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My AFI Community Application Toolkit

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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 this approach, assess your own level of community fitness, and build understanding of the individual and societal behaviors related to physical activity in your community.

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 (e.g. urban vs rural) of your specific community. Likewise, if you wish to compare your community to others for context, it is important to choose peer communities that are similar to yours. In the instructions that follow, we provide guidance on where to look for data about your community, based on its size, how to identify appropriate peer communities, and how to assess your community's areas of excellence and improvement priority areas to guide action. While you may not be able to find all the AFI data for your community, we encourage you to use what is available to identify opportunities for action. This guide will lead you through the steps to complete My AFI for your community:

- Step 1: Identify the communities you want to compare with your own
- 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 areas of excellence and improvement priority areas
- Step 7: Use your My AFI profile to advocate for improved fitness

Step 1: Identify the communities you want to compare with your own

In the *AFI Data Report*, the 50 largest metropolitan statistical areas (MSAs) are compared to the U.S. value and to the MSA average for these 50 peers. Comparing your community to the U.S. value, since it represents our country on the whole, makes sense, but comparing your community to the 50 largest MSAs may not. Consider those communities you would like to compare to your own for context, since you will also be collecting the same data for these communities as you proceed through these instructions. There are a number of possibilities, and the extent to which you wish to make comparisons can be guided by the goals and purposes of local stakeholders. You could compare your city/county to:

- The U.S. on the whole
- Your state on the whole
- Neighboring counties/cities
- Cities or counties in your geographic region of similar size and demographics
- The MSA averages or benchmarks reported in the *AFI Data Report*, if your community is a large MSA as well
- Peer counties, as matched by HRSA for population size, poverty, age, and income

In order to identify HRSA peer counties, visit the HRSA Health Resources County Comparison Tool at <http://ahrf.hrsa.gov/arfdashboard/HrctIntro.aspx>. Peer counties are counties with similar population size, density, poverty, age structure, and frontier status. If you are comparing your community to other communities, data should come from the same source, cover the same time period and apply to a similar geographic unit (e.g. county to county or MSA to MSA).

Step 2: Describe your community

Population Characteristics

The indicators shown as Population Characteristics are not modifiable through community health programming and are not considered a part of the AFI ranking itself, but they do provide a description of your community that is helpful when choosing target audiences and strategies for implementing programs. Whether or not you wish to complete these data for comparison communities is up to you.

- For communities of all sizes, all of these data, except violent crime rate, are available through the U.S. Census at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.
- Most of these data are also more easily accessed through the U.S. Census Bureau's Quick Facts at <http://quickfacts.census.gov/qfd/index.html>. Quick Facts includes statistics for all states and counties and for cities and towns with more than 5,000 people.
- Finally, many of these population characteristics are already compiled along with health data for all counties in the U.S. at the County Health Rankings website prepared by the University of Wisconsin Population Health Institute at <http://www.countyhealthrankings.org/>. This site also reports either the Violent Crime Rate per 100,000 (or the Homicide Rate, if violent crime data are not easily accessible and reliable).

Population Characteristics or MMSA*	My County	My State	U.S.	Peer County	Peer County
Population					
Percent less than 18 years old	%	%	%	%	%
Percent 18-64 years old	%	%	%	%	%
Percent 65 years and older	%	%	%	%	%
Percent male	%	%	%	%	%
Percent high school graduate or higher	%	%	%	%	%
Percent White	%	%	%	%	%
Percent Black or African American	%	%	%	%	%
Percent Asian	%	%	%	%	%
Percent Other Race	%	%	%	%	%
Percent Hispanic/Latino	%	%	%	%	%
Percent unemployed	%	%	%	%	%
Median household income	\$	\$	\$	\$	\$
Percent of households below poverty level	%	%	%	%	%
Violent Crime rate per 100,000					
Percent with disability	%	%	%	%	%

* Metropolitan/micropolitan area (MMSA)

Step 3: Search for Personal Health Indicators

Personal Health Indicators

The primary data source for all the Personal Health Indicators (Health Behaviors and Chronic Health Problems), except cardiovascular and diabetes death rates, is the national telephone survey referred to as the Behavioral Risk Factor Surveillance System (BRFSS). However, there are different ways to access these data depending on the size of your community.

