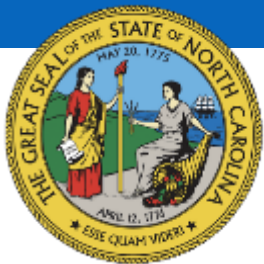


Perceptions of Public Health in North Carolina

Wave II Findings

April 1, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Survey Methodology

Surveys were conducted from February 20 to March 5, 2025

Prior wave of research was conducted from February 19 to March 4, 2024



Online survey
Median survey length: 17.2 minutes



830 North Carolina
adult residents (age 18+)

| North Carolina Sub-Population | Completed Surveys (Unweighted) |
|--------------------------------------|-----------------------------------|
| Urban County Residents* | n=530 |
| Rural County Residents* | n=300 |
| Blacks/African Americans | n=267 |
| Hispanics/LatinX | n=124 |
| American Indians | n=41 |
| Hurricane Helene Affected Counties** | n=114 |

Note on subgroup comparisons:

Statistically significant (95% confidence level) differences between groups, and vs. prior wave of research (March 2024), are noted with orange outline around the number that is significantly higher. Further detail by subgroup is included in the appendix for selected questions and additional analysis is available by request.

* Based on 2019 Federal OMB definition https://files.nc.gov/ncdhhs/RuralUrban_2019.pdf

** NCDHHS provided list of Hurricane Helene-affected counties including, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey. In 2024, (prior wave of research) there were n=87 from this list of counties.

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.



Key findings

More North Carolinians Know, Like and Trust NCDHHS

- As awareness and familiarity have grown over the past year, there has been a significant increase in positive perceptions of, and trust in, NCDHHS's work among North Carolinians.
- As noted in 2024, higher familiarity with NCDHHS's work is tied to more positive perceptions of public health efforts in North Carolina and higher trust in NCDHHS.

Perceptions of the Role of State Public Health Agencies Are Broad and Growing

- Eight in 10 North Carolinians view NCDHHS's work and services as highly important for improving the health of state residents, and they appreciate its local presence, reliable information, role in prevention, and efforts to protect the vulnerable.
- North Carolinians now see a wider range of issues as the primary responsibilities of state public health agencies—this includes newer areas like responding to natural disasters. However, controlling the spread of disease and ensuring access to health services remain the top two responsibilities in respondents' views.

NCDHHS is Delivering but Still Has Room to Grow

- NCDHHS performance ratings improved significantly compared to 2024— and more people view NCDHHS as caring, effective, and believable in its promises.
- However, while more respondents trust NCDHHS recommendations to improve health and safety than in 2024, far more continue to trust medical professionals and friends or family.



Key findings

State and Local Agencies Delivered in Wake of Helene's Devastating Impact

- Nearly all North Carolinians in hurricane impacted counties and most people statewide felt they were personally affected by Helene to some degree.
- Both NCDHHS and local health departments are rated more favorably than FEMA on their Hurricane response.
 - Residents of hurricane regions rate the local health department response higher than all other agencies.

Response to Hurricane Helene Increased Positive Perceptions of Public Health in NC

- Residents in regions affected by Hurricane Helene are more likely to:
 - Recall hurricane response communications from state public health officials
 - Rate NCDHHS and local health departments as doing an excellent or good job as compared to 2024
 - Trust NCDHHS and local health departments quite a lot or a great deal compared to 2024



Strategic Implications (N/Collaborative)

Share this research broadly across DPH, NCDHHS, local health departments and stakeholders to build a common understanding of public health's impact—boosting morale, supporting workforce recruitment and reinforcing the importance of a united effort to:

- Continue framing and showing public health as something people experience and rely on every day across their routine activities.
- Begin sharing messages that North Carolinians trust and value public health to shape social norms that reflect reality (not the loudest voices of a few).
- Communicate from a place of strength that recognizes loud voices of dissent are out of step with how North Carolinians perceive public health.



A photograph of a young Black woman, likely a healthcare worker, with a stethoscope around her neck, smiling and assisting an elderly Black woman. The elderly woman is using a white walker and is wearing a grey robe over a white blouse. They are outdoors, and the scene is brightly lit, suggesting a sunny day. The image has a dark blue overlay on the left side where the text is located.

DETAILED FINDINGS

Awareness of Public Health

Summary Observations:

Awareness of Public Health

- **Higher familiarity with both state and federal public health agencies has been observed compared to a year ago.** While overall familiarity (somewhat or very) has remained consistent, the number of North Carolinians who are very familiar with public health agencies has risen significantly since 2024.
- **Most are familiar with NCDHHS:** three in four North Carolinians are at least somewhat familiar with the work and services of NCDHHS, with a third very familiar.
- **Broader recall of NC Public Health communications:** half of North Carolinians say they recall hearing, reading, or seeing something from NC public health officials within the past year. This is up significantly compared to recall levels in 2024.
 - Over half (56%) recall information about the response to Hurricane Helene (73% in hurricane-affected counties), and a similar number recall hearing about flu cases.
- **Public perceptions of responsibility have expanded broadly.**
 - The two areas most widely considered to be primary responsibilities for public health agencies in North Carolina are controlling the spread of disease and ensuring access to health services.
 - In 2025, a greater number of North Carolinians identified these and a range of other areas as falling under the primary responsibility of public health agencies.



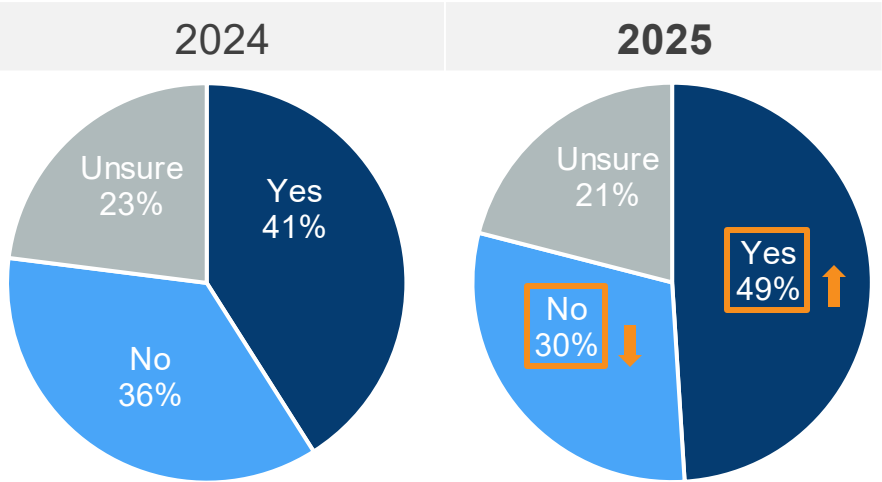
Awareness of North Carolina Public Health Communications

Half of North Carolinians recall hearing, reading, or seeing something from state public health officials within the past year, which marks an increase over 2024. When asked about specific topics, a majority recall hearing about the hurricane response and flu cases. Nearly three in four residents of hurricane-affected counties recall hearing from NC public health officials about the hurricane response.

Recall of Communications from North Carolina Public Health Officials in the Past Year



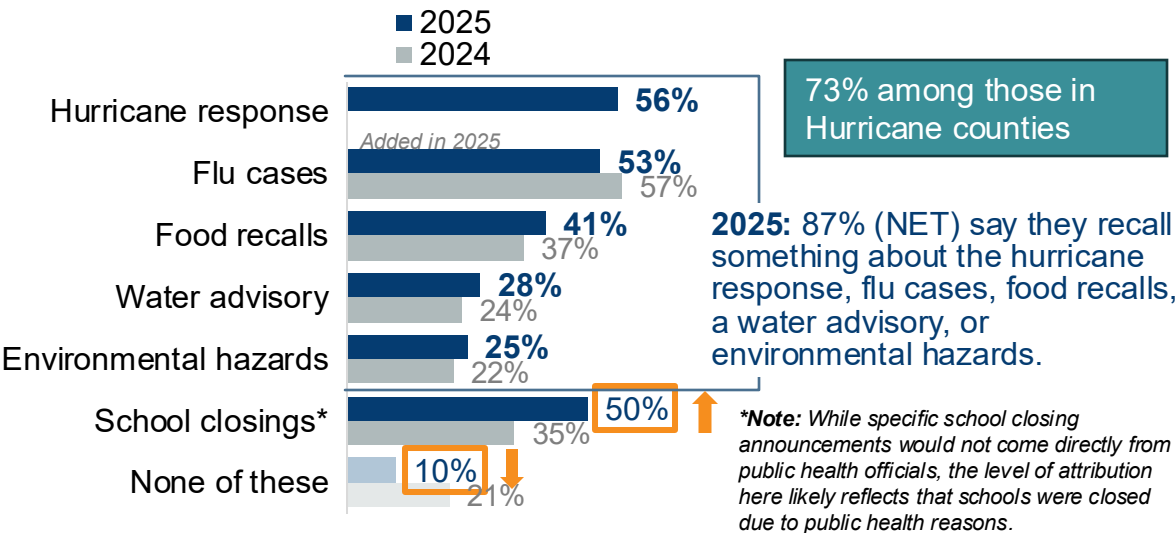
Recall Hearing, Reading or Seeing Anything from NC Public Health Officials



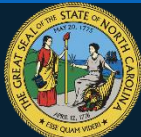
Base: Total Respondents: 2024 n=799; 2025 n=830
Q3: In the past year, do you recall hearing, reading, or seeing anything from public health officials in North Carolina?
Q5: In the past year, do you recall hearing, reading, or seeing anything from public health officials in North Carolina about any of the following topics?

