



INTRODUCTION

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 year 1066 to the Battle of Hastings, and it means "a valley of flowing air." The Iredell County Health Department was established in 1942 and was recognized as a department within Iredell County government.

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. The present land area is 574.13 square miles. Statesville, established in 1789, is the county seat.



The main Statesville facility has recently been modified to address the needs of the enhanced dental clinic, carpet replacement and roofing concerns. The Mooresville site was relocated a few years ago from a small building to a larger building to provide increased clinic flow, efficiency; therefore, enhanced access to public health programs and services.

Statesville Central Office
Iredell County
Health Department
318 Turnersburg Highway
Statesville, NC 28625

Mooresville Office
Iredell County
Health Department
610 East Center Avenue
Mooresville, NC 28115



The county seat of **Statesville** is approximately 45 miles north of Charlotte, and approximately 130 miles west of Raleigh, the state capital. Lake Norman, the nation's largest manmade lake by surface area, extends into the southwest portion of the county with approximately 520 miles of shoreline.

Population & Race: The 2009 population estimate is 158,153. The Iredell County population is mostly white at approximately 80%, while the largest minority group being Black/African-American is about 12%. The Hispanic/Latino population has increased to just over 5%.

Geography: Approximately 50% of our population is living in urban areas and 50% are living in rural settings. A growing number of people are moving into Iredell County. Iredell County is known as a bedroom community because it is easily accessed by three Urban cities (Charlotte, Winston Salem and Hickory) and the tax rate is one of the lowest in the area.

Income/Poverty: The per capita income is \$29,676 (2005). The median household income was \$44,200 (2005). As of 2005, approximately one out of every 3 Black-Americans is in poverty versus one out of every 10 whites.

Employment: The percent of unemployment in Iredell County is 4.4 (2006). Fifty-five (55%) of individuals in Iredell are currently employed. The majority of companies in Iredell are private companies (83%). A smaller percent (10%) are employed by government agencies and only 7% are self-employed or unincorporated.

Purpose

Mission:

Promote and protect community, personal and environmental health.

Vision:

Partnering with the public to achieve a healthier community.

Core Values:

- **Excellence:** Commitment to the highest quality health services.
- **Credibility:** Action based on honesty.
- **Integrity:** Commitment to the highest ethical and professional standards.
- **Dependability:** Commitment to meet deadlines and standards.
- **Communication:** Exchange of information and ideas to create mutual understanding.

PUBLIC HEALTH PURPOSE (CORE FUNCTRIONS & ESSENTIAL SERVICES OF PUBLIC HEALTH):

The three core functions (assessment, policy development and assurance) represent crucial aspects of the ICHD public health activities and responsibilities. The ICHD local public health agency works to ensure that the core functions and the 10 Essential Public Health Services are carried out to fulfill the mission of public health, and assure conditions exist so people have opportunities to be healthy.

Core Functions	10 Essential Services of Public Health		
ASSESSMENT	1. Monitor Health 2. Diagnose & Investigate	R E S E A R C H	
POLICY DEVELOPMENT	3. Information, Educate & Empower 4. Mobilize Community Partnerships 5. Develop Policies		
ASSURANCE	6. Enforce Law 7. Link People to Provider Care 8. Assure Competent Workforce 9. Evaluate		
			10.

Divisions and Services

The Iredell County Health Department is made up of five functional divisions: **1) Executive** (agency oversight and facilitation) **2) Administration** (vital records, financial management, IT and human resources), **3) Clinical Services** (child health, adult health, WIC, and oral health) and **4) Environmental Health** (sewage system approval, tattoo inspections, private well testing, food & lodging, and investigations), and **5) Health Education & Emergency Management** (community health assessment, health promotion and disease prevention, and emergency management). There are 113.75 budgeted positions for FY 09-10.

Targeted Audience Customer Groups and Fees

Nearly all of the programs and services are made available to all residents of Iredell County. Most of the programs and services have a downward sliding fee schedule where fees are based on household income; therefore, mostly the financially needy residents seek services through clinical services. Other divisions offer flat fees or provide services at no cost to the customer.