- Data for many MMSAs are available directly from the Centers for Disease Control and Prevention “SMART: BRFSS City and County Data” web portal at http://www.cdc.gov/brfss/smart/smart_data.htm. Data for MMSAs with 500 or more respondents to the annual survey are provided therefore, many communities not included in the *AFI Data Report* will be able to find your Health Indicators here.
- If your community is not included in the BRFSS-SMART portal, the County Health Rankings (<http://www.countyhealthrankings.org/>) has made available many BRFSS health indicators for all counties in the U.S. by combining multiple years of data to boost sample size. For small communities, the County Health Rankings website will be the simplest way to access much of the same data contained in My AFI from one site, and we refer you to Step 5 for further information about the Mini My AFI. (Note – these data are not available for cities, only counties.)
- The death rates for cardiovascular disease and diabetes reported in the *AFI Data Report* are obtained through the Centers for Disease Control and Prevention’s WONDER system at <http://wonder.cdc.gov>, which can be cumbersome for those not familiar with it. We suggest an easier alternative, which is to access your state health department either by website or by phone. Mortality rates for selected causes by county are routinely collected and publicly reported by state health departments. You may find your state health department’s website using this search page sponsored by the Centers for Disease Control and Prevention: <http://www.cdc.gov/mmwr/international/relres.html>

Health Behaviors	My County or MMSA*	My State	U.S.	Peer County	Peer County
Percent any physical activity or exercise in the last 30 days	%	%	%	%	%
Percent meeting CDC aerobic activity guidelines	%	%	%	%	%
Percent meeting both CDC aerobic and strength activity guidelines	%	%	%	%	%
Percent consuming 2+ fruits per day	%	%	%	%	%
Percent consuming 3+ vegetables per day	%	%	%	%	%
Percent currently smoking	%	%	%	%	%

* Metropolitan/micropolitan area (MMSA)

Chronic Health Problems	My County or MMSA*	My State	U.S.	Peer County	Peer County
Percent obese	%	%	%	%	%
Percent in excellent or very good health	%	%	%	%	%
Any days when physical health was not good during the past 30 days	%	%	%	%	%
Any days when mental health was not good during the past 30 days	%	%	%	%	%
Percent with asthma	%	%	%	%	%
Percent with angina or coronary heart disease	%	%	%	%	%
Percent with diabetes	%	%	%	%	%
Death rate/100,000 for cardiovascular disease					
Death rate/100,000 for diabetes					

* Metropolitan/micropolitan area (MMSA)

Step 4: Search for Community/Environmental Indicators

Built Environment & Recreational Facilities

Most AFI data for Recreational Facilities, as well as measures of parkland, come from a report prepared annually by The Trust for Public Land called City Park Facts. Unlike much of the data noted above, it pertains to the geographic boundaries of a city, not MSA or county. Their report includes the largest 100 cities in the U.S., so their data will be available to 50 additional U.S. cities not covered in the *AFI Data Report*.

Many of these indicators may lack relevance in smaller and/or rural communities. Small communities may have little need for dog parks, and no real demand/need for public transportation to work. Community stakeholders should apply their own knowledge of the community and disregard indicators that lack practical relevance.

- If you are among the largest 100 cities, you will find your data about Recreational Facilities and parkland in the annual report of City Park Facts at <https://www.tpl.org/center-city-park-excellence>.
- If you are not among the largest 100 cities, a similar measure, Access to Recreational Facilities, is included in the County Health Rankings at <http://www.countyhealthrankings.org/>. Access to Recreational Facilities, defined as “establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports,” is reported as the number per 100,000 population in the county.
- Data regarding Recreational Facilities in your community may also be available through direct contact with your local City/County Parks Department or government. While this will be useful information to you, it may not be directly comparable to data collected by The Trust for Public Land or by other Parks Departments, so be cautious in making comparisons.

