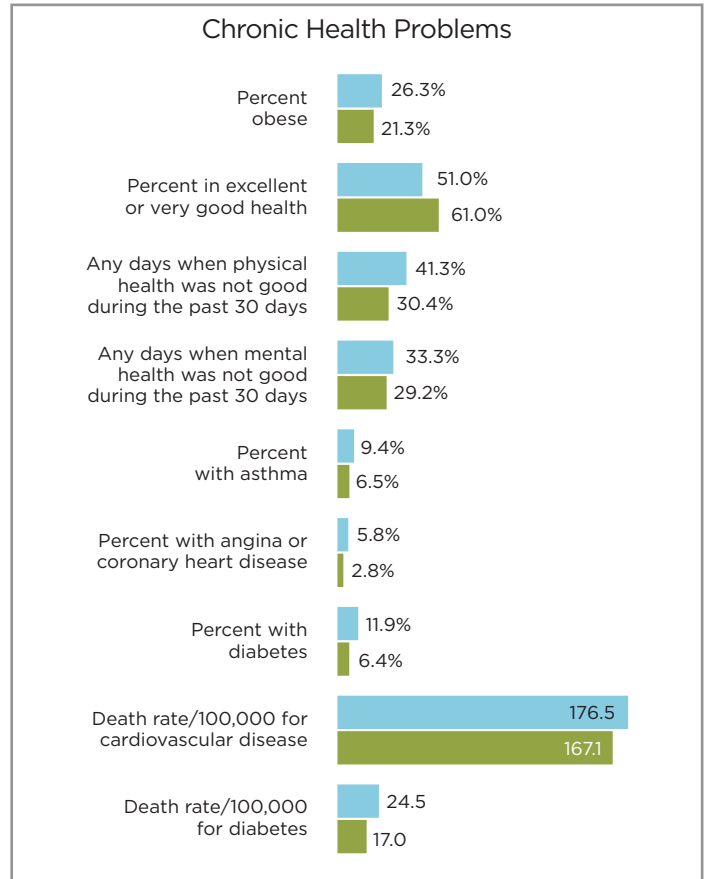
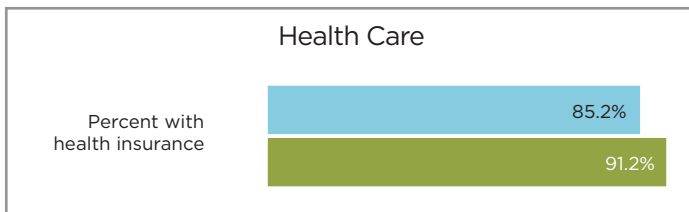
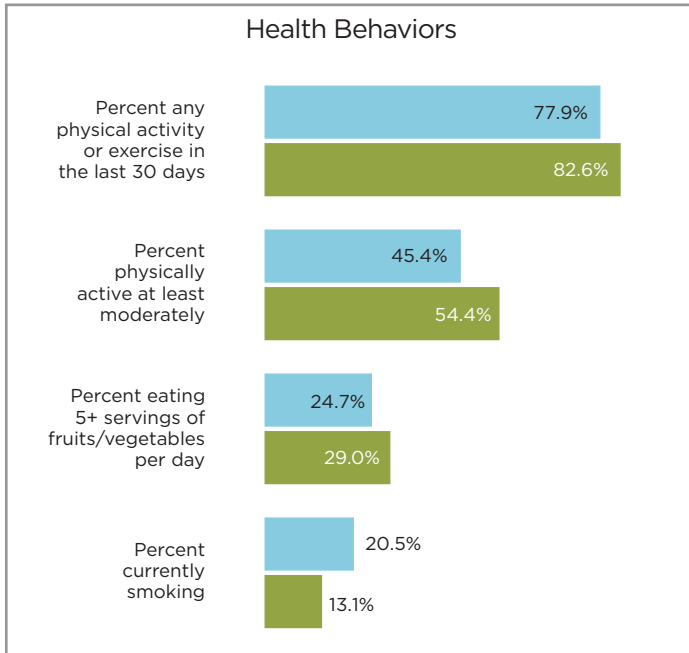
Population	2,747,272
Percent less than 18 years old	21.2%
Percent 18 to 64 years old	61.6%
Percent 65 years old and older	17.2%
Percent male	48.4%
Percent high school graduate or higher	86.9%
Percent White	80.3%
Percent Black or African American	11.8%
Percent Asian	3.0%
Percent Other Race	4.9%
Percent Hispanic/Latino	16.3%
Percent unemployed	13.2%
Median household income	\$43,547
Percent of households below poverty level	11.3%
Violent crime rate/100,000*	500.0
Percent with disability	13.3%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 31.5; Rank = 44