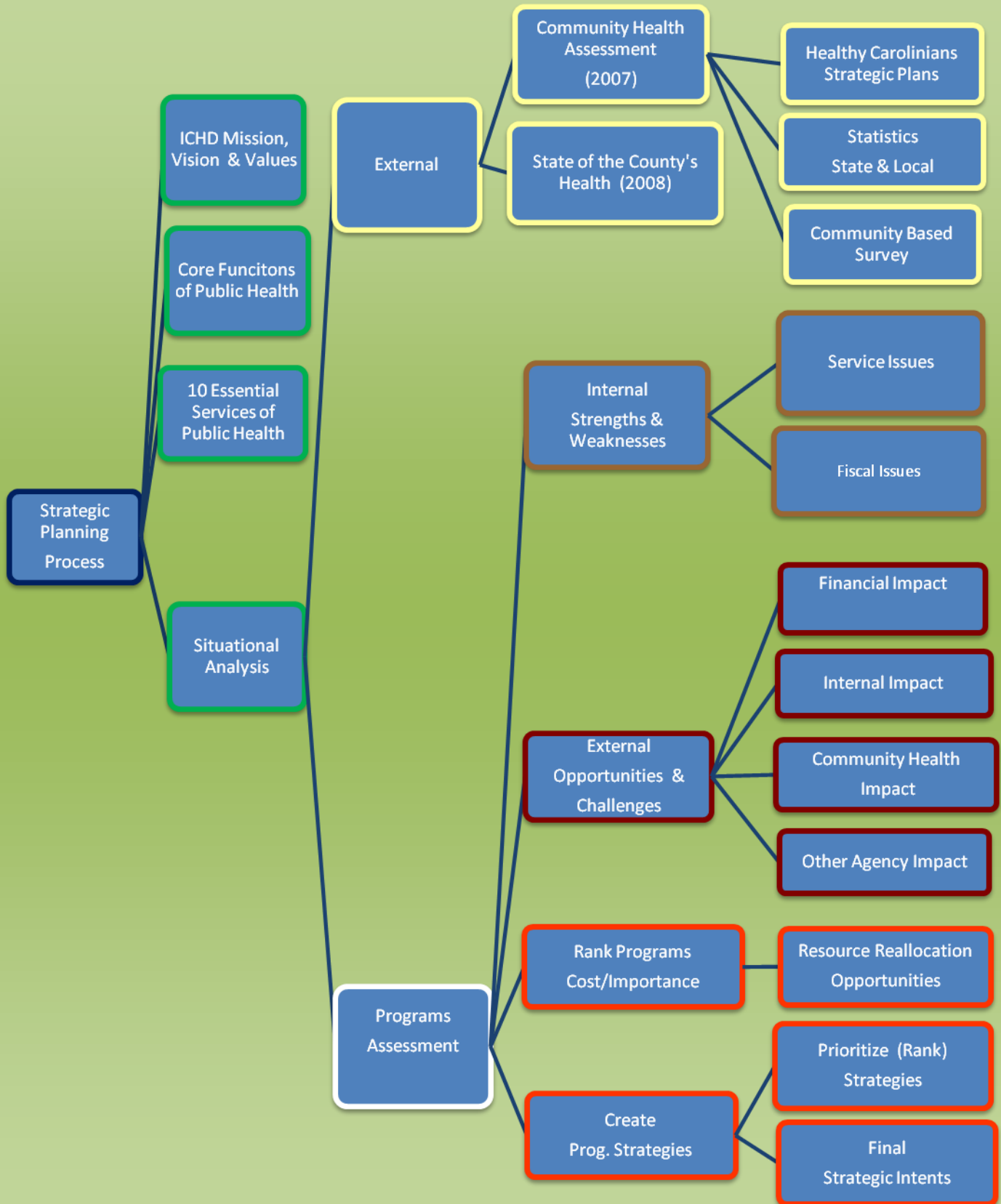
Equipment

The equipment (tools, instruments, automobiles, IT equipment and software) are replaced with new equipment when the existing equipment needs replaced, where funding is available. Efforts are made to secure equipment that meet current and standard needs to perform various public health duties.

Technology

Efforts are made to keep technology current to meet the needs of the agency. New and current software are utilized when funding is available. Improving efficiencies requires, at times, new technology and upgrades to technology.

PLANNING PROCESS & STRATEGIC INTENT: The strategic plan produces system and divisional decisions and actions that shape and guide what our public health system focuses on to best serve the community. This process helps us do a better job, to ensure that members of the organization are working towards the same goals, and to assess and adjust the organizational direction in response to the changing environment.



