Table of Contents

Table of Contents ............................................................................................................................................ 2

Acknowledgements, Partnerships, and Collaboration ...................................................................................... 4

Acknowledgements ........................................................................................................................................... 4

Executive Summary ........................................................................................................................................ 5-10

Brief County Description ................................................................................................................................ 11

Community Input Overview ............................................................................................................................. 12-17

Racial Demographics ...................................................................................................................................... 12

  Population Breakdown by Age .......................................................................................................................... 13
  Household income........................................................................................................................................... 13
  Transportation................................................................................................................................................ 13
  Child............................................................................................................................................................... 14
  Child Resources............................................................................................................................................. 14
  Top Health Concerns ..................................................................................................................................... 15
  Resource Needs ............................................................................................................................................. 16
  Resource Awareness....................................................................................................................................... 17

Population at Risk ........................................................................................................................................... 18

County Demographics ................................................................................................................................... 19

  Population Overview .................................................................................................................................... 19

Socioeconomics ................................................................................................................................................ 20

  Poverty .......................................................................................................................................................... 20
  Access to Healthcare.................................................................................................................................. 21
  Education ..................................................................................................................................................... 21

Health Data Mortality & Morbidity .................................................................................................................. 22

  Mortality and Morbidity ................................................................................................................................. 22

    Leading Cause of Death ............................................................................................................................... 22
    Cancer ......................................................................................................................................................... 23
    Heart Disease ............................................................................................................................................ 24
    Stroke ........................................................................................................................................................ 24
    Diabetes ..................................................................................................................................................... 25
    Alzheimer's ............................................................................................................................................... 25
    Dental Care ............................................................................................................................................... 25

  Health-Risk Related Behaviors ...................................................................................................................... 26

    Weight ....................................................................................................................................................... 26
    Healthy Eating ......................................................................................................................................... 26
    Active Living .......................................................................................................................................... 27
    Tobacco Use ............................................................................................................................................ 27
    Substance Use ......................................................................................................................................... 28
    Alcohol Use ............................................................................................................................................ 28
    Motor vehicle Injuries ............................................................................................................................... 29
    Sexual Health .......................................................................................................................................... 29
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>PAGE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Data Continued</td>
<td>30</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternal Health</td>
<td>30</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>30</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>30</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>31</td>
</tr>
<tr>
<td>Maternal weight</td>
<td>31</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>32</td>
</tr>
<tr>
<td>Smoking During Pregnancy</td>
<td>32</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>33</td>
</tr>
<tr>
<td>Mother Level of Education</td>
<td>33</td>
</tr>
<tr>
<td>Child Health</td>
<td>34</td>
</tr>
<tr>
<td>Poverty</td>
<td>34</td>
</tr>
<tr>
<td>Leading Cause of Death</td>
<td>34</td>
</tr>
<tr>
<td>Child Death</td>
<td>35</td>
</tr>
<tr>
<td>Access to Healthcare</td>
<td>35</td>
</tr>
<tr>
<td>Child Weight</td>
<td>36</td>
</tr>
<tr>
<td>Child Food Insecurities</td>
<td>36</td>
</tr>
<tr>
<td>Child Asthma</td>
<td>37</td>
</tr>
<tr>
<td>Child Lead Blood Level</td>
<td>37</td>
</tr>
<tr>
<td>Child Maltreatment</td>
<td>38</td>
</tr>
<tr>
<td>Child Unintentional Injuries</td>
<td>38</td>
</tr>
<tr>
<td>Peer County Comparison</td>
<td>39</td>
</tr>
<tr>
<td>Community Survey Results</td>
<td>40</td>
</tr>
<tr>
<td>Primary and Secondary Data Summary</td>
<td>40</td>
</tr>
<tr>
<td>Selected Health Priorities</td>
<td>41</td>
</tr>
<tr>
<td>Community Needs &amp; Resources</td>
<td>42</td>
</tr>
<tr>
<td>Appendices</td>
<td>43</td>
</tr>
<tr>
<td>Iredell County Resource Guide</td>
<td>44</td>
</tr>
<tr>
<td>2019 Iredell County Community Survey</td>
<td>49</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS, PARTNERSHIPS, AND COLLABORATIONS

The 2019 Iredell County Community Health Assessment report was prepared by the Iredell County Healthy Carolinians and the Iredell County Health Department.

* Special thanks to the Iredell County Healthy Carolinians Survey Team for helping develop, deploy, and analyze the community survey. Their collaboration helped determine top health priorities of our community.

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- Nelson Granade, First Baptist Church
- Lara Ingram, Mooresville Soup Kitchen
- *Melissa Gaither, Iredell County Public Library*
- *Maurice Ware, Piedmont Boys and Girls Club*
- Valerie York, Hospice and Palliative Care of Iredell County
- Debbie Page, Media
- Jill St.Clair, Drug-Alcohol Coalition of Iredell
A Community Health Assessment (CHA) is a comprehensive narrative of Iredell County that identifies key health needs and issues based on thorough data collection, research, and analysis. The vision of this document is to develop strategies that will address the community’s health inequities and determine the availability of resources within the community to adequately address these issues. In order to achieve some of the core functions of public health, there must be continuous population-based health assessments. This progressive data helps increase knowledge about the public’s health and allows for interconnectedness of activities and joining of community resources.

The community health assessment is a universal tool that sets the foundation for the workforce development plan, strategic plan, and annual budget for the Iredell County Health Department (ICHD). This tool is collectively used by other community agencies to provide the community’s current health status, needs and issues so community health improvement plans appropriately address where resources and services can be allocated to best meet community needs. A health task force was mobilized to bring about new ideas and strengthen networks among community partners. The ICHD Division of Public Health Development and Promotion Division leads the Iredell County Healthy Carolinians Taskforce. This task force is made up of multisector leadership among the Iredell County Health Department, Iredell Health System, and United Way of Iredell County. These highly-skilled and passionate agency representatives oversee all the activities within the Iredell County Healthy Carolinians Taskforce during the entire 2019 Community Health Assessment process.

Additional input and support is provided by dozens of organizations and community partners represented on the Healthy Carolinians Taskforce. Most importantly, completion of the CHA would not be possible without input provided by residents of Iredell County. The CHA is made available to the general community, community partners and stakeholders by hard-copy and electronic format accessible at any time on the Iredell County Health Department website and is distributed to key agencies.
EXECUTIVE SUMMARY

PARTNERSHIP AND COLLABORATION

The mission of the Community Health Assessment is to serve as the basis for all public health planning, empower local health entities with the opportunity to identify gaps and interact with key community leaders, organizations, and residents about Iredell’s health priorities and areas of concern. Longstanding partnerships with local health agencies, community organizations, schools, municipalities and businesses are crucial to not only gaining support for our mission, but also have proven beneficial in the outreach efforts. Effective collaboration among these various agencies requires understanding of the multidimensional nature of the determinants of health and a way to accommodate diversity and health equity in our vision and goals. It is important to note, the work of Iredell County Healthy Carolinians was completed solely by the Iredell County Health Department, dedicated partners, and community members to help the betterment of our community. No outside regional or contracted services were utilized during any point of this process for the completion of the Community Health Assessment.

As the Community Health Assessment demonstrates, a considerable amount of pressure lies within the community to not only share the responsibility to maintain and improve health, but also to be held accountable for the successes and failures attributed to action plans developed. The CHA is a unique, local health measurement of reference done by this community rather than simply an assessment conducted for this community.

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EXECUTIVE SUMMARY

THEORETICAL FRAMEWORK AND DATA COLLECTION PROCESS

The Ecological Model was used as a framework throughout the process of developing the 2019 Iredell County Community Health Assessment. The ecological model addresses the interaction between, and interdependence of, factors within and across all levels of a health issue. This model recognizes multiple levels of influence on health behaviors, including: individual factors, interpersonal factors, institutional and organizational factors, community factors, and public policy factors all across the continuum of care.

The assessment process included the collection of existing data from national, state, county and local sources. Iredell County data, collected by the Iredell County Health Department, is then compared to targets identified by Health North Carolina 2030, which serves as the state’s health improvement plan. The health priorities selected by the Healthy Carolinians Taskforce are in alignment with the Healthy North Carolina 2030 initiatives.

The CHA is a combination of primary and secondary data. The primary data was collected using an electronic web survey. The purpose of the health survey is to provide updates on key health indicators and to identify emerging public health issues among adults and children residing in the county. Most notably, the survey allows professionals at the Iredell Health Department to track health issues over time. To properly address the root causes of poor health, the survey looks beyond risk factors for individual diseases to factors in the physical and social environment that influence health, such as safety, poverty, and educational attainment.