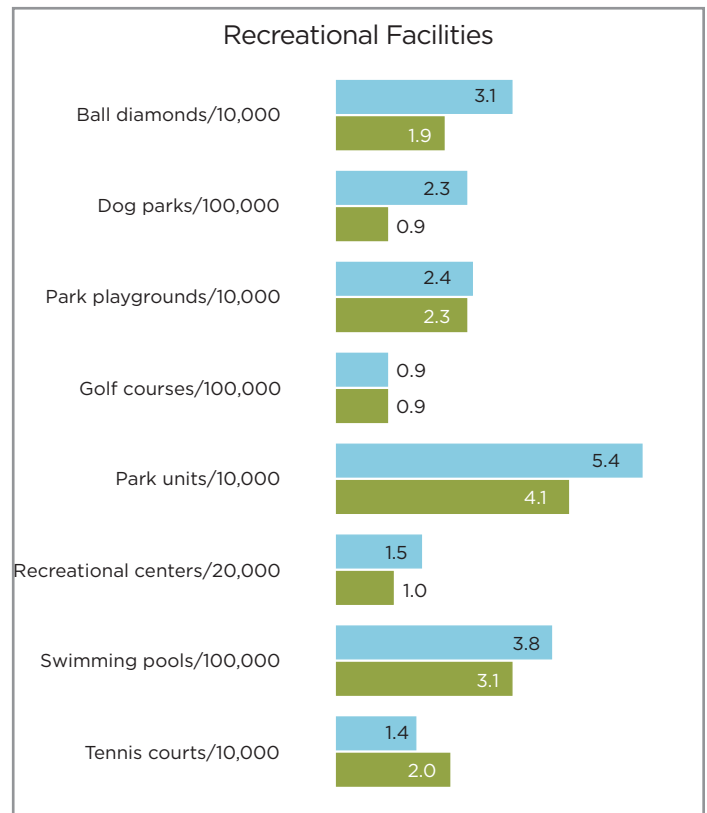
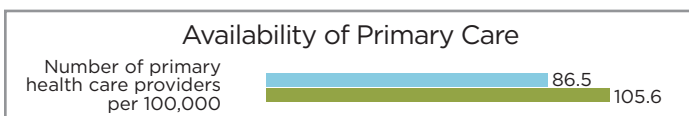
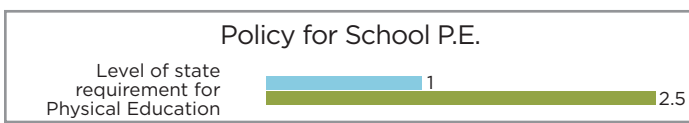
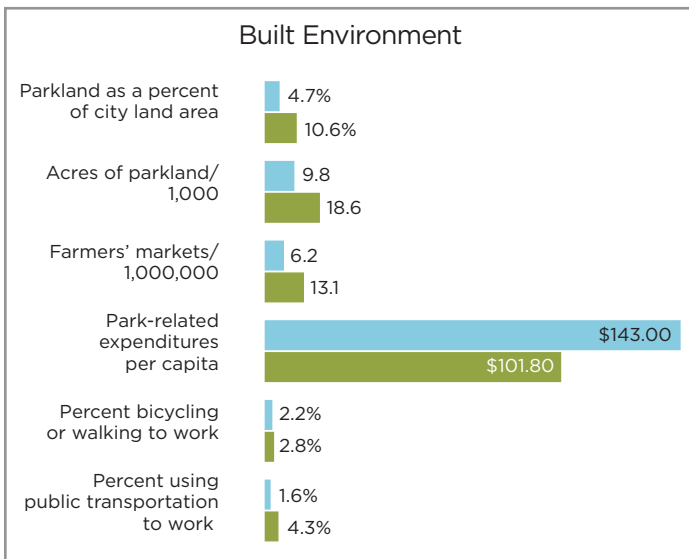
Tampa Target Goal



Community/Environmental Indicators -- Score = 52.5; Rank =25

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

Tampa Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

VIRGINIA BEACH, VA

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

Ranking: Total Score = 63.2; Rank = 11

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

- Higher percentage eating 5+ servings of fruits/vegetables per day
- Higher percent of city land area and parkland
- More acres of parkland per capita
- More farmers' markets per capita
- Higher percent bicycling or walking to work
- More ball diamonds per capita
- More park playgrounds per capita
- More golf courses per capita
- More park units per capita
- More tennis courts per capita
- Higher park-related expenditures per capita
- Higher level of state requirement for physical education classes

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

- 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
- Fewer dog parks per capita
- Fewer recreation centers per capita
- Fewer swimming pools per capita