PROCESS

John Graham, Deputy Director of Operations and Management at the NC Institute for Public Health, guided the ICHD management team through a public health focused strategic planning process that offered best-practices. Reflecting on the ICHD's mission, vision and core values along with revisiting the core functions of public health and their 10 essential services of public health provided a beginning to this process. The report reflects factors influencing the health department's ability to improve the community's health. The 2007 Community Health Assessment and the 2008 State of the County's Health reports were also reviewed. Then assessing ICHD programs, internal strengths and weaknesses, and external opportunities and challenges were principal activities that provided the framework to create strategic intents that are reflected in this report. Below you will find the some details about what was revealed during this process.

The action plans within the Community Health Assessment is an extension of this strategic plan. However, the community-based Iredell County Healthy Carolinians Taskforce is responsible for managing those action plans. The ICHD provides collaboration efforts and coordination support for this Taskforce.

SITUATIONAL ANALYSIS

2007 Iredell County Community Health Assessment (CHA)

Below is information from the CHA. There are five areas of overlap regarding what the public's perception was about the top ten Iredell County health concerns and what the state statistics revealed. See the different highlighted colors in each column below to see priority areas that overlap.

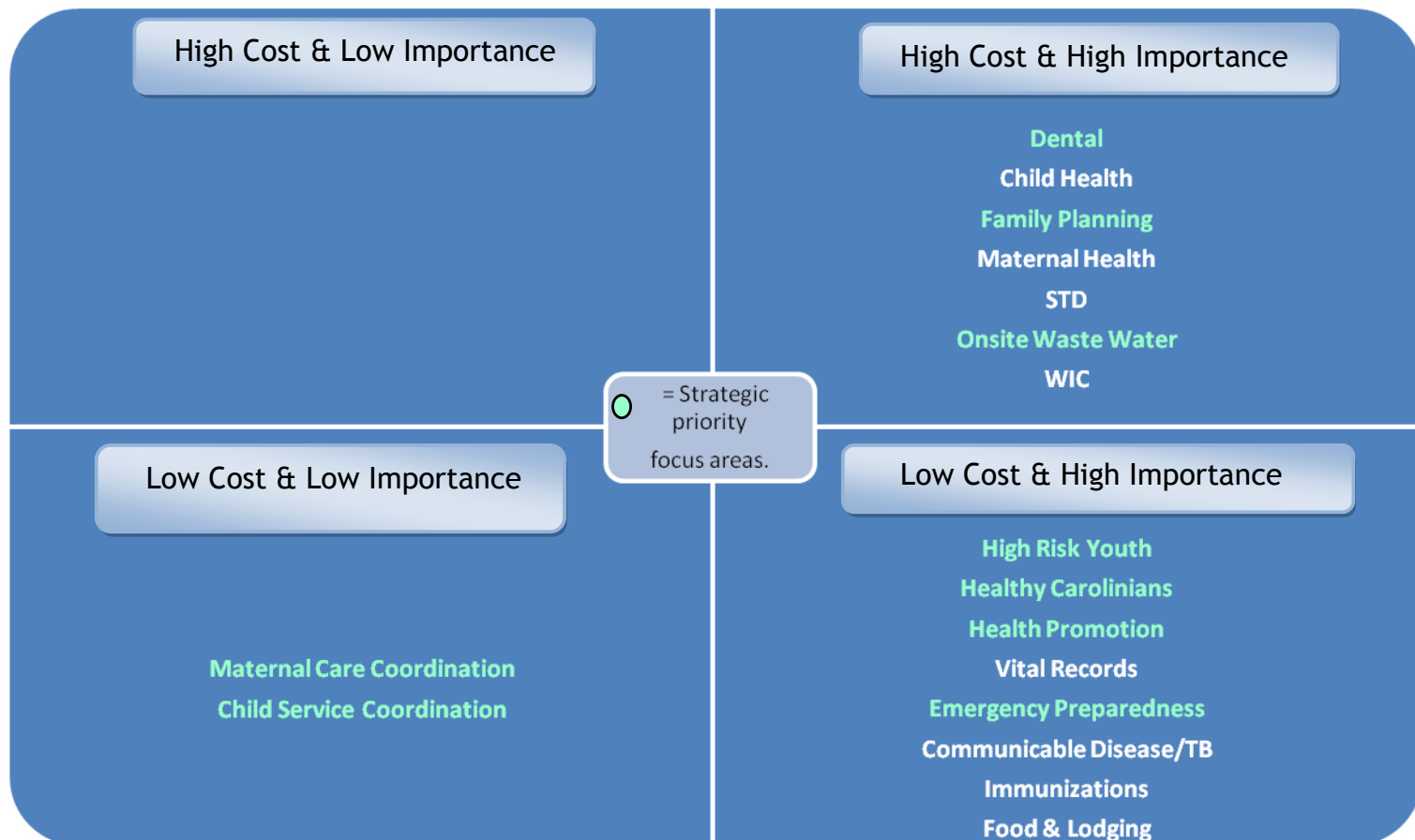
Rank	What the Statistics Show <i>2005 Morbidity & Mortality State Statistics</i>	Rank	What the Public Said <i>2007 Community-Based Survey</i>
1	Obesity/Overweight	1	Addiction: Lifestyle Drugs (Tobacco/Alcohol)
2	Heart Disease	2	Addiction: Street & Pharmaceutical Drugs
3	Cancer: Lung	3	Mental Health Conditions
4	Diabetes	4	Aging Population
5	Asthma	5	Infectious Disease
6	Cancer: Prostate	6	Asthma
7	Dental Health	7	Obesity/Overweight
8	Mental Health Conditions	8	STDs/VD
9	Cerebrovascular Disease/Stroke	9	Diabetes
10	Motor Vehicle Injuries	10	Cancer: Lung