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

Multiple Responses Accepted



Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change

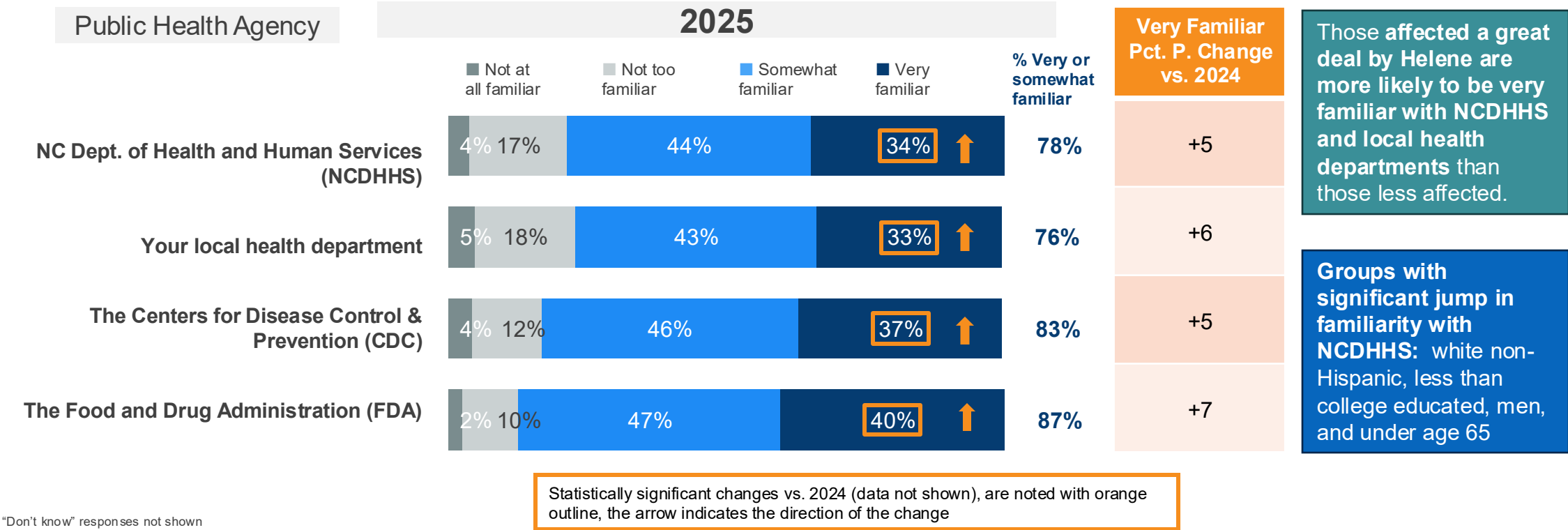


PUBLIC HEALTH AWARENESS

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

- Three in four North Carolinians say they are at least somewhat familiar with the work and services of NCDHHS and their local health department. Slightly more say they are familiar with the work and services of the CDC and the FDA.
- The number of people who are very familiar with each of the four agencies has grown significantly since 2024.

Familiarity with the Work and Services of Public Health Agencies



"Don't know" responses not shown
Base: Total Respondents: 2025 n=830
Q7: How familiar are you with the work and services of each of the following...?



Scope of Responsibility

- To understand public perceptions of the scope of responsibility for public health agencies in North Carolina, we asked participants to rate 25 focus areas in terms of whether each is a primary/main responsibility, some responsibility, or no responsibility.
- Most believe public health agencies in North Carolina have **at least some** responsibility for all areas explored.
- Two-thirds or more of North Carolinians identified the following as **primary/main responsibilities** for public health agencies:
 - Controlling the spread of infectious diseases
 - Ensuring access to health services for all
 - Enforcing restaurant health standards
 - Educating on air and water quality risks
- A majority also view reduction of food poisoning, education on air/water quality risks, responding to natural disasters, protecting residents from exposure to lead and asbestos, and preventing spread of disease from mosquitos and ticks as primary responsibilities.
- Fewer respondents view alcohol abuse, smoking, diet/physical activity, and dental screenings as primary responsibilities.

Note: Detailed findings are shown in the appendix





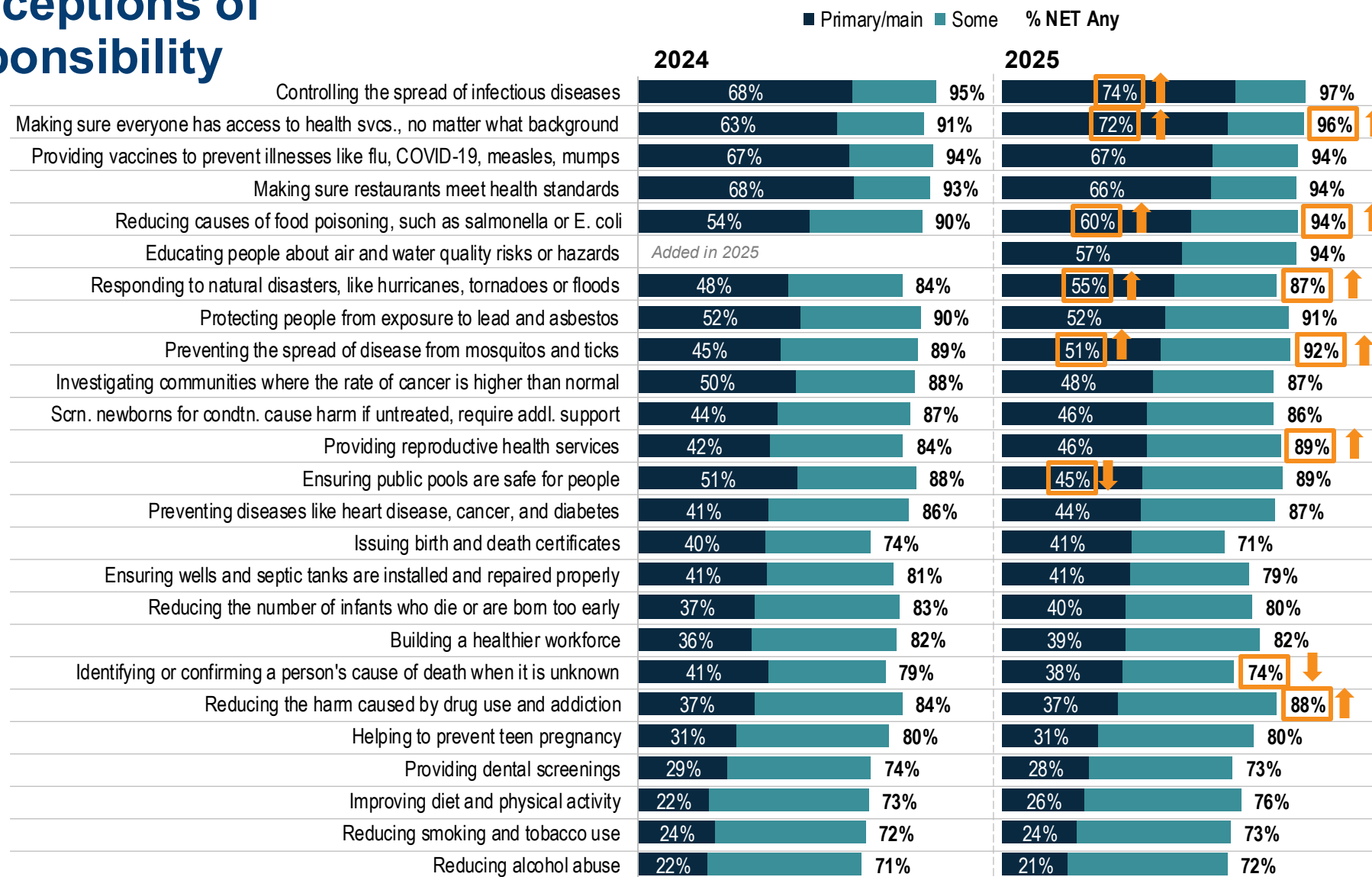
Change to Perceptions of Scope of Responsibility

Perceptions of responsibilities have expanded across several areas in the past year.

- North Carolinians are **more likely than last year** to feel state public health agencies are responsible for ensuring all residents have access to health services, reducing causes of food poisoning, responding to natural disasters, reducing the spread of disease from insects, providing reproductive health services and reducing harm from drug use/addiction.
- **More North Carolinians this year feel** that controlling the spread of infectious disease is a primary responsibility compared to 2024.

Base: Total Respondents: 2024 n=799; 2025 n=830
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina...?

