Health Data Collection

Primary Data

Community Health Opinion Survey

Methodology

Forsyth County community health opinion survey is a means of gauging the overall community health in the county. This survey was conducted between March 31st and April 2nd, 2011. With the help of volunteers, which included Forsyth County Healthy Community Coalition (FCHCC) members and Forsyth County Department of Public health (FCDPH) staff, health opinions were gathered using handheld computers that are equipped with an electronic survey questionnaire. Prior to the survey, UNC Center for Public Health Preparedness (UNC CPHP) Spatial Health Assessment and Research Program (SHARP) staff trained 21 FCDPH staff and 18 public health students and other volunteers in survey methodology using handheld geographic positioning systems (GPS) units and mobile GIS technology.

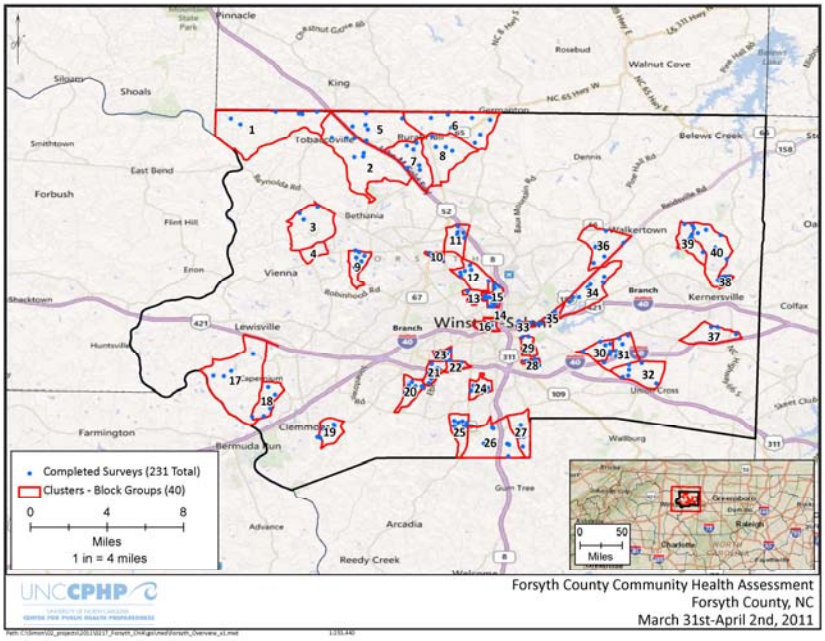
Participants were selected based on GPS coordinates for parcels and structures, utilizing a local tax information system. They were randomly selected according to Centers for Disease Control and Prevention (CDC)'s 40-7 Rapid Needs Assessment method. In this selection process, forty census blocks were chosen throughout the county, with seven selected household points within each block group. A total of **231** of the target 280 surveys were collected (for a response rate of 60%) over 3 days.

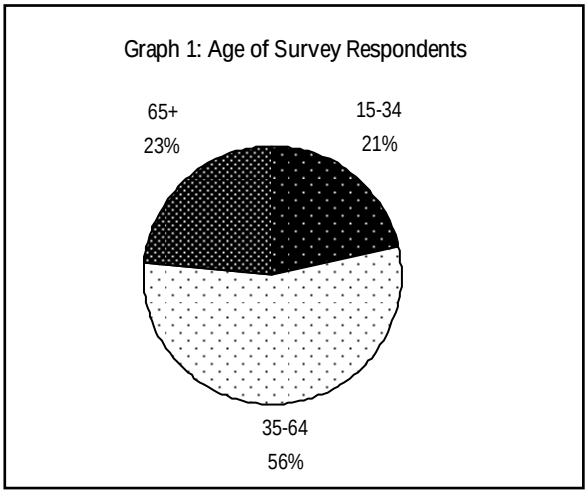
Participants were asked to supply their demographic information, as well as their opinions on an array of quality-of-life statements, community issues, lists of services and health behaviors. Additionally, participants were asked about their personal health, access to care and emergency preparedness. During and after the survey, participants were informed that the information collected from this survey was confidential, and their names nor their identity or any personal identifiers would not be linked and/or associated to their responses. Responses collected from this survey were analyzed for frequency distribution using EpiInfo software package. It is worth noting that during the analysis not every respondent answered every question. Frequency distribution analysis results are presented below.

