

# Background Information

WNC **HEALTHY** IMPACT



## **About WNC Health Network**

**WNC Health Network** is an alliance of hospitals working together to improve health and healthcare in western North Carolina. For more than 20 years, our member hospitals, public health partners, and staff have joined together to achieve excellence in community health improvement through collaboration, innovation, and best practice.

Learn more by reading [a factsheet](#) and visiting our [website](#).

## **About WNC Healthy Impact**

**WNC Healthy Impact** is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina, working towards a vision of improved community health. We are working together locally and regionally on a community health improvement process to assess health needs, develop collaborative plans, take coordinated action, and evaluate progress and impact. This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is housed and coordinated by WNC Health Network.

Learn more by reading [a factsheet](#) and by visiting our [website](#).

## **About Community Health Improvement in WNC**

**Community health assessment (CHA)** is an important part of improving and promoting the health of county residents. A community health assessment (CHA) – which is a process that results in a public report – describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community’s desired health-related results.

Watch a video about community health assessment in WNC, and read a [frequently-asked-questions guide](#).

## **Data Methodology (Community Survey and Key Informant Survey)**

The data reviewed to create the regional key issues came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our team. WNC Healthy Impact’s core regional dataset includes secondary (existing) data and primary (newly collected by WNC Health Network) data compiled to reflect a comprehensive look at health.

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 17

communities: Buncombe, Cherokee, Clay, Eastern Band of Cherokee Indians (EBCI), Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey component. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency.

WNC Healthy Network, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact communities shared with PRC a list of recommended participants. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

The principal source of secondary health data was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other data sources included: The US Census, American Community Survey, NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

**Read the full Data collection Methods & Limitations for the primary and secondary data used for these key issue stories [here](#).**

### ***Regional Prioritization Process***

Beginning in the fall, 2018, the WNC Health Network team spent time understanding the data and uncovering what issues were affecting the most people in our region. We used the following criteria to identify significant health issues in our region:

- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a high regional concern
- WNC data deviates notably from the state, nation, or benchmark

This process resulted in the identification of ten key regional health issues: asthma, cardiovascular disease, COPD, diabetes, mental health, obesity, oral health, preterm birth, substance misuse, and unintentional falls.

### ***How to Give Feedback & Learn More***

**[Please contact us](#)** if you have questions or suggestions for additional information to include.

**Download the 2018 Regional Data Workbook [here](#).**