% Level of Perceived Responsibility for Public Health Agencies in NC



Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change





DETAILED FINDINGS

Assessment of Public Health



Summary Observations:

Assessment of Public Health

- **A growing majority of North Carolinians believe the state public health system does a good job of protecting the public:** two-thirds (66%) feel the NC public health system does a good or excellent job of protecting the public from health threats and preventing illness compared to 59% in 2024. The US public health system is rated lower and has not changed over the past year.
- **More North Carolinians view the work of NCDHHS as highly important:** Eight in 10 respondents feel NCDHHS work and services are very or extremely important for improving the health of North Carolinians, which is up from 77% in 2024.
 - They most value NCDHHS' local presence statewide, reliability and timeliness of health information/warnings, role in prevention and protection of the vulnerable through access to healthcare and other support programs.
- **NCDHHS performance ratings have improved in the past year:** Seven in 10 North Carolinians rate NCDHHS performance as good or excellent. Nearly one in four feel NCDHHS is doing an excellent job.
 - **Performance ratings are tightly tied to what people know about NCDHHS:** those who rate NCDHHS excellent have higher awareness, familiarity, and trust in North Carolina public health and NCDHHS and are more likely to rate NCDHHS as excellent in how well they addressed the needs of North Carolinians in response to Hurricane Helene.



PERCEPTIONS OF PUBLIC HEALTH

Protecting the Public from Health Threats

- Two-thirds of North Carolinians feel that their state public health system is good or excellent at protecting the public from health threats and preventing illness, a significant jump from 2024.
- North Carolinians’ assessment of the U.S. public health system has changed little since 2024 with just over half rating it good or excellent.

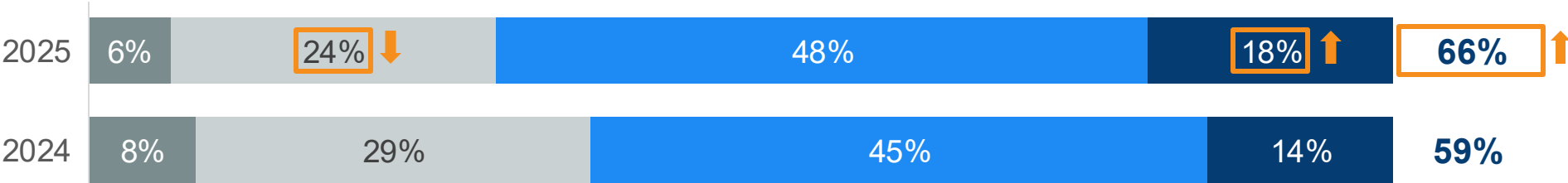


Assessment of Systems for Protecting the Public from Health Threats and Preventing Illness

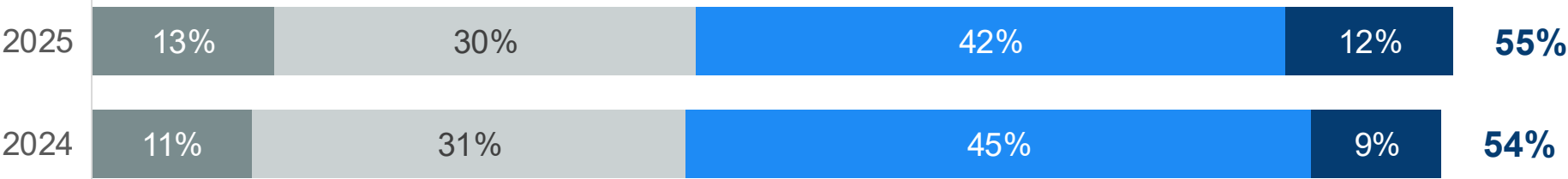
Poor Fair Good Excellent = Excellent/Good (NET)



North Carolina
Public Health



United States
Public Health



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

Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change

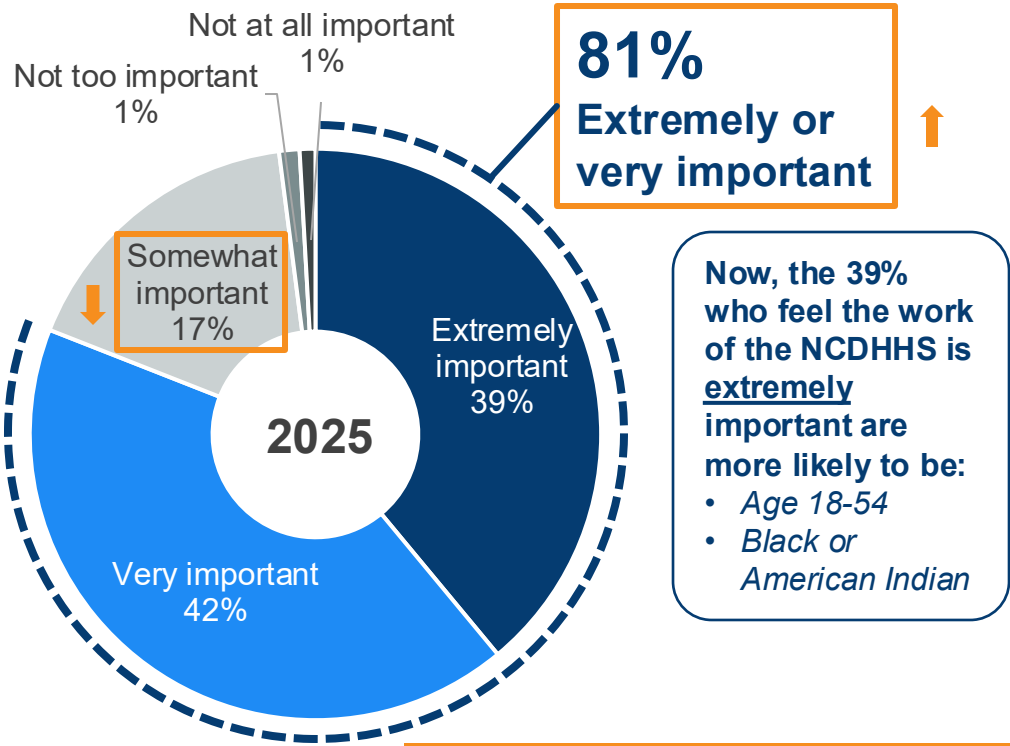
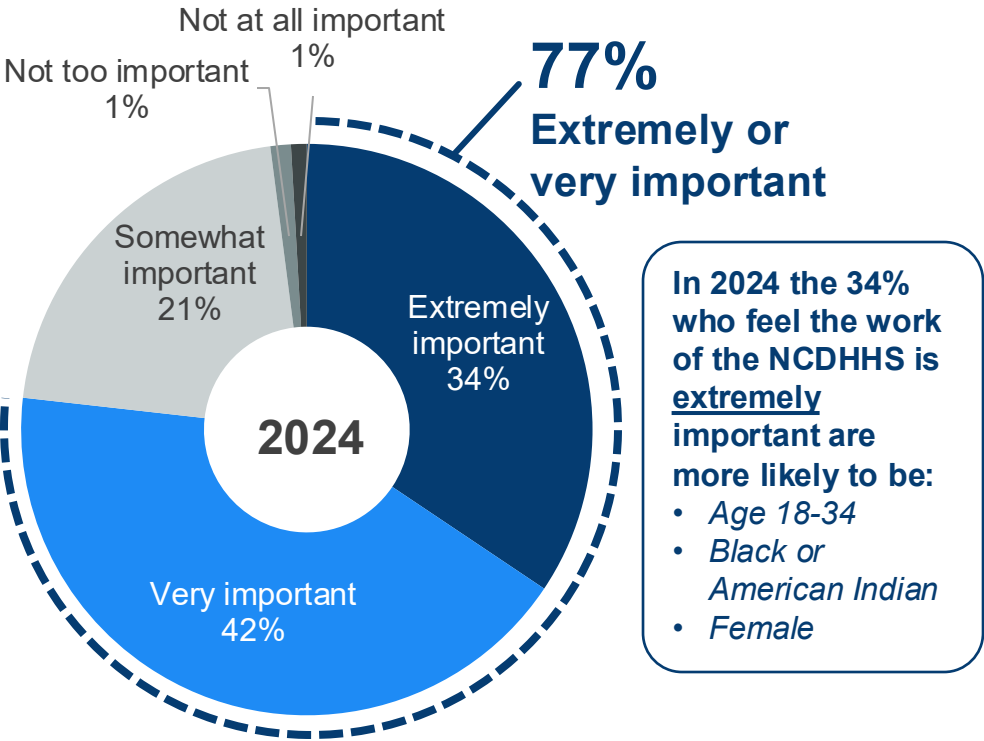


PUBLIC HEALTH PERCEPTIONS

Importance of NCDHHS Work and Services

Eight in ten North Carolinians feel the work and services of NCDHHS are very or extremely important for improving public health in the state— significantly more than a year ago. This increase is driven by the number of respondents who say the work and services of NCDHHS are extremely important.