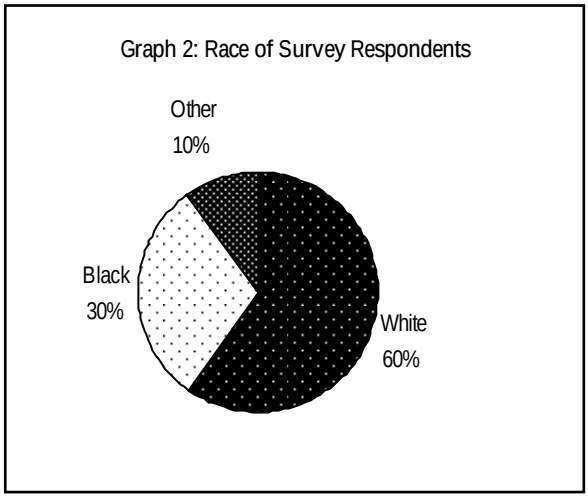
Data collected indicated that just over 20% of respondents felt that low income and poverty was the priority issue that most affected the quality the life in Forsyth County. Similarly, 20% reported that the availability of employment was the service that needed to be improved the most in their community. When asked which one behavior their community needed more information about, answers varied significantly. Just over 10% felt their community could use more information about how to prepare for an emergency or disaster; 7% cited weight management and less than 1% cited substance abuse prevention.

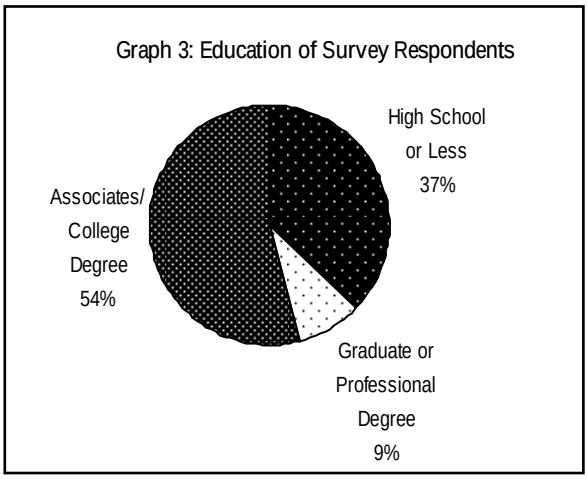
Stratification by age, income, and race analysis were run on some and/or all responses pertaining to quality of life, community issues, lists of services and health behaviors and personal health questions. Attributed to the stratification process's usage of multiple categories, totals for stratified data may vary slightly as some respondents did not answer all questions in every category. As participants were permitted to choose more than one response to a question, the

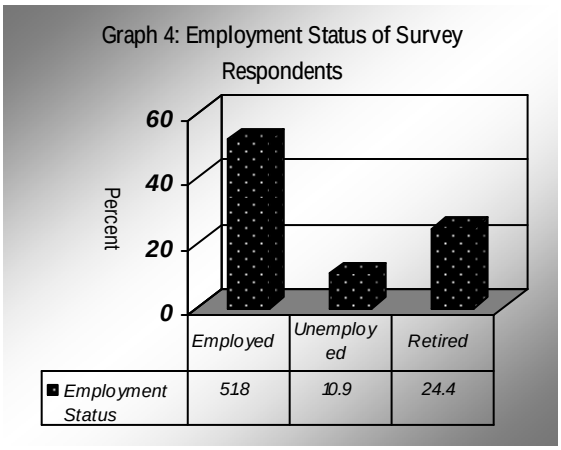
percent is a reflection of how often each option was chosen; on the other hand, it does not signify how often each response was picked in combination with any other response. Therefore, the total per cent column is greater than 100. *See Appendix for the Community Health Opinion Survey Report.*