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

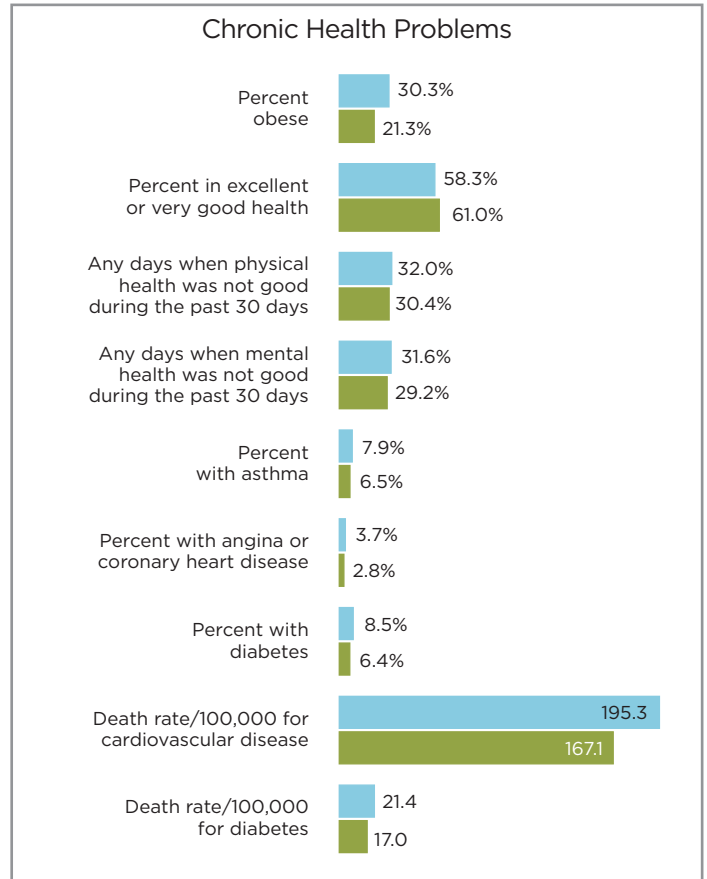
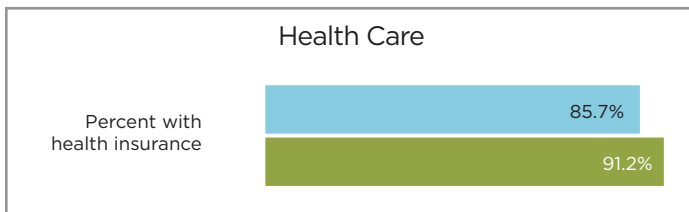
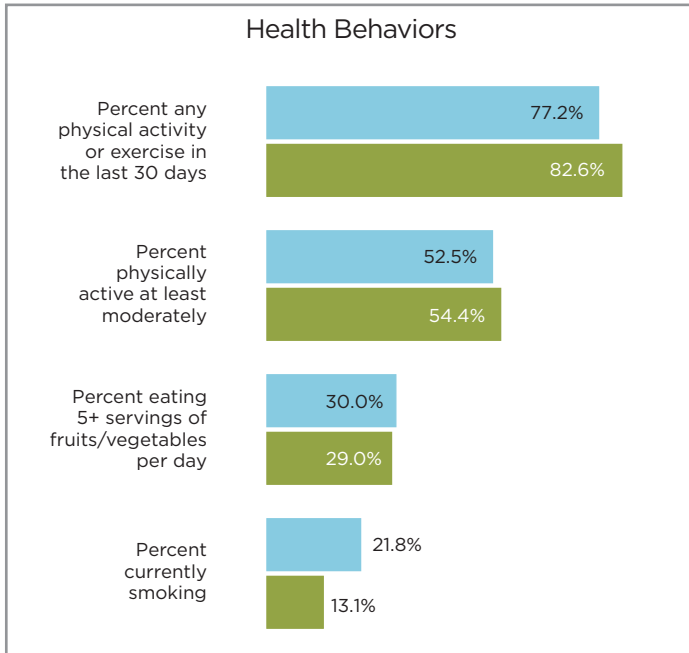
Population	1,674,498
Percent less than 18 years old	23.6%
Percent 18 to 64 years old	64.8%
Percent 65 years old and older	11.6%
Percent male	49.2%
Percent high school graduate or higher	89.6%
Percent White	60.3%
Percent Black or African American	31.3%
Percent Asian	3.6%
Percent Other Race	4.9%
Percent Hispanic/Latino	5.3%
Percent unemployed	8.5%
Median household income	\$57,315
Percent of households below poverty level	7.7%
Violent crime rate/100,000*	336.9
Percent with disability	11.0%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 57.5; Rank = 19