The survey was available in Spanish and English and was also available in a hard copy format that was later merged into the electronic survey data. Questions for the survey were developed by the Healthy Carolinians Survey Sub-Committee made up of partners and community members. When the committee first formed, members were asked to bring questions that could be used to collect necessary health information from the community. Once these questions were developed, committee members then decided which ones should be included on the survey and how each should be worded. Once the survey was completed it was piloted to roughly 100 community residents to gauge the surveys understandability. After the pilot was completed and improvements were made, based on the feedback received, the survey was made available for the public to complete from May 1st, 2019—July 1st, 2019. A total of 1,321 residents responded to the survey, with 92% of respondents completing it. The results of the 2019 CHA survey were then analyzed by an online software.
The CHA survey data is the primary data collected for the health assessment process. This large sample size enabled the survey to provide estimates not only of the overall health of population, but of people residing in the County’s many different geographic regions. The survey also provides valuable information about the health of the County’s major racial/ethnic sub-groups and numerous other demographic groups. Data is collected from households of all educational and income levels, including the most vulnerable residents and those living below the federal poverty level.

The survey was estimated to take participants approximately 15 minutes to complete and took an inventory of various health data and community needs. The respondents geographical breakdown consists of the following areas and percentages: Statesville (49%), Mooresville (35%), Troutman (8%), Harmony (6%), Olin (1%), Stony Point (1%), and other (>1%). Results from this community survey were analyzed by the Healthy Carolinians Taskforce and compared to secondary data made available by the state and other national sources. The comparative data was referenced when selecting the top health priorities for Iredell County. The secondary data collected for the health assessment process came from the North Carolina State Center for State Health Statistics’ Community Health Data Book, BABYBOOK, the U.S. Census Bureau American Community Survey, the Kids County Data Center, the NC Employment Security Commission and other published data as noted within this document.

A modified Delphi method, a comparative analysis method, of the primary and secondary data was completed with the members of the Healthy Carolinians Taskforce to identify similar trends and health issues within Iredell County. The CHA Committee members from various constituents and agencies identified, analyzed and prioritized community health problems using the primary and secondary data that were both qualitative and quantitative. The following were just a few issues that were considered when choosing top health priorities: 1) the County’s capacity to address health priorities, 2) the potential impact for improvement on the priority issues, 3) how amenable each health priority was to change, 4) community programs that may already be addressing the health priority, and 5) assessing the economic, social, cultural, political, and other issues that might influence the community’s ability to address the health priorities and impact measurability.

This was the general process map used to collect and analyze data to determine the rank of the Iredell County health priorities and to create this CHA document. On behalf of the Healthy Carolinians Taskforce, we are pleased to present this CHA document for your individual and/or agency use.
EXECUTIVE SUMMARY

COLLABORATIVE PROCESS

The community health assessment is conducted in eight phases: establish a CHA team, collect primary data, collect secondary data, collect and analyze primary and secondary data, determine health priorities, create the CHA document, disseminate the CHA document, and develop Community Health Action Plans. Below is the Iredell County Healthy Carolinians Taskforce timeline for completing the 2019 Community Health Assessment process.

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KEY FINDINGS

The most important finding from the 2019 Community Health Assessment process was the overarching similarities in both the key-informant data and that collected from an external source. Our community participants displayed a clear understanding of the needs and resources vital to improving the long-term health of Iredell County residents.

Iredell County saw improvement to many health indicators related to chronic diseases. The stroke, heart disease rate, and diabetes rate have steadily decreased over the last decade. On the contrary, Iredell County’s infant mortality statistics do not portray the favorable outcome desired. Iredell County’s African American infant population are more than three-times as likely to die prior to their first birthday than their Caucasian counterparts. These disparities negatively impact the birth outcomes of African American infants in many ways. African American mothers are more likely to experience poverty, smoke during their pregnancy, and have low educational attainment.

While many health indicators in Iredell County shed a positive light on the potential for favorable health outcomes, there are still many factors that negatively impact the overall health of the County. By addressing the needs of the community and gaining input from citizens, Iredell County will be better able to strategically focus on areas that will make the largest impact.

Next steps for the improvement of Iredell County’s health include the development of community health improvement plans. These collaborative plans will set into motion long-term and short-term goals that will improve the livelihood of all Iredell County residents.
When examining Iredell County size and population, there are significant variations in demographics and health inequities that exist among Iredell County residents. Incidentally, there are consistent health need trends across the County as a whole, which serve as the basis for determining our county-level health priorities. As a product of this year’s Community Health Assessment, three health priorities were selected as the focus for Iredell County’s health initiatives for the next three years until 2022 include: Mental Health, Chronic Disease, and Infant Mortality.

**First Priority—Mental Health**

When reflecting on needed community improvements, an overwhelming number of residents note a need for improved mental health support and awareness. Many mental health problems can be effectively treated and managed with access to assessment, early detection, treatment, and most importantly support. In Iredell County, 65% of people believe that our mental healthcare services need improvement. In most cases, many low income individuals with mental health concerns do not have access to the support services they need. Self-Harm is the third leading cause of death among children ages 0-17 in Iredell County. A vital strategy for impacting mental health is social support, such as community-based self-harm and suicide prevention education.

**Second Priority—Chronic Disease**

The leading causes of death in Iredell County are chronic conditions and are mostly preventable. Early detection screenings, maintaining a healthy diet, getting an adequate amount of physical activity, and refraining from tobacco and other unhealthy substances are all ways to improve health outcomes and prevent or prolong the development of preventable, chronic conditions. Chronic conditions are among the most common, financially burdening, and difficult to manage health consequences. Among the most common in Iredell County are: cancer (19.4%), heart disease (18.1%), and cerebrovascular disease (5.6%).

**Third Priority—Infant Mortality**

Iredell County’s infant mortality rate has been greater than the states for the last decade. In addition, Iredell County experiences one of the more consistently inadequate infant mortality disparity rates in the state. The African American Infant mortality rate is 22.4 compared to the Caucasian rate of 7.4. African American infants are three times more likely to die prior to their first birthday than Caucasian infants. Some risk factors that greatly impact infant health include: educational attainment of mothers, smoking during pregnancy, insufficient prenatal care, and overall maternal health status.
Iredell County was incorporated in 1788 when it was formed from adjacent Rowan County. It is named for Judge James Iredell (1751-1799), Attorney General of North Carolina during the Revolutionary War and a delegate to the Constitutional Convention of 1788. The name Iredell, originally Eyredale, dates back to the year 1066 and the Battle of Hastings, and it means “a valley of flowing air.”

The County seat is Statesville, which is located approximately 45 miles north of Charlotte. Lake Norman, the state’s largest manmade lake by surface area, extends into the southwest portion of the county with approximately 520 miles of shoreline. Iredell County is in the central section of the State and is bounded by Rowan, Cabarrus, Mecklenburg, Lincoln, Catawba, Alexander, Wilkes, Yadkin and Davie counties.

Iredell County has more neighboring counties than any other county in the United States. Iredell County is 38 miles long and 23 miles wide. Interstates 77 and 40 run through Iredell County intersecting in Statesville. Iredell County is very diverse, with agriculture dominating the areas north of Statesville and business and industry dominating the southern Iredell area.

Temperatures in the county average 60.1°F. The county is dominated by ridges separated by creeks in the valley. The Brushy Mountains intrude into the northwest corner and include Fox Mountain, with the county’s highest elevation of 1,760 feet. The lowest point is 700 feet about sea level where the South Yadkin River crosses the County line and flows eastward along the Davie-Rowan border.
In order to collect primary data from Iredell County residents, a community-based survey was developed by the Healthy Carolinians Taskforce and disseminated throughout Iredell County. The survey was made available from May 1st, 2019-July 31st, 2019, electronically and hardcopy in both English and Spanish. A total of 1,321 residents responded to the survey, with 92% of respondents completing it, fully. The survey was estimated to take participants approximately 15 minutes to complete, and took an inventory of various health data and community needs. The respondents geographical breakdown consists of the following areas and percentages: Statesville (49%), Mooresville (35%), Troutman (8%), Harmony (6%), Olin (1%), Stony Point (1%), and other (>1%). Results from this community survey were analyzed by the Healthy Carolinians Taskforce and compared to secondary data made available by the State and other National Sources. The comparative data was referenced when selecting the top health priorities for Iredell County.

**COMMUNITY RESPONDENT RACIAL DEMOGRAPHICS**

The racial and gender breakdown of community respondents correlates with the overall demographic data of Iredell County. African American and Hispanic are the two most prominent minority groups, followed by individuals who have multiple races. In regards to gender, there are more females than males in Iredell County. This is reflected among community respondents as well.

![Racial Demographic of Community Respondents](chart.png)

**53%**

**FEMALE**

Respondents

**46%**

**MALE**

Respondents
COMMUNITY RESPONDENT AGE DEMOGRAPHICS

Community respondents range from youth to elderly. The average age of Iredell County residents is 40. Most community respondents were between the ages of 45 and 54. Twenty-one percent of survey respondents were between the age of 35 and 44. More than 80% of survey respondents were over the age of 35.