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



Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change

Base: Total Respondents: 2024 n=799; 2025 n=830
Q9: How important do you think the work and services of the (NCDHHS) are for improving 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 Extremely or Very Important

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

| Representative Quotes: | | |
|--|-----|--|
| Local presence and connection to resources | 34% | <i>They are the best public servants a community can have to set the basic standard of livable conditions.</i> |
| Public health information and education | 27% | <i>They always post necessary information about health care on social media platforms, which keeps me informed about what's going on health wise in our state.</i> |
| Illness prevention, set/enforce health standards | 23% | <i>It keeps checks and balances over health care facilities make sure the standard of healthcare is among the highest in the country and cares for the overall wellbeing of Carolinians.</i> |
| Disease monitoring, outbreak prevention | 22% | <i>It's very important for the health of the citizens of N.C. Because the last thing public health needs is for things like disease outbreaks like covid, measles, polio, flu, sexual diseases etc. to suddenly become rampant.</i> |
| Healthcare access for vulnerable populations | 14% | <i>They provide necessary services for children, the aged, low income, disabilities who need it the most. NC has a lot of rural areas that need help.</i> |
| Food, housing and transportation assistance | 12% | <i>So that people can find the right resources that they need make sure they have shelter, clothes, and food.</i> |
| Child protection, family, elderly/disabled support | 7% | <i>Protecting foster children as there have been some falling through the cracks.</i> |
| Emergency/disaster response | 7% | <i>Health protection in the face of natural disasters is very important. Water safety guidelines were issued quickly after the flood disaster to prevent outbreaks of infectious diseases due to flood contamination.</i> |
| Vaccination services and information | 6% | <i>They are needed to spread awareness of outbreaks of disease and vaccine information. We need them to provide info. on flu and Covid 19 activity and other disease and raise awareness and hopefully debunk false information.</i> |
| Medicaid and health insurance assistance | 5% | <i>For me it has helped me get insurance that I didn't have.</i> |
| Food safety/recalls, water quality monitoring | 5% | <i>I have heard meat and drinks and snacks have been recalled due to contamination.</i> |
| Mental health and substance abuse services | 2% | <i>The services of NCDHSS are important in improving the quality of health and social well-being of North Carolinians as it enhances the quality of life by providing mental health support.</i> |

Base: Rate NCDHHS Extremely or Very Important for improving health of North Carolinians n=682

Q9A What is the most important reason you say the work and services of NCDHSS are [extremely/very] important when it comes to improving the health of North Carolinians?

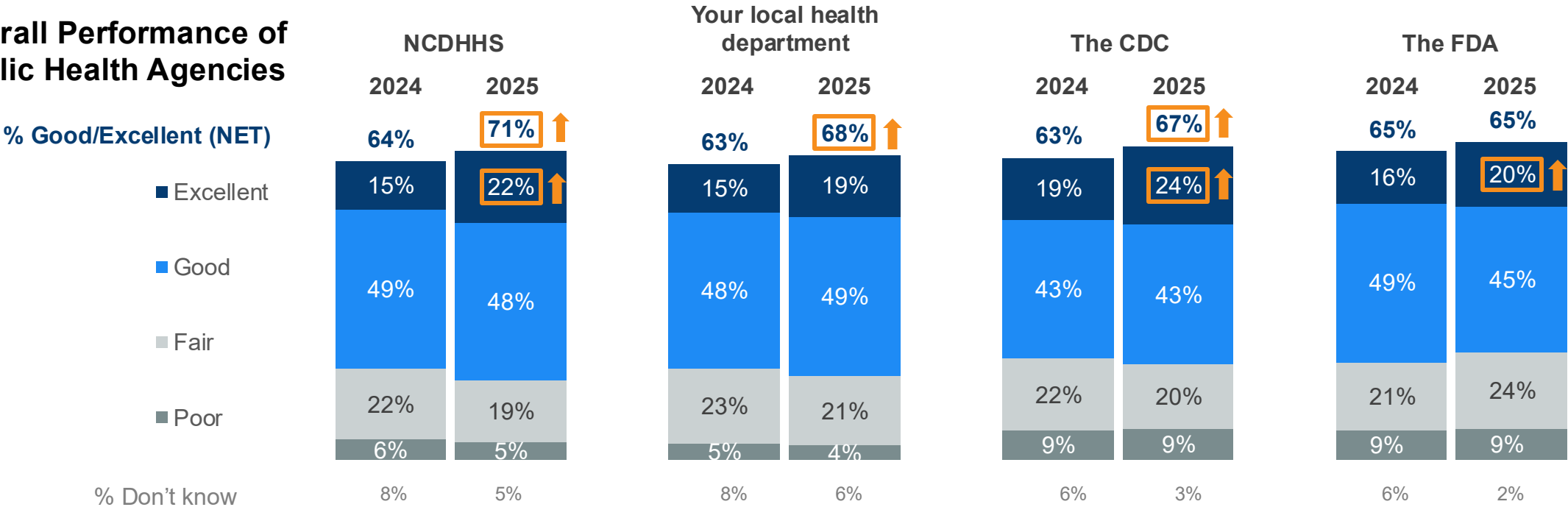


Overall Performance of Public Health Agencies



Two-thirds or more of North Carolinians rate NCDHHS, their local health department, and national public health agencies (CDC and FDA) as good or excellent. The portion rating NCDHHS, CDC and FDA performance as excellent is up from 2024.

Overall Performance of Public Health Agencies



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

Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change





DETAILED FINDINGS

Trust in Public Health

Summary Observations:

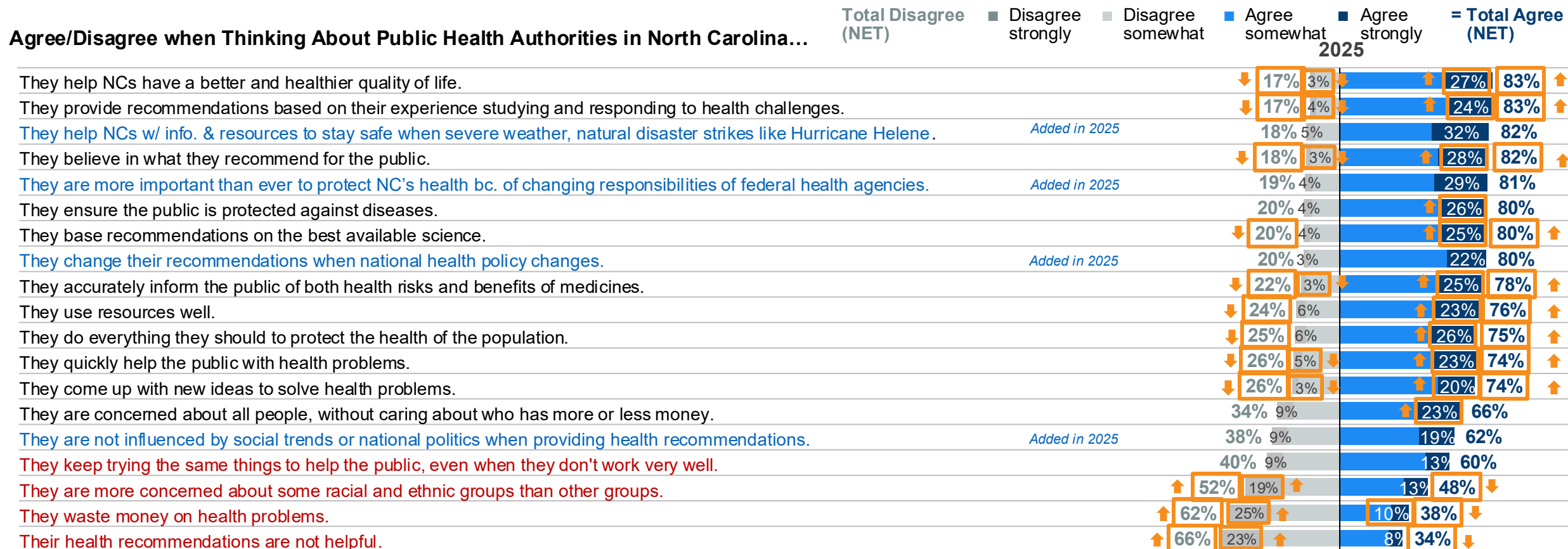
Trust in Public Health

- **Trust in state public health authorities has increased significantly across the board: more respondents strongly agree with positive statements assessing various characteristics of public health authorities in North Carolina, increasing overall agreement.**
 - A third agree strongly that public health authorities **help North Carolinians with information and resources to stay safe in the face of natural disasters like Hurricane Helene.**
- While strong trust in NCDHHS and local health departments has grown significantly, North Carolinians **trust medical professionals and friends or family the most** for recommendations to improve health and safety.
- **Trust overall, and in terms of knowing what the needs are in NC, has risen significantly for NCDHHS,** local health departments and the CDC since 2024.
 - Top reasons cited for high trust in NCDHHS are their local presence in the community, prevention efforts, programs, support and responsiveness.
- **A larger number view NCDHHS as caring, effective and and credible in keeping their promises, growing by 10-12 percentage points since 2024.**
- Importantly, familiarity with the work of NCDHHS continues to be closely tied to greater trust in NCDHHS.



