Perceptions of Public Health in North Carolina

Wave III Findings



June 2026

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Includes respondent profiles, additional charts, detailed charts by subgroup and 2025 chart reference



Survey Methodology

The survey was conducted from April 14 to April 29, 2026

Prior waves of research conducted: February 19 to March 4, 2024; February 20 to March 5, 2025; *Note: Hurricane Helene hit in September 2024*



Online survey, median survey length: 16.4 minutes



760 North Carolina adult residents (age 18+)

North Carolina Sub-Population	Completed Surveys (Unweighted)
Urban County Residents	n=236
Rural County Residents*	n=307
• **Eastern Rural County Residents****	n=177
• **Western Rural County Residents****	n=130
Blacks/African Americans	n=223
Hispanics/Latinx	n=92
American Indians	n=37

Note:

- Results are weighted by gender and age within race/ethnicity to reflect actual population distributions. A complete demographic profile is provided in the appendix of this report.
- Throughout the report, the term resident(s) refers to people who live in the state or a particular area in the state and is not a legal status determination.

* Based on Federal OMB definition

** See appendix for list of counties defined as Eastern and Western Rural.

Survey Methodology

Explanation of Statistical Comparisons

Comparisons Across Survey Waves 2024 vs. 2025 vs. 2026: Statistically significant (95% confidence level) differences compared to prior waves of research use the following notation when prior waves are not shown on chart:

- Solid triangle = comparison to **2025:** ▲ ▼
- Outlined triangle = comparison to **2024:** △ ▽
- Upward = **increase:** ▲ △
- Downward = **decrease:** ▼ ▽

Demographic Subgroup Comparisons: Statistically significant (95% confidence level) differences compared to other subgroups of research use the following notation:

- Capital letters following percentages in charts indicate that the subgroup mean is significantly higher than the subgroup with the corresponding letter in parenthesis in the column heading

Additional analysis is available by request.

Key findings

NCDHHS remains vital and visible.

Familiarity and perceived importance stayed high and stable in 2026.

Public health continues to be broadly valued.

Most residents support an expansive public health role and rate the state system positively for protecting the public.

Trust has softened since 2025.

Views remain generally positive, but trust and performance ratings declined modestly from last year. Trust is lower for federal public health agencies than for NCDHHS and local health departments.

Affordability and access are key challenges for North Carolinians.

Cost of care, medicine and healthy food, along with long waits for appointments, are major barriers to taking care of health.



DETAILED FINDINGS

Awareness of Public Health

Summary Observations:

Awareness of Public Health

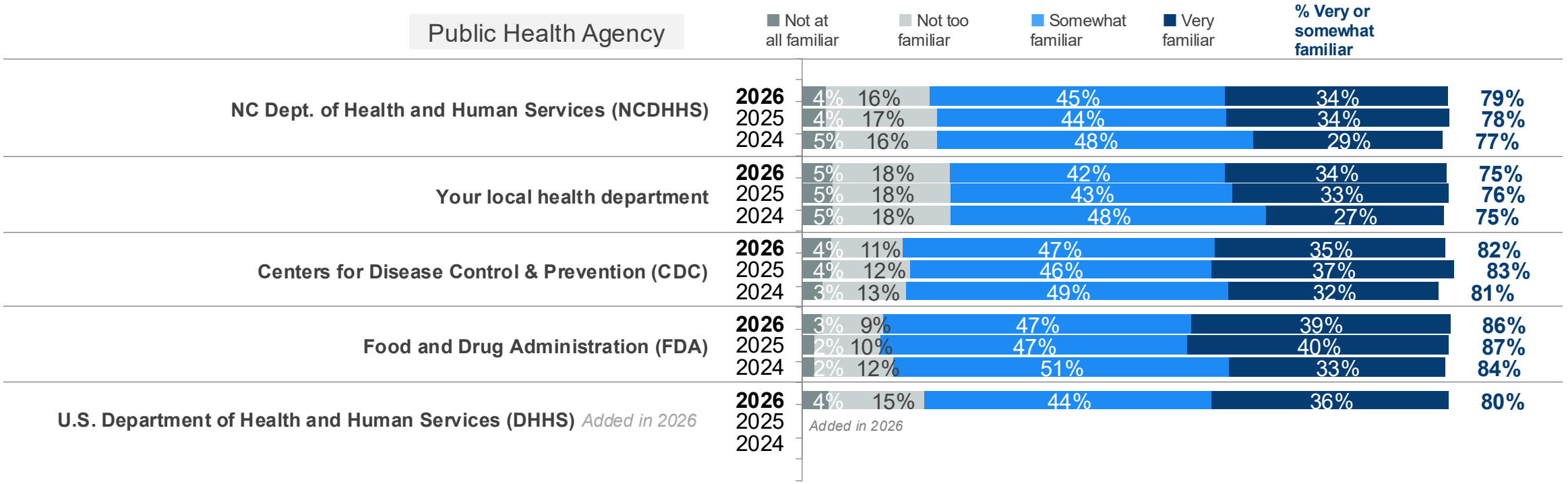


- Most North Carolinians are familiar with NCDHHS, with little change from 2025.
- Fewer people recall hearing, reading or seeing NC public health communications than in 2025.
- The public continues to view public health as responsible for a broad range of issues.

Familiarity with Work of State, Local and National Public Health Authorities

The number of people who are very familiar with NCDHHS, their local health department and the FDA is significantly higher than in 2024 and has changed little since 2025.

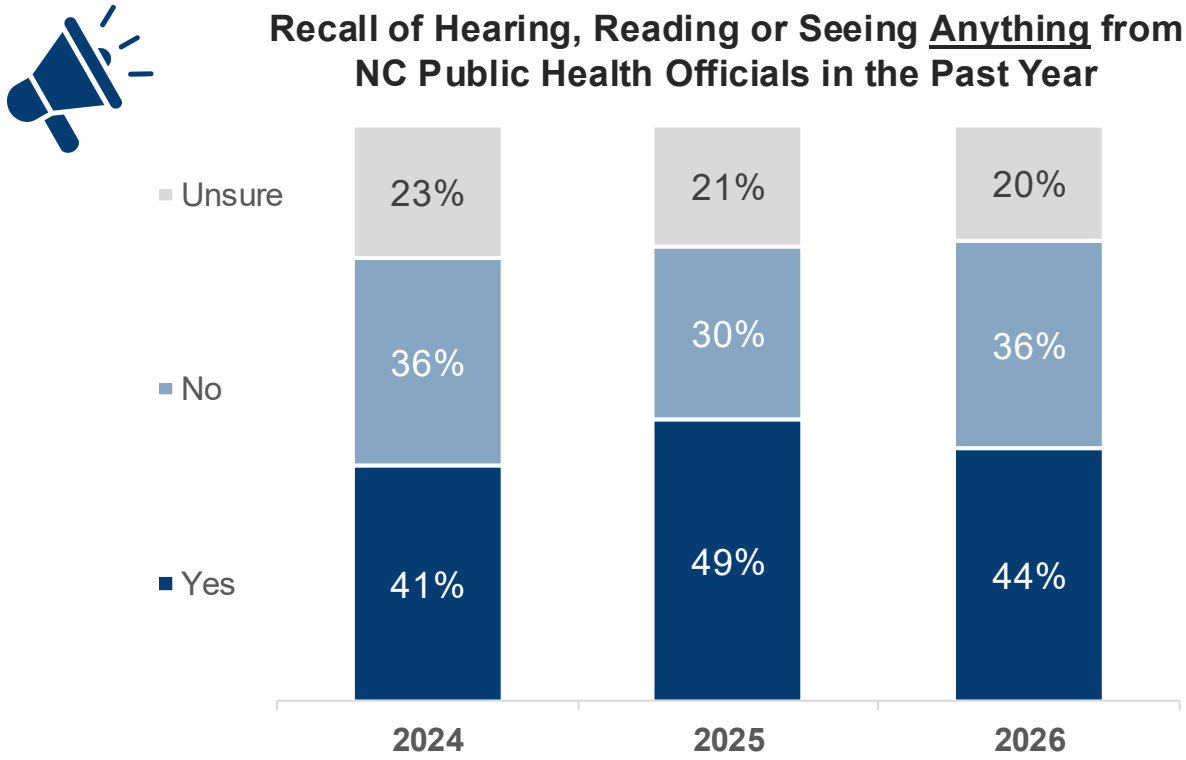
Familiarity with Public Health Agencies' Work and Services



"Don't know" responses not shown
Base: Total Respondents: 2026 n=760
Q7: How familiar are you with the work and services of each of the following…?

Awareness of North Carolina Public Health Communications

Recall of NC public health communications declined from 2025 but remains above 2024 levels. The 2025 wave included communications related to Hurricane Helene, which likely contributed to higher recall.



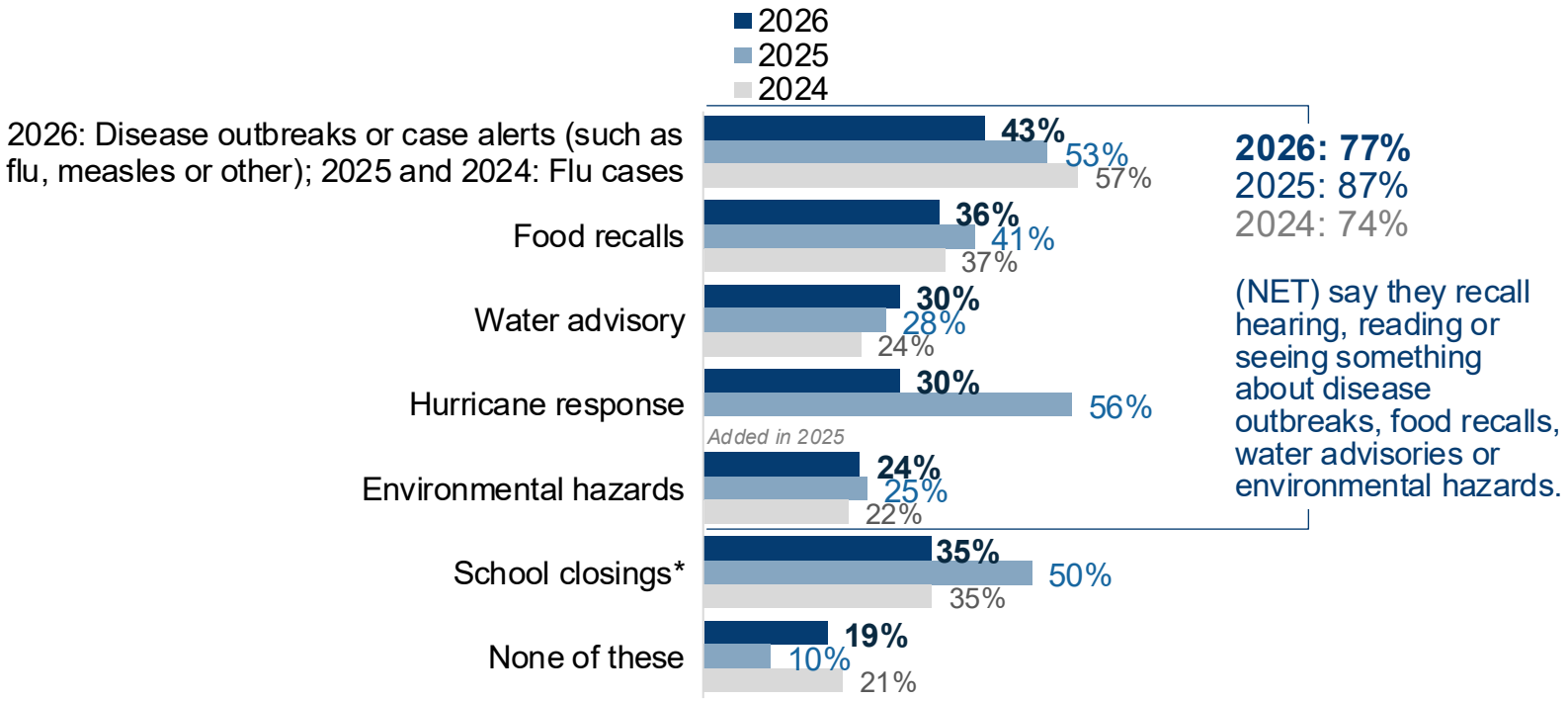
Base: Total Respondents: 2024 n=799; 2025 n=830, 2026 n=760
Q3: In the past year, do you recall hearing, reading, or seeing anything from public health officials in North Carolina?

Awareness of North Carolina Public Health Communications

Recall of specific public health topics: disease outbreaks, food recalls, water advisories, hurricane response or environmental hazards, is down from 2025, when more than half of respondents recalled communications related to hurricane response.

Recall of Hearing, Reading or Seeing Specific Topics (Aided) from NC Public Health Officials in Past Year

Multiple Responses Accepted



***Note:** While specific school closing announcements would not come directly from public health officials, the level of attribution here likely reflects that schools were closed due to public health reasons.*

Base: Total Respondents: 2024 n=799; 2025 n=830, 2026 n=760
Q5. In the past year, do you recall hearing, reading, or seeing anything from public health officials in North Carolina about any of the following topics?

Scope of Responsibility

- To understand perceptions of the role of public health agencies in North Carolina, participants rated 26 focus areas based on whether each was seen as a primary responsibility, some responsibility or no responsibility.
- Perceptions of the scope of public health responsibilities expanded in 2025 compared to 2024 and remained stable overall in 2026.
- Most North Carolinians believe public health agencies have at least some responsibility across all areas tested.
- Two-thirds or more identify the following as primary responsibilities:
    - Alerting the public about disease outbreaks
    - Controlling the spread of infectious diseases
    - Ensuring access to health services
    - Providing vaccines
    - Enforcing restaurant health standards
- A majority also view food poisoning prevention, air and water quality education, lead and asbestos protection, disaster response, mosquito- and tick-borne disease prevention and newborn screening as primary responsibilities.

Scope of Responsibility

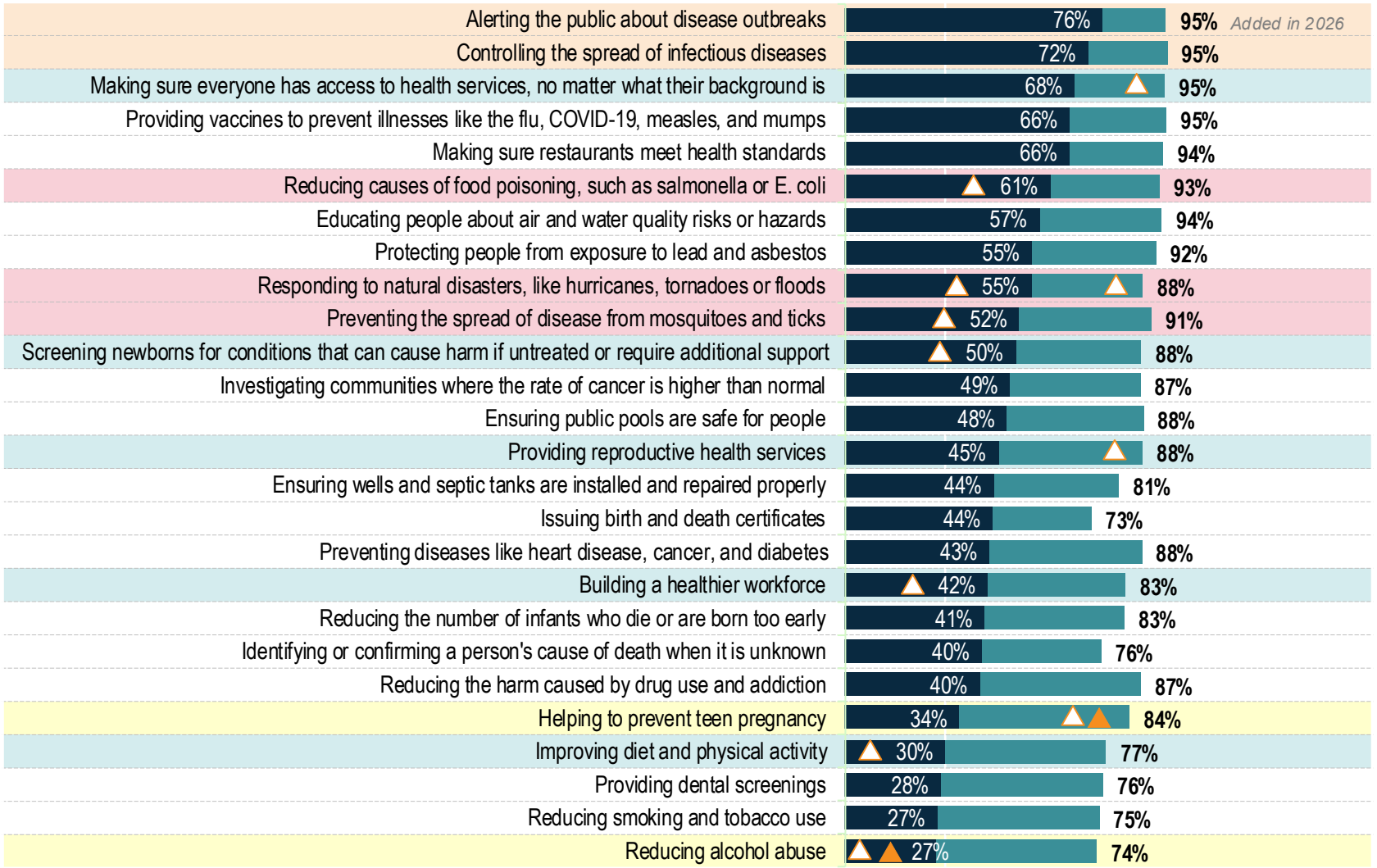
Top primary responsibilities

Five preventative and clinical health services with greater perceived responsibility since 2024

Environmental safety activities with sustained rise since 2024

Two harm reduction measures with greater perceived responsibility compared to last year

% Level of Perceived Responsibility for Public Health Agencies in NC



Base: Total Respondents: 2026 n=760
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina…?



DETAILED FINDINGS

Assessment of Public Health



Summary Observations:

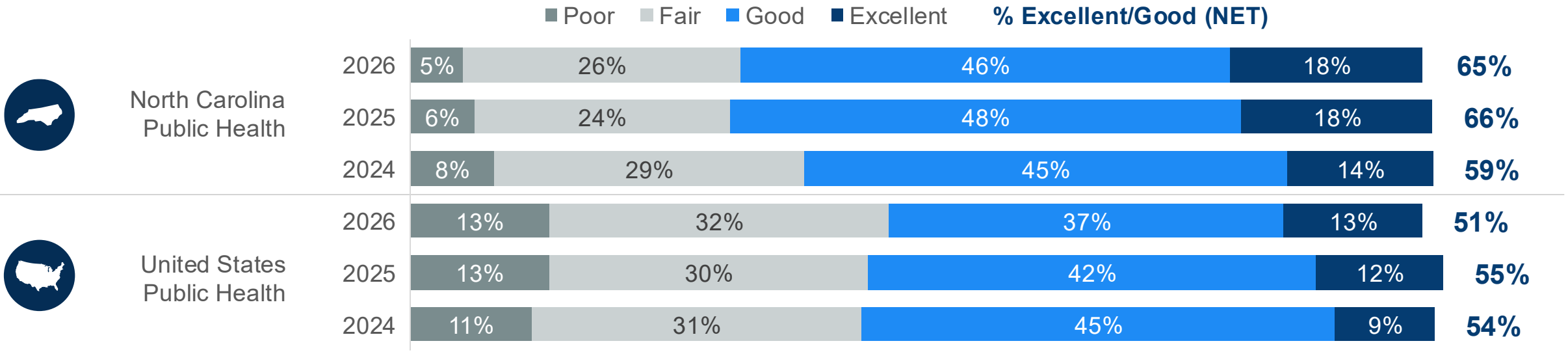
Assessment of Public Health

- A majority of North Carolinians continue to believe the state public health system does a good job of protecting the public from health threats and preventing illness overall.
- North Carolinians continue to view NCDHHS's work as highly important.
- NCDHHS's performance ratings have dipped slightly in the past year.
- Ratings continue to be tightly tied to what people know about NCDHHS.

Protecting the Public from Health Threats

North Carolinians' assessment of the U.S. public health system has dropped since 2025, with fewer giving it a "good" rating. Ratings for the state public health system are consistent with last year and remain higher than those for the U.S. public health system.

Assessment of Systems for Protecting the Public from Health Threats and Preventing Illness

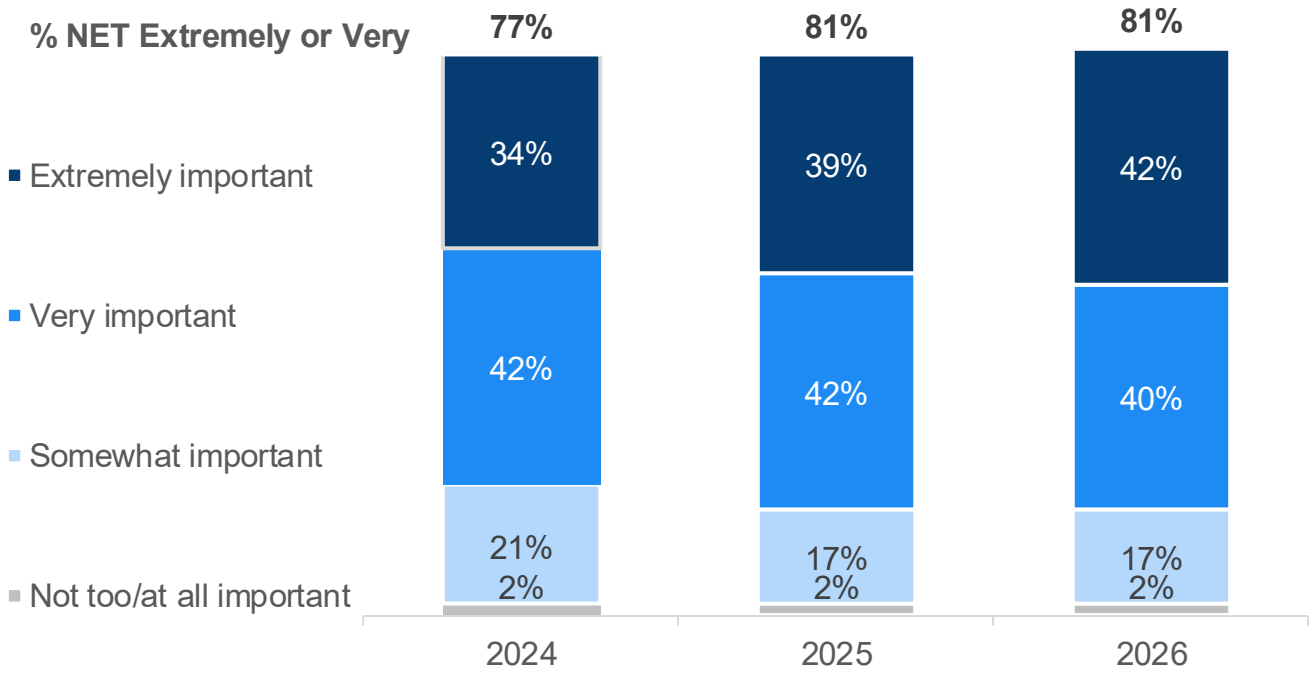


Note: Don't know/refused responses not shown.
Base: Total Respondents: 2024 n=799; 2025 n=830; 2026 n=760
Q6r: When it comes to protecting the public from health threats and preventing illness overall, how would you rate each of the following systems

Importance of NCDHHS's Work and Services

North Carolinians believe NCDHHS is critically important for improving public health in the state, with intensity (extremely important) increasing over the past three years.