COMMUNITY RESPONDENT HOUSEHOLD INCOME

Overall, the annual household income of the community respondents closely aligns with the economical make-up of Iredell County. The median household income for Iredell County is $59,341. The median for Iredell County falls in alignment with the most prevalent range among survey respondents, which was $50,000—$74,999.

COMMUNITY RESPONDENT TRANSPORTATION DATA

Public and private transportation impacts choices of healthcare, access to healthy food, and places for physical activity. Lack of transportation is a significant issue in Iredell County due to the expansive size of the County in relation to where medical services are provided. While nearly all community respondents have their own vehicle, we are still actively seeking enhanced transportation opportunities.
COMMUNITY RESPONDENT CHILD DATA

At least 40% of the 1300 community respondents had at least one child living at home. The racial demographic of the community respondents correlates to overall Iredell County child demographic data, as well as the age breakdown. A majority of community respondents have a child between the ages of 12 and 14. Sixty-five percent (65%) of community respondents have a child over the age of 12, and 60% of respondents have a child between the ages of 4 and 11. There are an estimated 18,393 children under the age of 8 in Iredell County.

COMMUNITY RESPONDENT CHILD RESOURCES

According to community respondents, Iredell County lacks many social and health-related services. Most notably, improvement is needed in regards to access to mental healthcare and affordable, high quality childcare. Educational and academic support is also a service area in need of improvement. Education and access to care are two of the most important social determinants of health. Without access to vital health-based and educational services, children are at a disadvantage from meeting their full potential.
In order to select priority health concerns, it is absolutely vital to seek guidance on what the top concerns are from the community first-hand through primary data collection. According to community respondents, cancer is overwhelmingly the top health concern, followed closely by weight and mental health. While cancer and weight were among the top three selected health priorities in 2015, mental health is gaining popularity. In 2015, 19% of respondents selected mental health as a top health priority, compared to 34% in 2019. It is worth noting that five (5) of the top six (6) selected health priorities are related to the prevention of chronic conditions.
COMMUNITY RESPONDENT IMPROVEMENT AREAS

Ranking similarly to child-based resource needs, community respondents feel Iredell County needs improvement to many social and health-based services. Differing from the CHA data in 2015, the leading resource need relates to economical stability, with mental health services ranking closely behind. Affordable healthcare moved from the top resource need in 2015 to the third most needed in 2019. While general healthcare services are vital, economic stability is a crucial factor in regards to social determinants of health. The need for access to mental healthcare service grew from 48% in 2015 to 65% in 2019. This is a clear indication affordable and accessible mental healthcare services are needed in Iredell County for both children and adults. A barrier to these services is high cost, lack of medical cost coverage, and limited access to providers.

COMMUNITY RESPONDENT RESOURCE NEEDS

- Access to Prenatal Care: 30%
- Access to Family Planning: 31%
- Access to General Healthcare: 39%
- Access to Dental Care: 41%
- Food Assistance: 46%
- Adult Domestic Violence Resources: 50%
- Child Domestic Violence Resources: 50%
- Access to Long-Term Care: 51%
- Substance Use Resources: 53%
- Access to Transportation: 53%
- Financial Assistance Based on Needs: 53%
- Affordable Housing: 54%
- Access to Medical Insurance: 54%
- Medication Assistance Programs: 58%
- Access to Healthy Foods: 59%
- Career Development: 62%
- Affordable Healthcare: 65%
- Access to Mental Healthcare: 65%
- Well-Paying jobs: 73%
COMMUNITY RESPONDENT KNOWLEDGE OF RESOURCES

In order for resources to be utilized, community members must be aware of what resources exist and how the service can be of benefit. There are barriers to obtaining available services, which prevents needs from being met. While nearly 75% of community respondents are aware of where to acquire immunization services, less than 30% are aware of physical disability services and close to the same amount of respondents are aware of where to get mental disability services. Disparities in access to services is an issue faced by many communities. It prevents individuals from receiving care and support needed. Limited access to services is associated with decreased quality of life. It’s important that service providers work collaboratively to connect individuals with needed services that represent all aspects of health.

COUNTY RESPONDENT RESOURCE AWARENESS

- Physically Disabled Services: 28%
- Mental Disabled Services: 30%
- Legal Assistance: 33%
- Affordable Healthcare: 38%
- Domestic Violence Assistance: 41%
- Family Counseling: 41%
- Individual Counseling: 43%
- Adult/Elderly Care: 49%
- Child Care: 58%
- Immunization Services: 73%
POPULATIONS AT RISK

SOCIAL DETERMINANTS OF HEALTH

The North Carolina Department of Health and Human Services has made available an interactive mapping tool displaying social determinants of health data. This overlaying mapping tool provides individuals with the capability of building maps detailing a communities economical and social capacities. Research shows that more than 70% of a person’s overall health is driven by social and environmental factors outside of the healthcare system. These areas include education, transportation, and neighborhood data. In order to address social determinants of health on a community-wide basis, a cumulative index is calculated from the metrics to provide an overall measure of social determinants of health indicators. The index is a metric of whether the social determinants of health in a census tract are above or below the regional average, and by how much. High values, specifically those over 0.91, indicated by a more vivid red in the map displayed, show the locations in Iredell County with the highest disparities among social determinants of health. While the most prominent area in need is located in Statesville, there are pockets of disparate populations in both the Northern and Southern parts of Iredell County as well.

Social determinants of health are the complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic, and cultural constructs, as well as place-based conditions including accessible healthcare and educational systems, safe environmental conditions, well-designed neighborhoods, and available healthy foods. Social determinants of health are the conditions in which people are born, grow, live, work, and age and are shaped by the distribution of finances, power, and resources on a global national, and local level. The five key social determinants of health include economical stability, education, social and community context, health and healthcare, and neighborhood and built environment. These social circumstances create societal stratification and are responsible for health inequities among different groups of people based on social and economical class, gender, and ethnicity. Social determinants are the underlying cause of today’s major societal health dilemmas including obesity, heart disease, diabetes along with many other chronic conditions. By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for our community that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.
## COUNTY DEMOGRAPHICS

### Population Overview

<table>
<thead>
<tr>
<th>County/Municipality</th>
<th>2010</th>
<th>2018</th>
<th>Growth Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iredell County</td>
<td>159,437</td>
<td>178,435</td>
<td>11.9%</td>
</tr>
<tr>
<td>Mooresville</td>
<td>32,711</td>
<td>38,431</td>
<td>17.5%</td>
</tr>
<tr>
<td>Statesville</td>
<td>24,532</td>
<td>27,042</td>
<td>10.2%</td>
</tr>
<tr>
<td>Troutman</td>
<td>2,383</td>
<td>2,720</td>
<td>14.1%</td>
</tr>
<tr>
<td>Union Grove</td>
<td>1,712</td>
<td>2,213</td>
<td>29.3%</td>
</tr>
<tr>
<td>Harmony</td>
<td>531</td>
<td>582</td>
<td>9.6%</td>
</tr>
<tr>
<td>Love Valley</td>
<td>90</td>
<td>111</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

With a population of 178,435, Iredell County is the 15th most populated county in the state of North Carolina, out of 100 counties. Since 2010, Iredell County has seen significant growth in all municipalities, with the most significant growth apparent in the Southern end of Iredell County.

Racially, Iredell County has remained constant in regards to demographic breakdown. African Americans are the most prevalent minority population in Iredell County, making up 12% of the total population. Trailing closely behind, and increasing by nearly .5% since 2015 are those of Hispanic origin. As the overall Iredell County population increases, the diversity of the community continues to grow.

Iredell County is a diverse community in regards to both racial demographics and age. The Iredell County population as a whole is aging. While the median age of Iredell County residents is 40, the median age of NC residents is lower at just over 38 years. Nearly 40% of the Iredell County population is over the age of 50.

Source: U.S. Census Bureau, American Fact Finder, Population Division

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**IREDELL COUNTY RACE DEMOGRAPHICS, 2019**

- Caucasian: 75%
- Hispanic or Latino: 8%
- African American: 12%
- Multi-Racial: 2%
- Asian: 2%
- Other: 1%

Source: U.S. Census Bureau, American Fact Finder, Population Division

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**IREDELL COUNTY POPULATION BY AGE**

- Ages 0-9: 11%
- Ages 10-19: 11%
- Ages 20-29: 12%
- Ages 30-39: 14%
- Ages 40-49: 15%
- Ages 50-59: 12%
- Ages 60-69: 7%
- Ages 70-79: 3%
- Ages 80+: 3%

Source: U.S. Census Bureau, American Fact Finder, Population Division, 2018
Socioeconomic status, as measured either by income or level of education, is strongly correlated with health status. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and lower levels of education. Disparities in income and education levels are associated with differences in the occurrence of illness, chronic conditions, and death, higher incomes allow for increased access to medical care and education, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors.