The public input and state statistics reflects behavioral issues that are reflective of the leading health indicators, such as physical activity, obesity and tobacco use. Also, it became clear that many of the concerns noted above could be improved if more individuals would engage in the appropriate amount of physical activity, eat healthier and reduce their use of tobacco.

The Healthy Carolinian's action plans (Attachment A) address most of these issues and these plans include collaboration with local partners and the community to accomplish goals. Finally, the NC State legislation is putting into place stronger regulations to hopefully reduce the use of tobacco. Therefore, the ICHD has chosen additional strategies outside of these focus areas since there are action plans already in place for most of the issues highlighted above.

ICHD Assessment of Programs

To assess the current reality of each program, a tool was used to capture comparative data across ICHD programs. The tool provided an opportunity to respond to several questions that detailed information about the specialized service, fiscal health and external impact for each program. Multiple employees within each division were involved in the program assessment process. Management team consensus was achieved for each of the eighteen questions for the seventeen ICHD programs noted in the below matrix. Below you will see within this cost/impact matrix, a snapshot of where programs were assigned.



This process enhanced the understanding of which programs needed improved in some way. The above programs in **mint green color** have been identified for improvements based on the program assessments. The related strategies, priority needs and objectives will be found later in this document.

OTHER EXTERNAL OPPORTUNITIES AND CHALLENGES

This strategic planning process identified other challenges and opportunities as noted below.

Challenges	Opportunities
<ul style="list-style-type: none"> Public perception that government is too big. 	<ul style="list-style-type: none"> Educate the public that the ICHD has a lean organizational structure. Shift some programs and services to other agencies if infrastructure exists and where agreeable. Reallocate resources from one program to another. Gain improved technology and improve efficiencies of human resources.
<ul style="list-style-type: none"> Additional and increased fees are discouraged. 	<ul style="list-style-type: none"> Secure non-traditional funding from federal grants, foundations, corporations and fundraising.
<ul style="list-style-type: none"> Enhance image of public health. 	<ul style="list-style-type: none"> Improved customer and partnership relations.

STRATEGIC PRIORITIES & IMPACT:

All strategic activities and objectives should enhance the programs identified and improve the health of the community while creating a healthier public health agency.

All strategies below are equally important because all priority needs were equally ranked. See the earlier matrix to view the cost/importance matrix. The priority need for each strategy has been identified. Objectives for each program have been identified and the ICHD leadership has created work plans that will aid in meeting the objectives throughout the next three years.

Strategy 1:

Division: Clinical Services

Program: Family Planning (Mandated Service)

Priority Need: Improve efficiency, access and revenue.

Core Function(s): Assessment Policy Development Assurance

Ten Essential Public Health Services:

Assurance: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Responsible Division(s): Clinical Service

Objective 1: By February 28 2011, expand service availability as evidenced by increased number of appointment slots existing for services.

2010 Objective Progress/Impact Report:

June Status: The total number of patient visits for FY 09/10 has increased by 80 over FY 08/09.

Will you continue to make improvements? If so, create a new objective based from your PDSA/PDCA Cycle(s).