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 North Carolinians stay safe by providing information and resources during natural disasters like 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

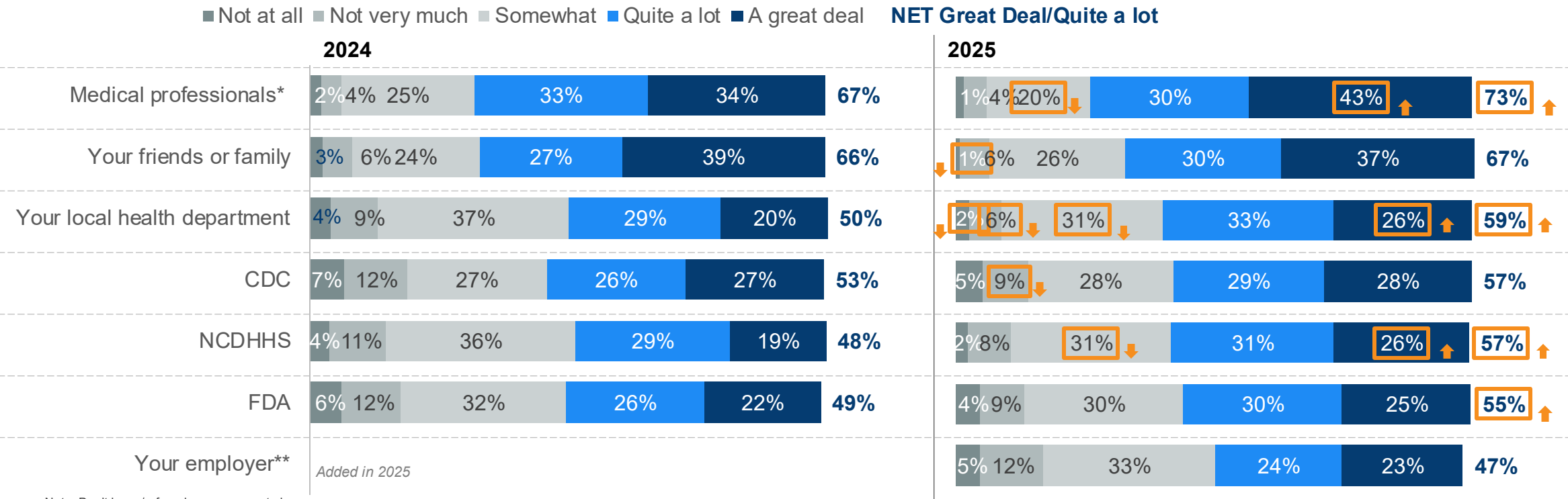
Statistically significant changes vs. 2024 (data in appendix), are noted with orange outline, the arrow indicates the direction of the change



Trusted Sources for Recommendations to Improve Health and Safety

More people have a great deal of trust in medical professionals, local health departments, and NCDHHS compared to last year. A quarter or more place a great deal of trust in government agencies, while around four in ten express that level of trust in medical professionals and friends or family. Fewer individuals have high trust in their employer’s recommendations (among those who are employed).

Level of Trust in Recommendations to Improve Health and Safety



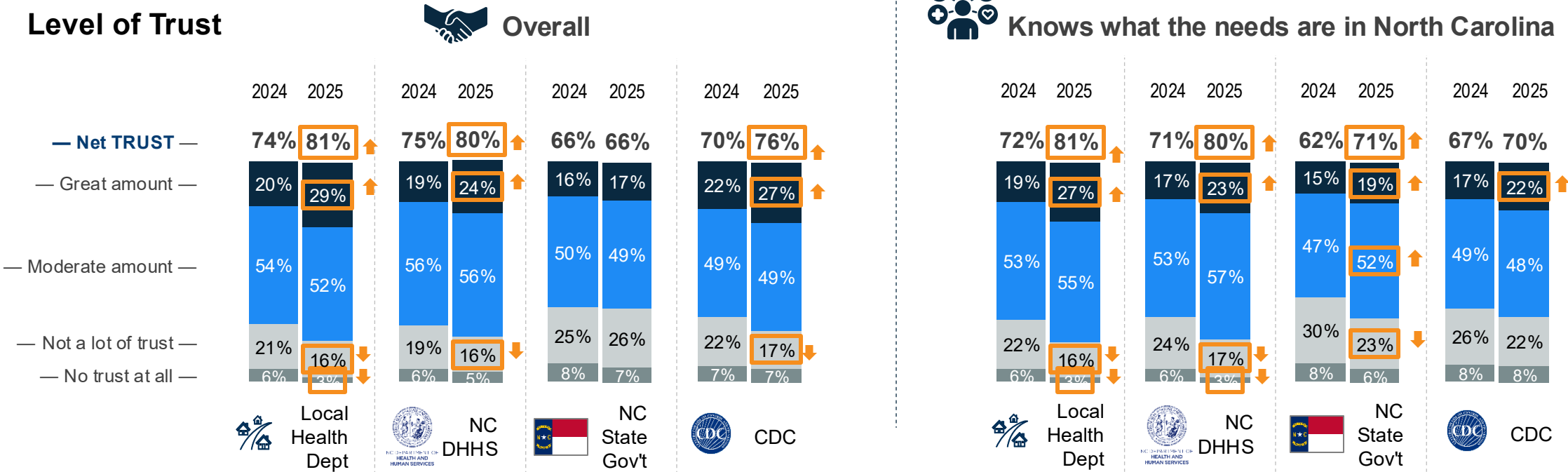
Note: Don't know/refused responses not shown
Base: Total Respondents: 2024 n=799; 2025 n=830 **Among those employed n=510
Q13: In terms of recommendations made to improve health and safety, how much do you trust each of the following? * Note: Fulltext: Medical professionals such as doctors and nurses



PUBLIC HEALTH TRUST

Institutional Trust

Eight in 10 North Carolinians trust NCDHHS and their local health department overall and for knowing the needs of the state. Trust in these institutions is up significantly since last year. Overall trust in the CDC is also up from 2024. Two-thirds of people continue to trust the state government overall, showing little change from last year. However, there has been an increase in trust that the state government understands the needs within the state.



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

Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change

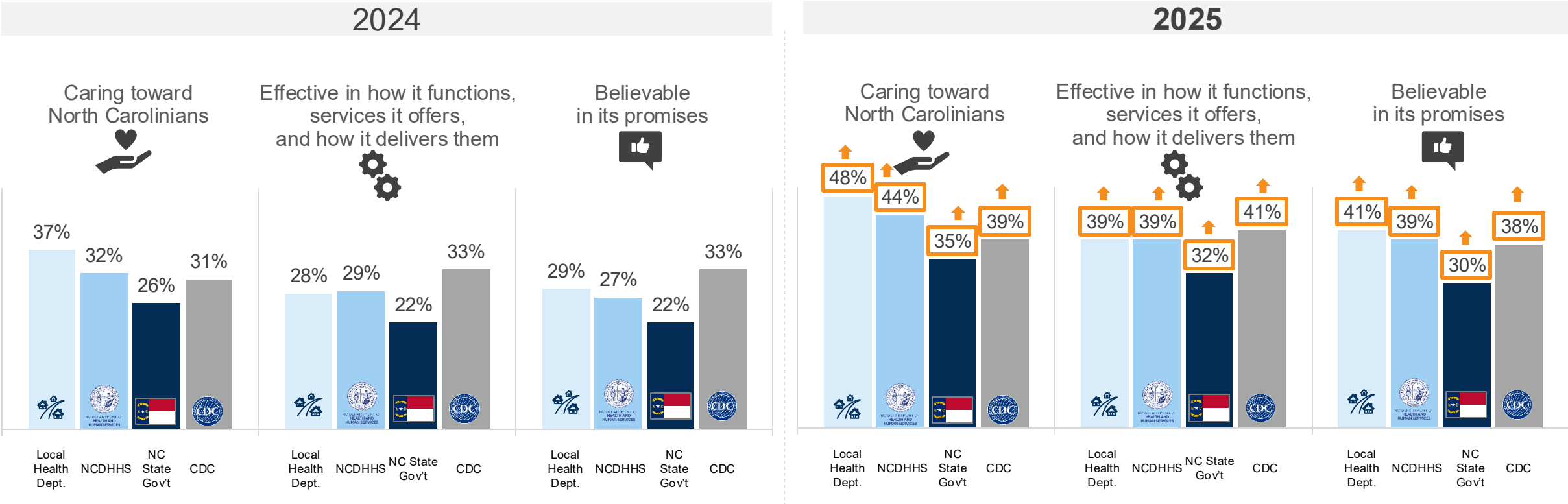


PUBLIC HEALTH TRUST

Leadership Dimensions

Over four in 10 North Carolinians view NCDHHS as caring toward North Carolinians, and nearly half rate their local health department as caring. Nearly four in 10 rate them highly on effectiveness and credibility. Compared to last year, scores are higher for all institutions across all measures.