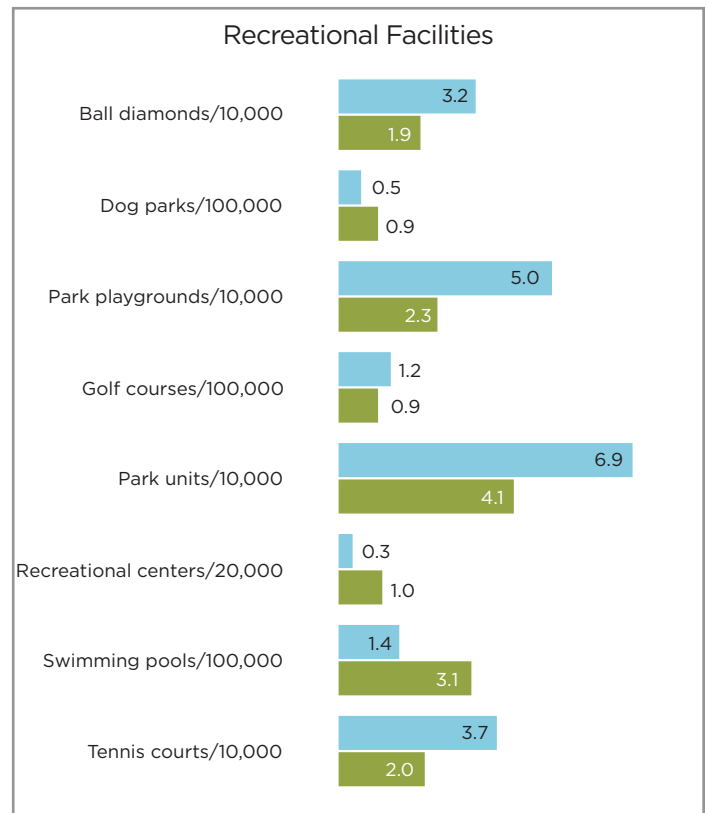
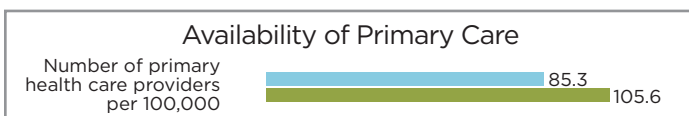
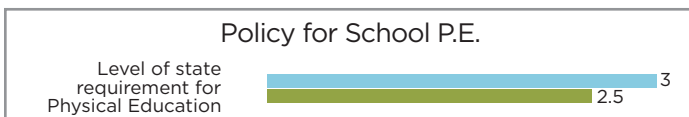
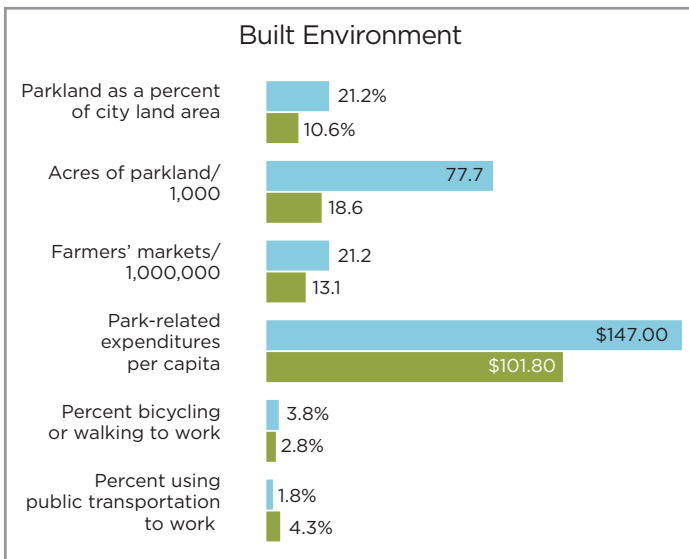
■ Virginia Beach ■ Target Goal



Community/Environmental Indicators -- Score = 68.6; Rank = 6

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

■ Virginia Beach ■ Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

WASHINGTON, DC

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

Ranking: Total Score = 75.8; Rank = 2

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

- Lower percent currently smoking
- Higher percent with health insurance
- Higher percent city land area as parkland
- More farmers' markets per capita
- Higher percent using public transportation to work
- Higher percent bicycling or walking to work
- More ball diamonds
- 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
- Higher level of state requirement for physical education classes

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

- Higher percent with asthma
- Fewer acres of parkland per capita
- Fewer park playgrounds per capita
- Fewer golf courses per capita