Importance of the Work and Services of NCDHHS for Improving the Health of North Carolinians



Top reasons for rating the work as very or extremely important:

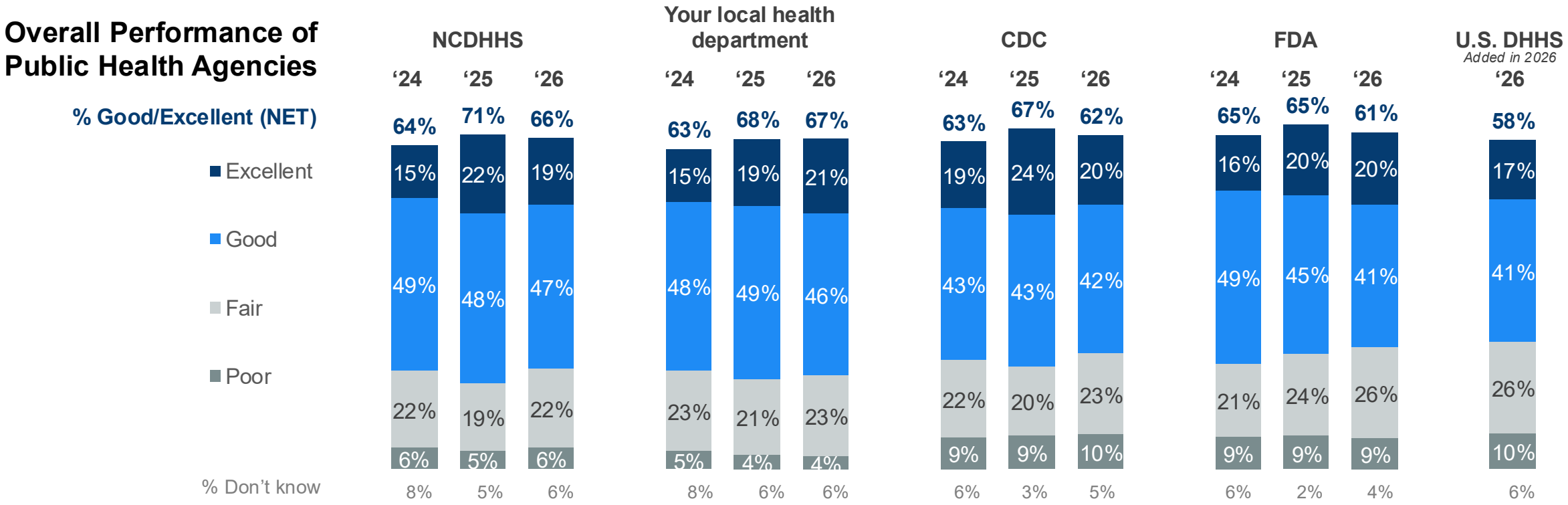
- Illness prevention and health standards
- Public health information and education
- Access to health care and resources for vulnerable populations
- Community presence, connection to resources
- Monitoring outbreaks and preventing disease

"I think they play an important role in informing and preventing disease spread. I don't think they do enough to dispel misinformation though."

Base: Total Respondents: 2024 n=799; 2025 n=830; 2026 n=760
Q9: How important do you think the work and services of the (NCDHHS) are for improving the health of North Carolinians?
Base: Rate NCDHHS Extremely or Very Important for improving health of North Carolinians 2026: n=618
Q9A What is the most important reason you say the work and services of NCDHHS are [extremely/very] important when it comes to improving the health of North Carolinians?

Overall Performance of Public Health Agencies

“Good” or “excellent” ratings for NCDHHS and local health departments are lower than last year but remain above 2024 levels, while ratings for the CDC and FDA have fallen below 2024 levels. The U.S. DHHS has the lowest performance rating among the agencies tested.



Base: Total Respondents: 2024 n=799; 2025 n=830; 2026 n=760
Q8: For each organization, please indicate how good of a job you think it is doing, overall, based on what you have experienced, heard or read…

DETAILED FINDINGS

Trust in Public Health





Summary Observations:

Trust in Public Health

- While NCDHHS continues to be viewed positively and is trusted, the intensity has receded somewhat.
- The number of people agreeing with negative statements has increased since 2025.
- North Carolinians continue to trust medical professionals and friends and family the most for health and safety recommendations, with trust in NCDHHS and local health departments declining compared to 2024.
- They do, however, trust local and state health departments more than federal agencies.
- Familiarity with the work of NCDHHS continues to be closely tied to greater trust in the agency.

View of State Public Authorities in North Carolina

Based on research from Johns Hopkins, we have included a set of core measures of Trust in Public Health Authorities since 2024, with some modifications and additions each wave. There are both positive and negative measures in the list.

Positive Statement Findings:

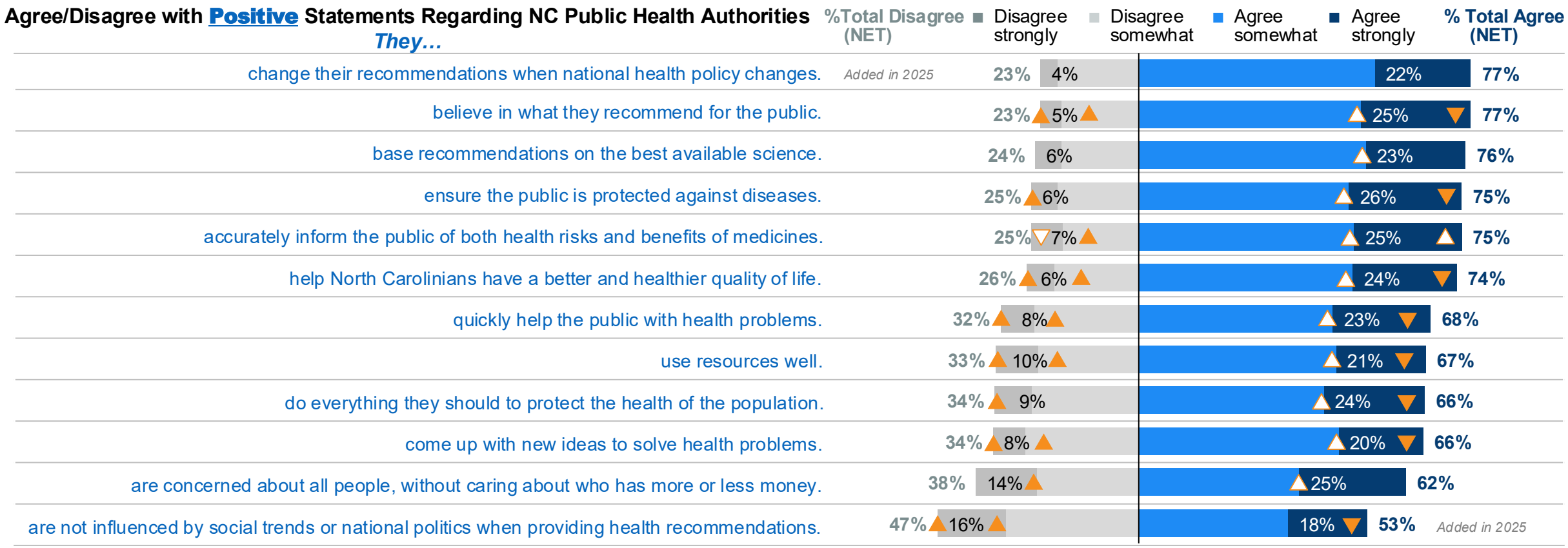
- While overall agreement still far outweighs disagreement and strong agreement remains higher than in 2024, there has been a decline on several measures of **positive** perceptions of trust for public health authorities in North Carolina in 2026 compared to 2025:

- ↓ *They **believe in what they recommend** for the public*
- ↓ *They ensure the public is **protected against diseases***
- ↓ *They help North Carolinians have a **better and healthier quality of life***
- ↓ *They **quickly help** the public with health problems*
- ↓ *They **use resources well***
- ↓ *They **do everything they should** to help the health of the population*
- ↓ *They come up with **new ideas** to solve health problems*

- North Carolinians are more likely to agree with the statement: “they are not influenced by social trends or national politics when providing health recommendations” compared to last year.

View of State Public Authorities in North Carolina

In 2025, the proportion who agreed with positive statements about trust increased significantly. Positive sentiment remains high, but there has been an overall softening in agreement in 2026.



Base: Total Respondents n=760
Q15: Below are several statements about public health authorities. Thinking about state public health authorities in North Carolina, please indicate whether you agree or disagree with each statement.

View of State Public Authorities in North Carolina

From the Johns Hopkins research, the core measures of Trust in Public Health Authorities include the following findings related to the negative measures in the list.

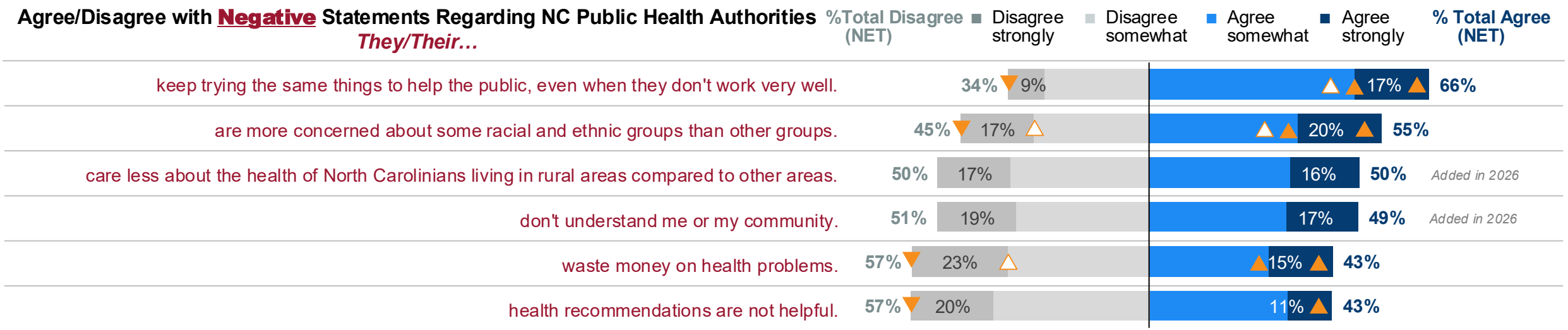
Negative Statement Findings:

- More North Carolinians agree with the following **negative** statements about of public health authorities in 2026:
  - ↑ *They **keep trying the same things** to help the public, even when they don't work very well*
  - ↑ *They are **more concerned about some racial and ethnic groups** than other groups*
  - ↑ *They **waste money** on health problems*
  - ↑ *Their health **recommendations are not helpful***

- Half of North Carolinians agree with the **negative** perceptions of public health authorities that were added in 2026:
  - ↑ *They **care less about** the health of North Carolinians living in **rural areas** compared to other areas*
  - ↑ *They **don't understand** me or my community*

View of State Public Authorities in North Carolina

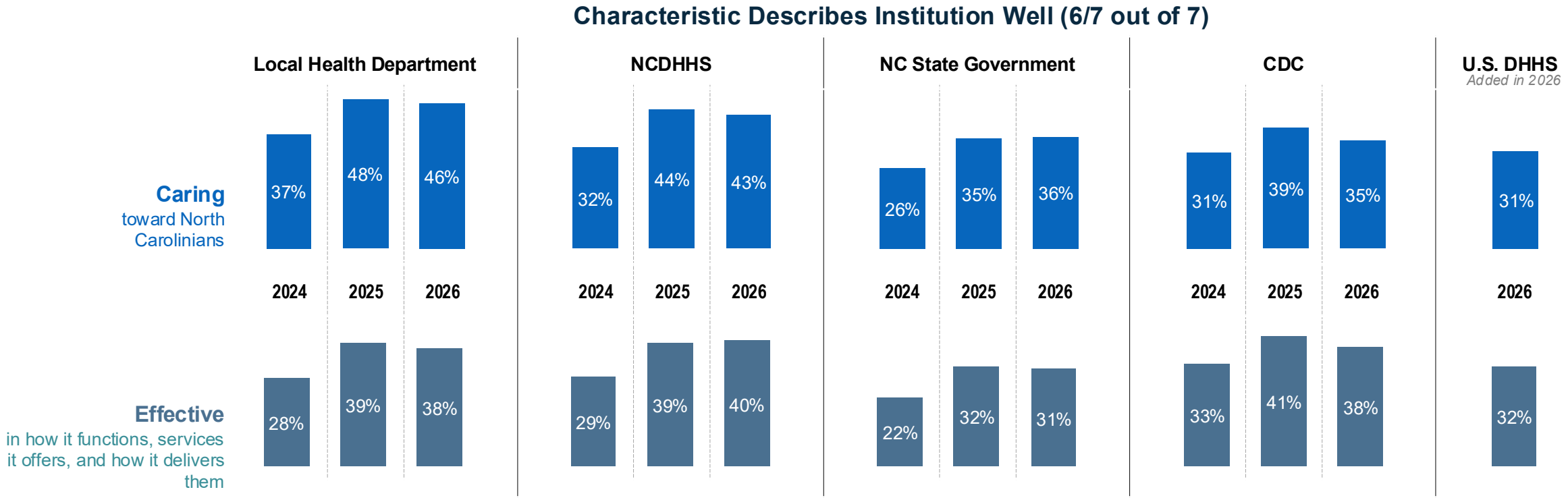
In 2026, agreement with negative sentiments (indicating lack of trust) has risen compared to 2025.



Base: Total Respondents n=760
Q15: Below are several statements about public health authorities. Thinking about state public health authorities in North Carolina, please indicate whether you agree or disagree with each statement.

Leadership Dimensions - Care and Effectiveness

Over four in ten North Carolinians view their local health department and NCDHHS as caring, with a slightly lower rating for effectiveness. Scores continue to be higher than in 2024.

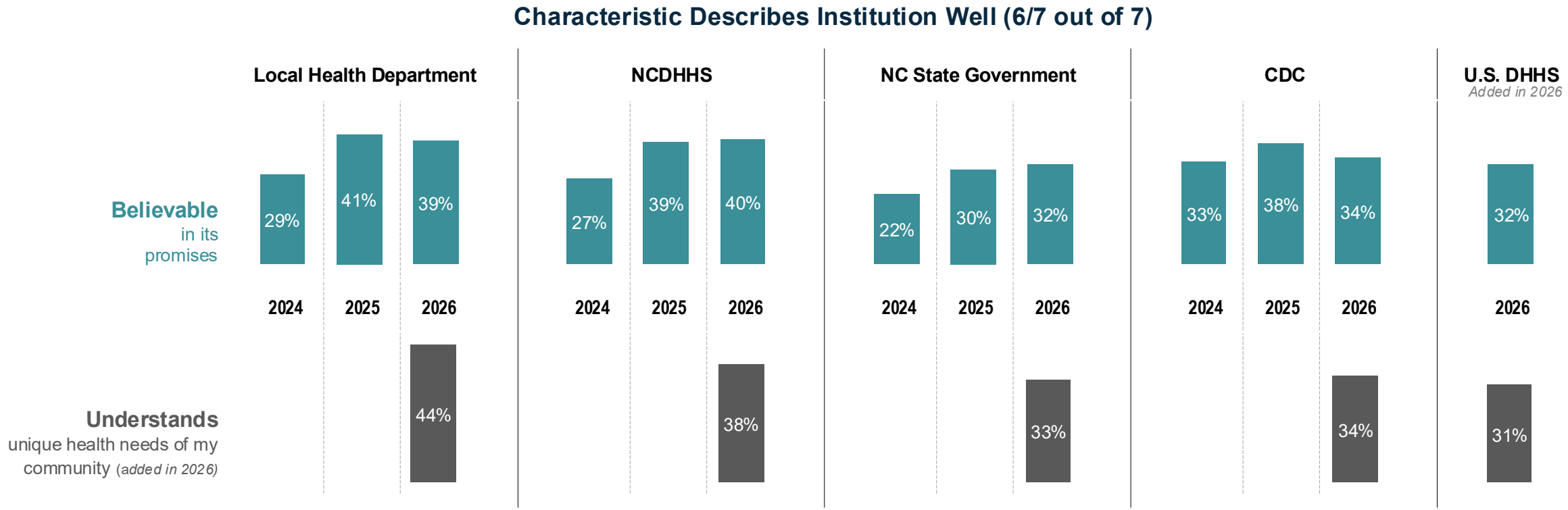


Base: Total Respondents: 2024 n=799; 2025 n=830; n=760

Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Leadership Dimensions - Believability and Understanding Needs

About four in ten North Carolinians rate NCDHHS and their local health department as believable, with scores higher than in 2024. North Carolinians rate their local health department higher than other agencies for understanding their community's unique needs.

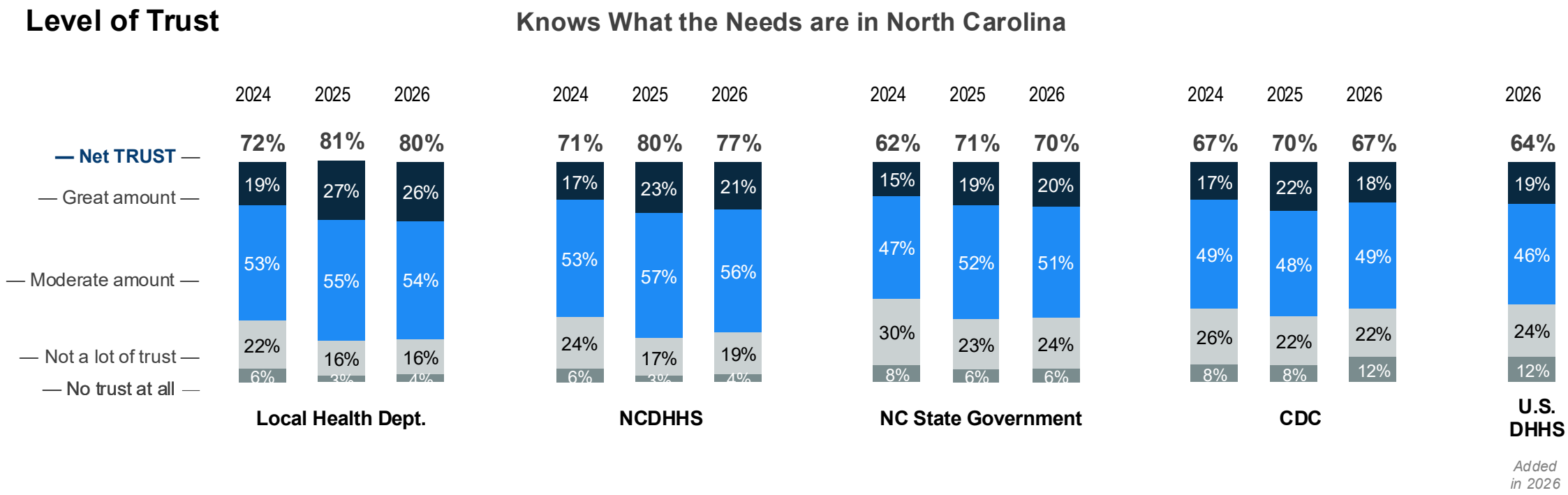


Base: Total Respondents: 2024 n=799; 2025 n=830; n=760

Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Understanding the Needs in North Carolina

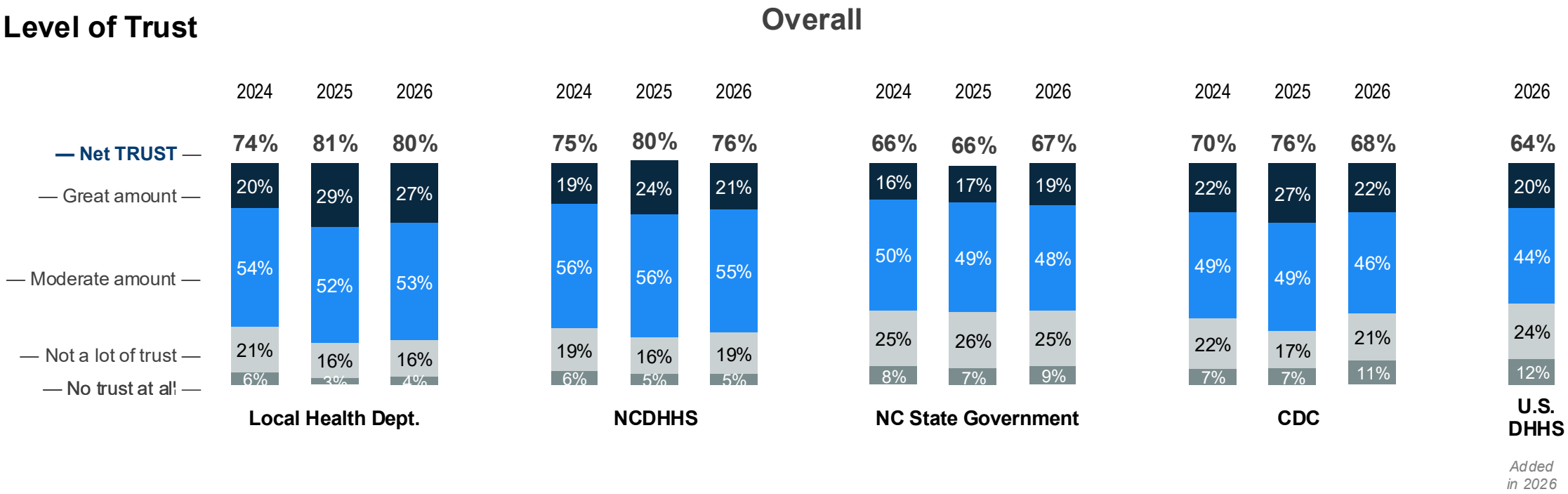
Local health departments and NCDHHS are viewed as better understanding North Carolina's needs than federal institutions.



Base: Total Respondents: 2024 n=799; 2025 n=830, 2026 n=760
Q12: Now, please indicate the degree to which each of the following statements reflect the level of trust you have in each of those organizations.

Overall Trust

Local health departments remain the most trusted institutions. Trust in NCDHHS remains relatively strong but softened from 2025.

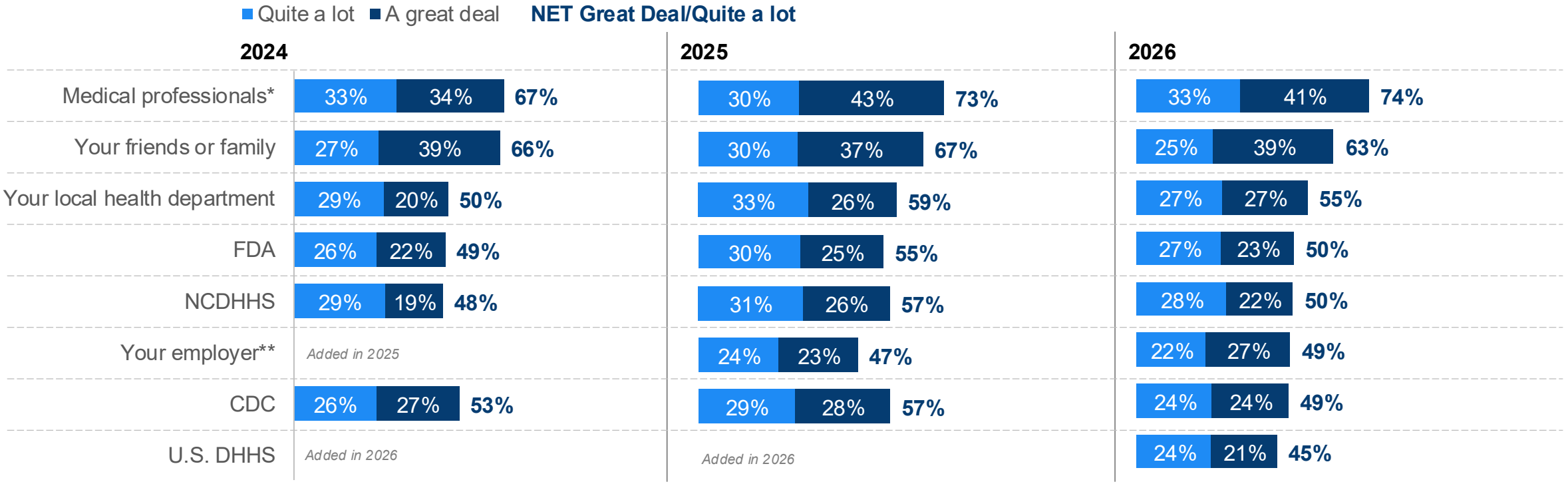


Base: Total Respondents: 2024 n=799; 2025 n=830; 2026 n=760
Q12: Now, please indicate the degree to which each of the following statements reflect the level of trust you have in each of those organizations.

Trusted Sources for Recommendations to Improve Health and Safety

Medical professionals and friends and family remain the most trusted sources by a meaningful margin.