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

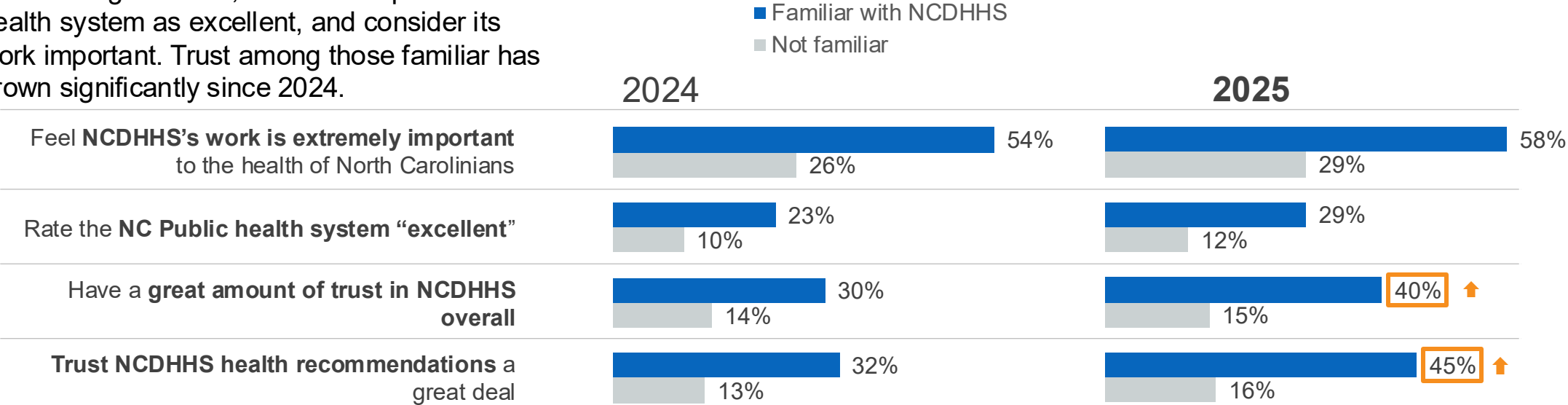


PUBLIC HEALTH AWARENESS

When they know you, they trust you.

Those who recall seeing something from officials are more likely to be familiar with NCDHHS’s work and services

The pattern of trust continues in 2025, with those familiar with NCDHHS far more likely to trust the organization, rate the NC public health system as excellent, and consider its work important. Trust among those familiar has grown significantly since 2024.



Reason Behind Ratings **Level of Trust in NCDHHS**

Top Reasons for Moderate or Great Trust in NCDHHS among 80% giving this rating (coded from open ends)

| | | Representative Quotes: |
|--|-----|---|
| Community welfare and presence | 36% | <i>They are local instead of national. So, they know the needs of North Carolinians better than a national entity.</i> |
| Important public safety/health focus | 30% | <i>To my knowledge, the NCDHSS does attempt to perform its duties, of which there are many, some that I barely thought to consider under their banner of responsibilities until now.</i> |
| Quality of services, positive experiences, improvements | 28% | <i>I have had experiences facing mental health problems and they were there for me.</i> |
| Support and benefits programs, resources | 20% | <i>For some people it's very hard to get insurance or any other benefits. But I love how they are making it easier to get benefits.</i> |
| Good communication/information reliability | 16% | <i>I have a moderate amount of trust in NCDHHS because I've seen their efforts in providing accurate public health information and support during flu seasons, which have helped keep communities informed and safe</i> |
| Healthcare access, fairness and equity | 8% | <i>NCDHSS has a good track record of effectiveness in execution of key functions even in periods of stress. The department is good at being unbiased in its approach to health care in N.C. This make it more trustworthy as an agency.</i> |
| COVID-19 response | 8% | <i>All the work that they have done in regards to Healthcare and distribution of the COVID vaccine has earned them my trust.</i> |
| Support for families/children and vulnerable populations | 6% | <i>There has been many poor and homeless people go to the NCDHSS in times of medical emergencies and have got the medical help they needed</i> |
| Hurricane/Disaster response | 3% | <i>My trust in them is built mostly on their rapid, professional and compassionate response to those who suffered so much in western Carolina from the effects of Hurricane Helene in October of 2024.</i> |
| Good/favorable media coverage | 2% | <i>Whenever there are diseases or viruses going around, I always see media covering it. I believe the NCDHSS helps to keep people informed.</i> |

Base: Rate Trust in NCDHHS Moderate or Great n=663
Q9A. What is the most important reason you have (moderate/great) trust in NCDHSS? Please be specific about anything you have, heard, seen or experienced that makes you say that?



DETAILED FINDINGS

Hurricane Relief Findings



Summary Observations:

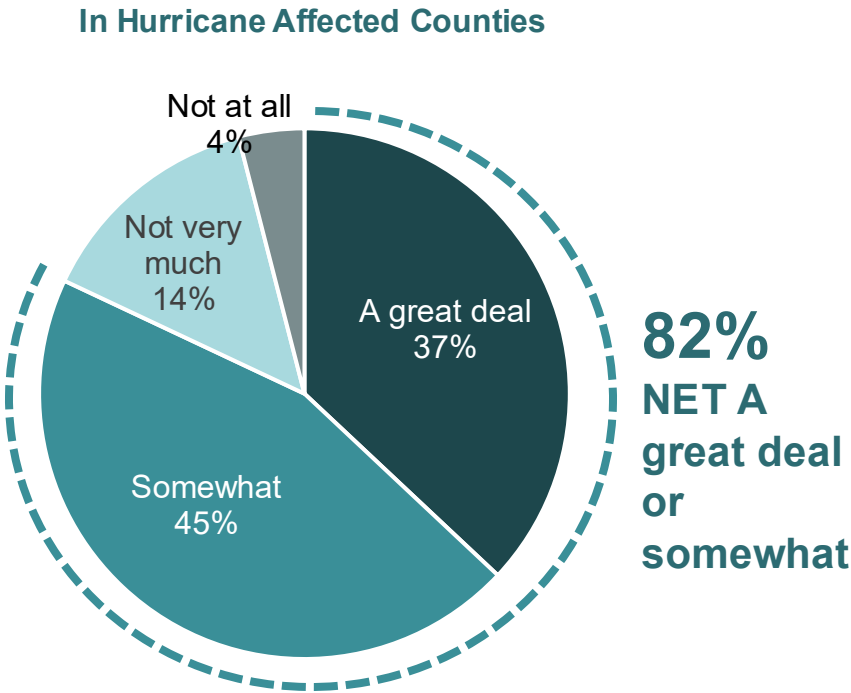
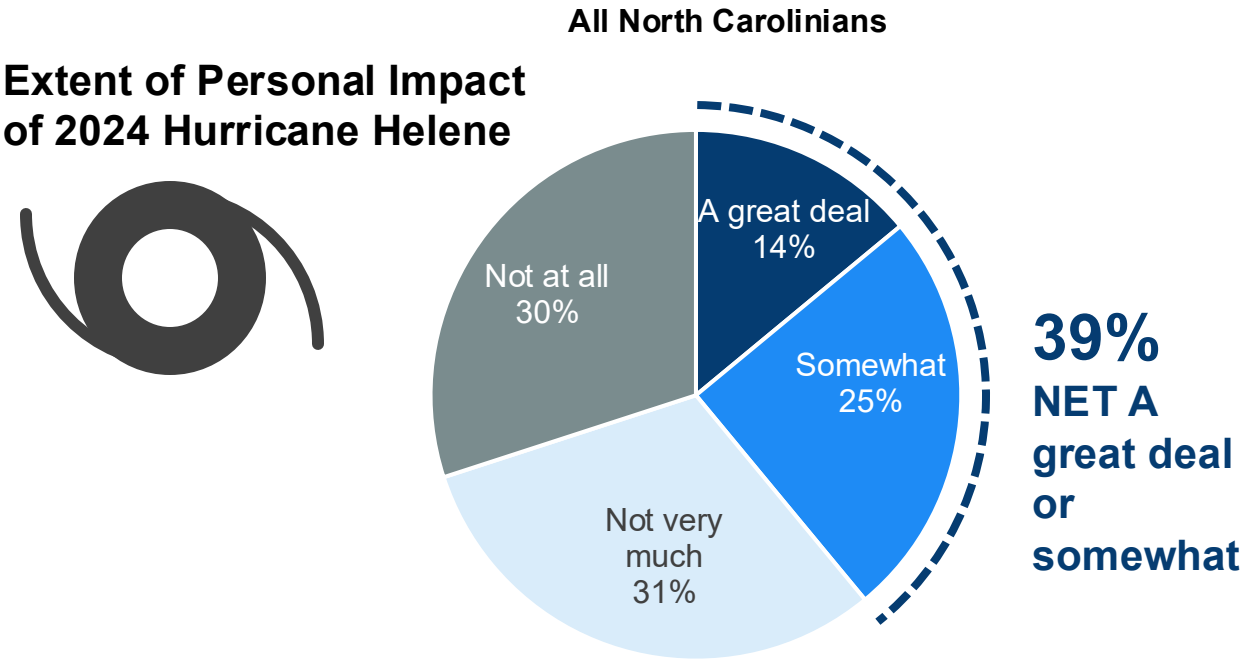
Hurricane Relief Findings

- Hurricane Helene at least somewhat **personally affected four in 10 statewide and eight in 10 among the hurricane-affected counties.**
- At least four in 10 of those affected experienced not only **power loss, property damage, and lack of access to clean water**, but also **mental and physical health ramifications.**
- **State agencies are rated more favorably than FEMA in addressing the needs of North Carolinians in response to Hurricane Helene.** Residents of hurricane regions rate the local health department response higher than that of all other agencies.
- Awareness of public health communications was high among residents affected by the hurricane, with 73% recalling hurricane response communications.
- Perceptions of state and local public health officials are significantly higher than in 2024 among residents in hurricane-affected counties:
 - **Seven in 10 rate NCDHHS and local health departments as doing an excellent or good job**, compared to just over half in 2024.
 - **Nearly six in 10 trust NCDHHS quite a lot or a great deal** when it comes to recommendations to improve health and safety, compared to one in three in 2024.
 - **Two in three trust their local health department quite a lot or a great deal** (compared to four in 10 in 2024).