Objective 1.B.: By October 2010, "Open Access" (same day appointments) will start. It is anticipated that this will increase the show rate and consequently the number of patient visits completed.

Objective 2: By September 30 2011, improve efficiency of service delivery as evidenced by decreased total length of time for each visit, with no decrease in program quality, patient satisfaction or staff satisfaction.

2010 Objective Progress/Impact Report:

June 2010 Status: Recent audits of the program demonstrate a 49% decrease in the overall length of each visit. Surveys of the staff and patients show program quality has not been compromised, and in many cases satisfaction is improving among staff and patients alike.

Objective 3: By October 31 2011, increase Medicaid revenue collected for Family Planning services by at least 5%.

2010 Objective Progress/Impact Report:

As of June, 2010, no increase in Medicaid revenue has been noted, but an increase is anticipated as the number of visits increase.

Strategy 2:

Division: Clinical Services

Program: Dental Clinic (Not a Mandated Program)

Priority Need: Improve access to clinic and increase revenue.

Core Function(s): Assessment Policy Development Assurance

Ten Essential Public Health Services:

Assurance: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Assurance: Evaluate effectiveness, accessibility and quality of personal and population based health services.

Responsible Division(s): Clinical Service

Objective 1: By September 30 2011, increase total dental revenue by at least 5%.

2010 Objective Progress/Impact Report:	June Status: There has been a \$55,282 increase in revenue for FY 09/10 over FY 08/09. This represents a 6.3% increase in revenue.
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Objective 2: By September 30 2011, increase the number of patient visits annually by at least 5%.

2010 Objective Progress/Impact Report:	June 2010 Status: There have been 208 additional visits in FY 09/10 than in FY 08/09. This represents a 3.78% increase in the number of dental visits.
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Note: These objectives should be achieved without compromising quality of services provided, patient satisfaction or staff satisfaction.

Strategy 3:

Division: Clinical Services

Program: Child Service Coordination & Maternity Care Coordination (Not Mandated Programs)

Priority Need: Program Evaluation

Core Function(s): Assessment Policy Development Assurance

Ten Essential Public Health Services:

Assurance: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Assurance: Evaluate effectiveness, accessibility and quality of personal and population based health services.

Responsible Division(s): Clinical Service

Objective 1: By September 30 2011, further evaluate the viability and sustainability of these programs.

2010 Objective Progress/Impact Report:	There has been a decrease in FTE in these programs by 2 and we are working diligently to increase billing services.
Barriers	The State is engaged in planning activities related to providing guidance on how best to deliver these services. No concrete outcome has been shared with the local health departments to date.

Strategy 4:

Division: Environmental Health

Program: On Site Waste Water Program (Mandated Program)

Priority Need: Create efficiencies using enhanced technology.

Core Function(s): Assessment Policy Development Assurance

Ten Essential Public Health Services:

Assessment: Diagnose and investigate health problems and health hazards in the community.

Assurance: Enforce laws and regulations that protect health and ensure safety.

Assurance: Evaluate effectiveness, accessibility and quality of services.

Responsible Division(s): Environmental Health

Objective 1: By June 2011, scan and index 40,000 to 50,000 new and existing septic system operation permits and make these documents available on-line to the public.

2010 Objective Progress/Impact Report:	As of October 7 2010, 9,186 permits have been entered into our database. Of those, approximately 5,000 have images attached. Also, All the permits for the calendar year 2009 have been entered with scanned images.
How was this accomplished	This has been accomplished through the purchase of a scanner/copier for the Mooresville office along with several MS Word with Access packages. This happened as a result of funds obtained from the QI 101 grant through the NC Center for Quality Improvement. Also, the appointment of a temporary light duty employee to review and scan documents has been a great help in moving this project forward.
Barriers	Availability of light duty staff in the future and/or funds to complete the project.

Will you continue to make improvements? If so, create a new objective based from your PDSA/PDCA Cycle(s):

Objective 1.B.: By December 1, 2010 the Mooresville Office subdivision paper files will be consolidated for enhanced efficiencies and easier access.

Strategy 5:

Division: Health Education & Emergency Preparedness (HEEP)

Program(s): All HEEP Programs (Some Mandated Program)

Priority Need: Gain Needed Resources (Human Resources, Partnerships and Funding)

Core Function(s): Assessment Policy Development Assurance

Ten Essential Public Health Services:

Policy Development: Mobilize community partnerships to identify and solve health problems.