Level of Trust in Recommendations to Improve Health and Safety

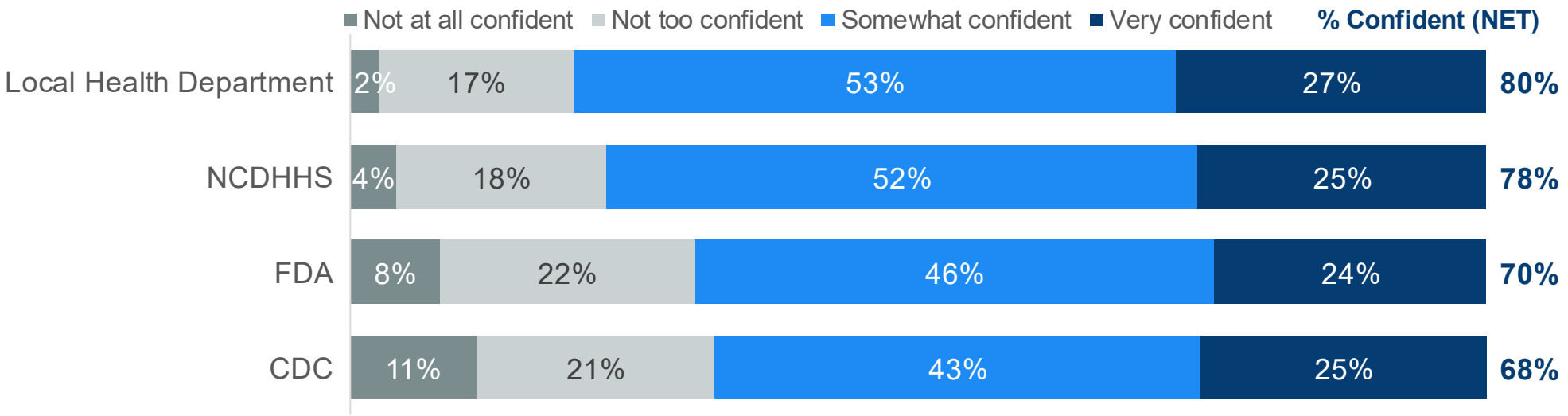


Note: Don't know/refused responses not shown
Base: Total Respondents: 2024 n=799; 2025 n=830; 2026 n=760: **Among those employed: 2025 n=510; 2026 n=435
Q14: In terms of recommendations made to improve health and safety, how much do you trust each of the following? * Full text: Medical professionals, such as doctors and nurses

Trustworthy Public Health Information

More North Carolinians have confidence in local and state health departments than in federal agencies to provide trustworthy information about public health matters, although the portion with the highest confidence is consistent across local, state and federal health agencies.

Level of Confidence in Organization's Ability to Provide Trustworthy Information About Matters Concerning Public Health

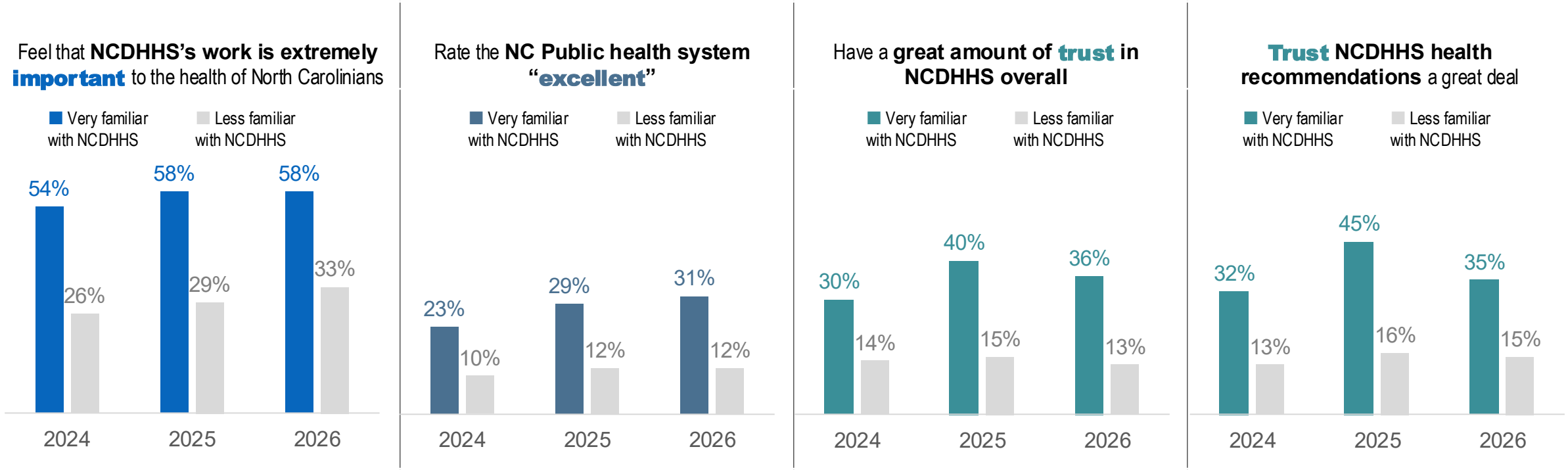


Base: Total Respondents: n=760
W3Q3 How confident, if at all, are you that [INSERT ITEM FROM LIST] is providing the public with trustworthy information about matters concerning public health?

Trust Earned Through Continued Engagement

North Carolinians who are very familiar with NCDHHS continue to report higher trust, perceived importance and positive ratings. Even among those most familiar with NCDHHS, trust has eroded over the past year.

Importance, Performance and Trust Ratings by NCDHHS Familiarity



Base: Q7 Familiarity with NCDHHS: Very Familiar: 2024 n=245; 2025 n=300; 2026 n=258, Somewhat or less familiar: 2024 n=554; 2025 n=530; 2026 n=502



DETAILED FINDINGS

Healthcare Access and Information

Summary Observations:

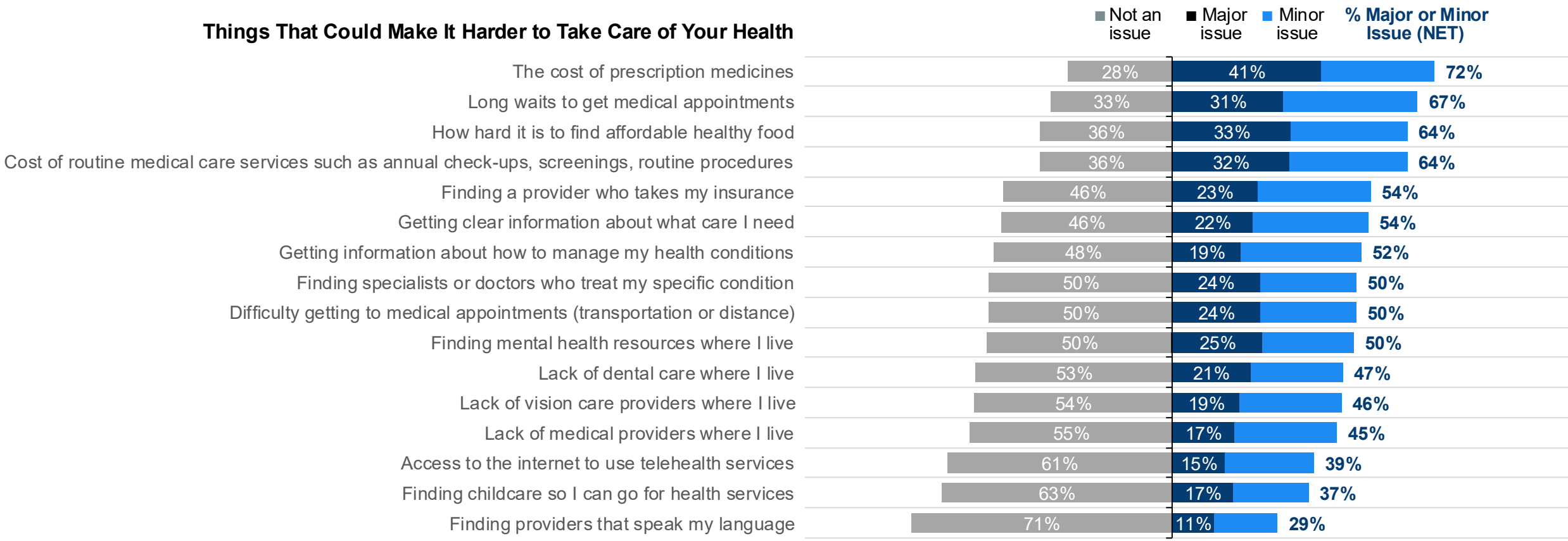
Healthcare Access and Resources



- Costs of prescription medicine and routine medical care, long waits for appointments and difficulty finding affordable healthy food are barriers for two-thirds of North Carolinians.
  - Younger adults, western rural residents, Black residents and American Indian residents report greater barriers to care and services.
- Medical professionals are the most trusted source of information about health care resources and services, followed by friends and family, health insurance companies and NCDHHS.
- Nearly two-thirds of residents feel NCDHHS addresses their community's health needs similarly to other communities in the state.
  - Those who feel their needs are less well addressed are more likely to live in rural areas, have lower incomes, be disabled and experience economic barriers to care.

Barriers to Taking Care of Health

The most common obstacles North Carolinians face when taking care of their health are primarily financial: the cost of prescription medicines, long waits for medical appointments, difficulty finding affordable healthy food and the cost of routine medical care.

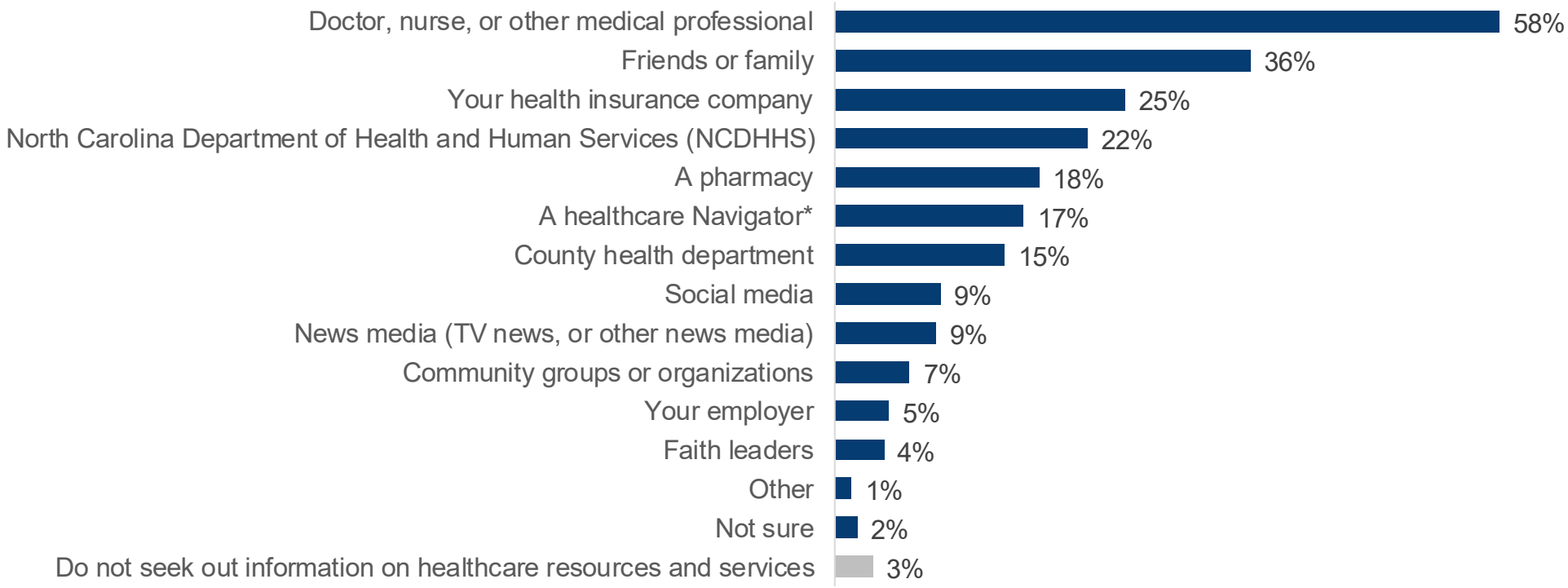


Base: Total Respondents n=760
W3Q1. Below are some things that could make it harder to take care of your health. Using the scale shown, please indicate whether it is a major issue, a minor issue or not an issue.

Trusted Sources of Information

The most trusted source of information about **accessing healthcare resources and services** in North Carolina comes from medical professionals. Friends and family are second, followed by health insurance companies and NCDHHS.

Trusted Sources of Information About Accessing Healthcare Resources and Services in North Carolina



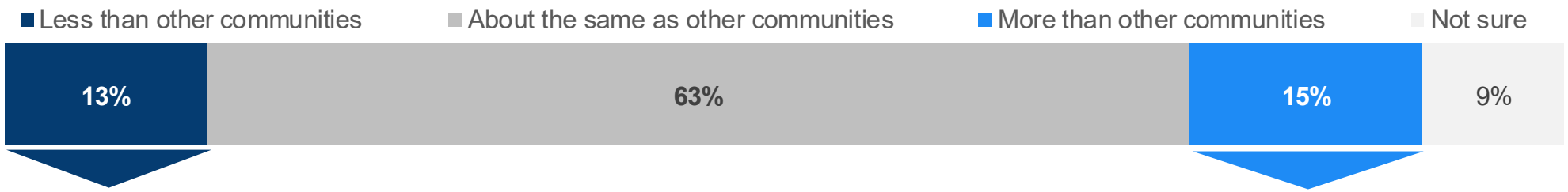
* Note: Response item included "(a person or organization providing free help to people in the process of finding and enrolling in health coverage)

Base: Total Respondents n=760
W3Q2 When you are looking for information about accessing healthcare resources and services in North Carolina what sources do you trust the most? Select up to three from the list below.

Perceptions of NCDHHS in Community

Most residents feel NCDHHS addresses their health needs similarly to other communities in the state.

Extent to Which NCDHHS Addresses the Health Needs of the Community Compared to Other Communities in the State



"We're a small rural township. Low population, low wages and a lot of farms. We don't have the population numbers or the money for anyone to care."

"They have never cared about us so why would they start now."

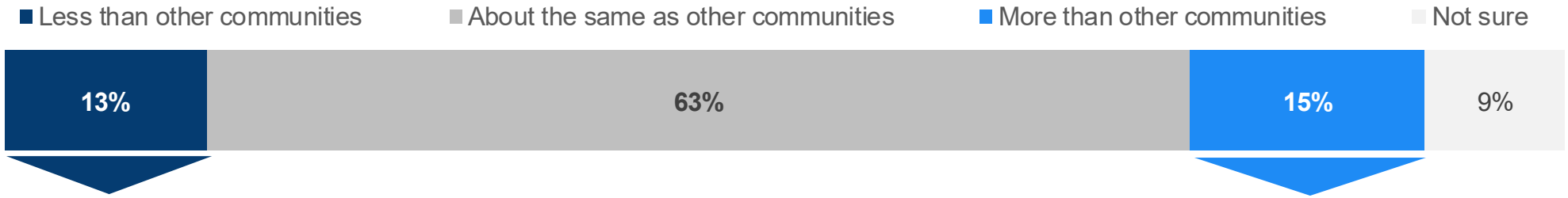
"I think there are good healthcare options helpful community programs and timely health information which makes it feel like our needs are being addressed well."

"Because my community seems to have good access to clinics, hospitals and public health services, and information about health programs is usually easy to find."

Base: Total Respondents n=760
W3Q4 Compared to other communities in the state, would you say that North Carolina Department of Health and Human Services (NCDHHS) addresses the health needs of your community…? Select the one answer that best describes your view.
IF Less than: (W3Q1=1): ASK W3Q4A What makes you say that the health needs of your community are not addressed as well as other communities? [OPEN END RESPONSE]
IF More than (W3Q1=3): ASK W3Q4B What makes you say that the health needs of your community are addressed better than other communities? [OPEN END RESPONSE]

Profiles by Perception of NCDHHS in Community

Extent to Which NCDHHS Addresses Health Needs of the Community Compared to Other Communities in the State



The "Less Than" group is more likely to:

- Reside in a **rural** location
- Be **middle-aged**
- Have **lower income**
- Have **less familiarity** with public health
- Have **distrust** and **negative perceptions** of health agencies
- Believe their needs are **misunderstood**
- Experience **more barriers** to health access
- Have a **disability**

The "More Than" group is more likely to:

- Reside in an **urban** location
- Be **younger**
- Have **higher income** and more **education**
- Recall exposure to **public health information**
- Be **very familiar** with health agencies
- Agree with **positive** public health statements
- **Trust** information from NCDHHS
- Have **received care** from local health department or NCDHHS in the past year

Base: Total Respondents n=760
W3Q4 Compared to other communities in the state, would you say that North Carolina Department of Health and Human Services (NCDHHS) addresses the health needs of your community…? Select the one answer that best describes your view.

Own Community's Health Needs

Perceptions of Extent to Which Needs are Addressed Compared to Other Communities

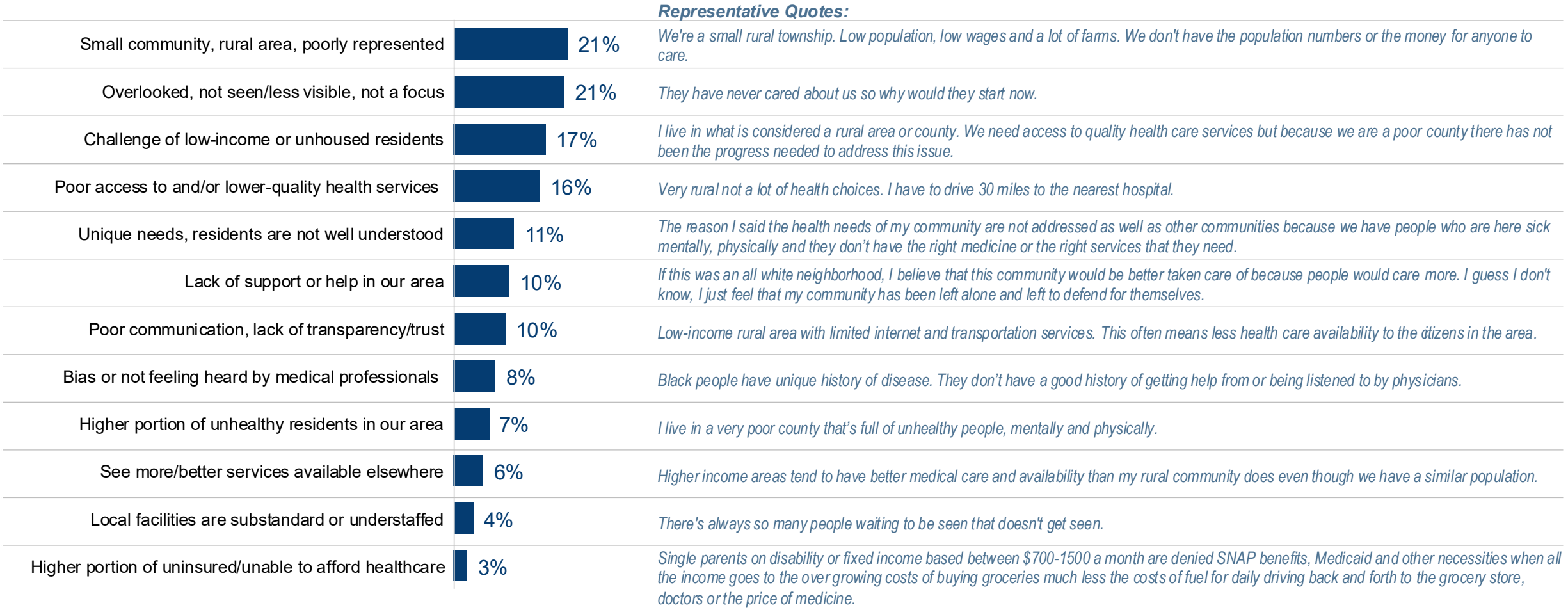
Top Reasons for Perception Among the **15%** Who Say **Their Community's Health Needs are Addressed Better Than Other Communities**
(coded from open ends)



Base: Say the health needs of their community are addressed better than other communities n=115
W3Q4B. What makes you say that the health needs of your community are addressed better than other communities?

Own Community's Health Needs | Perceptions of Extent to Which Needs are NOT Addressed, Compared to Other Communities

Top Reasons for Perception Among the **13%** Who Say **Their Community's Health Needs are not Addressed as Well as Other Communities**
(coded from open ends)



Base: Say the health needs of their community are not addressed as well as other communities n=97
W3Q4A. What is the most important reason you have (moderate/great) trust in NCDHHS? Please be specific about anything you have, heard, seen or experienced that makes you say that?

APPENDIX

Respondent Profiles



Respondent Profile 2026



Gender	
Male	48%
Female	51%
Gender variant/Non-binary	<1%
Transgender MTF	0%
Transgender FTM	0%
Prefer not to answer	0%
Age	
18-24	12%
25-34	18%
35-44	16%
45-54	16%
55-64	16%
65+	23%
Hispanic/Latinx	10%
Race (Multiple Reponses Accepted)	
White/Caucasian	71%
Black/African American	24%
American Indian or Alaska Native	5%
Asian/Asian American	2%
Native Hawaiian or Pacific Islander	<1%
Some other race	3%

Rural, Urban (Federal Definition)	
Rural	38%
Urban	62%
(NC Rural Center Definition)	
Rural	41%
Suburban	28%
Urban	31%
Education	
High School or Less	31%
Some College no Degree	39%
College Grad or Higher	29%
Prefer Not to Say	<1%
Region	
North Central	24%
Northeast	5%
Northwest	6%
Piedmont-Triad	16%
Southeast	11%
Sandhills	9%
Southwest	23%
Western	7%

Rural East / Rural West / Non-Rural	
Rural East	24%
Rural West	16%
Non-Rural	59%

North Carolina Local Health Department (LHD) Regions	
LHD Region 1	2%
LHD Region 2	8%
LHD Region 3	7%
LHD Region 4	24%
LHD Region 5	14%
LHD Region 6	8%
LHD Region 7	16%
LHD Region 8	10%
LHD Region 9	4%
LHD Region 10	6%

Respondent Profile 2026 (continued)



Employment	
Employed full-time	41%
Employed part-time	7%
Gig worker/or pick up various jobs	8%
Retired	21%
Disabled	7%
Looking for employment	6%
Do not work outside of home	4%
Full-time Student	3%
Other	<1%
Work for/in Health-related Organization (among those who work)	20%

Household Income	
Less than $25,000	22%
$25,000 to $49,999	27%
$50,000 to $74,999	22%
$75,000 to $99,999	11%
$100,000 to $149,999	10%
$150,000 to $199,999	5%
$200,000 or more	3%
Prefer not to say	1%
Don't know	1%

Children in Household	
Children under age 5	13%
Children ages 5 to 11	17%
Children ages 12 to 15	11%
Children ages 16 to 17	7%
Children ages 18 or older	11%
No children living in the household	57%

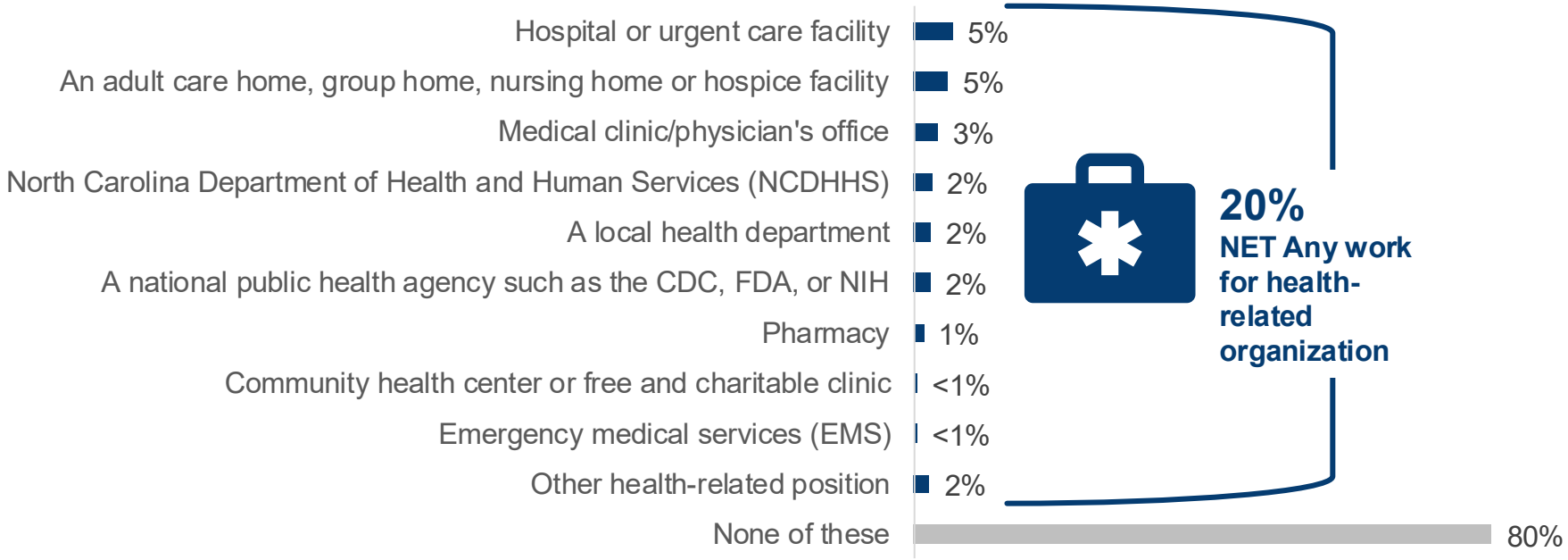
Qualifying Long-Lasting Physical, Mental, Emotional Disability	
Yes	30%
No	63%
Don't know	6%
Prefer not to answer	1%