The average household income in Iredell County is approximately 12% higher than that of the State of NC. Similarly, Iredell’s poverty rate is nearly 5% lower than the State. While much of Iredell County does not feel the burden of poverty, there is still a significant disparity rate among certain racial groups and families led by a single-mother household. Single-mother households are nearly three-times as likely to be in poverty and the percentage of African Americans living in poverty is more than double that of their Caucasian counterparts.

### Poverty

**Median Household Income**
NC’s Median Household Income is $52,797. About 12% lower than Iredell’s amount.

**Percent Below Poverty Line**
NC’s Poverty percentage is 14%. Two-thirds greater rate than Iredell County.

**Children Below Poverty Line**
12.2% of NC children live below the poverty line.

Over half of all Community Respondents believe Iredell County needs improvements to financial assistance services.

Nearly 7% of Community Respondents receive some type of food assistance.

**Caucasian Families Percent Below Poverty Line**
7.1%

**Hispanic or Latino Families Percent Below Poverty Line**
23.4%

**African American Families Percent Below Poverty Line**
25.7%

Source: U.S. Census Bureau, American Fact Finder, Population Division, 2018

<table>
<thead>
<tr>
<th>Percentage of families whose income in the past 12 months is below the poverty level.</th>
<th>Total</th>
<th>9.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All families</td>
<td>9.9%</td>
<td></td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>15.4%</td>
<td></td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>15.3%</td>
<td></td>
</tr>
<tr>
<td>Married couple families</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Families with female householder, no husband present</td>
<td>32.1%</td>
<td></td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>41.4%</td>
<td></td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>37.9%</td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2018
ACCESS TO HEALTHCARE

Since 2015, the percent of uninsured individuals less than 65 years of age has decreased from 16% to 11.5%. More recently, percent uninsured has increased 4% since 2016. Iredell County still ranks slightly worse than the state in regards to percentage of the population without medical insurance. Impoverished populations are more likely to lack access to healthcare cost coverage. Poverty and access to medical care are closely interrelated with their negative effects on overall health and well-being.

EDUCATION

Educational attainment is the highest level of education obtained by an individual, and is directly linked to health, health knowledge, and health behaviors. Since 2015, Iredell County has seen an increase in individuals who receive a bachelors, masters, or professional degree. Increased education obtainment in a community leads to improved health conditions.

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Number Enrolled</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>1,686</td>
<td>4.2%</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>2,116</td>
<td>5.3%</td>
</tr>
<tr>
<td>Elementary and Middle School (Grades 1–8)</td>
<td>18,640</td>
<td>46.5%</td>
</tr>
<tr>
<td>High School (Grades 9–12)</td>
<td>9,555</td>
<td>23.8%</td>
</tr>
<tr>
<td>College or Graduate School</td>
<td>8,077</td>
<td>20.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey (ACS), 2018
MORTALITY AND MORBIDITY

Mortality means the event or frequency of death. Mortality, or death, rates are an indication of a host of other health issues, including risk factors related to unhealthy behaviors, access to healthcare, and the environment one is surrounded by. Measuring community mortality rates allows assessing linkages between social determinants of health and health outcomes.

The leading causes of death in Iredell County have remained constant for the past decade: cancer (19.4%), heart disease (18.1%), and cerebrovascular disease (5.6%). Five of the top ten leading causes of death are preventable, chronic conditions. Early detection screenings, maintaining a healthy diet, getting an adequate amount of physical activity, and refraining from tobacco and other unhealthy substances are all ways to improve health outcomes and prevent or prolong the development of preventable, chronic conditions. Chronic conditions are among the most common, financially burdening, and difficult to manage health consequences. Since 2015, the percentage of deaths as a result of Parkinson’s Disease has increased by 2%, and unintentional injury deaths increasing by 1%. On the contrary, cancer deaths have decreased by nearly 4% and deaths as a result of diseases of the heart have decreased by 2%.

Leading Cause of Death

<table>
<thead>
<tr>
<th>Leading Cause of Death</th>
<th>Iredell</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>19.4%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>18.1%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>5.6%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disorder</td>
<td>5.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>5.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Other Unintentional Injuries</td>
<td>4.1%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>3.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Influenza and Pneumonia</td>
<td>2.6%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syndrome and Nephrosis</td>
<td>2.1%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>1.8%</td>
<td>*</td>
</tr>
</tbody>
</table>

Source: NC State Center for Health Statistics, Leading Causes of Death, 2018

Population health data has always been a key indicator in the overall well-being of a community. It plays an important role in the design and implementation of community-based health initiatives and programs implemented to improve the health of a community.

While primary health data, community survey data collected by the Iredell County Health Department plays an important role in addressing specific needs and indicators visible to the community, secondary health data collected and provided by external data sources such as the NC State Center for Health Statistics, provides important information about disease trends and risk factors, public health interventions, trends over time, and variances in healthcare access.

Documented in the following section both primary and secondary health data will be compiled and compared in order to share a snapshot of the overall health status of Iredell County.
For more than a decade, cancer has been the leading cause of death in Iredell County. Cancer accounts for one-fifth of all deaths in Iredell County and NC. Of community respondents who participated in our data collection process, 12% of them had cancer. Cancer incidence rate have more than doubled in both the state and Iredell County since 2013. A person’s cancer risk can be reduced with healthy choices, like avoiding tobacco, limiting alcohol use, protecting your skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active. In 2018 there were 323 cancer deaths in Iredell County, compared to 291 in 2012. **Cancers of the digestive and respiratory systems make up more than half of all cancer deaths**, but have both decreased slightly since 2012. Over the last decade, cancers related to the liver, prostate, and breast have all seen a small increase. Cancers related to the digestive tract, breast, and prostate are all detectable through screenings that can be performed as you age. Nearly 30% of community respondents do not regularly self-examine their breast for cancer and 12% of eligible respondents have not been screened for colorectal cancer. Tobacco use and alcohol consumption are both closely related to cancers of the respiratory and digestive tracts and should be avoided in order to reduce ones risk.

Source: NC State Center for Health Statistics, County Data Book

Source: NC State Center for Health Statistics, Detailed Mortality Statistics Report, 2018
HEART DISEASE

32% Community Respondents believe HEART DISEASE is the top health concern in Iredell County

35% Community Respondents have HIGH BLOOD PRESSURE

32% Community Respondents have HIGH CHOLESTEROL

Community Respondents believe Iredell County Needs improvements in ACCESS TO GENERAL HEALTHCARE

Diseases of the heart refer to many various types of heart condition. The most common type of heart disease in the United States is coronary artery disease. Decreased blood flow, often times as a result of high cholesterol and blocked arteries, can cause heart attacks. Cardiovascular disease rates among Iredell County residents is slightly higher than rates of North Carolina residents. This has been consistent trend for over the last decade. Since 2003, the rate of cardiovascular diseases has steadily declined. However, rates have remained constant between 2013 and 2017.

Cerebrovascular disease refers to diseases of the blood vessels, especially the arteries that supply blood to the brain. Stroke rates among Iredell County citizens has consistently been higher than NC’s rates for nearly two decades. While Iredell does experience a higher rate of stroke that the state, it’s important to note that rates for both have steadily declined since 2003.

Source: NC State Center for Health Statistics, County Data Book
DIABETES

Diabetes is the cause of 3% of deaths in Iredell County, making it the seventh leading cause of death. Type II diabetes is the most prevalent, but also controllable through maintaining a healthy diet and getting adequate physical activity. From 2003 until 2012, there was a steady decrease in the diabetes death rate for both Iredell County and North Carolina. However, from 2008 until 2017, the death rate associated with diabetes increased slightly for both.

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Iredell</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2007</td>
<td>26.6</td>
<td>26.0</td>
</tr>
<tr>
<td>2008-2012</td>
<td>19.8</td>
<td>21.8</td>
</tr>
<tr>
<td>2013-2017</td>
<td>22.9</td>
<td>23.3</td>
</tr>
</tbody>
</table>

Community respondents believe DIABETES is a top health concern in Iredell County.

16% Community respondents have been diagnosed with DIABETES.

ALZHEIMER’S DISEASE

Alzheimer’s, a chronic neurodegenerative disease, is the fifth leading cause of death in Iredell County. Alzheimer’s Disease causes difficulty with memory, thinking, and behavior. The Alzheimer’s disease death rate in Iredell County (48.4) is greater than NC’s rate (41.8). Since 2015, the Iredell Alzheimer’s death rate increased from 43.6 to 48.4.

Community respondents believe ALZHEIMER’S DISEASE is a top health concern in Iredell County.

6% Community respondents have been diagnosed with ALZHEIMER’S DISEASE.

DENTAL CARE

Dental health is an important indicator of overall health. The mouth is the entry point for the wrong or excessive bacteria to enter the digestive and respiratory tracts. While 10% of community respondents do not receive dental care, the rate of Iredell county citizens who do receive dental care is more than that of the State.

Community respondents do not receive DENTAL CARE.