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

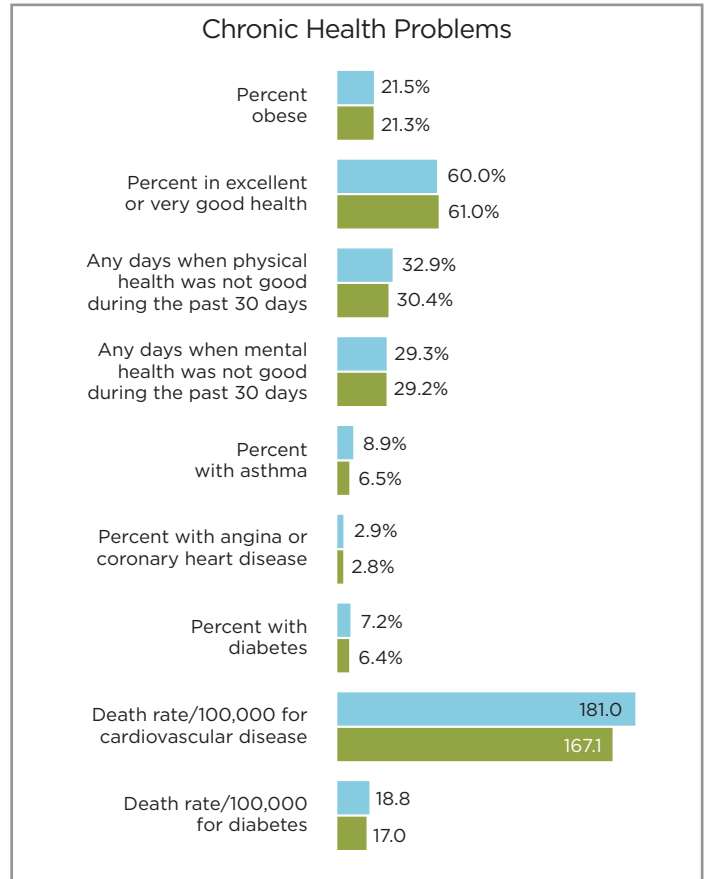
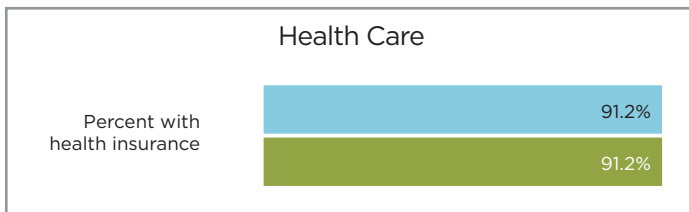
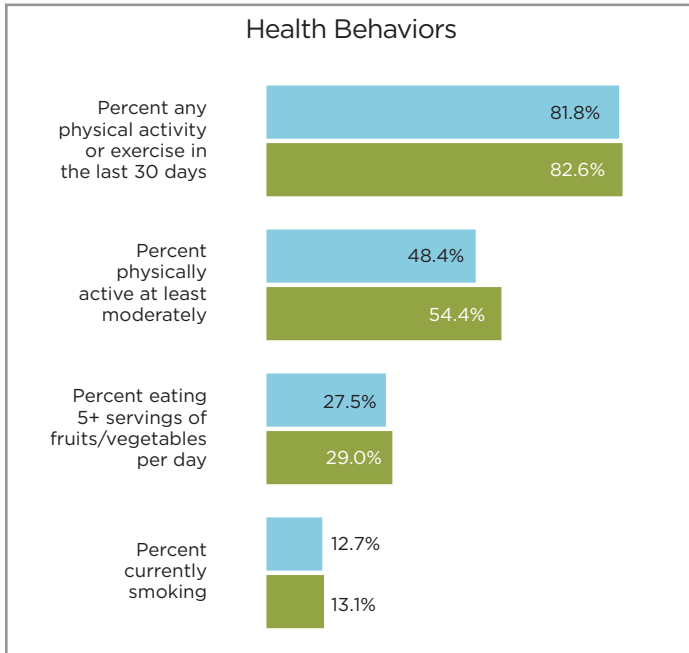
Population	5,476,241
Percent less than 18 years old	23.9%
Percent 18 to 64 years old	66.1%
Percent 65 years old and older	10.0%
Percent male	48.7%
Percent high school graduate or higher	89.6%
Percent White	55.8%
Percent Black or African American	25.8%
Percent Asian	9.2%
Percent Other Race	9.2%
Percent Hispanic/Latino	13.8%
Percent unemployed	7.8%
Median household income	\$84,523
Percent of households below poverty level	5.4%
Violent crime rate/100,000*	380.0
Percent with disability	7.5%