Have Child w/ a Qualifying Long-Lasting Physical, Mental or Emotional Disability	
Yes	15%
No	82%
Don't know	2%
Prefer not to answer	1%

Primary Health Insurance Coverage (Multiple Reponses Accepted)	
Health insurance coverage through an employer, spouse's employer or parent	28%
Health Insurance through the ACA "Obamacare" health exchange or marketplace (either subsidized or unsubsidized)	6%
Other private insurance	5%
Medicare	29%
Medicaid	33%
Indian Health Services (IHS) or EBCI Tribal Option (NET)	1%
Don't have health insurance	7%
Don't know	2%

Health-related Employment

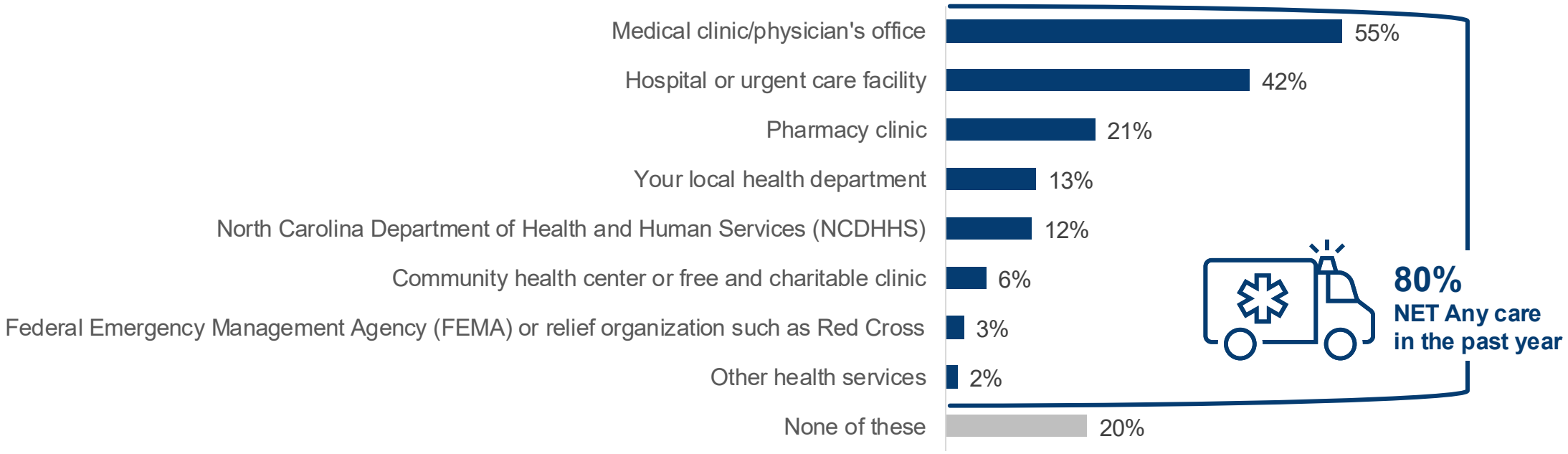
Work for a Health-Related Organization



Base: Those who are working (full-time, part-time, self/gig/pick up jobs) n= 435
Q19. Do you currently work for or in any of the following health-related organizations?

Care Recipient in Past Year

Received Care From Any of the Following Organizations



Base: Total Respondents n= 760
Q20. Have you received care or services from any of the following in the past year?

West Rural and East Rural Counties

West Rural Counties

Region 1	Avery
	Burke
	Caldwell
	Cherokee
	Clay
	Graham
	Haywood
	Jackson
	Macon
	Madison
	McDowell
	Mitchell
	Polk
	Rutherford
	Swain
	Transylvania
	Yancey

Region 2	Alleghany
	Ashe
	Davie
	Randolph
	Rockingham
	Stokes
	Surry
	Watauga
	Wilkes
	Yadkin
Region 3	Alexander
	Anson
	Cleveland
	Stanly

East Rural Counties

Region 4	Caswell
	Chatham
	Franklin
	Granville
	Nash
	Person
	Vance
	Warren
	Wilson
Region 5	Bladen
	Brunswick
	Columbus
	Harnett
	Hoke
	Lee
	Montgomery
	Moore
	Pender
	Richmond
	Robeson
	Sampson
	Scotland

Region 6	Beaufort
	Bertie
	Camden
	Carteret
	Chowan
	Craven
	Currituck
	Dare
	Duplin
	Edgecombe
	Gates
	Greene
	Halifax
	Hertford
	Hyde
	Jones
	Lenoir
	Martin
	Northampton
	Pamlico
	Pasquotank
	Perquimans
	Tyrrell
	Washington
	Wayne

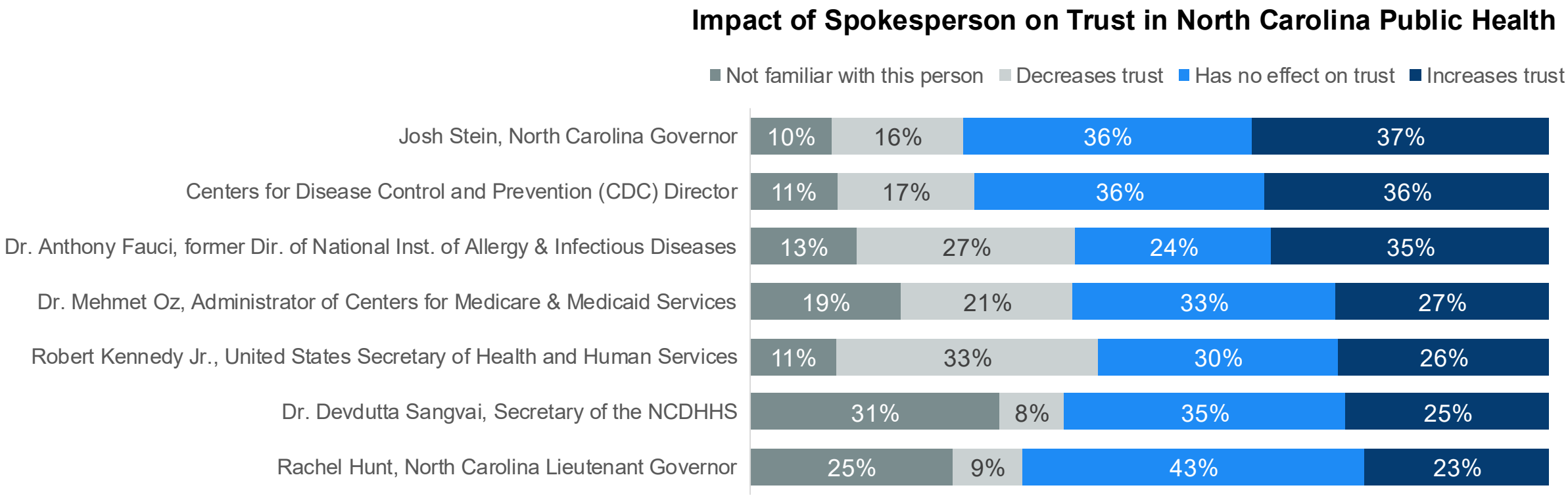


APPENDIX

Additional Detail

Trustworthy Messengers for Public Health Information

North Carolina Governor **Josh Stein is the spokesperson with the greatest likelihood to increase trust** in North Carolina public health; RFK Jr. is the most likely to **decrease** trust.



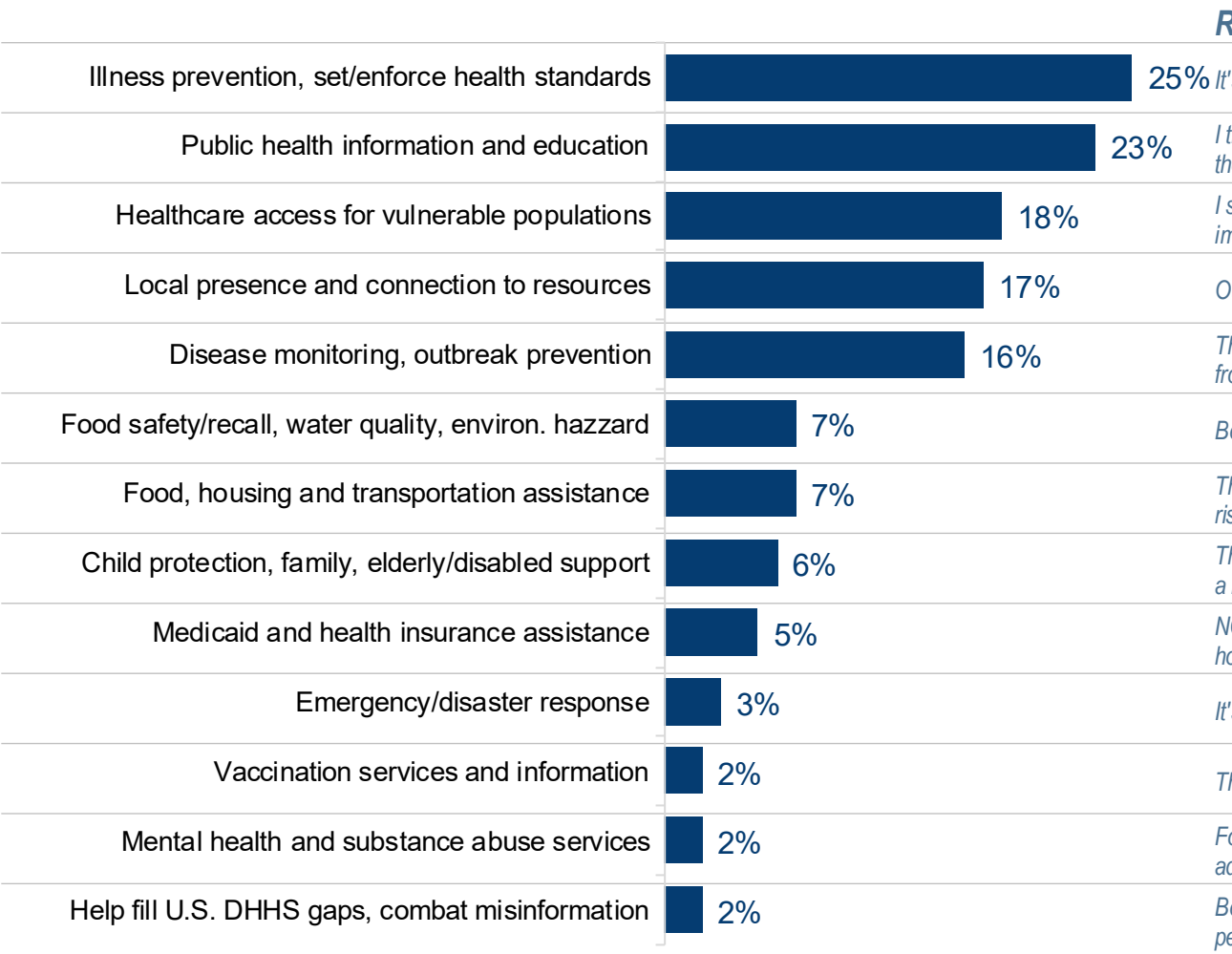
Base: Total Respondents: n=760
W3Q5 If you see or hear the following public figures sharing public health information how does it impact your trust in North Carolina public health? For each, please indicate whether it increases, decreases or has no effect or if you aren't familiar with the person.

Reason Behind Ratings

Importance of Work and Services of NCDHHS

Top Reasons for Rating the Work and Services of NCDHHS as Extremely or Very Important

Among 81% giving this rating (coded from open ends)



Representative Quotes:

- *It's their job to investigate what is currently making people ill, how easily it spreads, how it spreads, how to treat it & how to contain it.*
- *I think they play an important role in informing and preventing disease spread. I don't think they do enough to dispel misinformation though.*
- *I say their work is extremely important because of things they do like treating the poor. STD testing for low-income people is also an important thing that they do. It slows or stops the spread of STDs in a population that might otherwise have no access to treatment.*
- *Outreach to those in rural communities for healthcare.*
- *They help the public stay informed about diseases and other various things that are going on in the area and it helps to keep people from catching them or spreading them to other people.*
- *Because they are responsible for making sure that we are safe and have good drinking water, safe food and healthy living areas.*
- *The NCDHHS is responsible for food benefits that keep North Carolinians healthy. Without it those people would all be hungry and at risk of illnesses.*
- *They provide the actual resources and support families need to stay healthy and keep things moving, I personally use them often. For a lot of us, it's the only way to make sure we don't become homeless.*
- *NCDHHS has been doing a fairly good job with managing Medicaid, promoting public heath an addressing the major issues like housing and food security given the state of the economy.*
- *It's our first line of defense against weather, diseases and environmental and other emergencies.*
- *They monitor outbreaks, handle vaccination policy and provide guidance to local departments.*
- *For many it's the only way they have to access any sort of health care or mental health care. It also covers services for the unhoused, addiction centers, abuse, poverty and the hungry. It's essential to our state.*
- *Because our Federal government is letting us down. Especially when it comes to immunization and things that effect the common people.*

Base: Rate NCDHHS Extremely or Very Important for improving health of North Carolinians 2026: n=618
Q9A What is the most important reason you say the work and services of NCDHHS are [extremely/very] important when it comes toimproving the health of North Carolinians?

Reason Behind Ratings

Importance of Work and Services of NCDHHS

Top Reasons for Rating the Work and Services of NCDHHS Somewhat, Not Too or Not at All Important

Among 19% giving this rating (coded from open ends)

Positive Reasons Mentioned:		Representative Quotes:
Food safety/recall, water quality, enviornmental hazzard	19%	*It is important to keep citizens safe from known health hazards. They are also important to licensing child care facilities and food organizations.*
Food, housing and transportation assistance	15%	*They provide essential safety nets, but complex red tape often keeps real help from reaching people.*
Child protection, family, elderly/disabled support	12%	*They do a good job of helping families in need.*
Disease monitoring, outbreak prevention	11%	*I feel like the overall health department doesn't really care about the health of people. But they do watch out for people who are feeling sick.*
Local presence and connection to resources	8%	*The NCDHHS is working on bringing quality health care for rural communities in North Carolina through education and funding.*
Public health information and education	5%	*The people need to be aware of possible problems and corrective/preventative actions. I think the department does that.*
Healthcare access for vulnerable populations	3%	*Because some people don't have the money or insurance and need support and assistance programs.*
Illness prevention, set/enforce health standards	2%	*They serve as a governing body to provide and enforce best practices for the betterment of our health.*

Representative Negative Quotes:

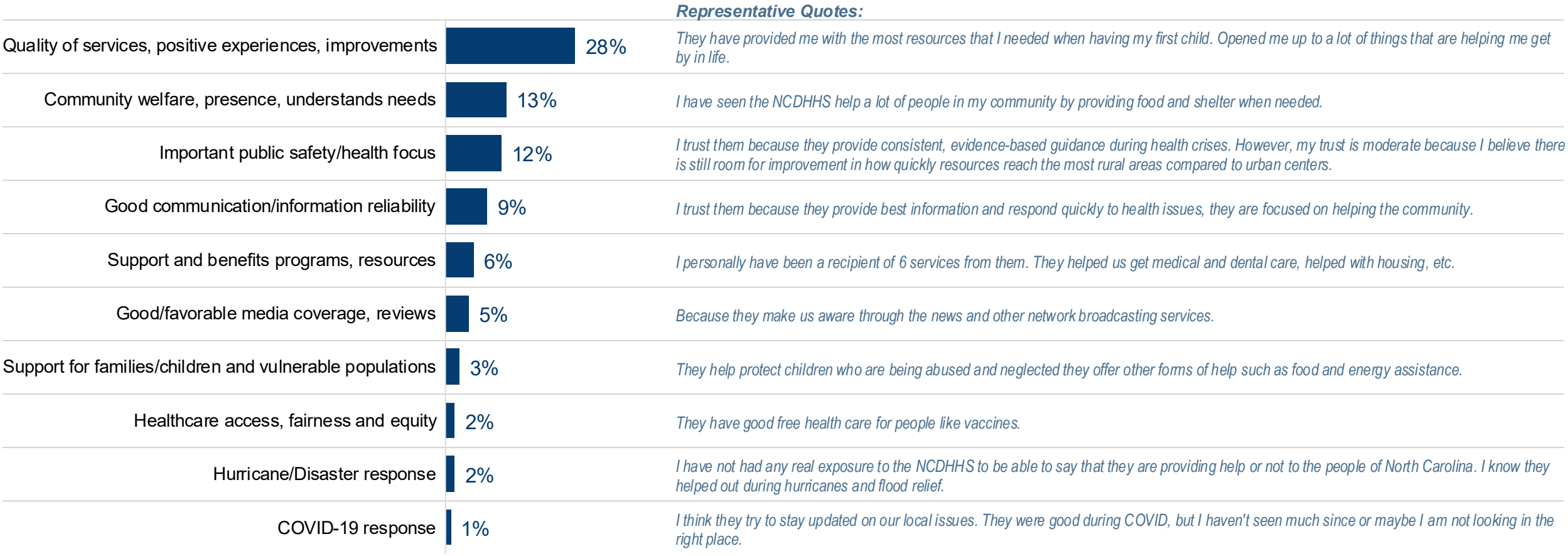
- *Because it doesn't help everyone.*
- *They don't know what they are doing.*
- *They don't keep you informed of everything.*
- *Cause they never answer they phone so I guess their work is somewhat important.*
- *They need restructuring to clean up fraud waste and abuse in the organization.*
- *I think that they should be more proactive in disease prevention rather than reactive.*
- *They don't care enough or don't have the right people in these roles.*
- *It's important to have them but you can't rely on the government.*
- *It is the responsibility of each individual to improve their health. No government agency is capable of taking on that role. Particularly in terms of NCDHHS, I feel that there is a significant overreach of authority rather than a recognition that they should be an information provider.*

Base: Rate NCDHHS Somewhat, not too, or not at all important for improving health of North Carolinians 2026: n=142 (Not too and not at all only: n=11 small base)
Q9A What is the most important reason you say the work and services of NCDHHS are [extremely/very] important when it comes toimproving the health of North Carolinians?

Reason Behind Ratings Level of Trust in NCDHHS

Top Reasons for Moderate or Great Trust in NCDHHS

Among 76% giving this rating (coded from open ends)



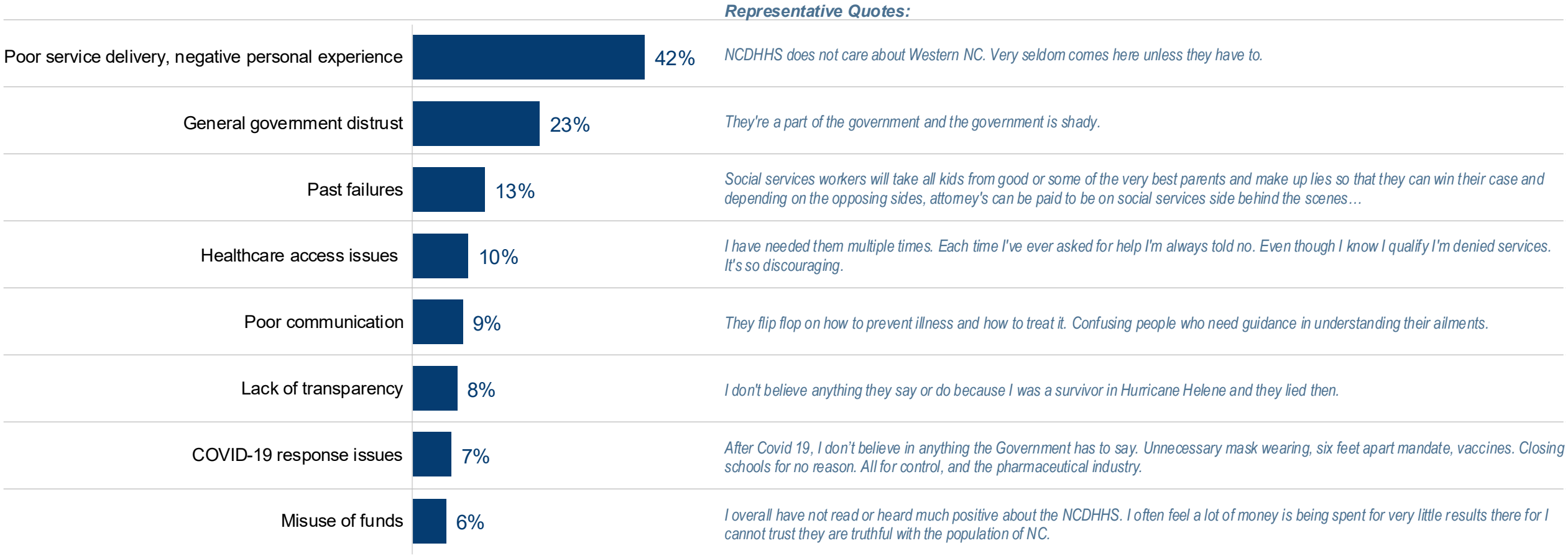
Base: Rate Trust in NCDHHS Moderate or Great n=583

Q13. What is the most important reason you have (moderate/great) trust in NCDHHS? Please be specific about anything you have, heard, seen or experienced that makes you say that?

Level of Trust in NCDHHS

Top Reasons for No or Not a Lot of Trust in NCDHHS

Among 24% giving this rating (coded from open ends)



Base: Rate Trust in NCDHHS No or Not a Lot: 2026, n=177
Q13. What is the most important reason you have (no/not a lot of) trust in NCDHHS? Please be specific about anything you have, heard, seen or experienced that makes you say that?