Source: NC State Center for Health Statistics, County Data Book

Source: NC State Center for Health Statistics, HealthStats

Source: NC State Center for Health Statistics, BRFSS
HEALTH-RISK RELATED BEHAVIORS

WEIGHT

- **42%** Community Respondents have been diagnosed as **OVERWEIGHT OR OBESE**
- **53%** Community Respondents would describe themselves as **OVERWEIGHT**
- **40%** Community Respondents identified **OVERWEIGHT and OBESITY** as a top health priority

Over the last five years, the percent of overweight and obese adults in both NC and Iredell County has steadily increased. Individuals who are either overweight or obese, compared to those with a healthy body weight, are at increased risk for many serious health conditions, including heart disease, stroke, and diabetes. Overweight and obesity are associated with poor health outcomes.

HEALTHY EATING

- **35%** Community Respondents drink at **least ONE** sugar-sweetened beverage per day
- **10%** Community Respondents believe **AVAILABILITY OF HEALTHY FOODS** is a top health concern
- **91%** Community Respondents do **NOT** consume the recommended amount of fruits and vegetables
- **28%** Community Respondents can not **AFFORD TO EAT HEALTHY FOODS**

Unhealthy diet correlates with a multitude of negative health effects and overall poorer quality of life. One of the most prominent barriers to accessing healthy food options is cost. Since 2015 there has been improvement in this area. The percentage of community respondents who cannot afford healthy food decreased from 44% to 28%. It is recommended by the CDC that individuals consume five servings of fruits and vegetables per day. However, the percentage of community respondents who are not consuming the recommended amount of fruits and vegetables increased by 3% since 2015. Diets rich in fruits and vegetables can reduce one's risk of some types of cancer and chronic diseases, while also providing essential vitamins and minerals, fibers, and other substances that are important for good health. Also, sugar-sweetened beverages are the leading dietary source of added sugar for Americans. Many popular drinks often contain large amounts of added sugar and this may not be fully understood by consumers.
ACTIVE LIVING

Since 2015, there has been a 6.5% increase in the percent of community respondents who get the recommended amount of physical activity. It is recommended by the CDC that individuals aim to get 150 minutes of exercise per week. Over the last two decades there has been a nearly 20% increase in the percent of community respondents who exercise the recommended amount. While active living is gaining momentum, it is worth noting that nearly a quarter of survey respondents believe lack of exercise is a top health concern. Barriers related to limited physical activity include time constraints, unenjoyment, physical inability to exercise, limited access to safe places to be physically active, and cost.

Tobacco remains the leading cause of preventable death in North Carolina. From 2001 until 2017 there was a steady decrease in tobacco use, totaling to a near 6% decrease. However, between 2017 and 2018 Iredell County experienced a 4% increase in tobacco users. Much of this increase correlates with the popularity and vast availability of electronic cigarettes. Health risks linked to tobacco use include cancer, chronic bronchitis, stroke, heart disease, and premature aging. In addition, tobacco use can be a serious health risk to those exposed to second-hand smoke. Iredell County currently ranks worse than the state by 1% in regards to individuals exposed to second-hand smoke.

TOBACCO USE

Source: NC State Center for Health Statistics, BRFSS

Tobacco remains the leading cause of preventable death in North Carolina. From 2001 until 2017 there was a steady decrease in tobacco use, totaling to a near 6% decrease. However, between 2017 and 2018 Iredell County experienced a 4% increase in tobacco users. Much of this increase correlates with the popularity and vast availability of electronic cigarettes. Health risks linked to tobacco use include cancer, chronic bronchitis, stroke, heart disease, and premature aging. In addition, tobacco use can be a serious health risk to those exposed to second-hand smoke. Iredell County currently ranks worse than the state by 1% in regards to individuals exposed to second-hand smoke.
Since 2016, Iredell County has experienced a decrease in the number of emergency department admittances for drug/medication overdoses. Overall, over the last two decades NC has seen a more than 300% increase in the number of unintentional poisoning deaths. The use of illicit substances and the misuse of prescription medications are directly linked to this increase. The opioid epidemic currently impacting both NC and Iredell County, has taken its toll financially and has overwhelmed available resources.

In comparison to 2015 community respondents, 2% fewer individuals reported binge drinking. In 2015, 10% of respondents drank in excess and binged drank, compared to 8% total in 2019. Alcohol use is associated with many chronic ailments and puts one at risk for other unintentional injuries. Alcohol outlets are retail locations where alcohol can be purchased. Iredell County is home to 342 alcohol outlets. In 2018 there were 658 emergency department visits related to acute alcohol intoxication. Between the years of 2013 and 2017 there were 111 fatal motor vehicle accidents in Iredell County, 22% of them involving alcohol. The economic cost of alcohol use in Iredell County is $117,615,000. A majority of the economic cost of excessive alcohol use is due to loss of productivity associated with premature death, crime, and work-related absenteeism.
In 2018, there were 24 motor vehicle related fatalities in Iredell County. More than 1,000 accidents were a result of a young driver. While many accidents are caused by alcohol and other substances, distracted driving plays a key role in motor vehicle safety. Nearly 20% of community respondents reported that they text and drive. Motor vehicle safety is a top health concern to 8% of community respondents.

Since the 2015 Community Health Assessment, sexually transmitted disease rates in Iredell County have steadily increased. While sexually transmitted disease (STD's) affect individuals of all ages, they take a particularly heavy toll on young adults and the youth population in our community. The CDC predicts that young individuals aged 15-24 make up just a quarter of the sexually active population, but account for more than half of all new sexually transmitted infections. Since 2014, Chlamydia and Syphilis rates have nearly doubled, and rates of Gonorrhea have more than tripled.
Pregnancy and Maternal Health

PREGNATAL CARE

Prenatal care is the medical care provided to women during their pregnancy. Prenatal care plays a significant role in the overall health of both women and their infants. Receiving adequate prenatal care is associated with improved birth outcomes. In Iredell / county, more than 7% of mothers receive late or no prenatal care during their pregnancy. Rates of late or no prenatal care are lower than that of the state, and have been for the last eight years. Lack of prenatal care is a growing problem in both Iredell County and the State, increasing by more than 2% in both. Barriers associated with late or no prenatal care include access to care, healthcare cost, maternal age, level of education. African American women are less likely to receive early prenatal care than their Caucasian counterparts.

INFANT MORTALITY RATE

Infant mortality is defined by the death of an infant prior to its first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births in a population. A community’s infant mortality data is a key indicator for the overall health of a population. The overall infant mortality rate for Iredell County is 8.5, increasing from 7.3 in 2014. Iredell County’s infant mortality rate is higher than that of NC, remaining that way for nearly a decade. In addition to Iredell’s chronically higher than average total infant mortality rates, we also have a significant disparity among African American infants. In Iredell County, African Americans are three-times as likely to not make it to their first birthday as their white counterparts. The African American infant mortality rate in Iredell County is nearly double that of African American’s in NC. Bringing health equity to infants in Iredell County is a top priority, in addition to lowering the overall infant mortality rate. Conditions that develop during the perinatal period, congenital defects, Sudden Infant Death Syndrome, and unintentional injuries are among some of the causes associated with infant mortality. Reaching a lower infant mortality rate will largely depending on drastically reducing the disparities we see in the African American population.
Low birth weight is defined as an infant born weighing less than 5lbs. and 8oz. The primary reason an infant is born with a low birth weight is premature birth, defined as birth prior to 37 weeks gestation. Percentage of infants born with a low birth weight has increased from 8.4% in 2014 to 10% in 2018. Similar to infant mortality data, there is a significant disparity in regards to low birth weight. There are more African American infant born with a low birth weight than any other racial demographic. Birth weight can be impacted by certain risk factors, some of which include tobacco and alcohol use. Women can reduce their risk of birthing an infant with a low birth weight by receiving prenatal care, maintaining a healthy weight, taking folic acid, and getting screened for diseases like gestational diabetes and high blood pressure.

More than half of all mothers who give birth in both the State of NC and Iredell County are either overweight or obese. Being overweight or obese during pregnancy increases the risk of various pregnancy complications, including: the risk of miscarriage, stillbirth, gestational diabetes, preeclampsia, cardiac dysfunction, and sleep apnea. Mothers who are obese are also at a higher risk for having complicated vaginal deliveries that lead to C-sections, which come with their own set of risk and complications. Again, there is a disparity among African American and Caucasian mothers. African American mothers are nearly 10% more likely to be overweight or obese prior to becoming pregnant. For most racial groups Iredell County ranks higher than NC in regards to mother’s weight, except for African American mothers. Nearly 2% more African American mothers in NC overweight or obese compared to Iredell African American mothers.
TEEN PREGNANCY

Over the last decade, teen pregnancy rates have been on the decline state-wide. Among most racial group teen pregnancy rates have decreased substantially since 2014. The rate for Hispanics is three-times lower, and the Caucasian rate is half of what it was in 2014. However, the African American rate slightly increased from 2014 to 2018. Substantial disparities persist in teen birth rates and teen pregnancies. These disparities carry significant social and economic costs. Teens are less likely to receive early prenatal care, and this is particularly concerning because they tend to have underdeveloped reproductive systems and face higher rates of pregnancy-related morbidity. Babies born to teen mothers are more likely to have low birth weight, pre-term delivery, and other complications like postpartum depression. Educating teens continues to be the most evidence-based strategy for preventing teen pregnancies.