- The source used in the *AFI Data Report* for the number of farmers' markets is the USDA Farmers Markets listing available at <http://www.ams.usda.gov/local-food-directories/farmersmarkets>. From this page, you may narrow the list to those within a particular state, and then by proximity to zip codes, but it will take some time to derive your number for the whole population of your city/county. Then this number must be converted to a rate per 1,000,000 persons. Alternatively, the County Health Rankings (<http://www.countyhealthrankings.org/>) provides a similar measure, Access to Healthy Foods, reported as the percent of zip codes in the county with a healthy food outlet (grocery store or produce stand/farmers' market).
- The percent using public transportation to work and the percent biking or walking to work is available through the U.S. Census Bureau's American Community Survey at <http://factfinder2.census.gov>. A related measure reported by the County Health Rankings is the percent of the labor force that drives alone to work (<http://www.countyhealthrankings.org/>).
- The Walk Score® data can be found at www.walkscore.com. Walk Score reports data on the city level, rather than county or state.
- Data for the percent within a 10 minute walk to a park can be found through a new Trust for Public Land resource, ParkScore® at <http://parkscore.tpl.org>. These data will also be on the city level.

Built Environment	My County or MMSA*	My State	U.S.	Peer County	Peer County
Parkland as percent of city land area	%	%	%	%	%
Acres of parkland/1,000					
Farmers' markets/1,000,000					
Percent using public transportation to work	%	%	%	%	%
Percent bicycling or walking to work	%	%	%	%	%
Walk Score®					
Percent within a 10 minute walk to a park	%	%	%	%	%

* Metropolitan/micropolitan area (MMSA)

Policy

The indicator included in the *AFI Data Report* regarding the level of state requirement for Physical Education (PE) classes (high school, middle school, and elementary school) is obtained from the School Health Policies and Programs Study at <http://www.cdc.gov/healthyouth/data/shpps/index.htm>. This level is a state policy, so it will not vary by county. Each state is assigned a 1, 2, or 3 to indicate whether PE is required at the elementary, middle, and/or high school levels. If another city in your state is included in the *AFI Data Report*, you can simply copy that value into My AFI.

Policy	My County or MMSA*	My State	U.S.	Peer County	Peer County
Level of state requirement for Physical Education classes					

* Metropolitan/micropolitan area (MMSA)

Step 5: Consider the option of a Mini My AFI

If the complete My AFI process seems too difficult and time-consuming or if the smaller size of your community means that data are difficult to find, it is possible to complete an abbreviated adaptation of My AFI for your county using only the County Health Rankings website (<http://www.countyhealthrankings.org/>). We have named this shortened adaptation the Mini My AFI. That template is shown below and a blank worksheet can be found at the back of the toolkit.

Characteristics	My County or MMSA*	My State	Peer County	Peer County
Population Characteristics				
Population				
Percent less than 18 years old	%	%	%	%
Percent 65 years and older	%	%	%	%
Percent female	%	%	%	%
Percent Non-Hispanic African American	%	%	%	%
Percent Asian	%	%	%	%
Percent Other Race	%	%	%	%
Percent Hispanic/Latino	%	%	%	%
Percent unemployed	%	%	%	%
Median household income	\$	\$	\$	\$
Percent of children in poverty	%	%	%	%
Percent rural	%	%	%	%
Violent Crime (or Homicide) rate per 100,000				
Health Behaviors				
Percent of adults that report no leisure time physical activity	%	%	%	%
Percent of adults currently smoking	%	%	%	%
Chronic Health Problems				
Percent obese adults	%	%	%	%
Percent in poor or fair health	%	%	%	%
Average number of poor physical health days in past 30				
Average number of poor mental health days in past 30 days				
Percent with diabetes	%	%	%	%
Health Care				
Percent uninsured adults	%	%	%	%
Ratio of population to primary care physicians				
Built Environment				
Percent of labor force that drives alone to work	%	%	%	%
Access to healthy foods ¹				
Recreational Facilities				
Access to recreational facilities as number per 100,000 population				
Policies				
Level of state requirement for Physical Education classes				

