MilicaStankovic /iStock/Thinkstock

Letter from the Editor
A. Lynn Millar, PT, Ph.D., FACSM

Welcome to the latest edition of the *ACSM Fit Society® Page*. This special issue will give you an in-depth glance at the *ACSM American Fitness Index® Data Report* and how it can impact the health of your community.
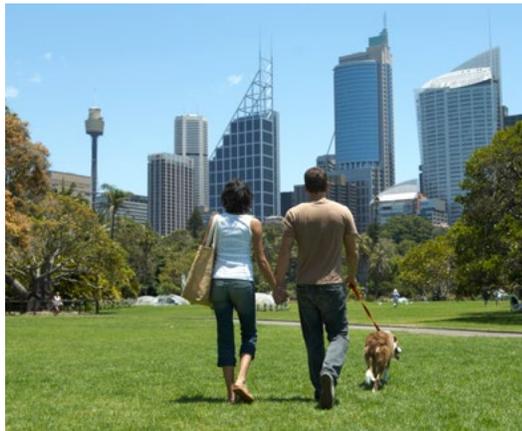
After you have read this information that ACSM experts have prepared for you, please feel free to share it with friends and family. We hope these articles will help you as you pursue a healthy and active life.

A. Lynn Millar, PT, Ph.D., FACSM
Editor, ACSM Fit Society® Page
Email: millaral@wssu.edu

www.acsm.org/fit-society

ACSM FIT SOCIETY® PAGE

Theme: Fit Cities – Understanding the AFI Data Report

The *2016 AFI Data Report*: An Overview

Walter R. Thompson, Ph.D., FACSM
AFI Advisory Board Chair

Kane Skennar/Photodisc/Thinkstock

San Francisco and Miami, Dallas and Washington, D.C., Portland and Boston. These cities are separated by great distances across the country. In many ways, they are vastly different cities. However, despite their differences and distance, these cities and others are all connected by the ACSM American Fitness Index® (AFI).

At first glance, the *AFI Data Report* clearly has a great amount of information for the reader. Since its first publication in 2008, AFI's purpose has been to help cities assess and evaluate health and fitness. To do so, each year the 50 most populated metropolitan statistical areas (MSAs; referred to as cities, including the suburbs, for most of us) in the United States are ranked and scored based on scientific evidence of health and fitness. The report measures health behaviors, levels of chronic disease conditions and community resources that support physical activity. Readers must first distinguish the difference between the cities' rankings and their scores to capture the real state of health and fitness in their city. A city's ranking is relative to the other cities in the list. There are 50 cities with 50 scores and, in order to organize them, the cities are ranked, one to 50 based on their scores. Focusing on the trends in the city's score over the years will give an indication of whether the health status is changing (rising, declining or staying the same).

The *2016 AFI Data Report* saw exciting changes in the rankings and data. Some highlights include:

- total scores increased for 30 cities (60 percent)
- 11.8 percent increase in the percentage of individuals who indicated they exercised in the last 30 days
- 4.7 percent drop in the percentage who smoked
- 7.4 percent drop in the diabetes death rates overall
- 5.2 percent increase in total park expenditure per resident

However, in addition to these positive shifts, other findings were more negative. Nineteen cities had scores that slipped from 2015 to 2016. There was also a 7.7 percent increase in the percentage of populations reporting a diagnosis of angina (chest pain often associated with heart disease) and a 7 percent increase in the reporting of a

diagnosis of diabetes (even though the death rate due to diabetes has decreased). That being said, it is important to realize that data can be slow moving. Progress toward a healthier and fitter city can take a while to be reflected in the report itself. In the meantime, you can advocate for change within your own city by contacting your mayor, city council and park officials to start making those small, but significant changes in our cities.

Digital Vision/Photodisc/Thinkstock

Follow **@acsm1954** on **Instagram**

for the latest information from ACSM about health & fitness, exercise science, sports medicine and more!

This application uses the Instagram™ API and is not endorsed or certified by Instagram, Inc. All Instagram™ logos and trademarks on this application are property of Instagram, Inc.

Making Your Community a Fit Community

Barbara Ainsworth, Ph.D., MPH, FACSM
AFI Advisory Board Vice–Chair

Purestock/Thinkstock

The annual *AFI Data Report* offers the full picture of a community's health status by providing both individual data (engaging in physical activity, smoking status, fruit/vegetable intake, etc.) and city-wide data (access to recreation centers, walkability, public transportation, etc.). When translating this picture of health into the *AFI Data Report* rankings, the higher ranking cities can be seen to have more strengths and resources that support healthy living and fewer challenges that hinder it. The opposite is true for cities near the bottom of the ranking. Another way of looking at it is communities that are ranked toward the top are considered to have strong community fitness, a concept analogous to

ACSM is the world's largest association devoted to sports medicine and exercise science. ACSM advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine. Visit www.acsm.org.