SMOKING DURING PREGNANCY

Smoking during pregnancy causes negative health outcomes for both the mother and infant. Complications include: tissue damage to the infant, preterm delivery, low birth-weight, and an increased likelihood of sudden infant death syndrome (SIDS). The total percentage of mothers who smoke during pregnancy in Iredell County increased by 2% since 2014. Across most racial group in Iredell County there was an increase in mothers who smoke during pregnancy. The most significant increase was among African American mothers. The percent of African American mothers who smoke during pregnancy almost doubled from 2014 to 2018.
BREASTFEEDING

One of the most beneficial things a mother can do to protect both her health and the health of her infant is to breastfeed. Breastmilk provides the ideal nutrition for infants and contains antibodies that help protect infants from viruses and bacteria. Breastfeeding lowers an infant’s risk of developing asthma and allergies, prevents ear infections and respiratory illness, and has been linked to higher IQ scores in later childhood. For mothers, breastfeeding can assist in faster weight loss after pregnancy, reduces uterine bleeding after birth, and lowers the risk for breast and ovarian cancer later in life. Breastfeeding rates upon hospital discharge have increased among all racial groups since 2014. There still persist a disparity among African Americans in regards to breastfeeding upon hospital discharge. More than 20% fewer African American mothers breastfeed their infants as compared to Caucasian mothers. Encouraging supportive work policies, community support initiatives and breastfeeding for success education can all improve rates.

MOTHER’S LEVEL OF EDUCATION

A mother’s educational attainment level has a long-lasting impact on her children. The higher level of education a mother receives, the more desirable the health and economical outcomes will be for her children. Families with a college-educated mother have a higher median household income and have better access to medical care and healthcare cost coverage. Increased education provides financial stability and create an environment that allows children to attain higher levels of education. Children with college-educated mothers show higher levels of reading and math proficiency in eighth grade than children with less educated parents. More than three times the percent of Hispanic mothers have less than a high school education, compared to Caucasian mothers. Language and transportation barriers play a vital role in educational attainment. The overall percent of mothers with less than a high school education is slightly lower than that of the state.

Source: NC State Center for Health Statistics, BABYBOOK
The poverty rate for children in Iredell County is nearly double that of adults. Risks associated with childhood poverty include exposure to environmental toxins, limited access to medical care, inadequate nutrition, low-quality childcare, and decreased cognitive stimulation. There was a decrease in the child poverty level in Iredell County from 2015 to 2016, but then an increase from 2016 to 2017, putting the poverty level back up to nearly where it was in 2014.

**LEADING CAUSE OF CHILD DEATHS**

Statistically, most child deaths occur during the first year of life and are a result of perinatal conditions. As children get older they are at an increased risk for preventable deaths, such as, motor vehicle injuries and self-harm. Conditions originating in the perinatal period include various maternal factors and complications of pregnancy, labor and delivery. Some factors and complications include: disorders related to length of gestation and fetal growth, birth trauma, respiratory and cardiovascular disorders, infection, hemorrhagic and hematological disorders.

### 2018 Leading Cause of Death (Age 0-5)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Iredell</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions originating in perinatal period</td>
<td>65.3%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Congenital malformations, deformations, and chromosomal abnormalities</td>
<td>17.6%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Influenzas and pneumonia</td>
<td>5.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>All other causes</td>
<td>41.2%</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

### 2018 Leading Cause of Death (Age 0-17)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Iredell</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions originating in perinatal period</td>
<td>27.3%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Congenital malformations, deformations, and chromosomal abnormalities</td>
<td>13.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Intentional self-harm (suicide)</td>
<td>13.6%</td>
<td>4.1%</td>
</tr>
<tr>
<td>All other unintentional injuries</td>
<td>4.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Influenzas and pneumonia</td>
<td>4.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Motor vehicle injuries</td>
<td>4.5%</td>
<td>6.5%</td>
</tr>
<tr>
<td>All other causes</td>
<td>32%</td>
<td>22.9%</td>
</tr>
</tbody>
</table>

Source: NC State Center for Health Statistics, Leading Cause of Death
Community Respondents believe Iredell needs improvement to access to healthcare for children. Children from lower socioeconomic backgrounds have poorer health outcomes. These disparities are due in part to barriers in accessing medical care. More than half of all children in Iredell County are enrolled in a government subsidized medical cost coverage plan. However, 5% of the total child population of Iredell County are without any type of medical insurance.
Currently, one in three children in Iredell county between the ages of two and four are classified as overweight or obese. Among children today, obesity is causing a broad range of health consequences that previously were not seen until later in life. Risk associated with childhood obesity include: high blood pressure, diabetes, and elevated blood cholesterol levels. Nearly half of all community respondents reported that their child consumed at least one sugary-sweetened beverage per day. While that is still high, it has decreased from nearly 50% in 2014. Sugar-sweetened beverage consumption and sedentary lifestyle reduction can positively impact a child’s weight but also foster positive growth and development, improve brain health and reduce risk of chronic disease.

Food insecurity puts children at risk for negative health, developmental, behavioral, and academic outcomes. While Iredell food insecurity rates are lower than the state, it’s still significant that a fifth of the child population of Iredell County does not have enough food to meet their needs. Food insecurity is influenced by a number of factors including income, employment, and racial disparities. African American and Hispanic households are typically two-times more likely to be food insecure.
Asthma is one of the most common childhood conditions that has a lasting impact. Childhood asthma can have a negative impact on the lungs of a child and cause problems long into adulthood. Medical professionals are aware that both genetic factors and the environment play a key role in the disease’s onset. Iredell County has consistently had lower rates of emergency department visits for childhood asthma than the state since 2012. Asthma triggers include: secondhand smoke, dust mites, outdoor pollution, cockroach allergens, pets, mold, cleaning products, and often times, physical exertion. Reducing the exposure of children to secondhand and third-hand smoke is crucial in reducing the overall asthma rates for both youth and adults.

**CHILD ASTHMA**

<table>
<thead>
<tr>
<th>RATE OF EMERGENCY DEPARTMENT VISITS FOR ASTHMA, AGED 0-8 (RATE PER 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iredell</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

Source: NCDHHS Early Childhood Action Plan County Data Book

Asthma triggers include: secondhand smoke, dust mites, outdoor pollution, cockroach allergens, pets, mold, cleaning products, and often times, physical exertion. Reducing the exposure of children to secondhand and third-hand smoke is crucial in reducing the overall asthma rates for both youth and adults.

**CHILD LEAD BLOOD LEVELS**

Lead is a common environmental contaminant. Lead exposure is associated with negative health outcomes, impairing cognitive, motor, behavioral, and physical abilities. The amount of children in Iredell County who have been tested for lead exposure and found to have elevated rates have reduced by half since 2007. Children of low socioeconomical status are at a higher risk of having elevated blood lead levels due to the fact they are often exposed to older, more environmentally dangerous living arrangements. A common way children are exposed to lead is through contact with chips and dust in buildings and homes from old lead paint. Typically, children are tested around the age of two for potential elevated levels of lead in their blood.

**PERCENT OF IREDELL CHILDREN (AGED 1-2) WHO RECEIVED LEAD SCREENING AND HAD ELEVATED BLOOD LEAD LEVELS**

- 2007: 0.6%
- 2017: 0.3%

Source: NCDHHS Early Childhood Action Plan County Data Book
Positive relationships between children and their caregivers is vital to healthy development. Adverse incidents, such as abuse, are associated with poor health outcomes. Iredell County children are victims of childhood maltreatment at double the rate of NC children. Factors that contribute to child maltreatment include adult substance misuse and mental illness.

Unintentional injuries, such as those caused by burns, drowning, falls, and poisoning, make up nearly 5% of all deaths in children under the age of seventeen. Most injuries are preventable by modifying the child’s environment. Effective injury prevention methods include parent and guardian education, the use of childproof caps on medications and household poisons, age-appropriate restraints in motor vehicles, bicycle helmets, and life jackets. According to statistics, children in Iredell County are more likely to have to visit the emergency department for an injury that children in NC. The rate per 1,000 for Iredell County Emergency Department visits is nearly 20 more than that of the state of NC.
When compared to peer counties, Iredell County ranks poorly in regard to many health indicators. Iredell county’s infant mortality rate continues to be much higher than it’s peer-county counterparts. Iredell’s African American infant mortality rate is nearly double that of Cabarrus County. Chronic disease rates in Iredell County are also worse than other counties. Iredell County’s stroke death rate is the highest of its peers. There is no health indicator that Iredell County ranks better than its peer counties, however, the heart disease death rate in Iredell is the second lowest in compared to the counties listed below.