Step 6: Assess your community's relative areas of excellence and improvement priority areas

Now that you have filled in all available data for your community and other communities to which you will compare, it is time to take a close look at the data to determine your areas of excellence and improvement priority areas. The purpose of this comparison is to gain a relative sense of how well your community is doing compared to others, and to help stakeholders determine priorities for action. This comparison is not designed to determine statistically-significant differences or to calculate scores or ranking.

Consider each of the AFI indicators you were able to collect for your community, and then list each indicator under one of the categories shown below. Examples are provided under each category to demonstrate this approach. You will find blank worksheets to complete this step at the end of the toolkit.

Areas of Excellence

These are areas where your community's value is better than most or all of your comparison communities. Highlight these areas of excellence and celebrate the efforts of those who helped your community develop these good attributes. Consider the following example.

My AFI Indicator	My County or MMSA*	My State	U.S.	Peer County	Peer County
Percent currently smoking	16.9%	17.0%	17.9%	18.0%	17.3%
Difference :		-0.1%	-1.0%	-1.1%	-0.4%
My community is:		similar	better	better	similar
CATEGORY:	ADVANTAGE				

* Metropolitan/micropolitan area (MMSA)

Improvement Priority Areas

Improvement priority areas exist where your community's value is worse than most or all of your comparison communities. The degree of the difference obviously matters too, so take this into consideration when setting priorities for action. Consider what challenges, if impacted, would improve the overall health, fitness, and quality of life of the residents of your community. These are potential targets for implementing initiatives to improve these measures.

My AFI Indicator	My County or MMSA*	My State	U.S.	Peer County	Peer County
Percent with health insurance	83.0%	84.6%	85.6%	86.2%	82.8%
Difference :		-1.6%	-2.6%	-3.2%	0.2%
My community is:		worse	worse	worse	similar
CATEGORY:	CHALLENGE				

* Metropolitan/micropolitan area (MMSA)

Similar

Being similar to others shows that your community is functioning as well as others in this area. Depending on your history, this may be a sign of progress. However, this may still be an area needing attention. For example, an obesity rate of 25%, even if it is in line with other communities, is a public health concern that warrants action.

My AFI Indicator	My County or MMSA*	My State	U.S.	Peer County	Peer County
Percent obese	25.5%	25.9%	26.9%	24.8%	25.0%
Difference:		-0.4%	-1.4%	0.7%	0.5%
My community is:		similar	better	similar	similar
CATEGORY:	SIMILAR				

* metropolitan/micropolitan area (MMSA)

Mixed

Sometimes, results will be mixed. In comparison to other communities, your community is doing better than some and worse than others. Put these on a watch list and see how things have changed next year, or invite discussion among stakeholders to learn more about the community context.

My AFI Indicator	My County or MMSA*	My State	U.S.	MSE Average	Peer City/County
Acres of parkland/1,000	10.5	Not available		18.9	11.3
Difference:		Not available		-8.40	-0.80
My community is:		Not available		worse	similar
CATEGORY:	MIXED				

* metropolitan/micropolitan area (MMSA)

Step 7: Use your My AFI profile to advocate for improved fitness

The purpose of completing My AFI is to help community stakeholders better understand your community's physical activity level and health status and to help guide your strategic planning activities. Now that you have collected and assessed your community's information, remember to celebrate your community's successes and keep in mind that any work on a challenge moves your community toward improved health and quality of life. Consult the AFI Community Action Guide or the AFI website (www.americanfitnessindex.org) for tools and resources to focus local health promotion efforts.

Use of the My AFI Community Application Tool is not meant to create a score comparable to a score or ranking found in the AFI Data Reports. Please refer to the [ACSM American Fitness Index Data Use Agreement](#) when replicating data found in the AFI Data Report.