Permission to reprint material from this publication is granted by ACSM contingent upon manuscripts being reprinted in total without alteration and on proper credit given to ACSM by citing ACSM Fit Society® Page, issue and page number; e.g., "Reprinted with permission of the American College of Sports Medicine, ACSM Fit Society® Page, November 2016, p. 3."

To subscribe to the ACSM Fit Society® Page, please go to www.acsm.org/access-public-information/newsletters

individuals having strong personal fitness. This is because a community that invests in making the healthy choice the easy choice will ultimately influence health outcomes and lead to more fit residents.

A sustainable and evidence-based approach that communities can use to build and encourage a culture of health is known as "Policy, Systems and Environmental Change" (PSE). Many communities are familiar with offering programs and events as part of a plan to improve residents' health. This type of traditional approach can be successful in helping individuals create good habits and improve health outcomes. Unlike traditional events and programs that focus on short-term changes, a PSE approach is aimed at long-term and ongoing behavioral change. A PSE approach makes healthier choices a real and feasible option for every member of the community by looking at the laws, rules and environments that impact behavior. Is a PSE approach already being applied in your community? Can you think of laws, ordinances or rules about tobacco use, physical activity or food options at schools? Is there a strong public transportation system or a movement to improve the public transportation options for all residents? Is it easy and safe to walk or bike to destinations in your community?

Participation is needed from all residents, companies, nonprofit organizations, churches and governmental agencies to successfully improve the health of a community. You can get more involved in improving the status of your community's health by researching active coalitions to see if work is already underway. For more guidance, the *AFI Community Action Guide* can help you bring together the right people to talk about these issues as well as outline the planning phase to get your group on the right track.

jeancliclac/iStock/Thinkstock

Fit Kids Can Create Fit Cities

Craig Samitt, M.D., M.B.A.
Chief Clinical Officer, Anthem, Inc.

bowdenimages/iStock/Thinkstock

For the past nine years, the Anthem Foundation has proudly supported the American College of Sports Medicine (ACSM) American Fitness Index® (AFI). In that time, we have watched the *AFI Data Report* become a recognized and credible resource that can positively influence health and well-being in communities across the country. We've also created a number of resources to help support this effort, including the *AFI Community Action Guide*.

One startling "fitness" trend in the past four decades is soaring U.S. obesity rates among all age groups. As of 2015, more than one-third (36.5 percent) of U.S. adults are considered obese[1]. Even more alarming is the rise in obesity rates with our youth. Childhood obesity has increased more than fourfold among those ages 6 to 11. More than 23 million children and teenagers in the U.S. ages 2 to 19 are obese or overweight, a statistic that health and medical experts consider an epidemic. We also know children and adolescents who are obese are likely to be obese as adults[2-5] and are, therefore, more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis[6].

The *AFI Data Report* captures the percent of adults who are obese in the 50 largest MSAs in the U.S. All the data sources included in the *AFI Data Report* are for adults only. As the *AFI Data Report* evolves in the future, adding youth data to the index would provide a holistic picture for all age ranges in a community. The lack of reliable and comparable youth data at the city or MSA-level makes this currently not feasible. For example, the Youth Risk Behavioral Surveillance Systems (YRBSS) includes national, state, territorial, tribal government

and local school-based surveys of representative samples of 9th through 12th grade students only.

If our goal with AFI is to create more fit cities in the future, it is critical that we focus on the fitness of children today—including the prevention and reduction of childhood obesity cases.

While the causes of obesity are complex, experts know healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases[6]. The dietary and physical activity behaviors of children and adolescents are influenced by many sectors in a community, including families, communities, schools, child care settings, medical care providers, faith-based institutions, government agencies and the media to name a few. We know schools play a particularly critical role in supporting healthy behaviors by establishing a safe and supportive environment with healthy policies and practices. The school environment also provides opportunities for students to learn about and practice healthy eating and physical activity behaviors.

It is imperative that all sectors reinforce and support foundational education about healthy lifestyles starting at an early age in elementary school. In order to reverse the childhood obesity trend, all of these important sectors in society must work together and take responsibility for changing cultural trends to emphasize health.

To help mobilize key stakeholders in this effort and ensure everyone is doing their part, last year Anthem Foundation partnered with Trust for America's Health and The U.S. Chamber of Commerce Foundation to foster a conversation about the important role all sectors of our communities play in helping prevent childhood obesity. To help begin that dialogue, we created a research-based infographic that addresses how a network can be built and the role that different community stakeholders such as business, government agencies, families and nonprofits play in helping to reduce childhood obesity. The "Households" excerpt from the infographic can be found below, or you can view the entire infographic and learn more about this effort.