APPENDIX

Detailed Charts by Subgroup



PUBLIC HEALTH UNDERSTANDING

Perceived Public Health Responsibilities by Race and Ethnicity

% Who Consider Primary/Main Responsibility for Public Health Agencies by Race and Ethnicity

Perceptions of responsibility vary by race/ethnicity, including greater emphasis among:

Black and Hispanic (vs. White Non-Hispanic):
- Building a healthier workforce
- Dental screenings

Black and American Indian (vs. White Non-Hispanic):
- Reproductive health services

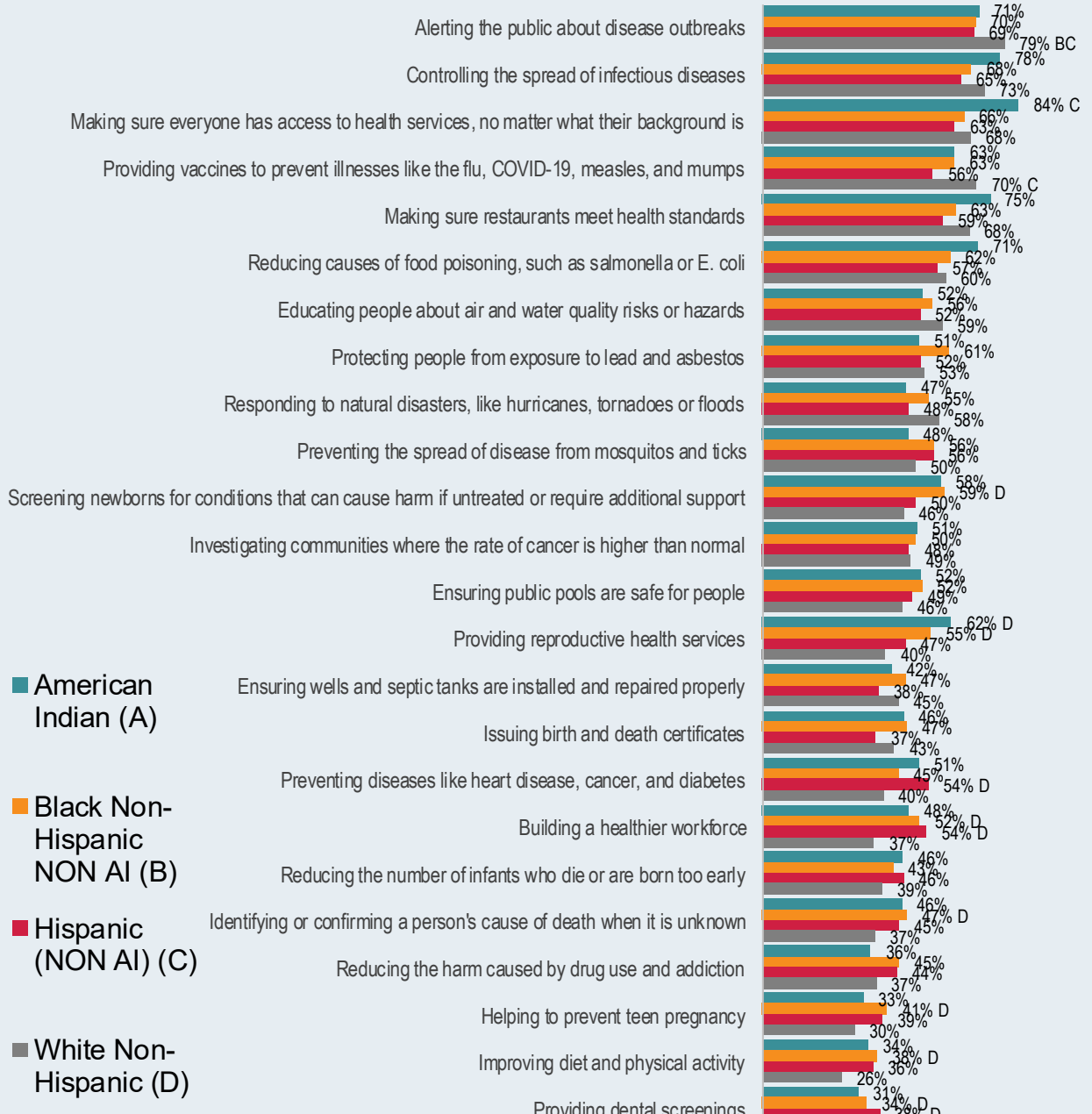
Black (vs. White Non-Hispanic):
- Newborn screening
- Identifying cause of death
- Helping prevent teen pregnancy
- Improving diet and physical activity
- Reducing alcohol abuse

Hispanic (vs. White Non-Hispanic):
- Preventing disease

White Non-Hispanic
- Alerting the public about disease outbreaks (vs. Black and Hispanic)
- Providing vaccines (vs. Hispanic)

American Indian (vs. Hispanic):
- Ensuring access to health services no matter a person's background

Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina…?



Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

Perceived Public Health Responsibilities by Age Cohort

% Who Consider Primary/Main Responsibility for Public Health Agencies by Age

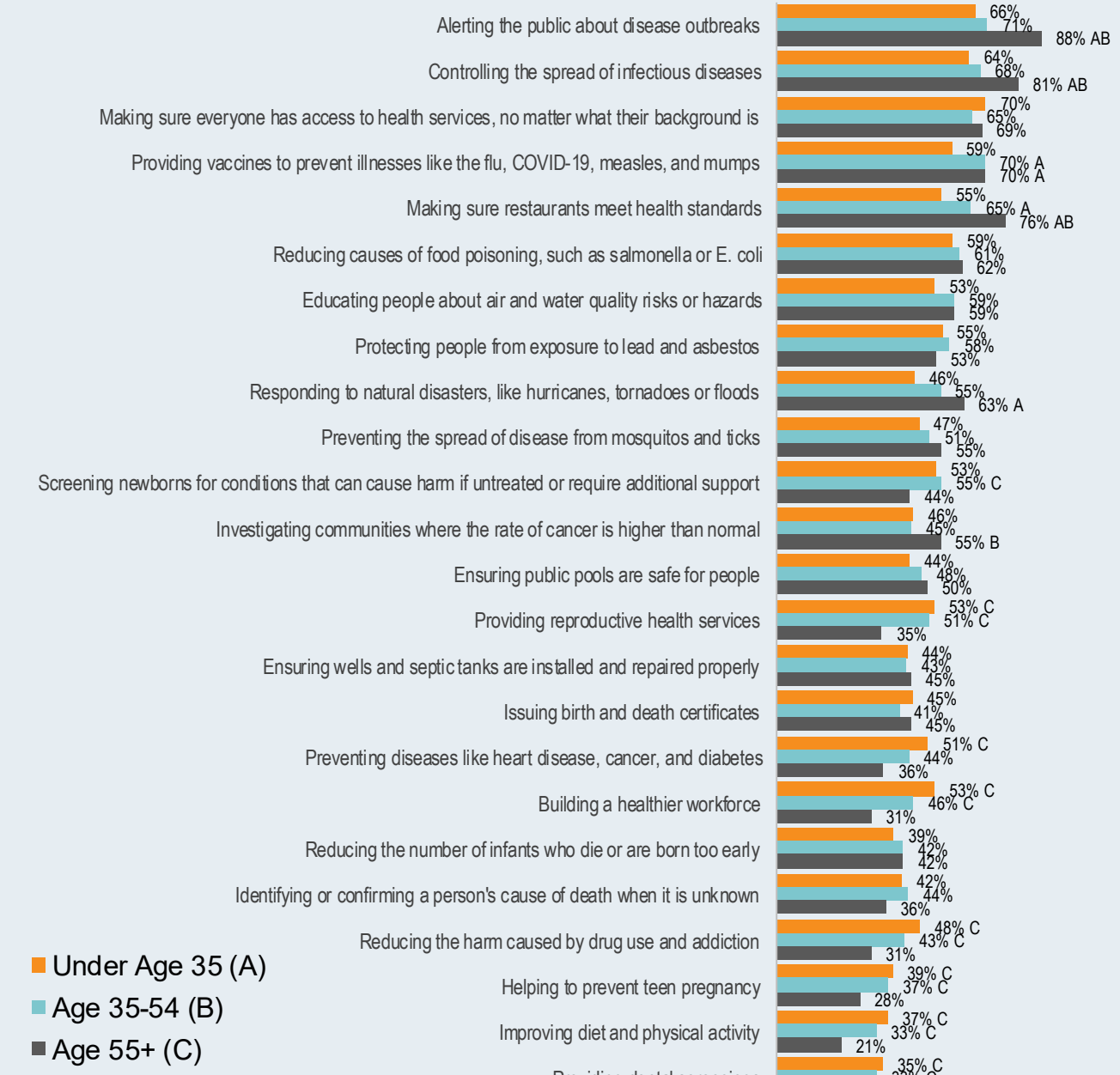
Perceptions of responsibility vary by age cohort:

Under age 55 are more likely than those 55+ to emphasize:
- Screening newborns for conditions that can cause harm if untreated or require additional support
- Preventing diseases like heart disease, cancer, and diabetes
- Providing reproductive health services
- Building a healthier workforce
- Reducing the harm caused by drug use and addiction
- Helping to prevent teen pregnancy
- Improving diet and physical activity
- Providing dental screenings
- Reducing smoking and tobacco use and reducing alcohol abuse

Age 35+ are more likely than those under age 35 to emphasize:
- Providing vaccines to prevent illnesses like the flu, COVID-19, measles and mumps
- Making sure restaurants meet health standards

Age 55+ are more likely than those under age 55 to emphasize:
- Alerting the public about disease outbreaks
- Controlling the spread of infectious diseases
- Responding to natural disasters, like hurricanes, tornadoes or floods
- Investigating communities where the rate of cancer is higher than normal

Base: Total Respondents n=760, Under age 35 n=217; Age 35-54 n=249; Age 55+ n=294
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina…?



Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

Perceived Public Health Responsibilities by Rural East, Rural West and Non-Rural

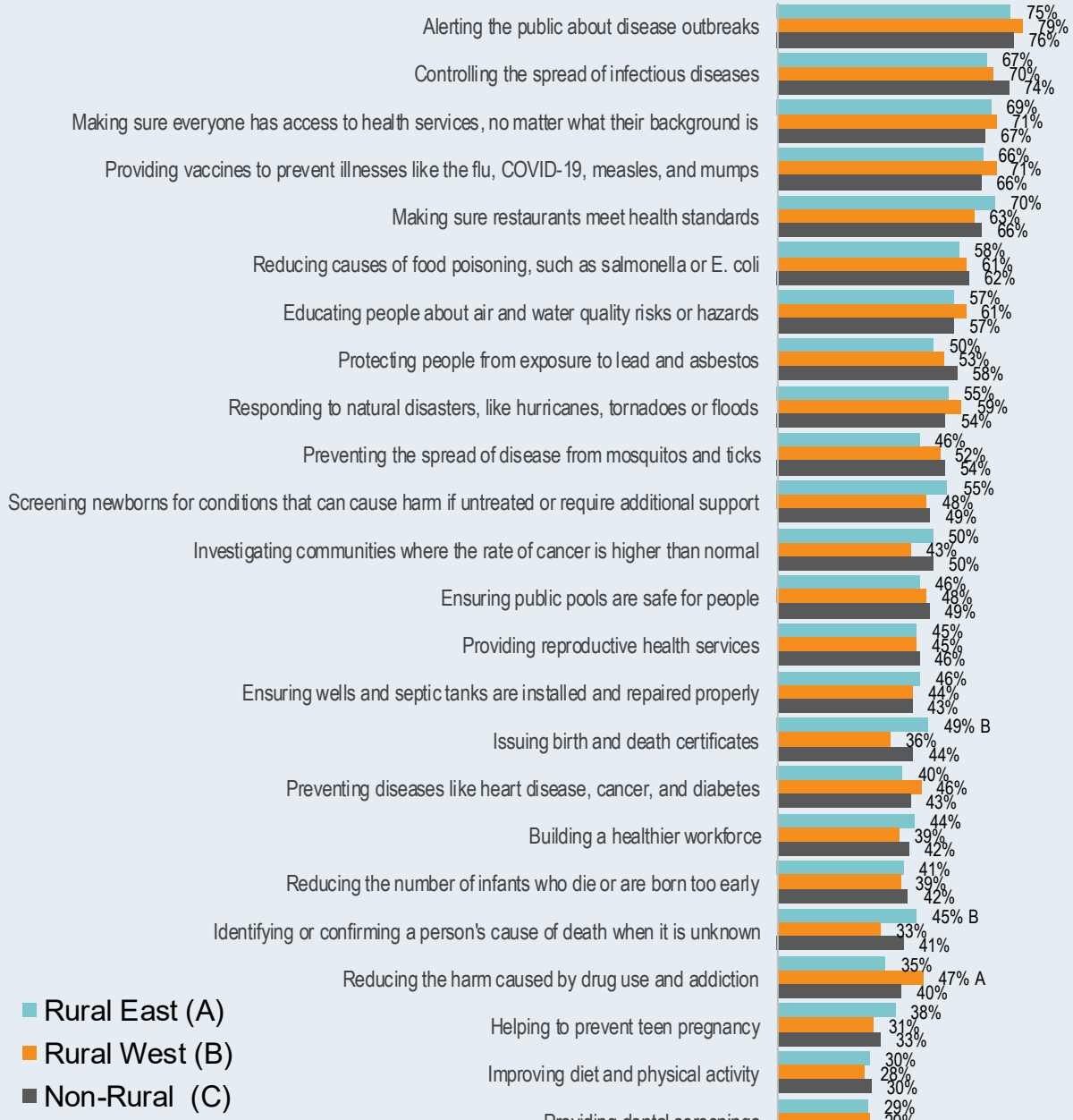
% Who Consider Primary/Main Responsibility for Rural East, Rural West and Non-Rural

The perceptions of public health responsibilities are consistent across Rural East, West and Non-Rural for the most part.

Rural East residents are more likely than Rural West residents to view the following as primary responsibilities for NC public health agencies:

- Issuing birth and death certificates
- Identifying or confirming a person's cause of death when it is unknown

Rural West residents are more likely than Rural East residents to view reducing the harm caused by drug use and addiction as a primary responsibility for NC public health agencies.

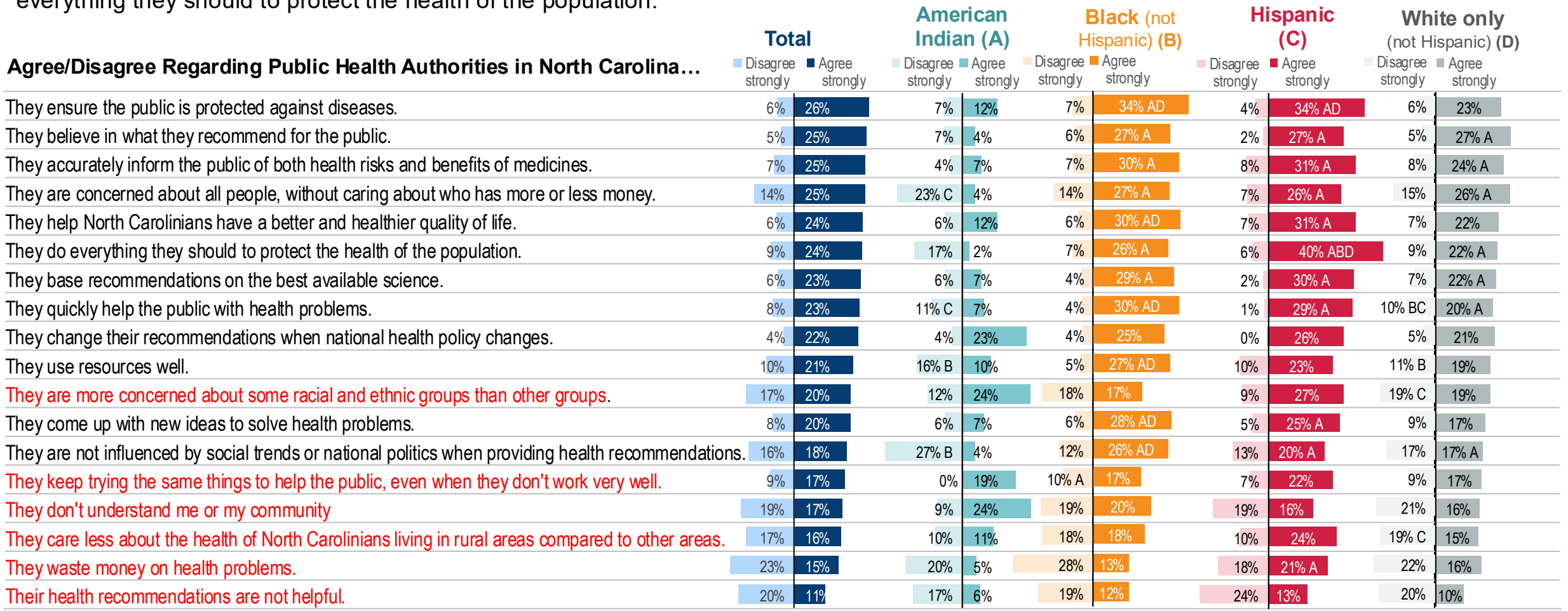


Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

Base: Total Respondents 2026: n=760; Rural East n=177; Rural West n=130; Non-Rural n=453;
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina…?

View of State Public Authorities in North Carolina

Strong agreement with positive statements indicating trust in North Carolina public health authorities is generally lower for American Indian and higher for Black North Carolinians. Hispanic North Carolinians are much more likely than others to strongly agree public health authorities do everything they should to protect the health of the population.



Agree/Disagree Regarding Public Health Authorities in North Carolina…	Total Disagree strongly	Total Agree strongly	American Indian (A) Disagree strongly	American Indian (A) Agree strongly	Black (not Hispanic) (B) Disagree strongly	Black (not Hispanic) (B) Agree strongly	Hispanic (C) Disagree strongly	Hispanic (C) Agree strongly	White only (not Hispanic) (D) Disagree strongly	White only (not Hispanic) (D) Agree strongly
They ensure the public is protected against diseases.	6%	26%	7%	12%	7%	34% AD	4%	34% AD	6%	23%
They believe in what they recommend for the public.	5%	25%	7%	4%	6%	27% A	2%	27% A	5%	27% A
They accurately inform the public of both health risks and benefits of medicines.	7%	25%	4%	7%	7%	30% A	8%	31% A	8%	24% A
They are concerned about all people, without caring about who has more or less money.	14%	25%	23% C	4%	14%	27% A	7%	26% A	15%	26% A
They help North Carolinians have a better and healthier quality of life.	6%	24%	6%	12%	6%	30% AD	7%	31% A	7%	22%
They do everything they should to protect the health of the population.	9%	24%	17%	2%	7%	26% A	6%	40% ABD	9%	22% A
They base recommendations on the best available science.	6%	23%	6%	7%	4%	29% A	2%	30% A	7%	22% A
They quickly help the public with health problems.	8%	23%	11% C	7%	4%	30% AD	1%	29% A	10% BC	20% A
They change their recommendations when national health policy changes.	4%	22%	4%	23%	4%	25%	0%	26%	5%	21%
They use resources well.	10%	21%	16% B	10%	5%	27% AD	10%	23%	11% B	19%
They are more concerned about some racial and ethnic groups than other groups.	17%	20%	12%	24%	18%	17%	9%	27%	19% C	19%
They come up with new ideas to solve health problems.	8%	20%	6%	7%	6%	28% AD	5%	25% A	9%	17%
They are not influenced by social trends or national politics when providing health recommendations.	16%	18%	27% B	4%	12%	26% AD	13%	20% A	17%	17% A
They keep trying the same things to help the public, even when they don't work very well.	9%	17%	0%	19%	10% A	17%	7%	22%	9%	17%
They don't understand me or my community	19%	17%	9%	24%	19%	20%	19%	16%	21%	16%
They care less about the health of North Carolinians living in rural areas compared to other areas.	17%	16%	10%	11%	18%	18%	10%	24%	19% C	15%
They waste money on health problems.	23%	15%	20%	5%	28%	13%	18%	21% A	22%	16%
Their health recommendations are not helpful.	20%	11%	17%	6%	19%	12%	24%	13%	20%	10%

Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q15: Below are several statements about public health authorities. Thinking about state public health authorities in North Carolina, please indicate whether you agree or disagree with each statement. Agree and disagree somewhat are not shown.

Red font indicates negative measures

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

View of State Public Authorities in North Carolina

Non-Rural North Carolinians are more likely to agree strongly that public health authorities base recommendations on the best available science and change their recommendations when national health policy changes. There is little difference between strong agreement and disagreement with other positive and negative statements.

Agree/Disagree Regarding Public Health Authorities in North Carolina…	Total Disagree strongly	Total Agree strongly	Non-Rural (A) Disagree strongly	Non-Rural (A) Agree strongly	Rural (B) Disagree strongly	Rural (B) Agree strongly
They ensure the public is protected against diseases.	6%	26%	6%	28%	6%	24%
They believe in what they recommend for the public.	5%	25%	5%	26%	5%	24%
They accurately inform the public of both health risks and benefits of medicines.	7%	25%	8%	26%	7%	23%
They are concerned about all people, without caring about who has more or less money.	14%	25%	14%	26%	14%	23%
They help North Carolinians have a better and healthier quality of life.	6%	24%	8%	26%	5%	21%
They do everything they should to protect the health of the population.	9%	24%	8%	26%	9%	21%
They base recommendations on the best available science.	6%	23%	6%	27% B	6%	18%
They quickly help the public with health problems.	8%	23%	7%	23%	8%	23%
They change their recommendations when national health policy changes.	4%	22%	3%	26% B	4%	17%
They use resources well.	10%	21%	9%	22%	10%	19%
They are more concerned about some racial and ethnic groups than other groups.	17%	20%	19%	19%	15%	21%
They come up with new ideas to solve health problems.	8%	20%	8%	20%	7%	19%
They are not influenced by social trends or national politics when providing health recommendations.	16%	18%	17%	19%	15%	18%
They keep trying the same things to help the public, even when they don't work very well.	9%	17%	9%	16%	8%	19%
They don't understand me or my community	19%	17%	21%	18%	16%	15%
They care less about the health of North Carolinians living in rural areas compared to other areas.	17%	16%	18%	16%	16%	17%
They waste money on health problems.	23%	15%	24%	14%	22%	18%
Their health recommendations are not helpful.	20%	11%	20%	11%	18%	9%

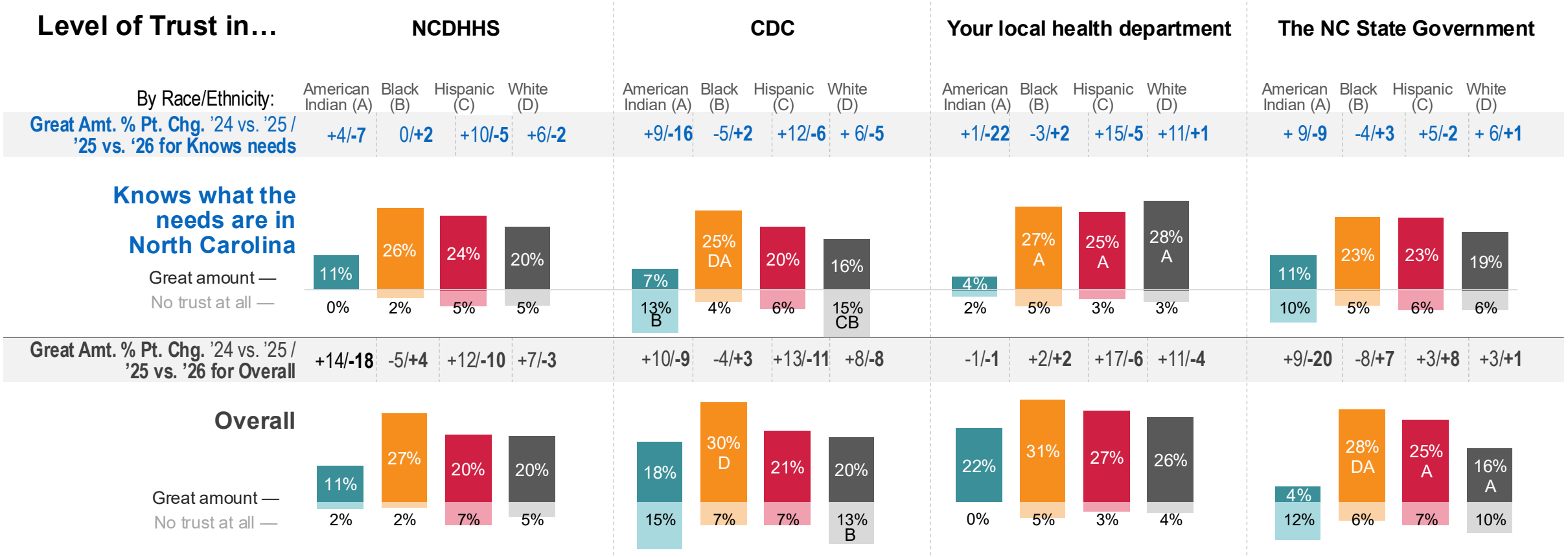
Red font indicates negative measures

Base: Total Respondents 2026: n=760; Non-Rural n=453, Rural n=307
Q15: Below are several statements about public health authorities. Thinking about state public health authorities in North Carolina, please indicate whether you agree or disagree with each statement. Agree and disagree somewhat are not shown.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Institutional Trust by Race/Ethnicity

American Indian North Carolinians are generally less likely than other ethnic/racial groups to have a great amount of trust in public health. White North Carolinians are divided on whether the CDC knows what the needs are in the state – similar numbers have no trust at all and a great amount of trust.