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

ACSM American Fitness Index™ Components

Personal Health Indicators -- Score = 79.2; Rank = 3.5

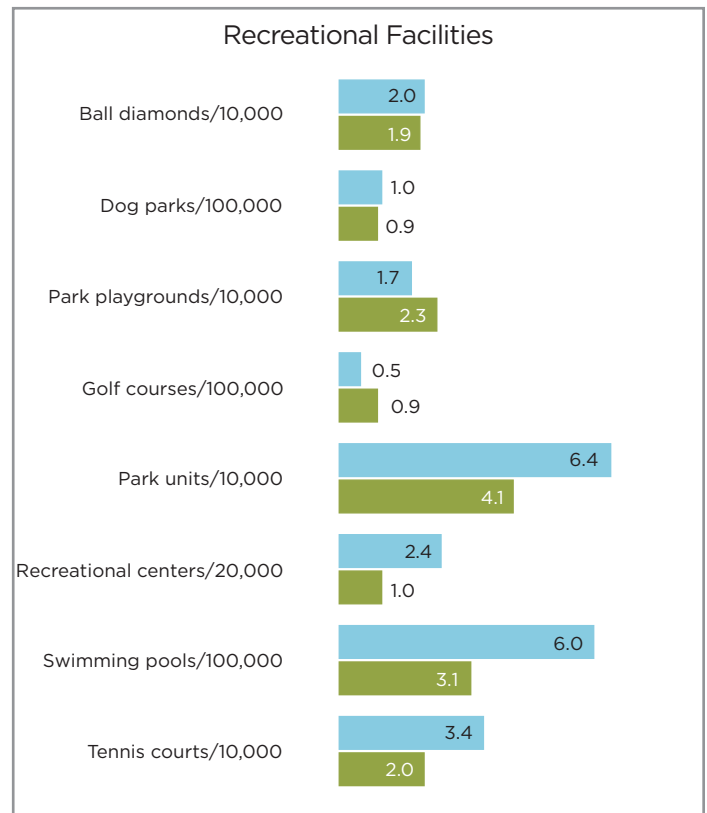
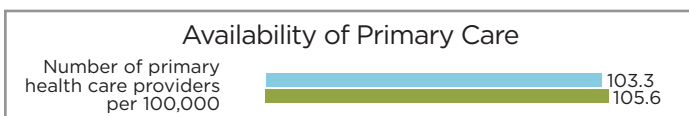
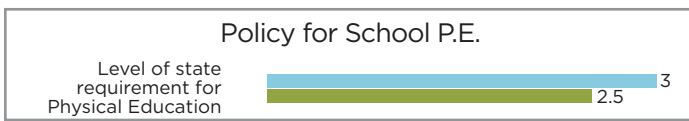
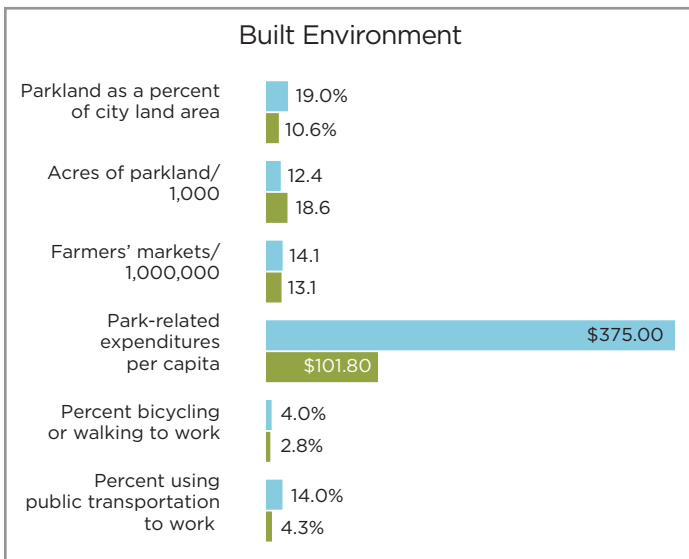
Washington Target Goal



Community/Environmental Indicators -- Score = 72.6; Rank = 3

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

Washington Target Goal



Note: The target goal for the Personal Health Indicators is the 90th percentile for MSAs during 2008-2012. The target goal for the Community/Environmental Indicators is the MSA average for 2008 to 2012.

Appendix A - Data Sources

Variable	Data Source	Website
Population Estimate	2009 U.S. Census	http://www.census.gov/popest/estimates.html
Age Groups	U.S. Census - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent male	U.S. Census - 2010 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 - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent in each race groups	U.S. Census - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent Hispanic/Latino	U.S. Census - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Percent unemployed	U.S. Census - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Median household income	U.S. Census - 2010 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 - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Violent crime rate/100,000	FBI Uniform Crime Reporting Program - 2010	http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/tables/table-6
Percent with disability	U.S. Census - 2010 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	2010 SMART BRFSS - MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Percent physically active at least moderately	2009 SMART BRFSS - MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp

Appendix A – Data Sources

Variable	Data Source	Website
Percent eating 5+ fruits/vegetables per day	2009 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Percent currently smoking	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Percent obese	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Percent in excellent or very good health	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Any days when physical health, was not good during the past 30 days	2010 BRFSS	http://www.cdc.gov/brfss/technical_infodata/surveydata/2010.htm
Any days when mental health, was not good during the past 30 days	2010 BRFSS	http://www.cdc.gov/brfss/technical_infodata/surveydata/2010.htm
Percent with asthma	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Percent with angina or coronary heart disease	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Percent with diabetes	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Death rate/100,000 for cardiovascular disease	2008 CDC Wonder	http://wonder.cdc.gov
Death rate/100,000 for diabetes	2008 CDC Wonder	http://wonder.cdc.gov
Percent with health insurance	2010 SMART BRFSS – MSA Data	http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp
Parkland as a percent of MSA land area	2010 City Park Facts – The Trust for Public Land	http://www.tpl.org/publications/books-reports/ccpe-publications/city-park-facts-report-2011.html
Acres of parkland/1,000	2010 City Park Facts – The Trust for Public Land	http://www.tpl.org/publications/books-reports/ccpe-publications/city-park-facts-report-2011.html
Farmers' markets/1,000,000	USDA Farmers Markets	http://apps.ams.usda.gov/FarmersMarkets/

Appendix A - Data Sources

Variable	Data Source	Website
Percent using public transportation to work	U.S. Census - 2010 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 - 2010 American Community Survey - 1 Year Estimates	http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Ball diamonds/10,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=10
Dog parks/100,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=12
Park playgrounds/10,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=5
Golf courses/100,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=20
Park units/10,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=18
Recreation centers/20,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=13
Swimming pools/100,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=15
Tennis courts/10,000	2010 - The Trust for Public Land	http://cityparksurvey.tpl.org/reports/report_display.asp?rid=22
Park-related expenditures per capita	2010 City Park Facts - The Trust for Public Land	http://www.tpl.org/publications/books-reports/ccpe-publications/city-park-facts-report-2011.html
Level of state requirement for physical education classes	2006 - School Health Policies and Programs Study	http://www.cdc.gov/HealthyYouth/shpps/2006/report-cards/index.htm
Number of primary health care providers per 100,000	2009 HRSA Area Resource File	http://arf.hrsa.gov/