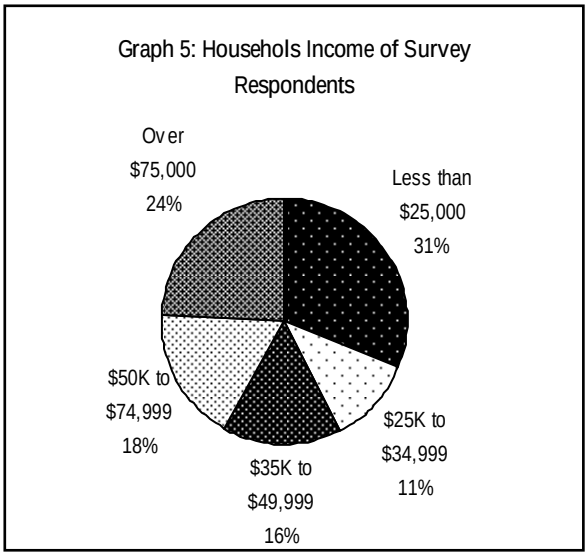










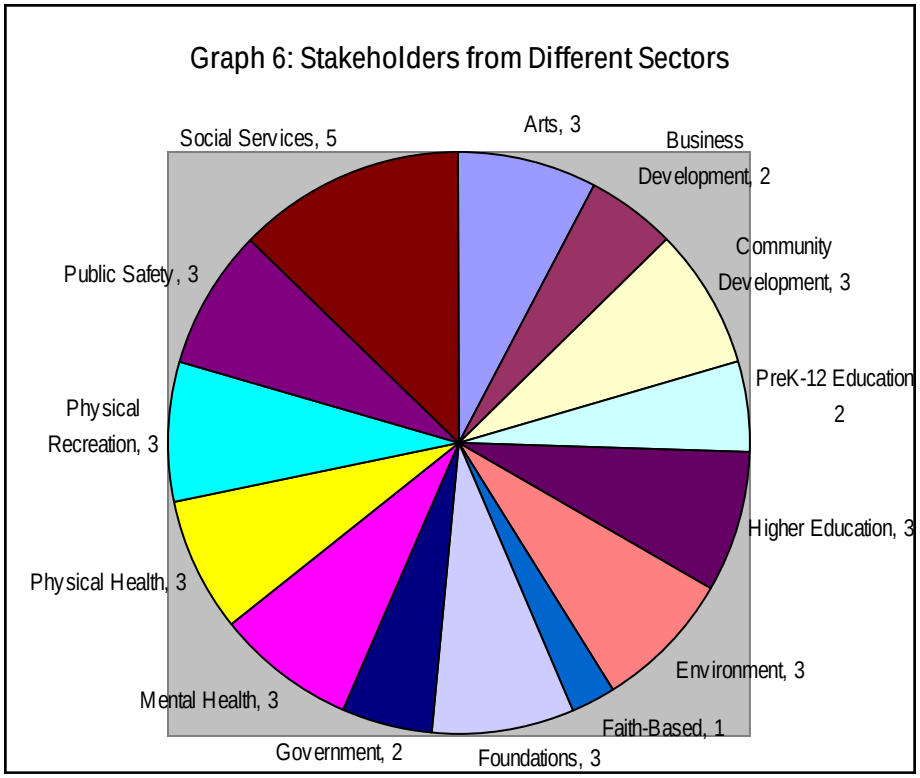


Community Stakeholders Interview

From March to June of 2011, Forsyth County Department of Public Health staff, Forsyth Futures staff and Forsyth County Healthy Community Coalition members conducted telephone interviews with 41 stakeholders representing multiple organizations in Forsyth County. The interviewees worked in key sectors of the community, including cultural, recreation, healthcare, education, business, law enforcement and social services.

Participating stakeholders were assured that their personal identities would be protected and would not be connected to the report during the interview consent. Stakeholders shared information about the services they provide, their perceptions on current and emerging community issues, the strengths of the community, and areas that need improvement.

Data was recorded in the written form and analyzed by counting the number of participants comments made about a topic or issue. Only the most often mentioned topics or issues are presented in this report, and illustrative quotes that reflect the themes have been included. In instances in which identifying information is included, statements were paraphrased. *See Appendix for Community Stakeholders Interview report.*



Focus Group Summary

During March to August 2011, nine focus groups were conducted by the Community Health Assessment (CHA) team as part of the state-mandated community health assessment process to collect primary data via focus groups in the Forsyth County community. The purpose of the focus groups was to better understand community concerns about food access, healthcare access, neighborhood activism and to identify barriers that affect Forsyth County residents' overall health.