"Households" (Excerpted from "What Can You Do to Prevent Childhood Obesity?" Infographic)
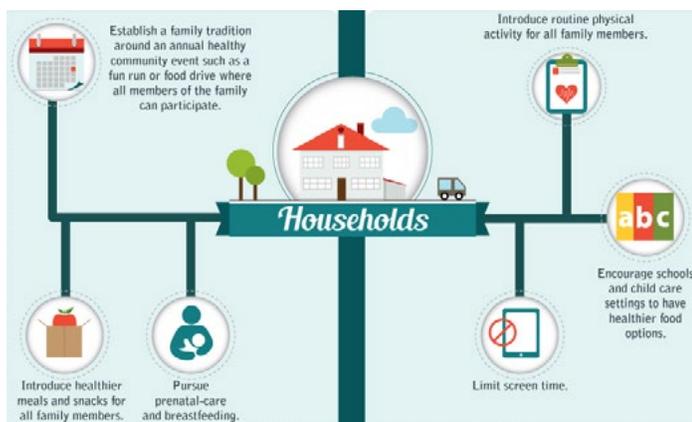
Because our children are our future, the Anthem Foundation and ACSM will continue to work diligently to educate stakeholders and provide the resources needed to ensure their future is a healthy one.

References
1. Read CDC National Center for Health Statistics (NCHS) data brief
2. Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. American Journal of Clinical Nutrition1999;70:S145–148.
3. Freedman DS, Kettel L, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. The relation of childhood BMI to adult adiposity: the Bogalusa Heart Study. Pediatrics2005;115:22–27.
4. Freedman D, Wang J, Thornton JC, et al. Classification of body fatness by body mass index-for-age categories among children. Archives of Pediatric and Adolescent Medicine 2009;163:801–811.
5. Freedman DS, Khan LK, Dietz WH, Srinivasan SA, Berenson GS. Relationship of childhood obesity to coronary heart disease risk factors in adulthood: the Bogalusa Heart Study. Pediatrics 2001;108:712–718.
6. Office of the Surgeon General. The Surgeon General's Vision for a Healthy and Fit Nation.[PDF - 840 KB]. Rockville, MD, U.S. Department of Health and Human Services; 2010.

Theme: Fit Cities – Understanding the AFI Data Report

AFI in Action: Charlotte, North Carolina

Thinkstock Images/Stockbyte/Thinkstock

"**B**ack in 2013, the release of the *AFI Data Report* positioned Charlotte, North Carolina 36th out of the 50 largest metro areas in the country—hardly a ranking to brag about…"

That was precisely the reaction of Michael Tarwater, CEO of Carolinas Healthcare System and soon to be chair of the Charlotte Chamber of Commerce, one of the largest and most active chambers in the U.S. For Tarwater, immediate questions loomed: Why were Charlotte's rankings so low? What's behind these rankings? What factors comprise the index? And probably most important, what has to happen for Charlotte to improve in the rankings? Chamber leadership recognized that building toward a reputation as a healthy community could, in fact, positively influence economic development, corporate relocation, workforce attraction and workforce retention. As a result, the Chamber decided to establish the "Healthy Charlotte Council"

to give the theme greater longevity and to actually integrate the Healthy Charlotte Council's efforts into the Chamber's overall program of work.

What immediately followed on the heels of the 2013 AFI rankings announcement is a great story of leadership, commitment, collaboration and lots of energy, enthusiasm and a simply stated goal that can best be described as Healthy Charlotte's "True North"—to move into the top 10 of the *AFI Data Report* within five years.

What is Charlotte doing to move the needle?
- Tarwater selected "Healthy Charlotte" as the theme for his year as chamber chair for 2014 and challenged the 3,000+ members of the Chamber to give health, wellness and fitness greater focus and more of a spotlight within their own organizations.
- The council is co-chaired by executives from two major health care systems—Carolinas Healthcare System and Novant Health, evidence that this would be an initiative with depth and true alignment to the factors that shape healthy communities.
- Programs are being developed to align three priorities: nutrition, physical activity and tobacco use. These priorities were selected based on the analysis of an internal Index and Audit Subcommittee.
- A scorecard has been developed to track all progress of the council against the master goal of improving Charlotte's AFI ranking.
- A public relations subcommittee is building awareness of the Healthy Charlotte initiative through media outreach, social media, speaking engagements, etc. An awareness measurement tool is being established to measure this effort going forward.
- An employer toolkit was developed to promote a culture of health and well-being among Charlotte area employees and residents.