Extent of Personal Impact of 2024 Hurricane Helene

Four in 10 (39%) of North Carolinians have been personally affected, at least somewhat, by Hurricane Helene. In the counties directly affected by the hurricane, eight in 10 have been personally impacted, with 37% affected a great deal.



Base: Total Respondents n=830, Hurricane Affected County Respondents: n=114
W2Q15: Which of the following best describes the extent to which 2024 Hurricane Helene affected you personally?

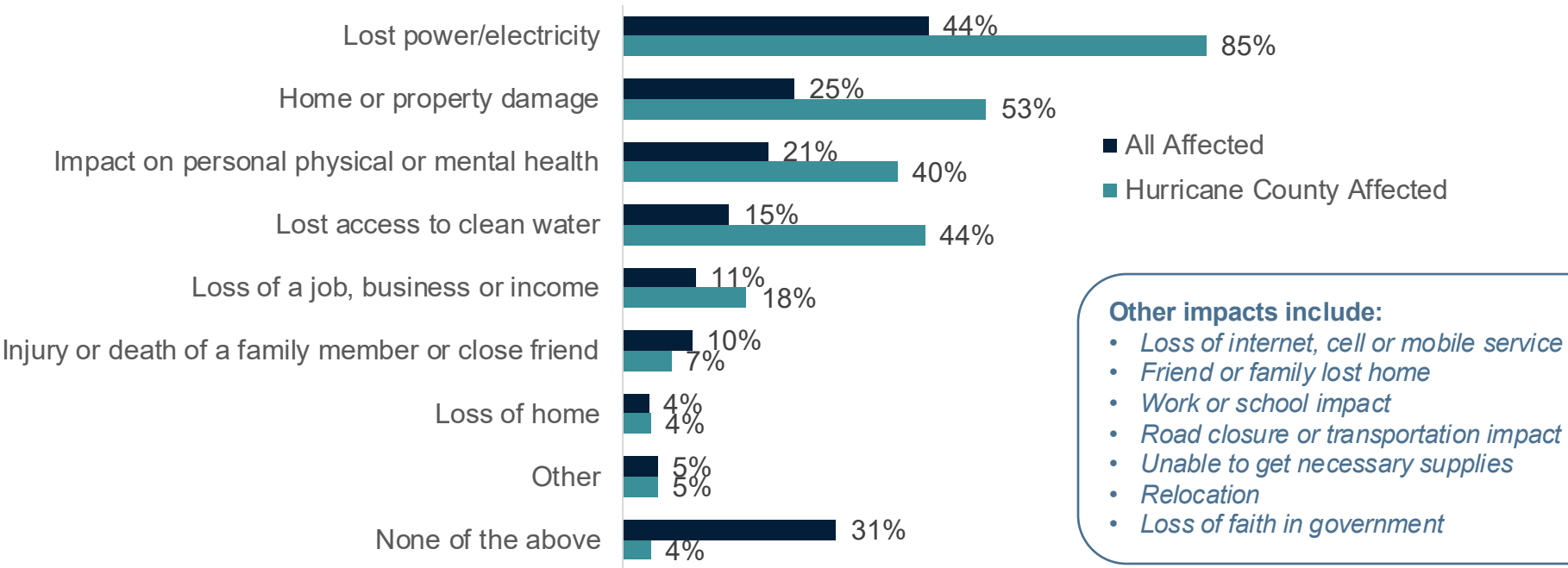


Extent of Personal Impact of 2024 Hurricane Helene

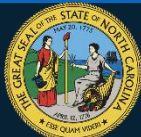
A majority of those in the hurricane counties affected by Helene lost power and had home or property damage. Four in ten experienced a physical or mental health toll and lost access to clean water.

Personally experienced, as a result of Hurricane Helene and its aftermath

Among those impacted *at all*



Base: Total Affected n=487, Hurricane County Affected : n=110
W2Q16. Which of the following did you experience as a result of Hurricane Helene and its aftermath?

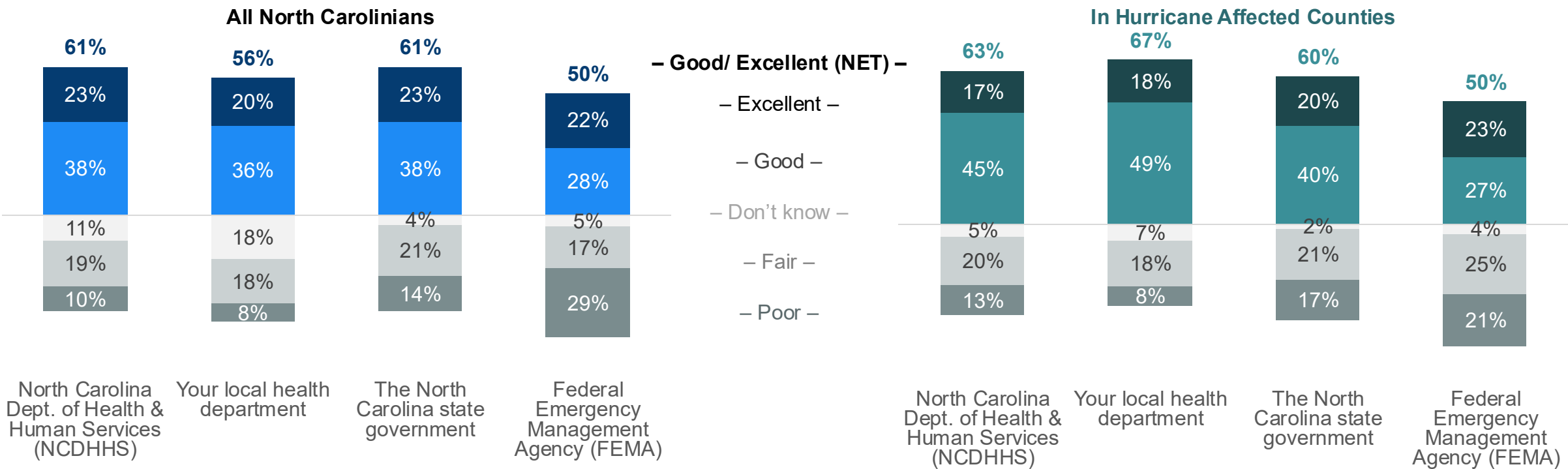


Rating of Response to Hurricane Helene from Public Health Agencies



Among hurricane county residents, local health departments receive the highest marks for how well they addressed needs in response to Hurricane Helene, with two in three rating them good/excellent. NCDHHS is a close second, with 63% rating it good/excellent.

Rating of How Well Organizations Addressed Needs of North Carolinians in Response to Hurricane Helene



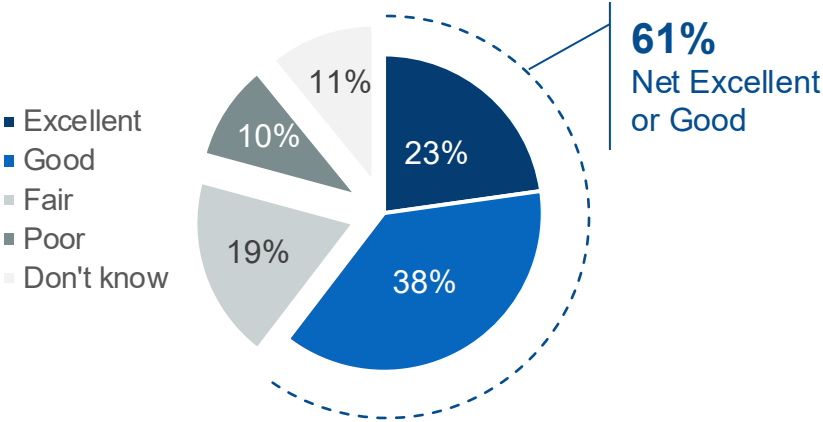
Note: Don't know/refused responses not shown
Base: Total Respondents n=830, Hurricane Affected County Respondents: n=114, W2Q17. How would you rate each of the following in terms of how well they addressed the needs of North Carolinians in response to Hurricane Helene?



Reason for Rating NCDHHS Response to Hurricane Helene Excellent or Good

Top reasons for rating the NCDHHS response to Hurricane Helene as excellent or good include the essential supplies provided, the community-focused approach, and the speed of the response.