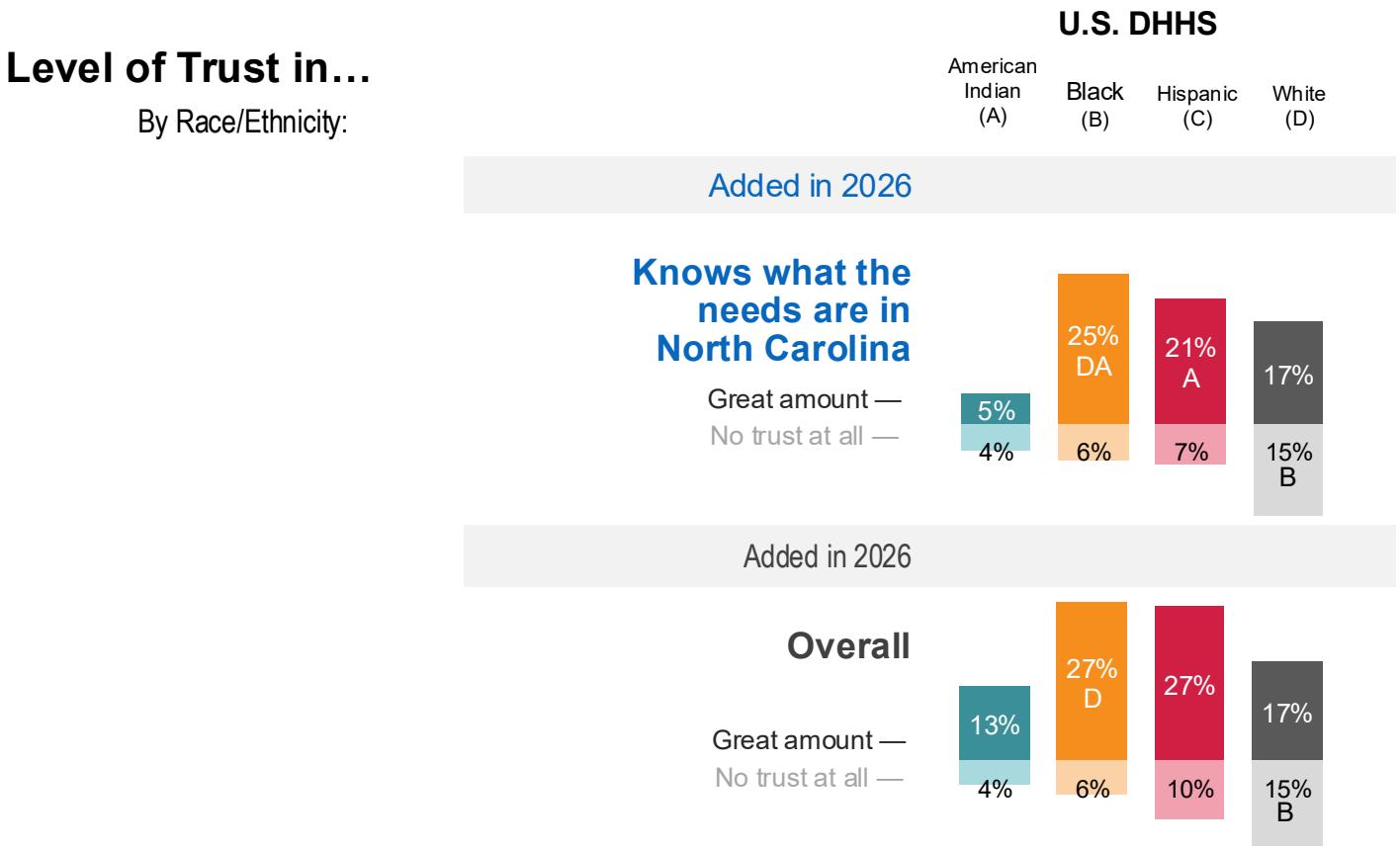


Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q12: Now, please indicate the degree to which each of the following statements reflect the level of trust you have in each of those organizations.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Institutional Trust by Race/Ethnicity

White North Carolinians are divided on trust perceptions of U.S. DHHS - similar numbers have no trust at all and a great amount of trust both overall and when it comes to knowing what the needs are in the state.

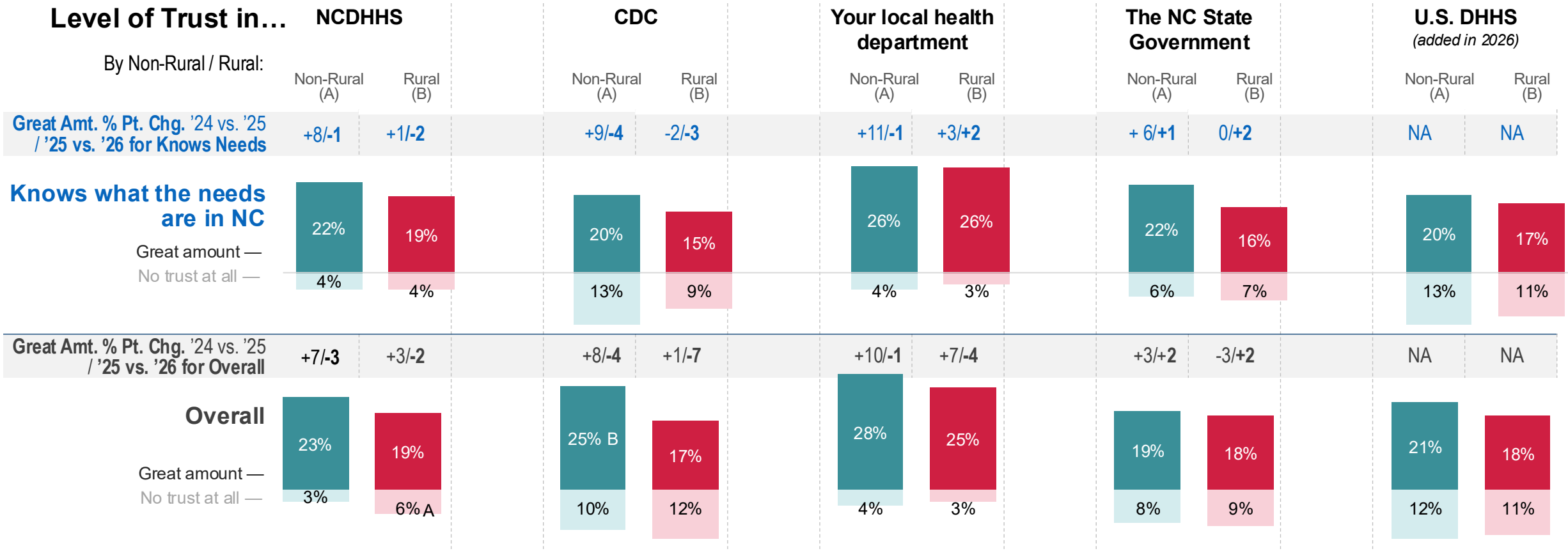


Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q12: Now, please indicate the degree to which each of the following statements reflect the level of trust you have in each of those organizations.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Institutional Trust by Non-Rural and Rural Residence

Non-Rural North Carolinians are generally more likely than rural to have a great amount of trust in public health. The greatest gap in trust is for the CDC, overall, with Non-Rural significantly more likely to have a great amount of trust compared to Rural.



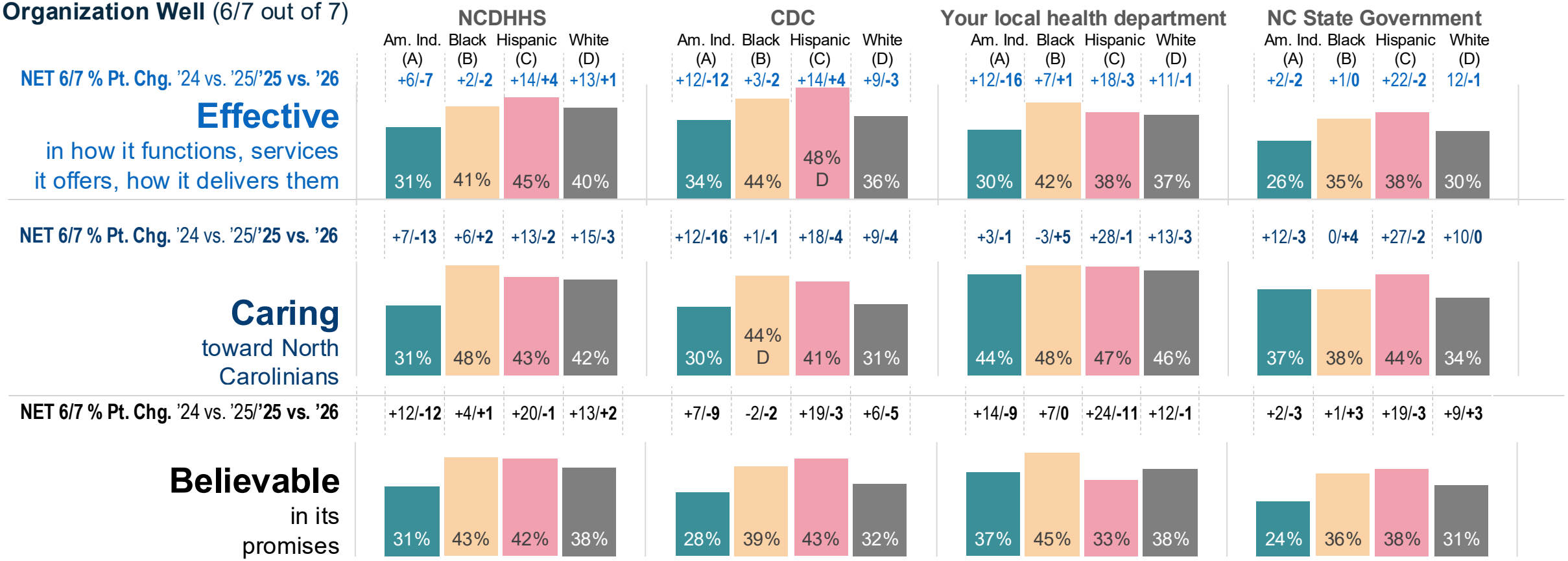
Base: Total Respondents 2026: n=760; Non-Rural n=453, Rural n=307; 2025: n=830; Non-Rural n=527, Rural n=303 2024: n=799; Non-Rural n=502, Rural n=297
Q12: Now, please indicate the degree to which each of the following statements reflect the level of trust you have in each of those organizations.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Leadership Dimensions by Race/Ethnicity

NCDHHS is regarded similarly well by Black, Hispanic and White North Carolinians.

Characteristic Describes Organization Well (6/7 out of 7)



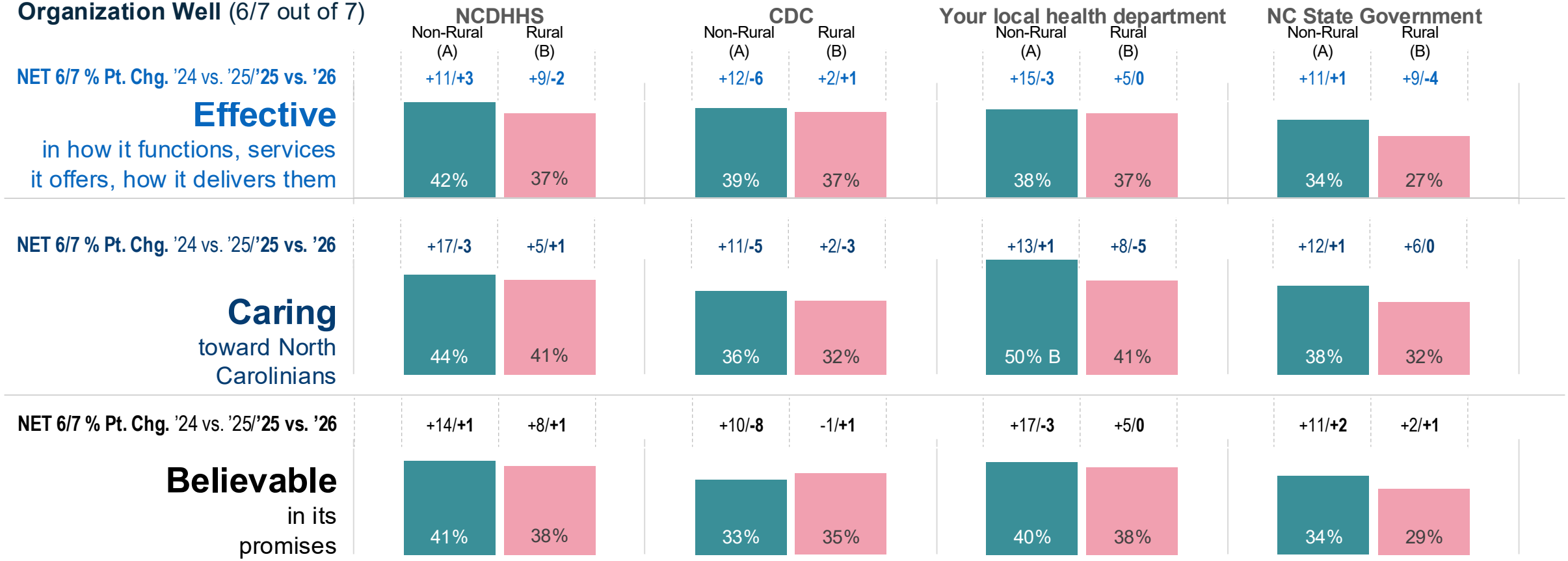
Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Leadership Dimensions by Non-Rural and Rural Residence

NCDHHS and the CDC are similarly well regarded by rural and non-rural North Carolinians. Non-rural residents are more likely to consider local health departments as caring.

Characteristic Describes Organization Well (6/7 out of 7)



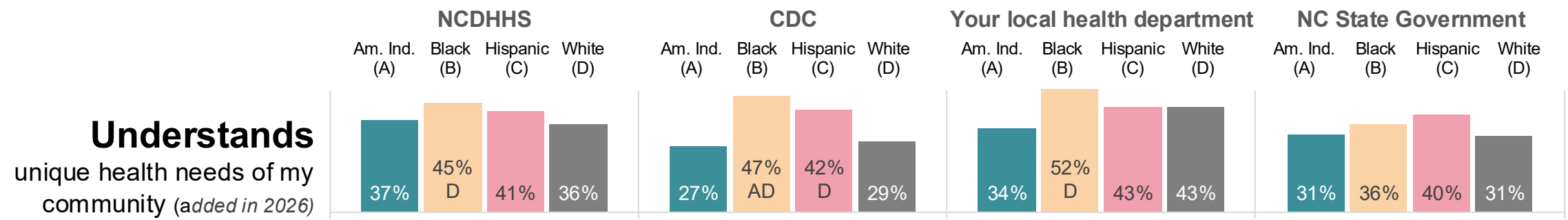
Base: Total Respondents 2026: n=760; Non-Rural n=453, Rural n=307; 2025: n=830; Non-Rural n=527, Rural n=303 2024: n=799; Non-Rural n=502, Rural n=297
Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Leadership Dimensions by Race/Ethnicity

Black North Carolinians are more likely than White North Carolinians to say NCDHHS, CDC and their local health department understands the unique needs of their community.

Characteristic Describes Organization Well (6/7 out of 7)
Added in 2026



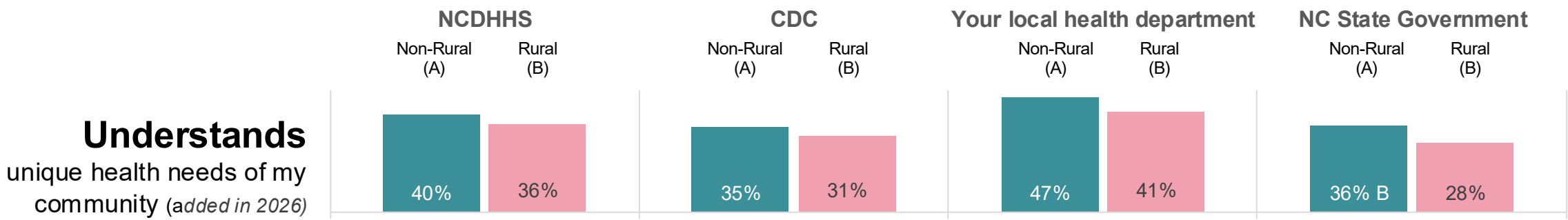
Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Leadership Dimensions by Non-Rural and Rural Residence

Non-Rural North Carolinians are significantly more likely than Rural North Carolinians to say the NC State Government understands the unique needs of their community.

Characteristic Describes Organization Well (6/7 out of 7)
Added in 2026

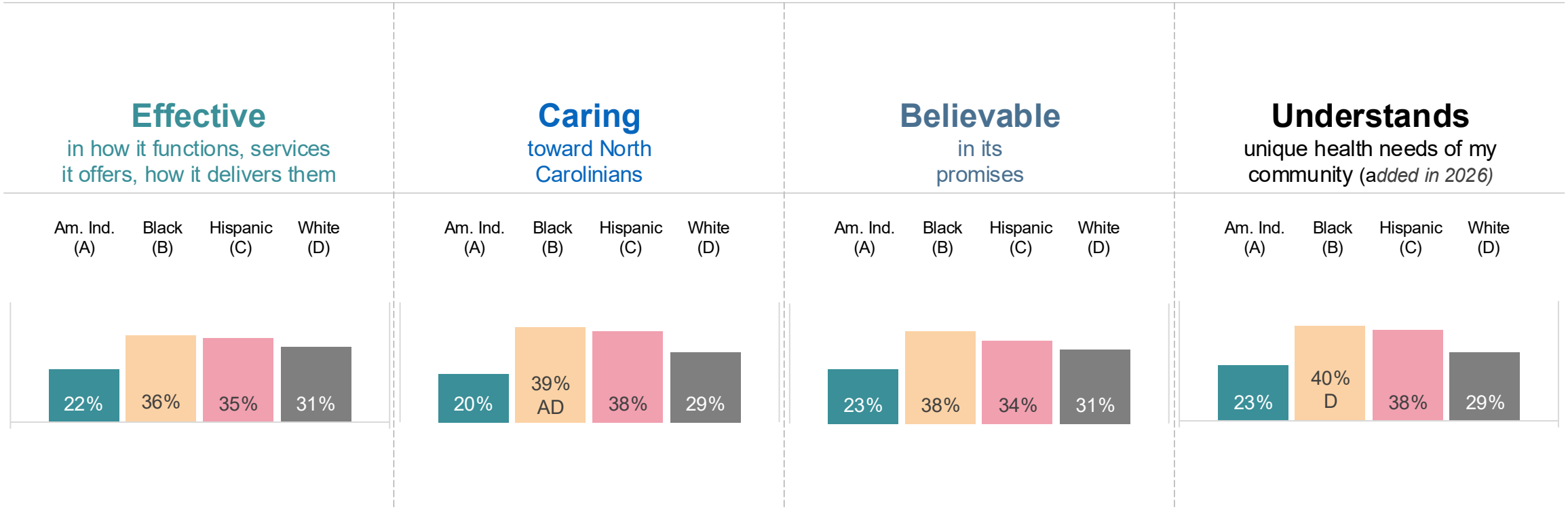


Base: Total Respondents 2026: n=760; Non-Rural n=453, Rural n=307
Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Leadership Dimensions by Race/Ethnicity

Characteristic Describes U.S. DHHS Well (added in 2026: 6/7 out of 7)

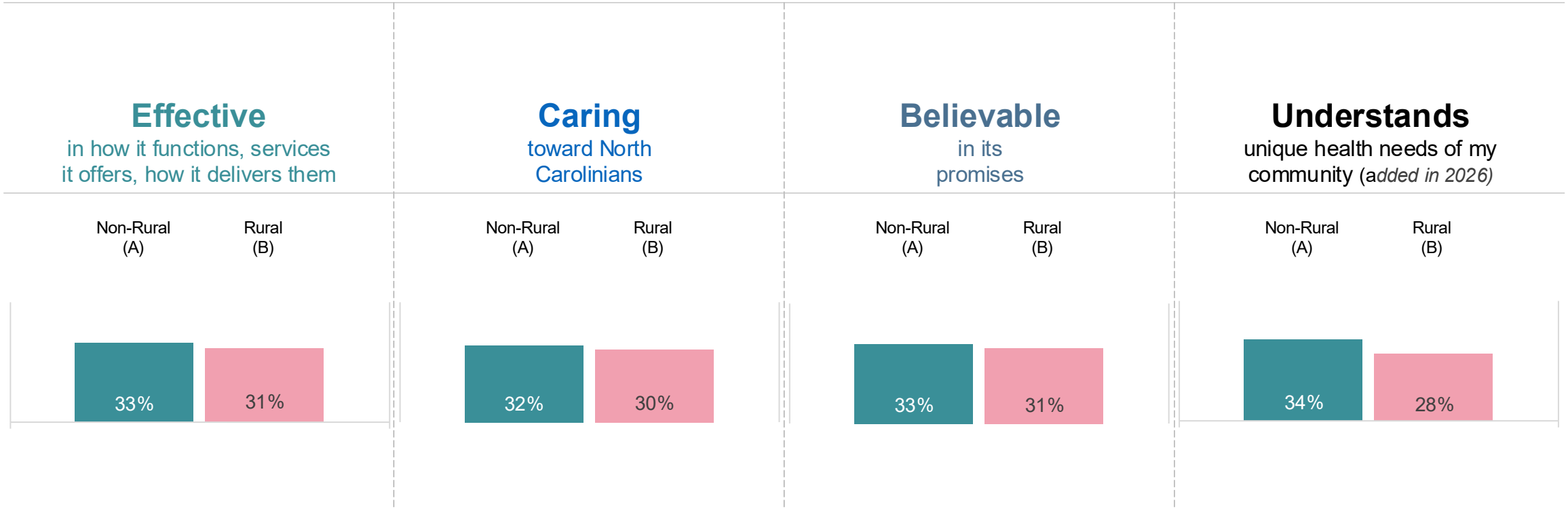


Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Leadership Dimensions by Non-Rural and Rural Residence

Characteristic Describes U.S. DHHS Well (added in 2026: 6/7 out of 7)



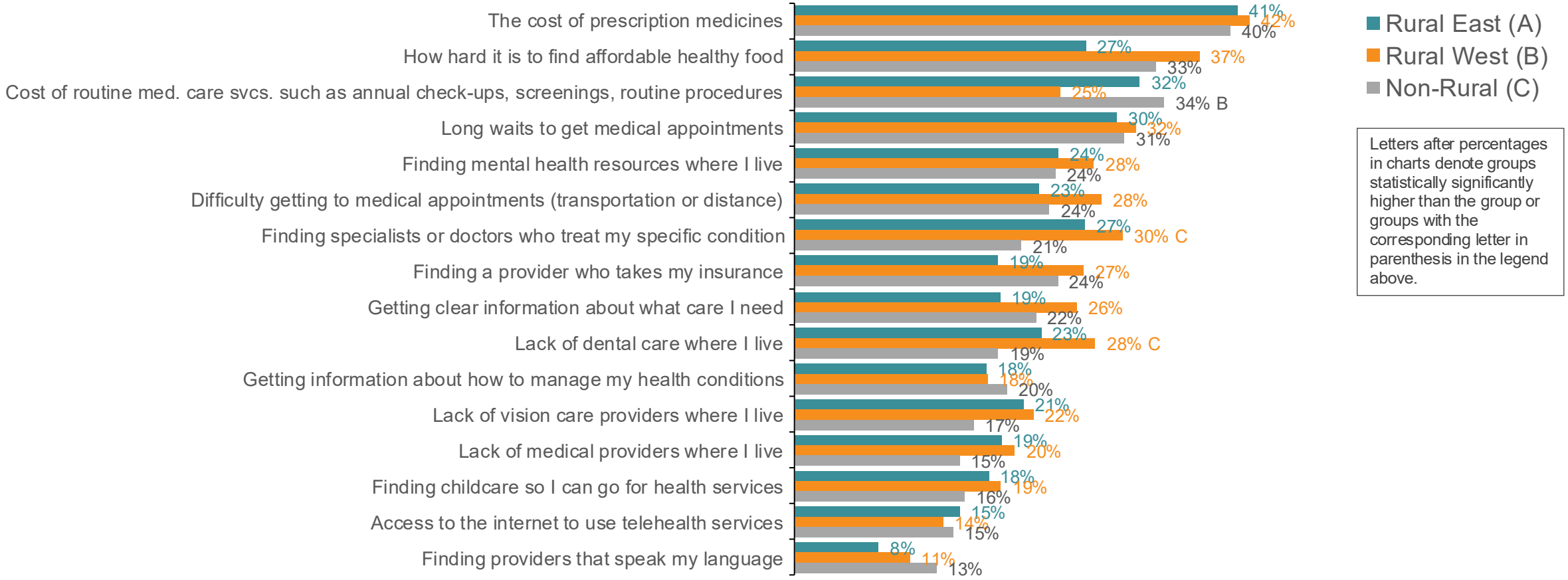
Base: Total Respondents 2026: n=760; Non-Rural n=453, Rural n=307

Q11. In the next series of questions, you will rate several different organizations on a series of characteristics based on your experience or what you have heard. Please rate each characteristic using a scale of 1 to 7, where 1 means that characteristic does not describe that organization, its products, services or people at all and 7 means it describes that organization perfectly.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the column headings.