<table>
<thead>
<tr>
<th>Data Subject</th>
<th>Cabarrus</th>
<th>Catawba</th>
<th>Henderson</th>
<th>Iredell</th>
<th>Onslow</th>
<th>Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate (2018, per 1,000 live births)</td>
<td>7.6</td>
<td>4.1</td>
<td>4.6</td>
<td>8.5</td>
<td>4.6</td>
<td>4.9</td>
</tr>
<tr>
<td>African American Infant Mortality Rate (2018, per 1,000 live births)</td>
<td>13.5</td>
<td>5.9</td>
<td>0</td>
<td>22.4</td>
<td>12.5</td>
<td>8.8</td>
</tr>
<tr>
<td>Cancer, all sites (2013-2017, Incidence rate per 100,000)</td>
<td>487.7</td>
<td>472.4</td>
<td>457.5</td>
<td>482.1</td>
<td>510.7</td>
<td>428.1</td>
</tr>
<tr>
<td>Heart Disease (2013-2017, death rate per 100,000)</td>
<td>159</td>
<td>169</td>
<td>163.3</td>
<td>158.2</td>
<td>169.9</td>
<td>155.2</td>
</tr>
<tr>
<td>Stroke (2013-2017, death rate per 100,000)</td>
<td>44.3</td>
<td>42.5</td>
<td>34.2</td>
<td>50.8</td>
<td>49.1</td>
<td>36.6</td>
</tr>
<tr>
<td>Diabetes (2013-2017, death rate per 100,000)</td>
<td>20.6</td>
<td>22.1</td>
<td>12.5</td>
<td>22.9</td>
<td>28.1</td>
<td>18.4</td>
</tr>
<tr>
<td>Current Smokers (2018, percent of current smokers)</td>
<td>17%</td>
<td>17%</td>
<td>15%</td>
<td>17%</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Pregnant Smokers (2017, percent who smoke during pregnancy)</td>
<td>8%</td>
<td>15%</td>
<td>11%</td>
<td>11%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Childhood Overweight/Obesity (2017, percent of overweight/obese children ages 2-4)</td>
<td>26%</td>
<td>36%</td>
<td>25%</td>
<td>30%</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>Unintentional Injuries (2013-2017, Unintentional death rate per 100,000)</td>
<td>35.2</td>
<td>41.9</td>
<td>61.5</td>
<td>34.7</td>
<td>23.5</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: NC State Center for Health Statistics County Data Book, NCDHHS Early Childhood Action Plan County Data Book, 2018
### Primary and Secondary Data Comparison Summary

The top health concerns identified by community respondents during the primary data collection process closely aligns with the secondary data provided by the state of North Carolina.

<table>
<thead>
<tr>
<th><strong>Top Community Concerns</strong></th>
<th><strong>Primary Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CANCER</strong></td>
<td>Nearly half of all community respondents believe CANCER is the top health concern</td>
</tr>
<tr>
<td><strong>OBESITY AND OVERWEIGHT</strong></td>
<td>40% of Community Respondents believe weight is a top health concern</td>
</tr>
<tr>
<td></td>
<td>42% of respondents are overweight/obese</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td>34% of Community Respondents believe MENTAL HEALTH is a top health concern</td>
</tr>
<tr>
<td><strong>HEART DISEASE</strong></td>
<td>32% of Community Respondents believe HEART DISEASE is a top health concern</td>
</tr>
<tr>
<td><strong>DIABETES</strong></td>
<td>27% of Community Respondents believe DIABETES is a top health concern</td>
</tr>
<tr>
<td><strong>LACK OF PHYSICAL ACTIVITY</strong></td>
<td>24% of Community Respondents believe LACK OF PHYSICAL ACTIVITY is a top health concern</td>
</tr>
<tr>
<td><strong>ALZHEIMER’S DISEASE</strong></td>
<td>17% of Community Respondents believe ALZHEIMER’S DISEASE is a top health concern</td>
</tr>
<tr>
<td><strong>STROKE</strong></td>
<td>14% of Community Respondents believe STROKE is a top health concern</td>
</tr>
<tr>
<td><strong>DENTAL HEALTH</strong></td>
<td>12% of Community Respondents believe DENTAL HEALTH is a top health concern</td>
</tr>
<tr>
<td><strong>AVAILABILITY OF HEALTHY FOODS</strong></td>
<td>10% of Community Respondents believe AVAILABILITY OF HEALTHY FOODS is a top health concern</td>
</tr>
</tbody>
</table>

### Leading Causes of Death

<table>
<thead>
<tr>
<th><strong>CANCER</strong></th>
<th>19.4% of premature deaths in Iredell County are a result of CANCER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISEASES OF THE HEART</strong></td>
<td>18.1% of premature deaths in Iredell County are a result of DISEASES OF THE HEART</td>
</tr>
<tr>
<td><strong>CEREBROVASCULAR DISEASE</strong></td>
<td>5.6% of premature deaths in Iredell County are a result of CEREBROVASCULAR DISEASE</td>
</tr>
<tr>
<td><strong>CHRONIC LOWER RESPIRATORY DISORDER</strong></td>
<td>5.6% of premature deaths in Iredell County are a result of CHRONIC LOWER RESPIRATORY DISORDER</td>
</tr>
<tr>
<td><strong>ALZHEIMER’S DISEASE</strong></td>
<td>5.2% of premature deaths in Iredell County are a result of ALZHEIMER’S DISEASE</td>
</tr>
<tr>
<td><strong>OTHER UNINTENTIONAL INJURIES</strong></td>
<td>4.1% of premature deaths in Iredell County are a result of OTHER UNINTENTIONAL INJURIES</td>
</tr>
<tr>
<td><strong>DIABETES MELLITUS</strong></td>
<td>3.3% of premature deaths in Iredell County are a result of DIABETES</td>
</tr>
<tr>
<td><strong>INFLUENZA AND PNEUMONIA</strong></td>
<td>2.6% of premature deaths in Iredell County are a result of INFLUENZA AND PNEUMONIA</td>
</tr>
<tr>
<td><strong>KIDNEY DISFUNCTION</strong></td>
<td>2.1% of premature deaths in Iredell County are a result of NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS</td>
</tr>
<tr>
<td><strong>PARKINSON’S DISEASE</strong></td>
<td>1.8% of premature deaths in Iredell County are a result of PARKINSON’S DISEASE</td>
</tr>
</tbody>
</table>

The top health concerns identified by community respondents during the primary data collection process closely aligns with the secondary data provided by the state of North Carolina.
The top three selected health priorities have been found to be Mental Health, Chronic Disease Prevention, and Infant Mortality.

Mental Health was selected as the top community health concern by the community respondents. Mental Health as been an area that has gone greatly overlooked over the last decade. More than half of community respondent’s children have experienced bullying, depression, or anxiety. Sixty-five percent (65%) of community respondents believe Iredell County needs improvement in regards to mental healthcare services.

Chronic disease was selected as a top health concern due to the fact that half of the leading causes of premature death in Iredell county are a result of chronic conditions. Seven of the top ten health concerns of the community respondents were either chronic conditions or risk factors associated with chronic disease, such as, healthy eating and active living.

Infant mortality is a key indicator of the overall health of Iredell County. Iredell County ranks poorer than the state among nearly all racial groups. Most notable is the disparity rate among African American infants. African American infants are three0times as likely to not make it to their first birthday compared to their Caucasian counterparts.

1 MENTAL HEALTH
- 40% of community respondents believe Mental Health is a top community health concern.
- More than half of community respondent’s children have experienced symptoms of mental health.
- Suicide is the third leading cause of death for children aged 0-17 in Iredell County.
- 65% of community respondents believe Iredell County needs improvement in regards to mental healthcare services.
- Community support programs, such as Question, Persuade, Respond, are among some of the most impactful evidence-based strategies for addressing mental health concerns.

2 CHRONIC DISEASE
- One-third of Iredell County children aged 2-4 are classified as overweight or obese
- 70% of community respondents do not get the recommended amount of physical activity
- 68% of Iredell County residents are overweight or obese
- 91% of community respondents do not consume the recommended amount of fruits and vegetables
- Healthy Eating and Active Living strategies have proven to be evidence-based and successful in reducing the risk of developing a chronic condition.

3 INFANT MORTALITY
- The Iredell County infant mortality rate is 8.5, compared to NC’s rate of 6.8.
- The African American infant mortality rate in Iredell County is 22.4, compared to the Iredell Caucasian rate of 7.3.
- More than 7% of mothers are receiving late or no prenatal care in Iredell County.
- 55% of Iredell County mothers are either overweight or obese
- In Iredell County, the African American teen pregnancy rate is double the Caucasian rate.
- Reducing maternal risk factors and improving health equity among all mothers has the potential to positively impact birth outcomes.
COMMUNITY NEEDS AND RESOURCES

In regards to health promotion and disease prevention efforts in Iredell County, community respondents were provided the opportunity to identify resource needs in our community, as well as express their level of current resource awareness. Gaining input on resource needs of a community is vital in assuring access to needed services.