Appendix B – Members of the Expert Panel

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Appendix B – Members of the 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	307,006,550	3,325,885	1,123,804 – 19,069,796
Percent less than 18 years old	24.0%	24.4%	20.2% – 29.4%
Percent 18 to 64 years old	62.9%	63.7%	60.8% – 66.6%
Percent 65 years old and older	13.0%	11.9%	8.1% – 17.3%
Percent male	49.2%	49.0%	48.0% – 50.4%
Percent high school graduate or higher	85.6%	87.0%	77.5% – 93.0%
Percent White	74.2%	71.3%	48.4% – 87.8%
Percent Black or African American	12.6%	15.3%	1.5% – 45.6%
Percent Asian	4.8%	5.5%	1.2% – 31.2%
Percent Other Race	8.5%	7.9%	2.3% – 23.6%
Percent Hispanic/Latino	16.4%	15.7%	1.3% – 54.2%
Percent unemployed	10.8%	10.9%	7.7% – 17.0%
Median household income	\$50,046	\$54,636	\$43,547 – \$84,523
Percent of households below poverty level	11.3%	10.4%	5.4% – 15.0%
Violent crime rate/100,000*	403.6	454.5	242.6 – 1006.5
Percent with disability	11.9%	11.0%	7.5% – 15.3%

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

ACSM American Fitness Index™ Components

Personal Health Indicators

	U.S. Value	MSA Average	MSA Range
Health Behaviors			
Percent any physical activity or exercise in the last 30 days	76.1%	77.4%	70.8% – 84.7%
Percent physically active at least moderately	51.0%	48.7%	36.4% – 58.1%
Percent eating 5+ servings of fruits/vegetables per day	23.4%	24.4%	15.8% – 30.0%
Percent currently smoking	17.3%	16.4%	8.0% – 23.8%
Chronic Health Problems			
Percent obese	27.5%	26.5%	17.8% – 35.8%
Percent in excellent or very good health	54.7%	56.6%	48.1% – 64.3%
Any days when physical health was not good during the past 30 days	34.8%	34.1%	26.3% – 42.6%
Any days when mental health was not good during the past 30 days	33.7%	33.9%	21.2% – 41.4%

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

	U.S. Value	MSA Average	MSA Range
Percent with asthma	9.1%	8.6%	4.9% – 12.1%
Percent with angina or coronary heart disease	4.1%	3.9%	2.6% – 5.8%
Percent with diabetes	8.7%	8.7%	5.3% – 12.7%
Death rate/100,000 for cardiovascular disease	201.8	196.6	130.5 – 264.1
Death rate/100,000 for diabetes	21.8	21.0	12.2 – 34.9
Health Care			
Percent with health insurance	85.0%	85.8%	75.9% – 95.4%

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	10.7%	3.1% – 25.8%
Acres of parkland/1,000	18.5	2.8 – 84.1
Farmers' markets/1,000,000	14.6	1.5 – 29.0
Percent using public transportation to work	4.3%	0.5% – 30.7%
Percent bicycling or walking to work	2.8%	1.1% – 6.5%
Recreational Facilities		
Ball diamonds/10,000	2.0	0.2 – 5.6
Dog parks/10,000	1.0	0.0 – 5.7
Park playgrounds/10,000	2.3	1.0 – 5.0
Golf courses/100,000	1.0	0.0 – 5.0
Park units/10,000	4.1	1.3 – 10.9
Recreation centers/20,000	1.1	0.1 – 2.6
Swimming pools/100,000	3.0	0.5 – 9.3
Tennis courts/10,000	2.1	0.8 – 6.9
Park-related expenditures per capita	\$107.8	\$17.0 – \$375.0
Level of state requirement for physical education classes**	2.5	0 – 3
Number of primary health care providers per 100,000	92.3	46.5 – 132.4

** 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 2012 data and may differ from the community/environmental indicator target goal values calculated from the pooled 2008-2012 data.

Appendix D - Counties in MSAs

Atlanta-Sandy Springs-Marietta, 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
Newton County, GA
Paulding County, GA
Pickens County, GA
Pike County, GA
Rockdale County, GA
Spalding County, GA
Walton County, GA

Austin-Round Rock-San Marcos, TX

Bastrop County, TX
Caldwell County, TX
Hays County, TX
Travis County, TX
Williamson County, TX

Baltimore-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-Quincy, MA-NH

Norfolk County, MA
Plymouth County, MA
Suffolk County, MA
Middlesex County, MA
Essex County, MA
Rockingham County, NH
Strafford County, NH