Assurance: Evaluate effectiveness, accessibility and quality of personal and population based health services.

Responsible Division(s): HEEP

Objective 1: By June 30 2010, enhance partnerships so needed resources can be secured to accomplish health education goals.

2010 Objective Progress/Impact Report:	To date, new partnerships for the HEEP division include: Boys and Girls Club, Crossroads Behavioral Healthcare, NAACP, South Iredell County Health Forum, Iredell County Health Forum, and Caring Communities for Families (CCFF), Iredell County Kidney Coalition, Iredell County Thread Trail and Mooresville Safe Route to Schools Committee. Through these partnerships many events are held to address health issues and to promote healthy lifestyles.
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Objective 2: By June 30 2010, plan, implement and evaluate the restructuring of the Health Promotion, Healthy Carolinian's and PIO work duties.

2010 Objective Progress/Impact Report:	The HEEP Division has reorganized due to decreased staffing and in order to best meet the requests from the community.
How was this accomplished?	The PH Educator I duties have partially been shifted to an existing PH Education Specialist/Healthy Carolinians Coordinator position. At times the existing HEEP Director and other PH Education Specialist assists with duties, where possible. Also, ICHD staff have opportunities to engage in HEEP Division activities. However, the ICHD is not able to respond to all community requests.
Barriers	Decreased revenue to support HEEP is a barrier. The local government grant approval process is a barrier, when there are short turnaround times to apply for funding opportunities. There has been a reduction in staff over the years so responding to community needs is limited. Currently, there are three (3) unfunded positions within the HEEP Division: 1 PH Education Specialist, 1 PH Educator I, and 1 Administrative Services Assistant V.

Will you continue to make improvements? If so, create a new objective based from your PDSA/PDCA Cycle(s).

Objective 2.B.: By December 2011, develop a policy change for ICHD to use when applying for grants with a short turnaround time. *This is also a plan in the workforce development plan.*

Strategy 6:

Division: Health Education & Emergency Preparedness (HEEP)

Program(s): All HEEP Programs (Some Mandated Program)

Priority Need: Enhance internal capacity for public health assessment.

Core Function(s): Assessment Policy Development Assurance

Ten Essential Public Health Services:

Policy Development: Mobilize community partnerships to identify and solve health problems.

Assurance: Evaluate effectiveness, accessibility and quality of personal and population based health services.

Responsible Division(s): HEEP

Objective 1: By June 30 2011, enhance internal capacity for program assessment and to identify local health needs.

2010 Objective Progress/Impact Report:	The 2011 Community Health Assessment survey will be a web based. Currently, working with partners to address three (3) mental health issues: access to care, public education, and a web based community resource guide.
How was this accomplished?	The Executive Division has acquired an ICHD annual unlimited subscription to SurveyMonkey and it is made available to all ICHD divisions. SurveyMonkey is a web based service that provides a user friendly avenue to create surveys and analyzes results, as respondents submit responses. This service provides a variety of assessment questions so different types of questions can be assessed. Surveys can be sent via E-mail or posted on websites to increase access and responses to the survey.

Outcome Report: The ICHD is required to annually update the strategic plan to assess progress and adjust strategies as needed; however, objectives in this plan extend to three years so the final impact report will be available in 2012. The economic conditions, availability of competent public health professionals and existing resources and trainings will all have an impact on the success of this plan.

The HEEP Division is not required to report outcomes for IC Healthy Carolinians action plans until June 2011. Progress reports and revised action plans will be presented to the BOH at a later date.

Attachment A

Iredell County Healthy Carolinians Action Plans

1. **Priority Issue:** Colon Cancer

Period Covered: 2009-2014

Objective: Reduce colorectal cancer death rates among all populations in Iredell County by 10%.

Target population: Minorities and all populations over 50+.

Interventions Summary: Interventions will begin with informational meetings on the program with practice managers and physicians. We anticipate 10 physician practices will sign up to participate in the colon cancer screening program. The participating practices will receive colon cancer screening information sheets and brochures on colon cancer. They physicians will provide colon cancer screening information to their patients and encourage and refer patients to have a colon cancer screening. Practice Managers will provide the Cancer Committee with numbers of screenings referred each quarter and how many of them actually received their screening. The cancer committee will monitor these numbers for the life of the action plan. Also, Nutrition and Colon Cancer Education Classes will be offered in the community and at local hospitals.

