

# ACSM American Fitness Index<sup>®</sup>, County Health Rankings, and America's Health Rankings

## Similarities and Differences

American Fitness Index	Community Health Rankings	America's Health Rankings
<b>Purpose and Description:</b>		
The ACSM American Fitness Index <sup>®</sup> (AFI) was developed 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 31 measures of health behaviors, chronic diseases conditions, built environment, recreational facilities, as well as community resources and policies that support physical activity.	The County Health Rankings are based on many factors that, if improved, can help make communities healthier places to live, learn, work and play. The rankings include: health outcomes—length and quality of life; and health factors—a combination of measures on behaviors, clinical care, social and economic factors, and the physical environment.	The purpose of America's Health Rankings is to stimulate action and promote public conversation about health concerns. The Rankings focus on behaviors, community and environment, policy and clinical care to provide a comprehensive picture of the nation's health at the state level.
<b>Unit of Analysis:</b>		
50 largest Metropolitan Statistical Areas	All Counties in each state	50 States plus the District of Columbia
<b>Sponsorship:</b>		
The American College of Sports Medicine and the Anthem Foundation.	The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.	The United Health Foundation, American Public Health Association and the Partnership for Prevention.
<b>Weblink:</b>		
<a href="http://americanfitnessindex.org">http://americanfitnessindex.org</a>	<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a>	<a href="http://www.americashealthrankings.org">http://www.americashealthrankings.org</a>
<b>Criteria for Choosing Indicators:</b>		
<ul style="list-style-type: none"> <li>Based on current research literature</li> <li>Related to the level of health status and/or physical activity for a community</li> <li>Measured and reported by well-respected organizations for the counties in the metropolitan area</li> <li>Available to the public</li> <li>Measured routinely and provided in a timely fashion</li> <li>Modifiable through community effort</li> <li>Selected and weighted by a panel of physical activity and public health experts</li> </ul>	<ul style="list-style-type: none"> <li>Based on current research literature</li> <li>The ability of the factors to be modified through community action</li> <li>Broad based across a spectrum of health issues</li> <li>The availability and reliability of indicators at the county level throughout the nation</li> <li>Analysis and feedback from a panel of technical experts</li> </ul>	<ul style="list-style-type: none"> <li>Methods developed and reviewed annually by a panel of leading public health scholars</li> <li>Broad range of issues that affect a population's health</li> <li>Measures use common health-measurement criteria</li> <li>Data available at state level</li> <li>Data current and updated periodically</li> <li>Includes socio-economic measures such as high school graduation rates, poverty data, and access to care</li> </ul>
<b>Indicators Included:</b>		
16 Social-demographic descriptive variables – not used in the Index calculation Used in AFI: 6 Health behaviors 7 Chronic health conditions 2 Death rates for preventable conditions 6 Built environment 8 Recreational resources School PE requirements Park-related expenditures/capita	Life expectancy 4 Measures of quality of life (3 match AFI) 9 Health behaviors (3 match AFI, 2 similar to AFI) 7 Clinical care measures (None in current AFI) 9 Social and economic factors (3 match AFI descriptive variables, 1 similar to a descriptive variable) 5 Physical environment measures (None match, 2 similar to AFI)	9 Health behaviors (2 match AFI, 2 similar to AFI) 5 Chronic health conditions (1 matches AFI) 1 Clinical care measures (None in AFI) 5 Economic environment measures (1 matches AFI descriptive variable, 1 similar to AFI descriptive variable) 2 Outcomes (1 matches AFI)
<b>Weighting of Indicators:</b>		
Weighting applied as described here <a href="http://www.americanfitnessindex.org/methodology/">http://www.americanfitnessindex.org/methodology/</a>	Weighting applied as described here: <a href="http://www.countyhealthrankings.org/about/project/ranking-methods">http://www.countyhealthrankings.org/about/project/ranking-methods</a>	Weighting applied as described here: <a href="http://www.americashealthrankings.org/about/annual">http://www.americashealthrankings.org/about/annual</a>
<b>Standardization:</b>		
Overall score and sub-scores on a 100-point scale. MSA rankings for overall and sub-scales provided as well as values for indicator provided.	Within-state z-scores to standardize each individual measure to form rankings for health outcomes and health determinants for each county within a state. Values, trends, error margins, top US performers, state values, and rank in state provided.	Within-state z-scores to standardize each individual measure to the same scale. State level values for indicators provided.
<b>Summary:</b>		
The purpose of ACSM American Fitness Index <sup>®</sup> (AFI), the County Health Rankings, and America's Health Rankings are similar in that they were developed to help improve the modifiable health indicators by providing valid and reliable data on key measures.		
While the AFI focuses on personal health and community fitness, the County Health Ranking and America's Health Rankings are based on the overall health status and quality of life.		
The data indicators (variables) in the AFI, the County Health Rankings and America's Health Rankings include modifiable factors and community descriptions and obtained from similar sources; however, the unit of analysis for AFI is the metropolitan statistical area versus county and state, respectively for the other two.		
All three indices were standardized and weighted. The AFI was standardized to a scale with the upper limit of 100. The County Health Ranking and America's Health Rankings use z-scores to standardize the individual measures values to allow calculating index values used for ranking the counties and states respectively.		