Buffalo-Niagara Falls, NY

Erie County, NY
Niagara County, NY

Charlotte-Gastonia-Rock Hill, NC-SC

Anson County, NC
Cabarrus County, NC
Gaston County, NC
Mecklenburg County, NC
Union County, NC
York County, SC

Chicago-Joliet-Naperville, IL-IN-WI

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

Cincinnati-Middletown, OH-KY-IN

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

Cleveland-Elyria-Mentor, OH

Cuyahoga County, OH
Geauga County, OH
Lake County, OH
Lorain County, OH
Medina County, OH

Columbus, OH

Delaware County, OH
Fairfield County, OH
Franklin County, OH
Licking County, OH
Madison County, OH
Morrow County, OH
Pickaway County, OH
Union County, OH

Dallas-Fort Worth-Arlington, TX

Collin County, TX
Dallas County, TX
Delta County, TX
Denton County, TX
Ellis County, TX
Hunt County, TX
Kaufman County, TX
Rockwall County, TX”
Johnson County, TX
Parker County, TX
Tarrant County, TX
Wise County, TX

Appendix D - Counties in MSAs

Denver-Aurora-Broomfield, 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-Livonia, 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-Sugar Land-Baytown, 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
 San Jacinto County, TX
 Waller County, TX

Indianapolis-Carmel, IN

Boone County, IN
 Brown County, IN
 Hamilton County, IN
 Hancock County, IN
 Hendricks County, IN
 Johnson 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

Franklin County, 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-Paradise, NV

Clark County, NV

Los Angeles-Long Beach-Santa Ana, CA

Los Angeles County, CA
 Orange County, CA

Louisville/Jefferson County, KY-IN

Clark County, IN
 Floyd County, IN
 Harrison County, IN
 Washington County, IN
 Bullitt County, KY
 Henry County, KY
 Jefferson County, KY
 Meade County, KY
 Nelson County, KY
 Oldham County, KY
 Shelby County, KY
 Spencer County, KY
 Trimble County, KY

Memphis, TN-MS-AR

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

Miami-Fort Lauderdale-Pompano 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
 Ramsey County, MN
 Scott County, MN
 Sherburne County, MN
 Washington County, MN
 Wright County, MN
 Pierce County, WI
 St. Croix County, WI

Appendix D - Counties in MSAs

Nashville-Davidson-- Murfreesboro-Franklin, TN

Cannon County, TN
Cheatham County, TN
Davidson County, TN
Dickson County, TN
Hickman County, TN
Macon 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- Kenner, LA

Jefferson Parish, LA
Orleans Parish, LA
Plaquemines Parish, LA
St. Bernard Parish, LA
St. Charles Parish, LA
St. John the Baptist Parish, LA
St. Tammany Parish, LA

New York-Northern New Jersey-Long Island, NY-NJ-PA

Middlesex County, NJ
Monmouth County, NJ
Ocean County, NJ
Somerset County, NJ
Nassau County, NY
Suffolk County, NY
Essex County, NJ
Hunterdon County, NJ
Morris County, NJ
Sussex County, NJ
Union County, NJ
Pike County, PA
Bergen County, NJ
Hudson County, NJ
Passaic County, NJ
Bronx County, NY
Kings County, NY
New York County, NY
Putnam 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
Delaware County, PA
Montgomery 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-New Bedford- Fall River, RI-MA

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

Raleigh-Cary, 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
Cumberland County, VA
Dinwiddie County, VA
Goochland County, VA
Hanover County, VA
Henrico County, VA
King and Queen County, VA
King William County, VA
Louisa County, VA
New Kent County, VA
Powhatan County, VA
Prince George County, VA
Sussex County, VA
Colonial Heights city, VA
Hopewell city, VA
Petersburg city, VA
Richmond city, VA

Riverside-San Bernardino- Ontario, CA

Riverside County, CA
San Bernardino County, CA

Sacramento-Arden-Arcade- -Roseville, CA

El Dorado County, CA
Placer County, CA
Sacramento County, CA
Yolo County, CA

Appendix D – Counties in MSAs

Saint Louis, MO-IL

Bond County, IL
 Calhoun County, IL
 Clinton County, IL
 Jersey County, IL
 Macoupin County, IL
 Madison County, IL
 Monroe County, IL
 St. Clair County, IL
 Crawford County, MO (pt.)*
 Franklin County, MO
 Jefferson County, MO
 Lincoln County, MO
 St. Charles County, MO
 St. Louis County, MO
 Warren County, MO
 Washington County, MO
 St. Louis city, MO

Salt Lake City, UT

Salt Lake County, UT
 Summit 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-San Marcos, CA

San Diego County, CA

San Francisco-Oakland-Fremont, CA

Alameda County, CA
 Contra Costa County, CA
 Marin County, CA
 San Francisco County, CA
 San Mateo 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
 Gloucester County, VA
 Isle of Wight County, VA
 James City County, VA
 Mathews County, VA
 Surry 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
 Fairfax County, VA
 Fauquier County, VA
 Loudoun County, VA
 Prince William 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

* The portion of Sullivan city in Crawford County, Missouri, is legally part of the St. Louis, MO-IL MSA.



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