Through educational materials disseminated by the Iredell County Health Department (ICHD) team members and through the ICHD website. The community at large has access to the most recent health data, resources, and policies. All information distributed by the Iredell County Health Department has been tailored to fit the health literacy needs of the community in an effort to increase understanding, promote behavior changes, and improve health outcomes. In order to meet the many needs of Iredell County residents, establishing effective partnerships is essential. Longstanding partnerships with hospitals and healthcare organizations, non-profits, and other non-traditional partners is crucial for community health improvement. In addition, below is information regarding two additional resource services: NC-211 and Iredell Hyper-Reach. Both are vital tools in keeping Iredell County healthy and safe through communication avenues. Located in the Appendix is a Community Resource Guide compiled by the Healthy Carolinians Taskforce.

NC-211 UNITED WAY

NC-211 is an all-inclusive health and human services resource directory. This online and phone-based service is continuously updated to contain information about all resources and services available in a community. To use NC-211 you can dial 2-1-1 from any phone and ask the operator and service-related question and they will be able to connect you with an agency or resource that meets your needs. Additionally, resources can be viewed online at the following link: https://www.nc211.org/find-help

IREDELL COUNTY HYPER-REACH

Iredell County HYPER-REACH is a service managed locally by Iredell County Emergency Management, Iredell County Government, and the Iredell County Health Department. This service allows citizens to sign up through multiple communication routes, including, landline and mobile phones, text messaging, and email. This communication service provides important updates during emergency and adverse weather events. To register for this service, please visit the following website: https://signup.hyper-reach.com/hyper_reach/sign_up_page_2/?id=62681

76% Community Respondents are not aware of NC-211

62% Community Respondents receive notification from IREDELL HYPER-REACH
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>PAGE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Resources</td>
<td>44</td>
</tr>
<tr>
<td>2019 Community Health Assessment Survey</td>
<td>50</td>
</tr>
</tbody>
</table>
COMMUNITY RESOURCES

The health, safety and well-being of our residents are a top priority of Iredell County Health Department. This resource guide is maintained to enhance public access to information on variety of local health and human resources available. Efforts are made to ensure the accuracy of the information. The inclusion of an organization or service does not imply an endorsement of the organization or service, nor does exclusion apply disapproval. If you believe there is a change or addition that might be beneficial to this resource guide please contact the Public Information Officer at 704-878-5337.

TRANSPORTATION

I-CATS

2611 Ebony Circle, Statesville, NC
Open to general public $2-$4
Operates Monday-Friday 5a.m. to 9p.m. and Saturday limited services
Medical trips *need two day notice to schedule trips*
Elderly and Disabled no fee or $1 fare
Age 14 and under must be accompanied by adult
No emergency medical trips outside Iredell County

Fifth Street Ministries

1400 Fifth Street, Statesville, NC
Transportation for medical needs (must be a resident of the shelter)

Iredell County Department of Social Services

549 Eastside Drive, Statesville, NC
Medicaid transportation requires you to receive Medicaid. Call the Medicaid coordinator and they will connect you to I-CATS for free transportation

Food Pantry

Salvation Army

800 Monroe Street, Statesville, NC
Receive food from the pantry on Wednesday or Friday each client can receive food free of charge every 60 days
Fifth Street Ministries

1400 Fifth Street, Statesville, NC

People staying in the shelter receive breakfast, lunch, and dinner. The soup kitchen is also available for people to come and receive free food. *Do not have to stay at the shelter*

Yokefellow Ministries

P.O. Box 5384, Statesville, NC

They offer food to Iredell County residents (excluding Mooresville)

Iredell Christian Ministries

409 East Front Street, Statesville, NC

Food pantry is for Iredell County only this excludes Mooresville. You can come twice a month if you do not receive food stamps. A person needs to show proof of Photo ID, Social Security cards of everyone in the home, and proof of income of everyone in the home.

Mooresville Soup Kitchen

275 South Broad Street, Mooresville, NC

Lunch is provided 11 a.m. to noon Monday through Friday and on Saturdays in the month of January, February, and March.

Mooresville Christian Ministries

200 West Broad Street, Mooresville, NC

Food pantry is for residents of South Iredell and Mooresville (must live south of exit 42). The Pantry is available Tuesday and Thursday 10:00-3:30. Must bring photo ID to verify your address.

South Yadkin Baptist Association

3009 Amity Hill Road, Statesville, NC

The food pantry is available for Iredell County residents only. Please call to make an appointment to speak with a counselor for eligibility requirements.

Housing

Fifth Street Ministries

1400 Fifth Street, Statesville, NC

Provides the following housing for families and individuals; night shelter, transitional housing, and shelter for women and children.
Statesville Housing Authority 704-872-9811
110 West Allison Street, Statesville, NC
Provides low income housing in a safe environment and Section 8 housing provides housing choice vouchers to low income families, the elderly, and the disabled that assists with rental payment, and a home ownership program. Requirements: fill out application; bring proof of ID (photo), Social Security cards of each household member, and proof of income. *Does require a waiting list*

Emergency Assistance

Salvation Army 704-872-5623
800 Monroe Street, Statesville, NC
Provides help with rent or mortgage, utilities (electrical and gas). Requirements are: bring in proof of income, North Carolina ID, Proof of expense, and Social Security cards of everyone in the home.

Yokefellow Ministries 704-872-1459
P.O. Box 5384, Statesville, NC
Provides help with rent or mortgage, prescription assistance, and utilities (electrical, gas, and wood). Requirements are: bring in proof of income, NC ID, proof of expense, Social Security cards of everyone in the home, and speak with a counselor.

Iredell Christian Ministries 704-924-6700
322 East Front Street, Statesville, NC
Provides financial assistance for prescription assistance, rent, utilities (electrical and gas). Requirements are: bring in proof of income, Iredell County residents (excludes Mooresville), Photo ID, and Social Security cards of everyone in the home.
**Mooresville Christian Ministries**
266 North Broad Street, Mooresville, NC
Provides financial assistance for prescription assistance, rent, utilities, (electrical and gas). Requirements are: bring in proof of income, live in Mooresville or South Iredell (below exit 42), photo ID, Social Security cards of everyone in the home.

**Iredell County Department of Social Services**
549 East Broad Street, Statesville, NC
Department of Social Services provides emergency assistance for utilities (electric and gas) and rent/eviction. Requirements are: fill out an application, provide proof of income, Social Security cards for each household member, an Iredell County resident.

**Clothing**

**Fifth Street Ministries**
1400 Fifth Street, Statesville, NC
Provide vouchers to shelter residents to receive clothing from Salvation Army.

**Yokefellow Ministries**
P.O. Box 5384, Statesville, NC
Call to make an appointment to speak with a counselor before receiving clothes.

**South Yadkin Baptist Association**
3009 Amity Hill Road, Statesville, NC
The clothing closet is available for Iredell County residents only. Please call to make an appointment to speak with a counselor for eligibility requirements.

**Mooresville Christian Ministries**
200 West Broad Street, Mooresville, NC
Provides clothing for residents of South Iredell and Mooresville (must live south of exit 42). The Pantry is available Tuesday and Thursday 10:00-3:30. Must bring photo ID to verify your address.

**Iredell Christian Ministries**
409 East Front Street, Statesville, NC
Provides clothing for residents of Iredell County only this will exclude Mooresville and only include everybody north of exit 42. Requirements are: bring in proof of income, Iredell County residents. Photo ID, and Social Security cards of everyone in the home.
Lydia’s Loft  
704-896-0471  
203 North Old Statesville Road, Statesville, NC  
Provide free clothing and household items to people in need in the North Mecklenburg and South Iredell regions. A referral ticket is required and people receive a ticket at The Ada Jenkins Center or Solomon. Identification and proof of address are required.

Medical Clinics

Health Reach Community Clinic  
704-663-1992  
400 E. Statesville Avenue, Mooresville, NC  
Clinic provides health services to those in need. Clinic is open Monday (9:00AM – 4:00PM), Tuesday (9:00AM – 7:30PM), Wednesday and Thursday (9:00AM – 4:00PM)

Statesville Family Medicine  
704-874-3316  
1022 Shelton Avenue, Statesville, NC  
Family-centered provider of healthcare, health education, and preventative care services without regard to ability to pay. Open Monday – Friday 8:00AM – 6:00PM

Dental

Iredell County Health Department  
704-878-5300  
318 Turnersburg Highway, Statesville, NC 28625  
The clinic provides dental services to those in financial need based on eligibility. Hours Monday – Friday 8:00AM – 4:30PM

Social Services

Department of Social Services of Iredell County  
704-873-5631  
549 Eastside Drive, Statesville, NC