Focus groups are informal structured meetings in which community members discuss their thoughts on various community topics through predetermined questions. The focus groups were conducted among neighborhood associations within Winston-Salem's wards, senior communities and churches to include the diversity of the county's population, including Hispanic, African American, and White ethnic and racial groups.

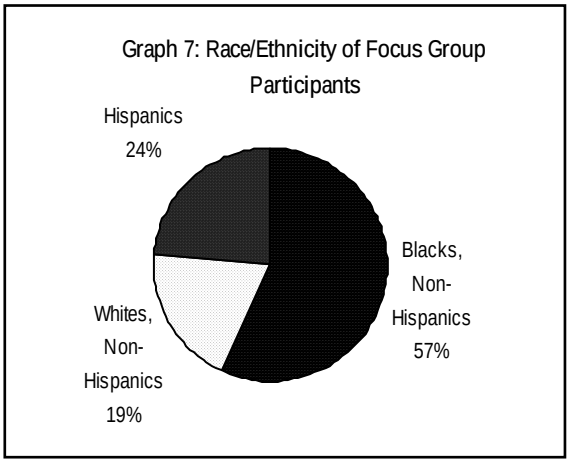
After the target populations were identified, the CHA team recruited focus group participants from the target group. Focus group agendas were the same across all targeted groups and were conducted by the CHA team who had undergone uniform training to assure consistency of results. The group size for the focus

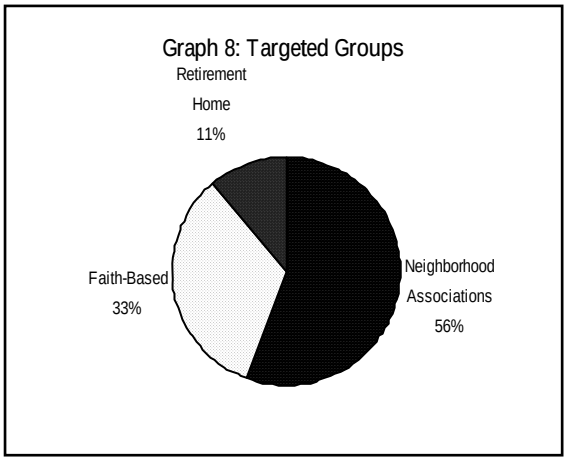
group target populations, locations, dates, size and racial composition is attached as Appendix A. The research is qualitative and exploratory in nature, therefore, samples were not chosen for statistical validity, but to ensure a diverse cross-section of participants.

Prior to the focus group session, the participants were presented with a written notice of consent form (see Appendix C). The notice of consent informed potential participants that the session would be audio taped and of the need to sign the consent agreement before participating in the session. The form was explained to and read by each participant. All signed consent agreements were submitted and stored in the Forsyth County Department of Public Health.

Focus group discussions were conducted in English and Spanish. Participants were referred to by first name only to ensure confidentiality. Each session was between 60 minutes to 90 minutes in duration. The focus group guides (English & Spanish) developed by the CHA team, were used to guide each session (see Appendix B). Each group session began with brief introductions from each participant.

This report is a fair and accurate report of what was observed and discussed in each session. Actual respondent verbatim responses accompany most, if not all, points made in the report. Highlights of individual sessions are presented below. Respondent quotations are italicized. The text heading for individual focus group is a summary of group comments and is not the opinion of the author. The discussion questions and topic were used as the organizing format for the analysis. An assessment was made of group responses to all the questions addressed in the meeting. *See Appendix for Focus Group Summary Report.*





Youth Risk Behavior Survey

Methodology

The Youth Risk Behavior Survey (YRBS) was administered by the Forsyth County Department of Public Health. All together, 2,184 Winston-Salem/Forsyth County Schools (WSFCS) middle school students and 1,532 WSFCS high school students participated in the surveys. The data was collected in the spring of 2011 with a report prepared by Gramercy Research Group, LLC.

