

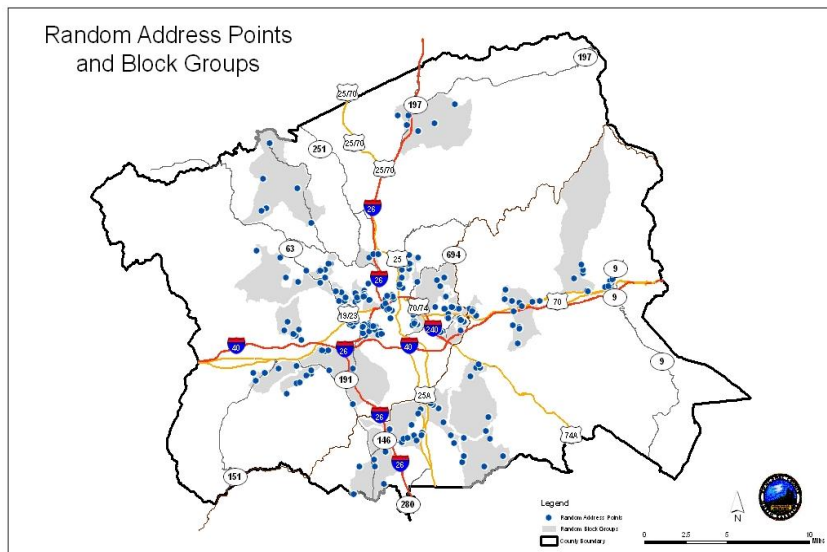


Data Sources

Local Health Survey – Primary Data

A 104 point questionnaire was developed with input from a team of volunteers and a broadly distributed online survey inviting input on questions to be included. Survey topics included health status, health care access, health insurance coverage, personal health behaviors, physical activity and nutrition behaviors, data to calculate BMI, a food label interpretation activity, preparedness and health communication preferences. Demographic information such as age, gender, race, ethnicity, income, and level of education was also assessed. Many of the questions included in the 2010 Survey were carried over from the 2000 and 2005 local surveys so that responses could be compared over time.

For detailed information about sampling method and specific technology used to conduct and analyze the survey results, please see Appendix B.



38 x 6 Double Cluster Random Selection: 6 points in 38 Census Block Groups

A total of 228 adults, ages 18 and over, from randomly selected households participated in the local health survey. Teams of two trained volunteers (college students and community partner volunteers) visited each household. One interviewed and the other entered responses into a handheld computer device at the time of the survey. The surveys took

approximately 20 – 30 minutes to complete and a GPS point was collected at the location surveyed. Surveys were conducted on Fridays and Saturdays between 9:00 am – 6:00 pm on selected weeks in October and November 2009, and March, April, and May 2010.

As survey teams were finding households and conducting surveys, the Buncombe County Sheriff Department provided Sheriff Reserve Deputies who patrolled the neighborhoods where interviews were being conducted. All teams were issued walkie-talkies and regularly communicated with their assigned deputy. The deputies advised teams of safety issues, assisted with driving directions, and helped teams gain access to communities. A specific procedure was followed to select alternate households if someone wasn't home or was not willing to participate in the survey. Survey participants were offered small gift certificates and invited to enter a prize drawing as an incentive for their participation in the survey.



Listening Sessions & Opinion Surveys – Primary Data

The Steering Committee used a two-step process to select health priorities. The first step involved a review of local survey results and secondary data to identify a broad list of Health Concerns. This analysis process resulted in a list of 26 health concerns. Then an Opinion Survey was created which listed the concerns. Community members were then invited to rank these concerns in order of importance as well as list additional concerns they may have had that did not appear on the list.

Community members were invited to share their opinions in several ways: 1) Listening Sessions – 15 minute, small group sessions with a variety of key groups that were already convened (such as local Boards of Directors, groups of senior adults, ESL classes); 2) Email distribution of an on-line link to the survey (using Survey Monkey); and 3) Spanish interpreters to reach Spanish-speaking community members in health care settings. A total of 401 surveys were completed in October 2010. The results of the Opinion Survey were then shared with the Steering Committee. That way, Steering Committee members had the input about health concerns of over 400 community members when they decided on priorities.

MATCH - County Ranking Data – Secondary Data

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health institute. This past spring, states and counties received the first *County Health Ranking* data and state-level reports, equipping communities with information around which to mobilize their efforts. The MATCH data set includes county-level data on over 30 indicators that is now available for every county in America. Buncombe County used MATCH data as the “backbone” for organizing the quantitative and qualitative Community Health Assessment data.

Additional Secondary Data

A variety of data from reliable sources was gathered and reviewed during the assessment process. We gathered a majority of trend and comparison data from BRFSS (Behavior Risk Factor Surveillance System). BRFSS is a randomized telephone survey (landline only telephones) conducted annually at the county, state, and national level. Questions are standardized and comparable.

Additional data were available from American Community Survey – Census Bureau, Youth Risk Behavior Surveillance Survey (YRBS), and more sources found at the North Carolina State Center for Health Statistics (i.e. Vital statistics, Pregnancy Risk Assessment Monitoring System, NC CATCH – data warehouse).