Barriers to Taking Care of Health

Major Issues That Could Make it Harder to Take Care of Your Health
By Rural East, Rural West, Non-Rural

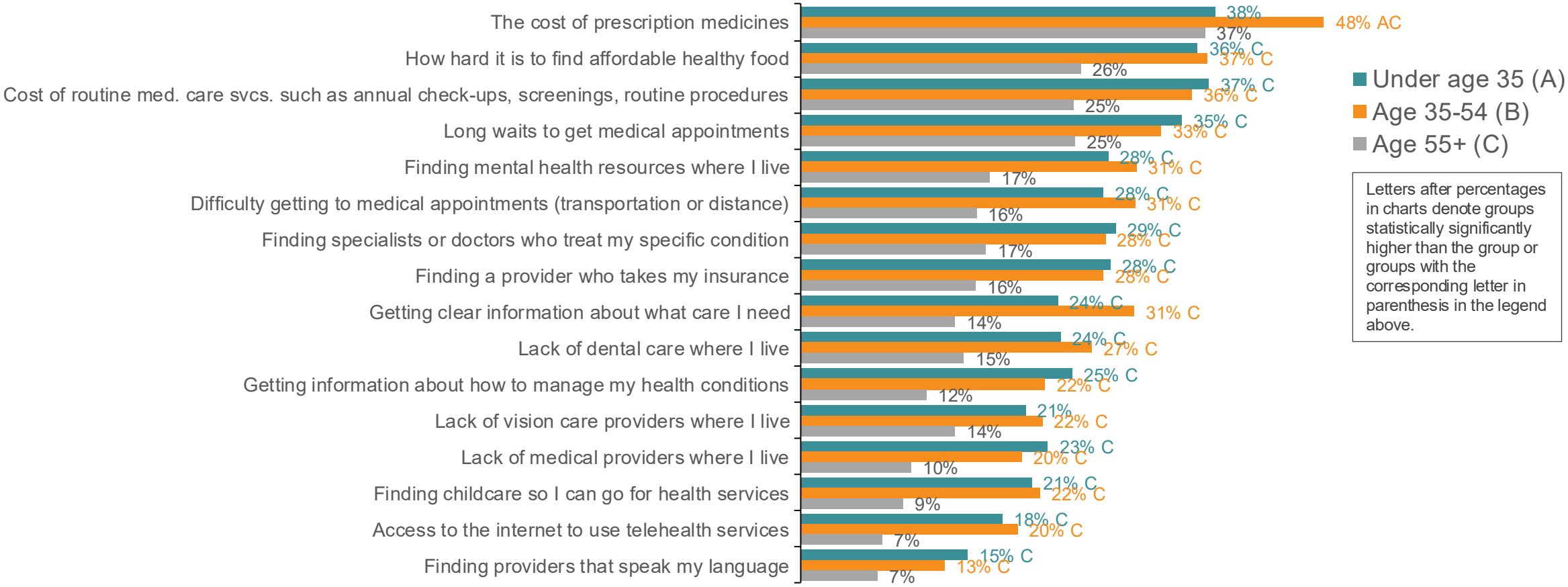


Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

Base: Rural East n=177; Rural West n=130; Non-Rural n=453;
W3Q1. Below are some things that could make it harder to take care of your health. Using the scale shown, please indicate whether it is a major issue, a minor issue or not an issue.

Barriers to Taking Care of Health

Major Issues That Could Make it Harder to Take Care of Your Health
By Age Groups



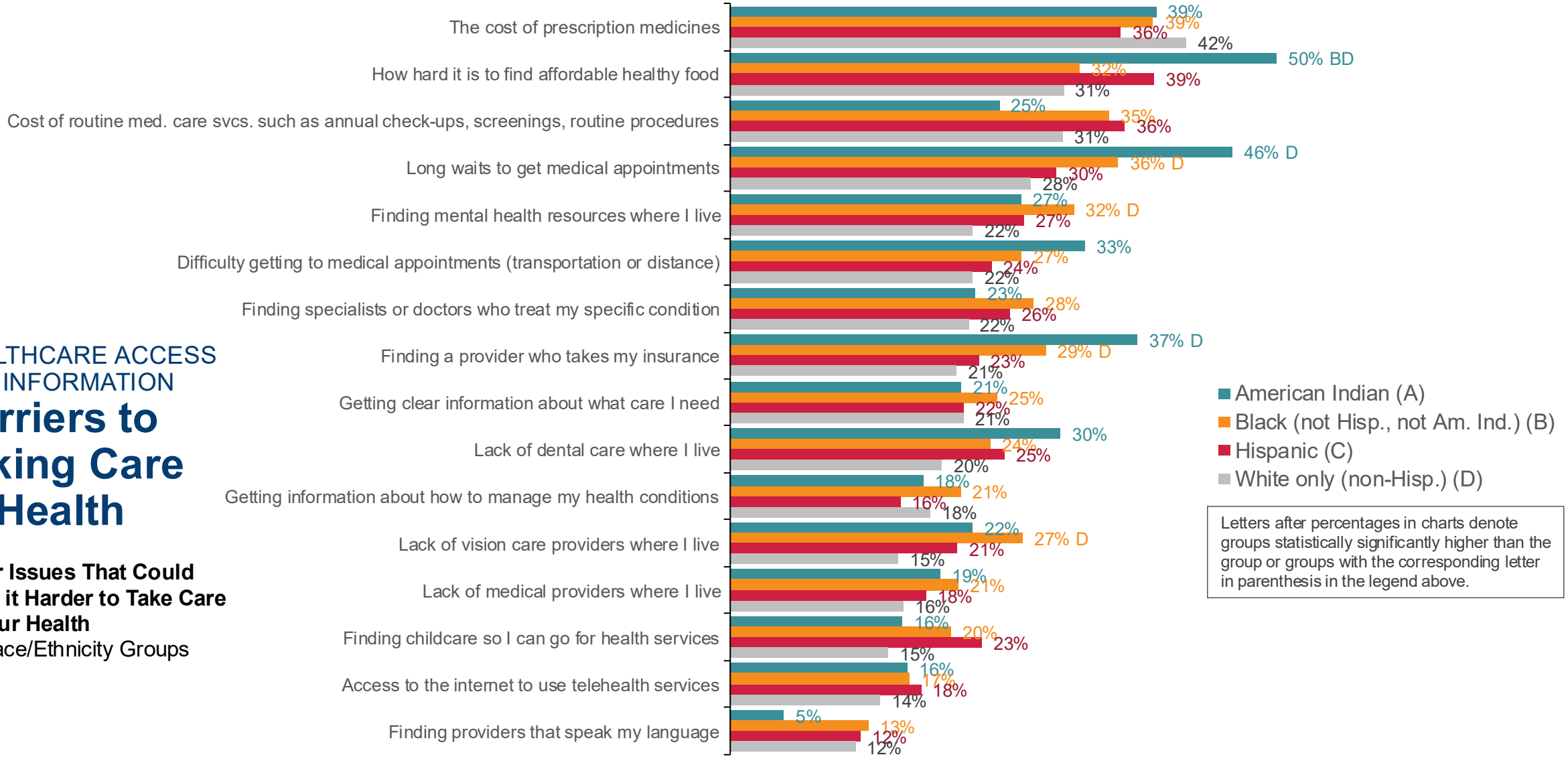
Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

Base: Total Respondents n=760, Under age 35 n=217; Age 35-54 n=249; Age 55+ n=294
W3Q1. Below are some things that could make it harder to take care of your health. Using the scale shown, please indicate whether it is a major issue, a minor issue or not an issue.

HEALTHCARE ACCESS AND INFORMATION

Barriers to Taking Care of Health

Major Issues That Could Make it Harder to Take Care of Your Health
By Race/Ethnicity Groups

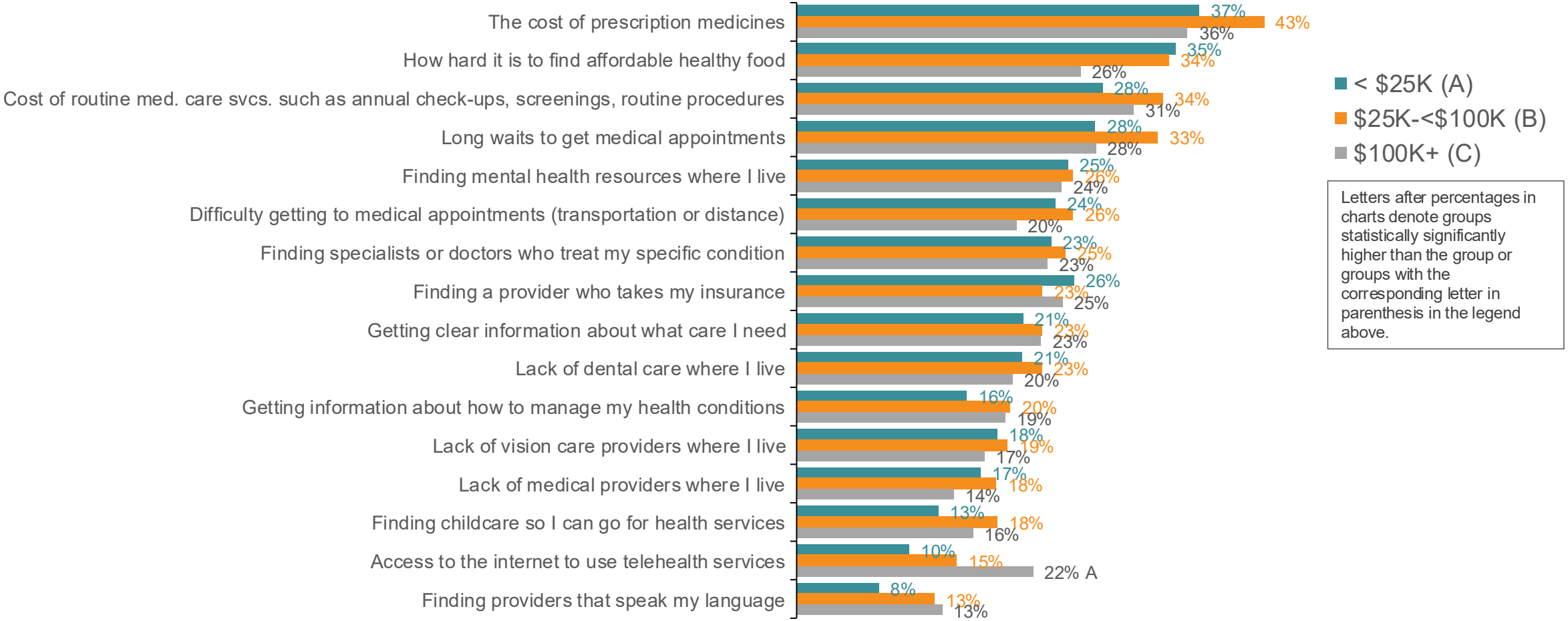


Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
W3Q1. Below are some things that could make it harder to take care of your health. Using the scale shown, please indicate whether it is a major issue, a minor issue or not an issue.

Barriers to Taking Care of Health

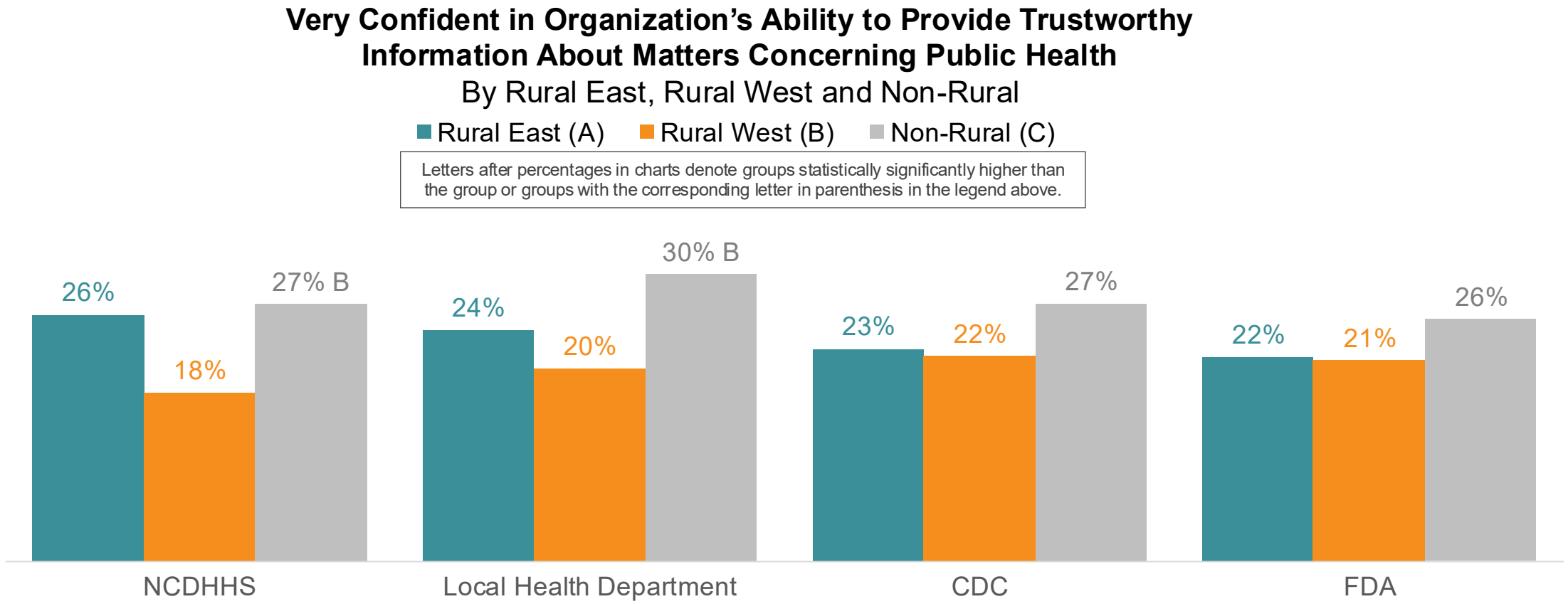
Major Issues That Could Make it Harder to Take Care of Your Health
By Household Income Groups



Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

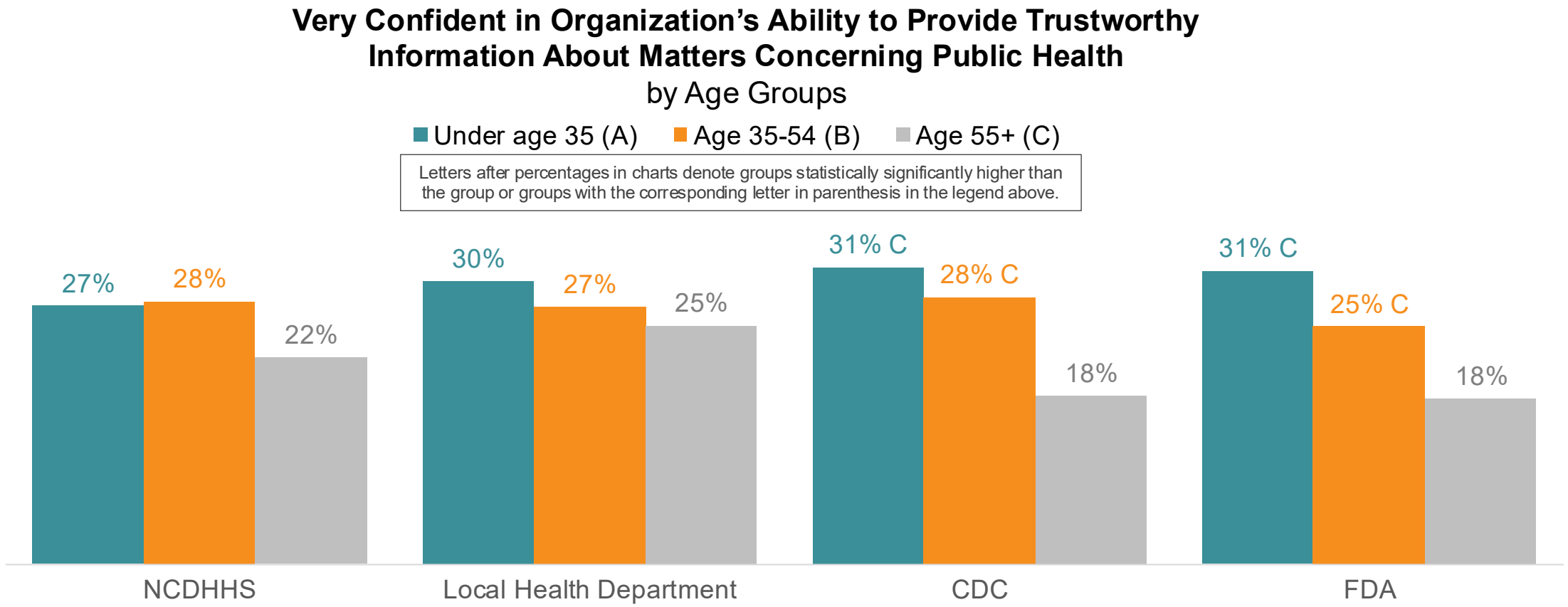
Base: Total Respondents 2026: n=760; HH income: < $25K n=171; $25K-<$100K n=455; $100K+ n=121
W3Q1. Below are some things that could make it harder to take care of your health. Using the scale shown, please indicate whether it is a major issue, a minor issue or not an issue.

Trustworthy Public Health Information



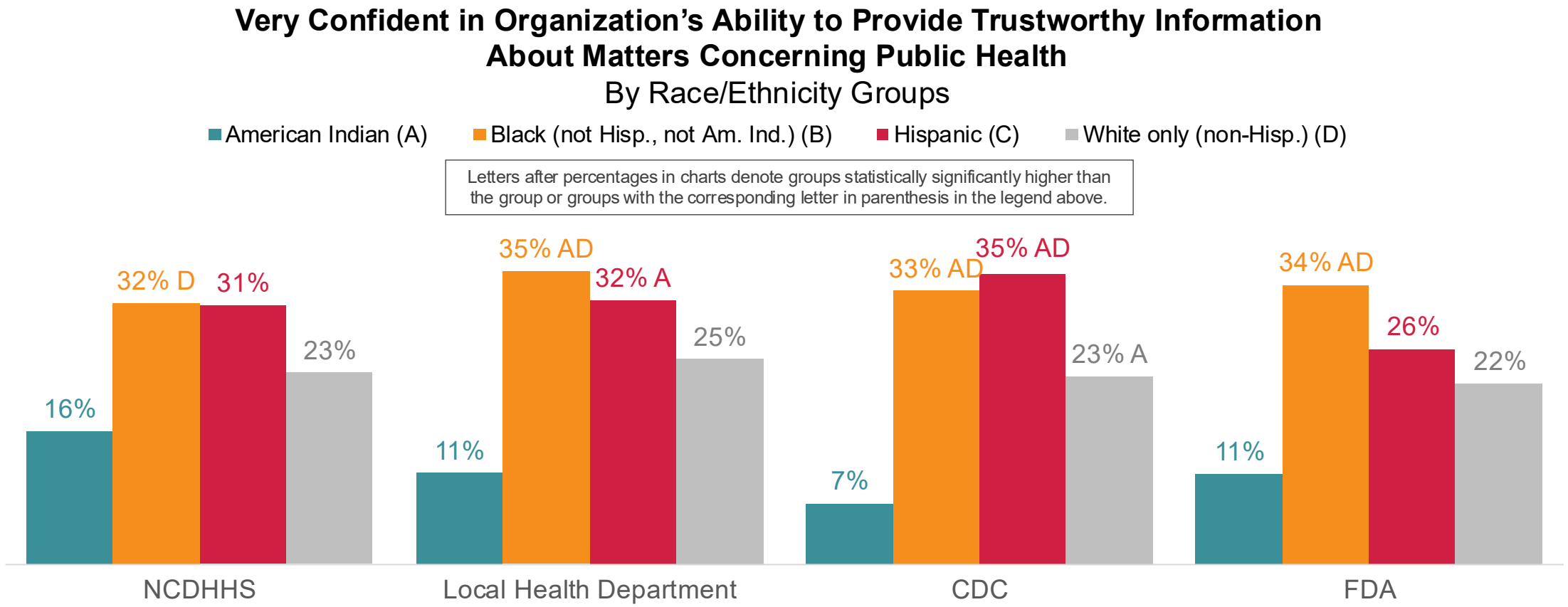
Base: Rural East n=177; Rural West n=130; Non-Rural n=453;
W3Q3 How confident, if at all, are you that [INSERT ITEM FROM LIST] is providing the public with trustworthy information about matters concerning public health?

Trustworthy Public Health Information



Base: Total Respondents n=760, Under age 35 n=217; Age 35-54 n=249; Age 55+ n=294
W3Q3 How confident, if at all, are you that [INSERT ITEM FROM LIST] is providing the public with trustworthy information about matters concerning public health?

Trustworthy Public Health Information

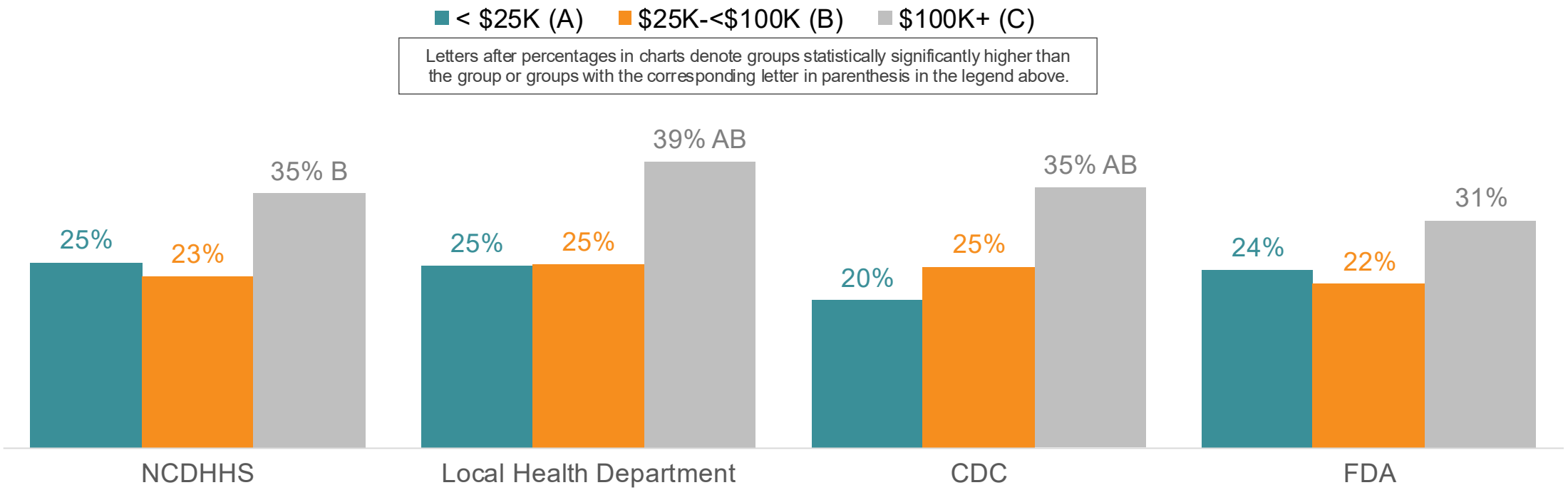


Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
W3Q3 How confident, if at all, are you that [INSERT ITEM FROM LIST] is providing the public with trustworthy information about matters concerning public health?

Trustworthy Public Health Information

Very Confident in Organization's Ability to Provide Trustworthy Information About Matters Concerning Public Health

by Household Income Groups



Base: Total Respondents 2026: n=760; HH income: < $25K n=171; $25K-<$100K n=455; $100K+ n=121
W3Q3 How confident, if at all, are you that [INSERT ITEM FROM LIST] is providing the public with trustworthy information about matters concerning public health?