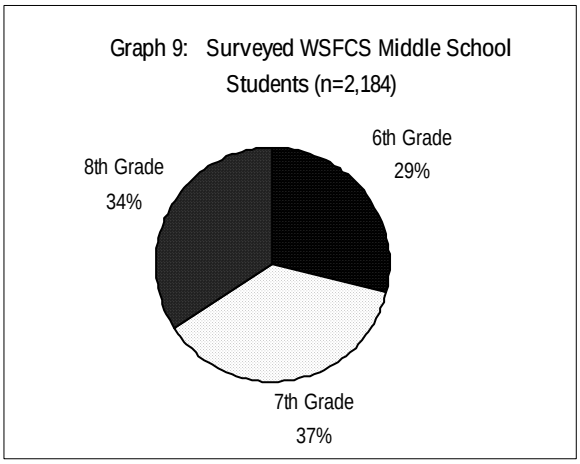
Classes were randomly selected to participate in the survey. The survey was administered in each classroom by trained facilitators. Facilitators were staff members of the Forsyth County Department of Public Health and adult volunteers from the local community. Each facilitator received an appropriate number of student survey booklets. With a total of 77 middle school survey questions and 97 high school survey questions, the booklets were short enough to allow the survey to be easily completed in one class period.

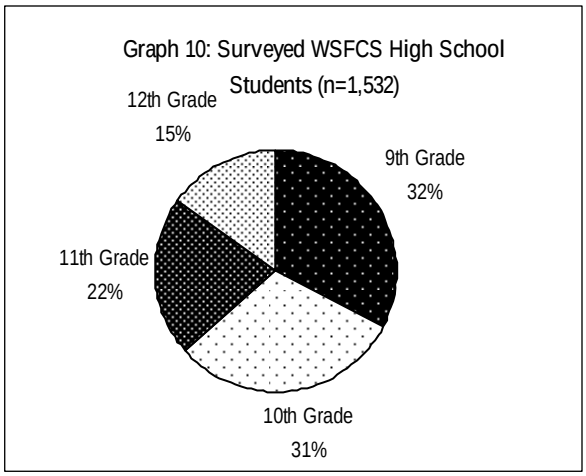
Students were asked to complete the survey but were also told that participation is voluntary. Furthermore, students were told that they could skip any question that they were not comfortable answering. Both the facilitator and the written instructions on the front of the booklet assured students that the survey was anonymous and confidential. Student names were not recorded as part of the survey process. Appropriate procedures were implemented for obtaining permission from parents for student participation.

Centers for Disease Control and Prevention's (CDC) guidelines for ensuring the quality of YRBS data were implemented during the processing of this report. WSFCS middle and high school students were cooperative. Each survey record was examined for logically inconsistent responses. For example, if a student reported in one question that she never tried smoking, but in a later question reported smoking within the past 30 days, the responses to both questions would be recoded as missing values. Survey records were marked as invalid if the student answered 20 questions or less.

The results of the WSFCS Middle& High School YRBS were presented for individual grade levels and the overall sample. The overall results must be interpreted in light of the sampling composition, especially which grades were included in the sample. This is important because the behaviors and attitudes measured by the YRBS are strongly associated with a respondent's age.

Participation in the YRBS included WSFCS middle schools students in grades 6-8 and WSFCS high school students in grades 9-12. Since this includes the full range of grade levels in each school level, the overall survey results can be interpreted as representing the attitudes and behaviors of the student population as a whole rather than just individual grade levels. *See Appendix for YRBS WSFCS Middle & High School Survey Highlights.*





Secondary Data

Secondary data is information that has already been collected by someone other than you. The data may be a compilation of records or surveys that are conducted by other agencies. The data collected is generally of fairly high quality, especially when that agency involved collects similar data on a regular basis. This Community Assessment includes secondary data from the following sources:

- 2000 US Census Bureau
- 2010 United Way Annual Report
- 2010 Crime in North Carolina
- 2009 Forsyth County Infant Mortality Report
- 2009 Forsyth County Trends & Development Patterns
- 2010 Forsyth County Health Rankings
- Piedmont Triad Regional Council
- 2009 WS by Numbers & NW Piedmont COG Reports (Piedmont Triad Council of Governments)
- 2010 NC Coalition to End Homelessness Report
- North Carolina Department of Health and Human Services
- The North Carolina Center for Health Statistics
- 2009 Winston-Salem: By The Numbers
- Novant Health's Forsyth Medical Center
- Baptist Hospital
- 2010 Winston-Salem Police Annual Statistical Report
- 2009 Forsyth County HIV/STD Surveillance Report
- Environmental Protection Agency
- NC Department of the Environment and Natural Resources
- Winston-Salem Forsyth County Utilities Division
- City of Winston-Salem
- US Department of Agriculture
- Forsyth Futures