My AFI Worksheets

Population Characteristics	My County or MMSA	My State	U.S.	Peer County	Peer County
Population					
Percent less than 18 years old	%	%	%	%	%
Percent 18-64 years old	%	%	%	%	%
Percent 65 years and older	%	%	%	%	%
Percent male	%	%	%	%	%
Percent high school graduate or higher	%	%	%	%	%
Percent White	%	%	%	%	%
Percent Black or African American	%	%	%	%	%
Percent Asian	%	%	%	%	%
Percent Other Race	%	%	%	%	%
Percent Hispanic/Latino	%	%	%	%	%
Percent unemployed	%	%	%	%	%
Median household income	\$	\$	\$	\$	\$
Percent of households below poverty level	%	%	%	%	%
Violent Crime rate per 100,000					
Percent with disability	%	%	%	%	%

Health Behaviors	My County or MMSA	My State	U.S.	Peer County	Peer County
Percent any physical activity or exercise in the last 30 days	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent meeting CDC aerobic activity guidelines	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent meeting both CDC aerobic and strength activity guidelines	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent consuming 2+ fruits per day	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent consuming 3+ vegetables per day	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent currently smoking	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					

Chronic Health Problems	My County or MMSA	My State	U.S.	Peer County	Peer County
Percent obese	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent in excellent or very good health	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Any days when physical health was not good during the past 30 days	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Any days when mental health was not good during the past 30 days	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent with asthma	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent with angina or coronary heart disease	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent with diabetes	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Death rate/100,000 for cardiovascular disease					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Death rate/100,000 for diabetes					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					

Built Environment	My County or MMSA	My State	U.S.	Peer County	Peer County
Parkland as percent of city land area	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Acres of parkland/1,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Farmers' markets/1,000,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Percent using public transportation to work	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
Percent bicycling or walking to work	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					
WalkScore®					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Percent within a 10 minute walk to a park	%	%	%	%	%
Difference:		%	%	%	%
My community is (similar, better, worse):					
CATEGORY:					

Recreational Facilities	My County or MMSA	My State	U.S.	Peer County	Peer County
Ball diamonds/10,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Dog parks/10,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Park playgrounds/10,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Golf courses/100,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Park units/10,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Recreation centers/20,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Swimming pools/100,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Tennis courts/10,000					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					
Park-related expenditures per capita	\$	\$	\$	\$	\$
Difference:					
My community is (similar, better, worse):					
CATEGORY:					

Policy	My County or MMSA	My State	U.S.	Peer County	Peer County
Level of state requirement for Physical Education classes					
Difference:					
My community is (similar, better, worse):					
CATEGORY:					

Mini My AFI

Characteristics	My County	My State	Peer County	Peer County
Population Characteristics				
Population				
Percent less than 18 years old	%	%	%	%
Percent 65 years and older	%	%	%	%
Percent female	%	%	%	%
Percent Non-Hispanic African American	%	%	%	%
Percent Asian	%	%	%	%
Percent Other Race	%	%	%	%
Percent Hispanic/Latino	%	%	%	%
Percent unemployed	%	%	%	%
Median household income	\$	\$	\$	\$
Percent of children in poverty	%	%	%	%
Percent rural	%	%	%	%
Violent Crime (or Homicide) rate per 100,000				
Health Behaviors				
Percent of adults that report no leisure time physical activity	%	%	%	%
Percent of adults currently smoking	%	%	%	%
Chronic Health Problems				
Percent obese adults	%	%	%	%
Percent in poor or fair health	%	%	%	%
Average number of poor physical health days in past 30 days				
Average number of poor mental health days in past 30 days				
Percent with diabetes	%	%	%	%
Health Care				
Percent uninsured adults	%	%	%	%
Ratio of population to primary care physicians				
Built Environment				
Percent of labor force that drives alone to work	%	%	%	%
Access to healthy foods ¹				
Recreational Facilities				
Access to recreational facilities as number per 100,000 population				
Policies				
Level of state requirement for Physical Education classes				