Trusted Sources of Information

Trusted Sources of Information About Accessing Healthcare Resources and Services in North Carolina
By Rural East, Rural West and Non-Rural



Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

* Note: Response item included "(a person or organization providing free help to people in the process of finding and enrolling in health coverage)

Base: Rural East n=177; Rural West n=130; Non-Rural n=453;
W3Q2 When you are looking for information about accessing healthcare resources and services in North Carolina what sources do you trust the most? Select up to three from the list below.

Trusted Sources of Information

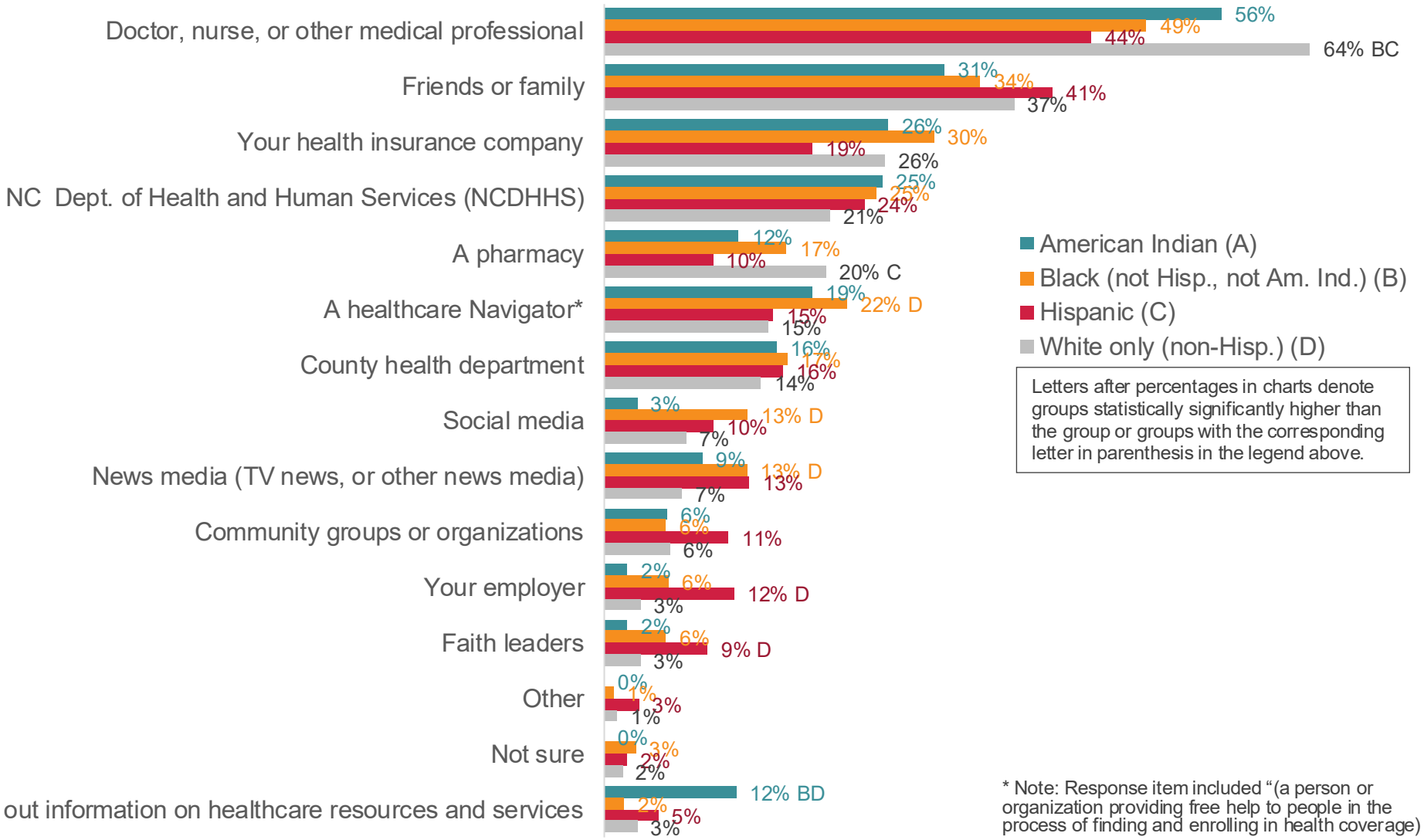
Trusted Sources of Information About Accessing Healthcare Resources and Services in North Carolina
By Age Groups



Base: Total Respondents n=760, Under age 35 n=217; Age 35-54 n=249; Age 55+ n=294
W3Q2 When you are looking for information about accessing healthcare resources and services in North Carolina what sources do you trust the most? Select up to three from the list below.

Trusted Sources of Information

Trusted Sources of Information About Accessing Healthcare Resources and Services in North Carolina
By Race/Ethnicity Groups



Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

* Note: Response item included "(a person or organization providing free help to people in the process of finding and enrolling in health coverage)

Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
W3Q2 When you are looking for information about accessing healthcare resources and services in North Carolina what sources do you trust the most? Select up to three from the list below.

Trusted Sources of Information

Trusted Sources of Information About Accessing Healthcare Resources and Services in North Carolina
By Household Income Groups



Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the legend above.

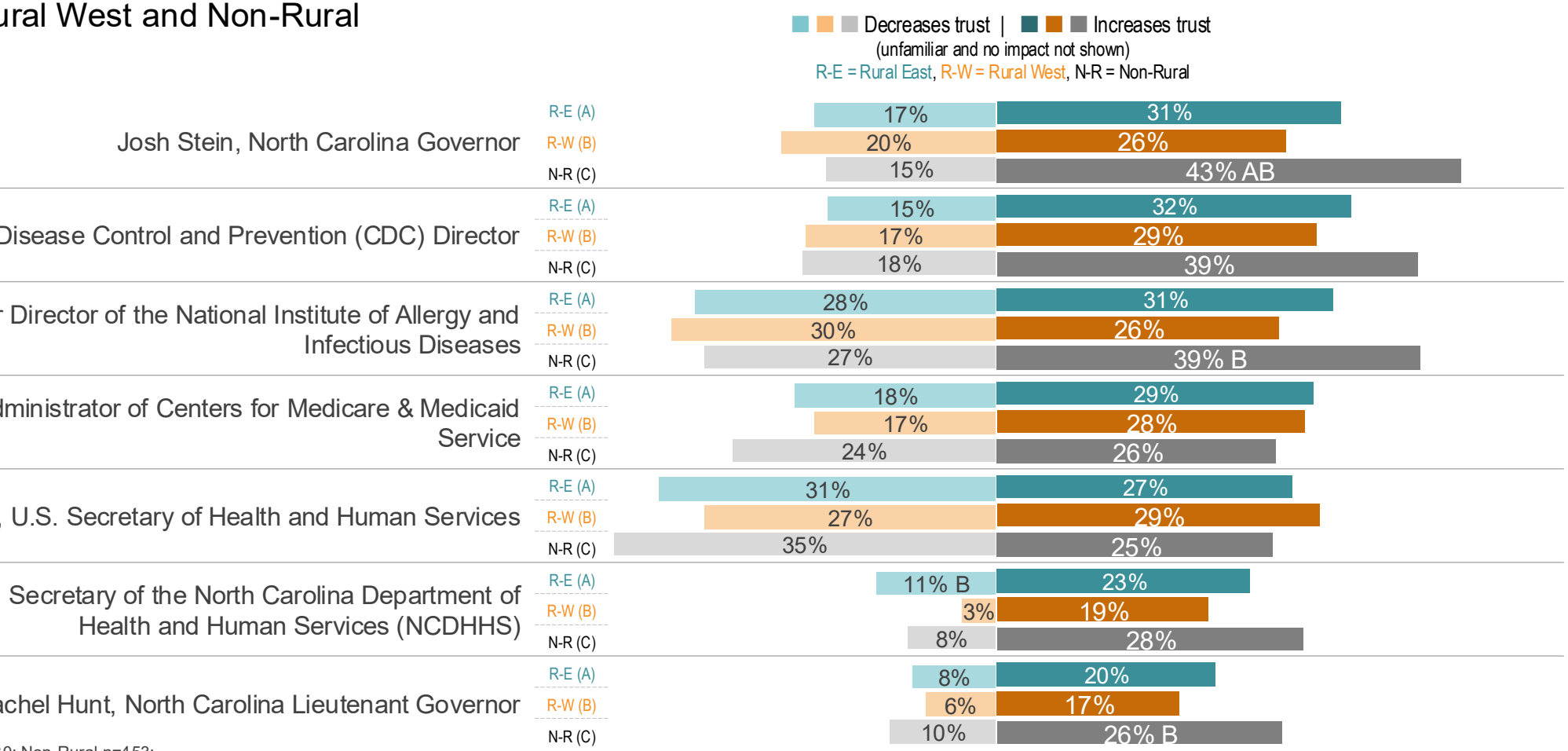
* Note: Response item included "(a person or organization providing free help to people in the process of finding and enrolling in health coverage)

Base: Total Respondents 2026: n=760; HH income: < $25K n=171; $25K-<$100K n=455; $100K+ n=121
W3Q2 When you are looking for information about accessing healthcare resources and services in North Carolina what sources do you trust the most? Select up to three from the list below.

Trustworthy Messengers for Public Health Information

Impact of a Spokesperson on Trust in NC Public Health

By Rural East, Rural West and Non-Rural

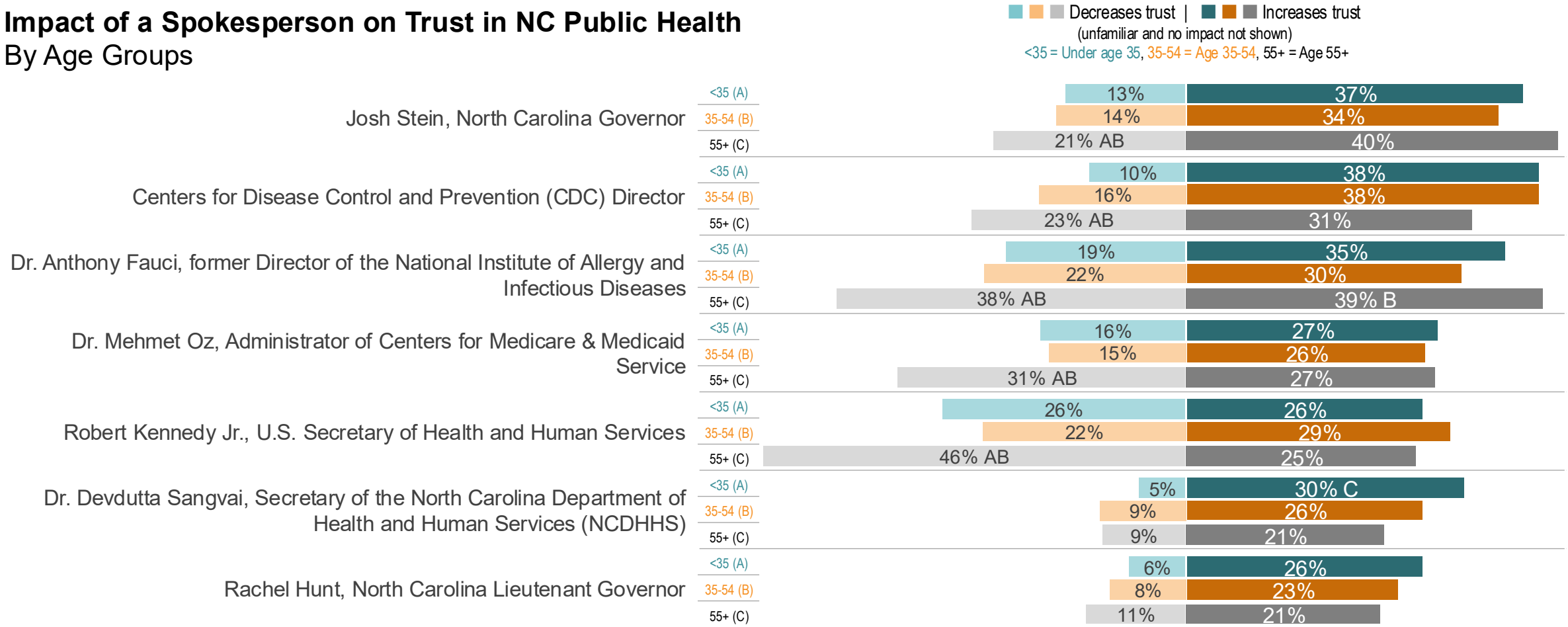


Base: Rural East n=177; Rural West n=130; Non-Rural n=453;
W3Q5 If you see or hear the following public figures sharing public health information how does it impact your trust in North Carolina public health? For each, please indicate whether it increases, decreases or has no effect or if you aren't familiar with the person.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the row headings to the left of the chart.

Trustworthy Messengers for Public Health Information

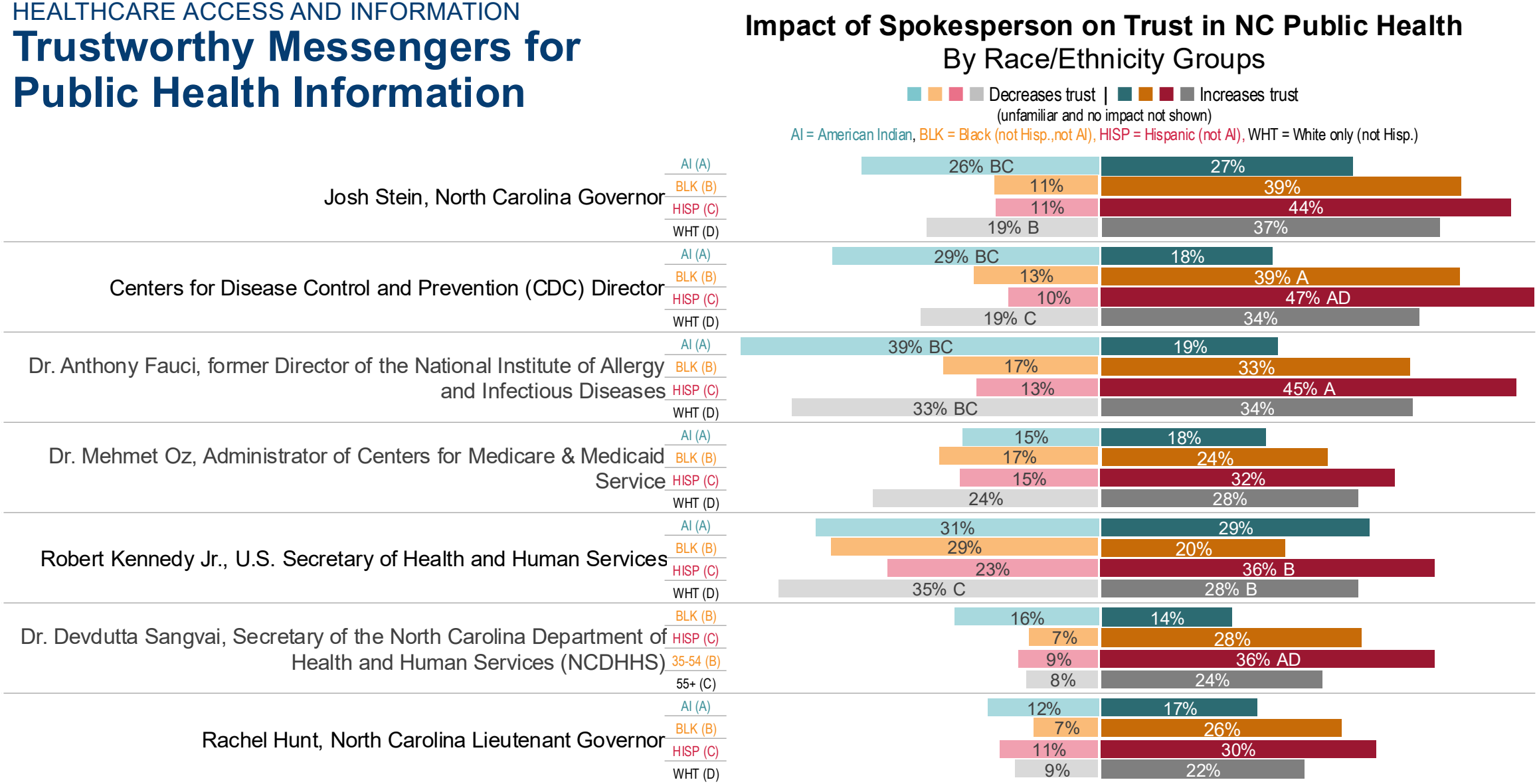
Impact of a Spokesperson on Trust in NC Public Health
By Age Groups



Base: Total Respondents n=760, Under age 35 n=217; Age 35-54 n=249; Age 55+ n=294
W3Q5 If you see or hear the following public figures sharing public health information how does it impact your trust in North Carolina public health? For each, please indicate whether it increases, decreases or has no effect or if you aren't familiar with the person.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the row headings to the left of the chart.

Trustworthy Messengers for Public Health Information

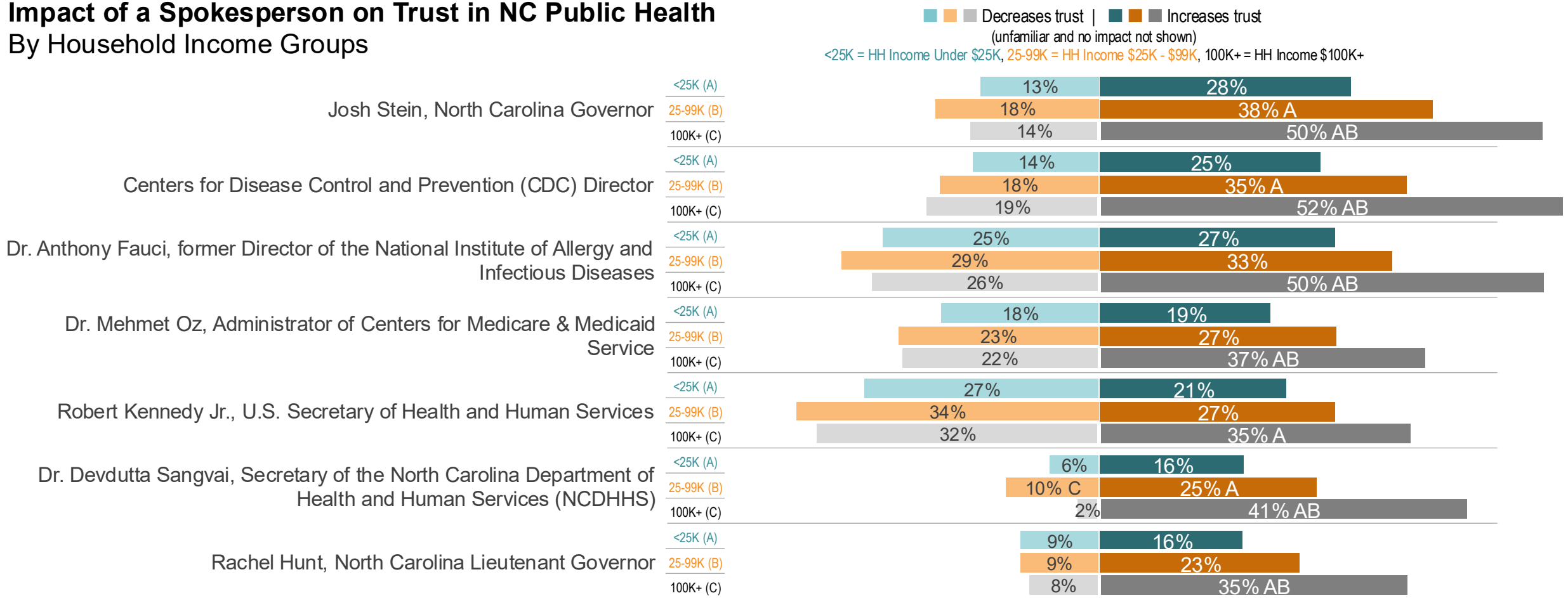


Base: Total Respondents 2026: n=760; White only non-Hispanic n=422, Black non-Hispanic, non-American Indian n=201; Hispanic non-American Indian n=86, American Indian n=37, all other combinations n=14 (not shown)
W3Q5 If you see or hear the following public figures sharing public health information how does it impact your trust in North Carolina public health? For each, please indicate whether it increases, decreases or has no effect or if you aren't familiar with the person.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the row headings to the left of the chart.

Trustworthy Messengers for Public Health Information

Impact of a Spokesperson on Trust in NC Public Health
By Household Income Groups



Base: Total Respondents 2026: n=760; HH income: < $25K n=171; $25K-$99K n=455; $100K+ n=121
W3Q5 If you see or hear the following public figures sharing public health information how does it impact your trust in North Carolina public health? For each, please indicate whether it increases, decreases or has no effect or if you aren't familiar with the person.

Letters after percentages in charts denote groups statistically significantly higher than the group or groups with the corresponding letter in parenthesis in the row headings to the left of the chart.

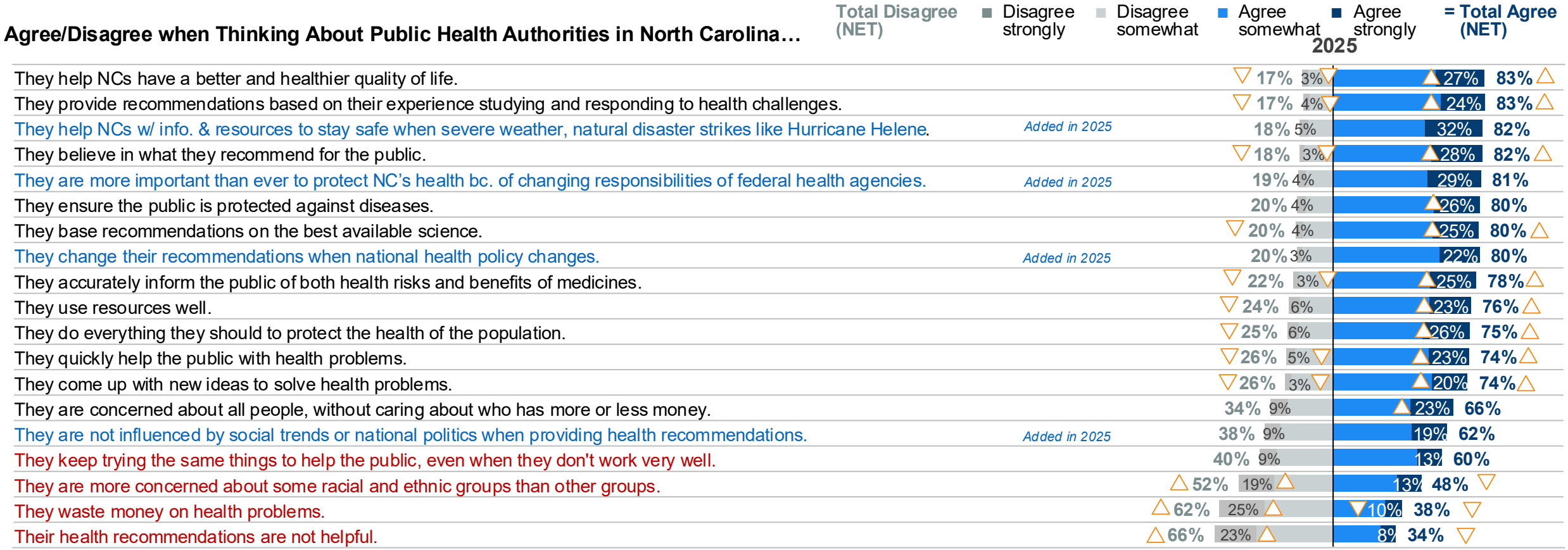


APPENDIX

Selected 2025 Charts for Reference

2025 View of State Public Authorities in North Carolina

Agreement with positive statements reflecting the foundations of trust in North Carolina's public health authorities has grown significantly over the past year. One-third of respondents strongly agree that public health authorities help keep North Carolinians safe by providing information and resources during natural disasters such as Hurricane Helene.



Base: Total Respondents n=830
Q14: Below are several statements about public health authorities.
Thinking about state public health authorities in North Carolina, please indicate whether you agree or disagree with each statement.

Blue font indicates statements added in 2025
Red font indicates negative measures