US Census Bureau is a part of the United States Department of Commerce. One of the major duties of the Census Bureau is the United States Census, a decennial poll mandated by the United States Constitution. The Census is a source of quality data about the nation's people and economy to be used to determine the distribution of Congressional seats to states, make decisions about what community services to provide, distribute more than $400 billion in federal funds to local, state, and tribal governments each year, and to provide age search information.

United Way of Forsyth County is a nationally-recognized leader in delivering positive, measurable impact in the community it serves. Their strategic focus is on improving Education, Income and Health, and the Building Blocks for a Good Life. By addressing needs in these three areas, they eliminate or reduce many problems that could occur in the future. Through its 32 partner agencies and other partnerships, United Way of Forsyth County was able to create real impact in 2010 in local conditions.

The North Carolina Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort administered by the Federal Bureau of Investigation. While the program's primary objective is to generate a reliable set of criminal statistics for use in law enforcement administration, operation, and management, its data has, over the years, become one the country's leading social indicators

The Forsyth County Infant Mortality Reduction Coalition is a group of concerned citizens, organizations, and institutions working together to prevent infant deaths. It recognizes that promoting women's health before women become pregnant is the best long-term way to work for healthy mothers and babies in the community.

The 2009 Forsyth County Trends and Development Patterns report describes trends in development approvals and building permits between 2004 and 2009, with additional sources included for population and employment trends comparisons and analysis. Development information for 2009 from the Clemmons and Kernersville Planning Departments has been included to give a more complete picture of development trends.

The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The *Rankings* is based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health

The Piedmont Triad Regional Council (PTRC) was formed on July 1st, 2011 when the Northwest Piedmont Council of Governments (NWPCOG) and the Piedmont Triad Council of Governments (PTCOG) merged. The PTRC is a voluntary association of municipal and county governments, enabled by state law to promote regional issues and cooperation among members. The PTRC serves 72 member governments in and around the Greensboro/Winston-Salem/High Point metro including the following twelve counties: Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, Surry, and Yadkin Counties.

The North Carolina Coalition to End Homelessness (NCCEH) is a statewide membership nonprofit created to secure resources, encourage public dialogue, and advocate for public policy change to end homelessness. NCCEH seeks to create alliances dedicated to changing the current system to end homelessness by addressing root causes and challenging North Carolina's acceptance of today's pervasive homelessness. NCCEH's policy agenda is focused on bringing about an end to homelessness through prevention, increased access to and flexible funding for services, affordable housing production, increased funding for housing and homelessness programs, and targeting policies that exacerbate poverty.

The North Carolina Department of Health and Human Services (DHHS) is the largest agency in state government. It is responsible for ensuring the health; safety and well being of all North Carolinians, providing the human service needs for fragile populations like the mentally ill, deaf, blind and developmentally disabled, and helping poor North Carolinians achieve economic independence. Overall, the mission of DHHS is to provide efficient services that enhance the quality of life of North Carolina individuals and families so that they have opportunities for healthier and safer lives resulting ultimately in the achievement of economic and personal independence.

The North Carolina Center for Health Statistics is responsible for data collection, health-related research, production of reports, and maintenance of a comprehensive collection of health statistics. They provide high quality health information for better informed decisions and effective health policies. The goal is to improve the health of all North Carolinians and their communities.

Winston-Salem: By The Numbers provides an overview of Winston-Salem/Forsyth County and its demographic and economic characteristics. This document uses public data sources to supply reliable and trustworthy information to the community about Winston-Salem.

Forsyth Medical Center**,** one of four hospitals with the not-for-profit Novant Health, is a tertiary care hospital, offering a full continuum of emergency medical, surgical, rehabilitative and behavioral health services. Centers of excellence include Forsyth Rehabilitation Center, Sara Lee Center for Women's Health, Forsyth Cardiac & Vascular Center affiliated with the Cleveland Clinic, Derrick L. Davis Forsyth Regional Cancer Center, Forsyth Stroke & Neurosciences Center, Forsyth Regional Orthopedic Center and Forsyth Medical Center Behavioral Health. Under a confidentiality and non-disclosure agreement, the hospital provided information on pertinent emergency department and other community health indicators.