Partnering Agencies: American Cancer Society, Lake Norman Regional Medical Center, Davis Regional Medical Center, HealthNet, Hospice and participating physician offices.

2. **Priority Issue:** Prostate Cancer

Period Covered: 2005-2010

Objective: Reduce prostate cancer deaths within the minority population by 10%.

Target population: African-American males, Hispanic males, individuals with less than a high school education, all males over the age of 40.

Interventions Summary: Male Peer Educators will be recruited and the program will conduct a kick off breakfast at a local hospital. Male Peer Educators will be educated and receive educational materials on Prostate Cancer to provide to the community. The Male Peer Educators will provide education throughout the county for 5 weeks. They will stress the free screening provided by the local hospitals during the month of September. The local hospitals and clinics will provide free prostate cancer screenings throughout the county during the month of September. The hospitals will provide the Cancer Committee with the numbers of individuals screened at each screening event. The hospitals will follow up with any men who had an abnormal PSA or DRE for additional tests.

Partnering Agencies: Iredell Memorial Hospital, Lake Norman Regional Medical Center, Davis Regional Medical Center, Statesville Urology and the American Cancer Society

3. **Priority Issue:** [Teen Pregnancy](#)

Period Covered: 2008-2013

Objective: Reduce the rate of teen pregnancy among 15-19 year olds in Iredell County by 15%.

Target Population: Minority females

Interventions Summary: The Iredell County Health Education Specialist that focuses on STDs and HIV and teen pregnancy prevention will provide education to high risk teens who are currently participating with Teen Health Inc. The Youth Wellness Committee will conduct a youth wellness fair where they will have vendors promote healthy options to teens, such as proper nutrition, exercise, volunteer opportunities, and financial health. The Youth Wellness Committee will also conduct a teen forum. Teens will be surveyed so that the adults who work with them can discover the issues concerning teens the most. The adults can seek out ways to educate teens on those concerning topics. The Committee will develop pregnancy prevention packets specifically for teens. These will be provided to current teen mothers to try to prevent a second pregnancy in their teen years.

Partnering Agencies: Boys and Girls Club of the Piedmont, SHAKE, Teen Health Inc. Pregnancy Resource Center, Davis Regional Medical Center, Lake Norman Regional Medical Center and Iredell Memorial Hospital

4. **Priority Issue:** [Mental Health](#)

Period Covered: 2009-2013

Objective: Decrease mental health emergency department admissions in Iredell County by 10%

Target Populations: those with less than a high school education and those living in poverty.

Interventions Summary: The Mental Health Committee will provide healthcare providers education on the mental health services available in Iredell County and how their patients can access these services. The Committee will increase point of need locations where citizens can pick up mental health literature. Point of need locations are sites with brochure displays filled with mental health literature. A Mental Health Fair will be conducted and open to the public. Education will be provided on Mental Health for consumers and the community as a whole. Committee members will also be working on updating Crossroads Behavioral Healthcare's Access line directory. We will be working to fill in any missing providers.

5. **Priority Issue:** [Overweight/Obesity](#)

Period Covered: 2009-2014

Objective: Reduce the proportion of adults who are obese by 10%. Reduce the proportion of children and adolescents who are overweight or obese by 10%.

Target Population: African Americans, Hispanic/Latinos

Intervention Summary: The Local Physical Activity and Nutrition Committee will promote healthy food policies in worksites/churches and community agencies. They will develop a display for physical activity and nutrition that can be set up at school open houses, PTO/PTA meetings and health fairs. The committee will be updating their brochures: Guide to local Parks and Recreation areas and Where to Go to Eat Smart and Move More in Iredell County. The committee will organize 3 walking events in the county to kick off a downtown walking loop intervention in Statesville, Mooresville and Troutman. The LPAN committee will hold 2 community forums on childhood obesity to ensure that community stakeholders are aware of the childhood obesity rates and the health conditions are children are being faced with due to overweight and obesity.

Partnering Agencies: Iredell Statesville Schools, Iredell County Partnership for Young Children, Iredell Parks and Recreation, Statesville Parks and Recreation, Mooresville Parks and Recreation, Statesville Chamber of Commerce, South Iredell/Mooresville Chamber of Commerce, Downtown Statesville Development Corporation, Mooresville Downtown Commission, Town of Troutman, Lake Norman State Park, Mooresville Graded School District, and the Carolina Thread Trail.