Lessons learned…
- **Coalition Building:** successful coalitions engage diverse representatives of community. All sectors of a community have a role to play and need to be brought to the table.
- **Leadership:** actively-engaged leaders are typically those who are already passionate about the issue. You might recruit several leaders who can function as an executive committee and the roles may transition as the coalition or group grows.
- **Monitoring and Evaluation:** evaluation occurs at every phase of project development. The evaluation process helps form a clear understanding of what progress is being made toward your goals and objectives. You will be able to distinguish between what is working and what is not working, enabling you to measure and celebrate success!

Recent Progress
Announced in October 2016, the Charlotte Chamber Healthy Charlotte Council was awarded $25,000 as part of the GE Healthy Cities Leadership Academy. This opportunity will allow Healthy Charlotte to participate in a year-long collaborative to learn how to continue to bring together the community and the private sector in an effort to improve population health. We look forward to seeing the continued progress of the Healthy Charlotte Council! For more information, please click here.

ACSM AMERICAN FITNESS INDEX®

ACSM American Fitness Index® Glossary

1. **Community Action Guide** - A companion tool to the AFI Data Report outlining organizational and planning considerations for effective coalitions addressing the overall health in a city.

2. **Metropolitan Statistical Area (MSA)** – A geographical area defined by the US government using census data that includes both the city core county(ies) and the surrounding suburban counties as; used to define the cities included in the *AFI Data Report*.

3. **My AFI Community Application Toolkit** – The community application tool of the ACSM American Fitness Index® program that enables stakeholders in communities not included in the *AFI Data Report* to assess their own level of community fitness.

4. **Policy, Systems and Environmental Change Approach (PSE)** – Approach aimed at long-term sustainable and ongoing behavioral change by changing the laws, rules and environments to better support healthy behaviors.

5. **Data Trend Reports** – Health and fitness report documenting annual changes within each MSA's AFI indicator measures from 2009 to 2013.

6. **Score** – A single number for the MSA that summarizes the adjusted measures for all of the indicators that can be used to assess changes over time as well as to compare to other MSAs.

7. **Ranking** – Ordering the scores from the highest (rank #1) to the lowest (rank #50) that shows how the fitness level of each MSA compares to all of the other MSAs.

8. **Personal Health Indicators** – Indicators relating to individual level health measures such as chronic health problems, physical activity engagement, and health behaviors that could potentially be improved.

9. **Community Health Indicators** – Indicators relating to built environment resources, recreational facilities or policies at the community level that could potentially be improved.

10. **Target Goal** – Values provided for each indicator representing achievable standards to which communities can aspire to achieve, if they haven't already reached that level.

Q&A

dolgachov/iStock/Thinkstock

Q: Why was the AFI program created?

ACSM created the *AFI Data Report* to help communities identify opportunities to improve the health of their residents and expand community assets to better support active, healthy lifestyles. The overall goal of the *AFI Data Report* is to provide data to the 50 largest MSAs to promote active lifestyles by supporting and informing local programs to develop a sustainable, healthy community culture.

Q: What does the *AFI Data Report* measure?

The *AFI Data Report* reflects a composite of community indicators for preventive health behaviors, levels of chronic disease conditions, as well as community supporters and policies for physical activity. In addition, demographic and economic diversity are included for each metropolitan area to illustrate the unique attributes of each city. A complete breakdown of the data is available in the data report.

Q: How were the data elements used in the report decided upon?

The first step in creating the *AFI Data Report* involved developing a strategy to gather, analyze and present metro-level population, health, and built environment data. Data were identified, assessed and scored by a national expert panel for inclusion. Elements included in the data report must:

• Be related to the level of health status and/or physical activity for a community;
• Have recently been measured and reported by a well-respected agency or organization at the metropolitan level; and
• Be modifiable through community effort (for example, "smoking rate" is included, but "climate" is not).

In addition, the selected data sources must provide recent data and have an established history of appropriately collecting and disseminating the data.

Q: A new indicator was added to the *2015 AFI Data Report*. What was that indicator? Why was it chosen?

The new indicator was "Percent within a 10 minute walk to a park." This was a newly available measure that directly relates to the access to safe, convenient and affordable places for residents to be physically active. This measure was added to the community and environmental indicators.

Q: Why is my community not included in the report?

The *AFI Data Report* ranks and scores the 50 largest MSAs in the United States. At this time, the program does not have definitive plans to measure additional MSAs in future versions of the report. All cities can use the resources provided by AFI to improve their community's health and fitness. 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 used 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.