Wake Forest Baptist Medical Center is an 885-bed teaching hospital that serves as the region's principal tertiary referral center. As the largest employer in Forsyth County, it was ranked as one of America's Best Hospital by the US News & World Reports sine 1993. The clinical enterprise, Wake Forest Baptist Health, serves a 24 county region in northwestern North Carolina and southwestern Virginia with 21 subsidiary or affiliate hospitals that operate more than 120 outreach activities. The hospital served as a secondary data source under a confidentiality and non-disclosure agreement, the hospital provided information on pertinent emergency department and other community health indicators

The 2010 Winston-Salem Police Annual Statistical Report was produced by the Crime Prevention Unit of the Winston-Salem Police Department. The Crime Prevention Unit conducts various crime prevention and community relations activities for the Police Department. Specific duties include public education for crime prevention, organization of neighborhood watch groups, residential and

public education for crime prevention, organization of neighborhood watch groups, residential and business security inspections, organizing various youth programs to educate youth in crime prevention, and various other activities to promote citizen cooperation in reducing and preventing crime in the city.

The Forsyth County 2009 HIV/STD Surveillance Report includes summary tables of surveillance reports and other information for HIV disease, AIDS, Chlamydia, gonorrhea, and syphilis for Forsyth County cases that were reported from January 1, 2009 through December 31, 2009. This report is intended to be used as a reference document for program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases. The information presented is meant to be brief and provided limited data. This report and other annual publications are available at http://www.forsyth.cc/Publichealth/publications.asp.

The Environmental Protection Agency (EPA) is a federal agency with the mission to protect human health and the environment. To accomplish its mission, the EPA can develop and enforce regulations by setting national standards enforced by state and tribal regulation. Additionally the EPA provides grants to state environmental program, nonprofits, educational institutions, and other.

NC Department of the Environment and Natural Resources (DENR) administers regulatory programs designed to protect air quality, water quality, and the public's health. DENR also offers technical assistance to businesses, farmers, local governments, and the public and encourages responsible behavior with respect to the environment through education programs provided at DENR facilities and through the state's school system. Through its natural resource divisions, DENR works to protect fish, wildlife and wilderness areas. The agency's activities range from helping to make sure drinking water is safe to managing state parks and forests for safe and enjoyable outdoor recreation experiences.

The Winston-Salem/Forsyth County Utilities Division's primary responsibility is to collect, treat, and distribute water, waste water, and solid waste. The City/County Utility Commission oversees the Winston-Salem/Forsyth County water treatment plants and distribution system, its wastewater treatment plants and sewage collection system, the landfills for solid waste, construction and demolition debris, and yard waste. The Commission maintains a staff that operates and maintains three water treatment plants, two wastewater treatment plants, three landfills, and a collection and distribution system that includes 14 water tanks, seven pumping stations for fresh water, 52 pumping stations for wastewater, and 3,296 miles of water and sewer lines.

The City of Winston-Salem provides quality, affordable services that ensure the health, safety and well-being of citizens, while collaborating throughout the community to ensure its economic, social and environmental vitality. They update information regarding parks, greenways, recreation centers, and bike routes through the Departments of Transportation and Recreation and Parks.

US Department of Agriculture (USDA) provides leadership on food, agriculture, natural resources, and related issues based on sound public policy, the best available science, and efficient management. The USDA works to support the American agricultural economy to strengthen rural communities; to protect and conserve our natural resources; and to provide a safe, sufficient, and nutritious food supply for the American people. The Department’s wide range of programs and responsibilities touches the lives of every American every day.

Forsyth Futures is a non-profit collaborative of residents, organizations and institutions working together to address critical community issues. The Forsyth Futures serves Forsyth County as a location for accessing and utilizing community knowledge. Local data on a range of community indicators in six sectors (Economic Self Sufficiency, Educational Success, Civic Engagement, Physical and Mental Health, Safety, and Sustainable Environment) which are identified to determine community conditions, trends and needs.