Rating of How Well NCDHHS Addressed Needs of NC in Response to Helene



Reason for Rating NCDHHS Response to Helene Excellent/Good

Among the 61% who rate response excellent or good (coded from open ends)



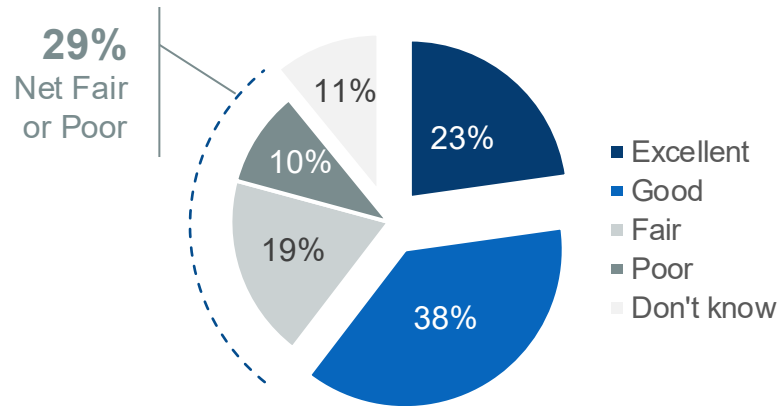
Base: Total Respondents n=830
W2Q17. How would you rate each of the following in terms of how well they addressed the needs of North Carolinians in response to Hurricane Helene?
Base: Rate response of NCDHHS excellent or good n=509
W2Q18. Why do you feel NCDHHS did (an excellent job /a good job) when addressing the needs of North Carolinians in response to Hurricane Helene? (coded from open ends)



Reason for Rating NCDHHS Response to Hurricane Helene Fair or Poor

Top reasons for considering the NCDHHS response to Hurricane Helene fair or poor include perceptions that some people still need help, that the response lacked basic necessities, and that not all affected individuals received sufficient support.

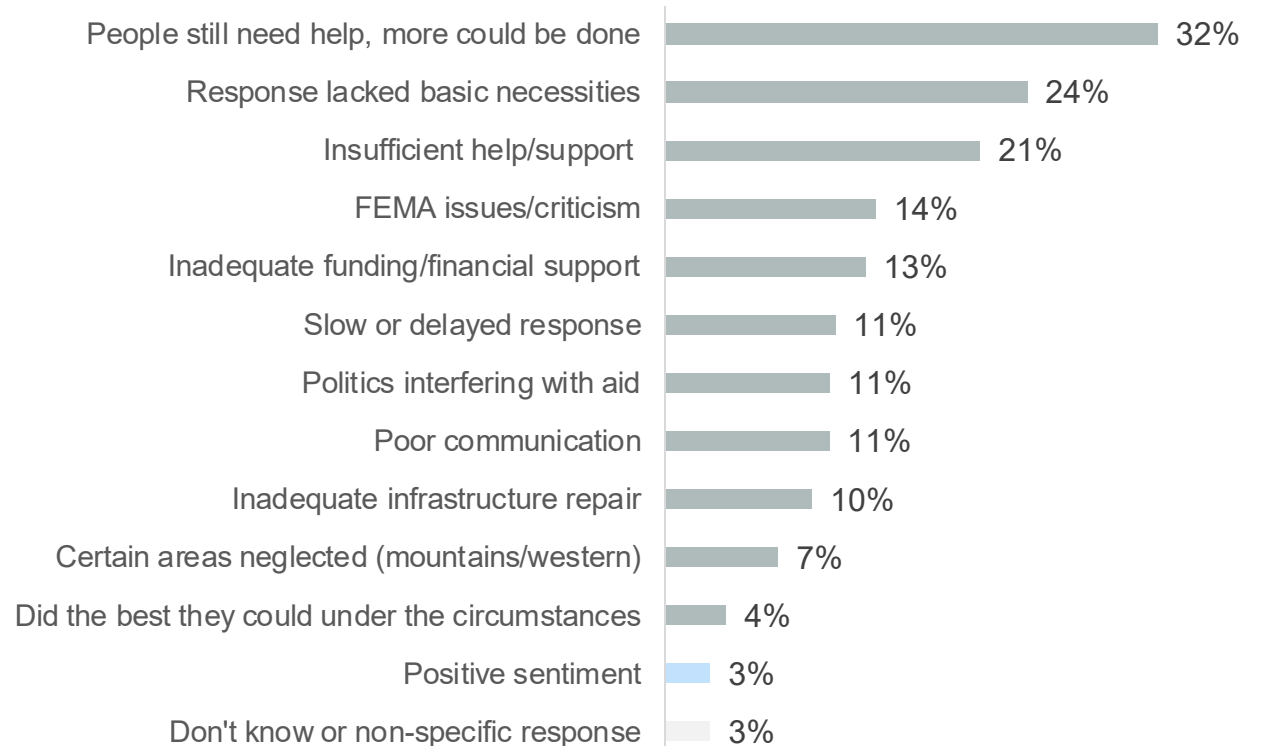
Rating of How Well NCDHHS Addressed Needs of NC in Response to Helene



Base: Total Respondents n=830
 W2Q17. How would you rate each of the following in terms of how well they addressed the needs of North Carolinians in response to Hurricane Helene?
 Base: Rate response of NCDHHS fair or poor n=236
 W2Q18. Why do you feel NCDHHS did (a fair job / a poor job) when addressing the needs of North Carolinians in response to Hurricane Helene?

Reason for Rating NCDHHS Response to Helene Fair/Poor

Among the 29% who rate response fair or poor (coded from open ends)



Hurricane Affected County Findings

Perceptions of state and local public health officials in North Carolina have improved significantly among residents in the hurricane-affected counties.

Among Residents
of Counties
Affected by
Hurricane Helene



73% recall communications regarding hurricane response from NC Public Health Officials in the past year

61% view responding to natural disasters, like hurricanes, tornadoes or floods a primary responsibility of public health agencies in NC in 2025

up significantly from 40% in 2024

71% rate the NCDHHS as doing an excellent or good job

up significantly from 54% in 2024

70% rate their local health department as doing an excellent or good job

up significantly from 54% in 2024

58% trust NCDHHS quite a lot or a great deal when it comes to recommendations to improve health and safety

up significantly from 34% in 2024

68% trust their local health department

up significantly 43% in 2024

Base: Hurricane Affected County Respondents 2025: n=114, (same counties in 2024: n=87)



APPENDIX

Respondent Profile



Respondent Profile 2025



Gender

| | |
|---------------------------|-----|
| Male | 47% |
| Female | 51% |
| Gender variant/Non-binary | 1% |
| Transgender MTF | <1% |
| Transgender FTM | <1% |
| 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 Responses Accepted)

| | |
|-------------------------------------|-----|
| White/Caucasian | 69% |
| Black/African American | 25% |
| American Indian or Alaska Native | 4% |
| Asian/Asian American | 3% |
| Native Hawaiian or Pacific Islander | 1% |
| Some other race | 3% |

Rural, Urban (Federal Definition)

| | |
|-------|-----|
| Rural | 36% |
| Urban | 64% |

(NC Rural Center Definition)

| | |
|----------|-----|
| Rural | 38% |
| Suburban | 27% |
| Urban | 35% |

Education

| | |
|------------------------|-----|
| High School or Less | 30% |
| Some College no Degree | 40% |
| 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% |

North Carolina Local Health Department (LHD) Regions

| | |
|---------------|-----|
| LHD Region 1 | 3% |
| LHD Region 2 | 7% |
| LHD Region 3 | 9% |
| LHD Region 4 | 24% |
| LHD Region 5 | 15% |
| LHD Region 6 | 7% |
| LHD Region 7 | 15% |
| LHD Region 8 | 9% |
| LHD Region 9 | 3% |
| LHD Region 10 | 6% |



Respondent Profile 2025 (continued)



Employment

| | |
|------------------------------------|-----|
| Employed full-time | 42% |
| Employed part-time | 11% |
| Gig worker/or pick up various jobs | 2% |
| Retired | 21% |
| Looking for employment | 8% |
| Do not work outside of home | 4% |
| Full-time Student | 3% |
| Other | 1% |

Work for/in Health-related Organization

14%

Household Income

| | |
|------------------------|-----|
| Less than \$25,000 | 20% |
| \$25,000 to \$49,999 | 32% |
| \$50,000 to \$74,999 | 22% |
| \$75,000 to \$99,999 | 10% |
| \$100,000 to \$149,999 | 10% |
| \$150,000 to \$199,999 | 3% |
| \$200,000 or more | 2% |
| Prefer not to say | 1% |
| Don't know | <1% |

Children in Household

| | |
|-------------------------------------|-----|
| Children under age 5 | 12% |
| Children ages 5 to 11 | 20% |
| Children ages 12 to 15 | 14% |
| Children ages 16 to 17 | 9% |
| Children ages 18 or older | 13% |
| No children living in the household | 52% |

Qualifying Long-Lasting Physical, Mental, Emotional Disability

| | |
|----------------------|-----|
| Yes | 26% |
| No | 67% |
| Don't know | 6% |
| Prefer not to answer | 1% |

Have Child w/ Qualifying Long-Lasting Physical, Mental, Emotional Disability (among those with children)

| | |
|----------------------|-----|
| Yes | 18% |
| No | 80% |
| Don't know | 2% |
| Prefer not to answer | <1% |

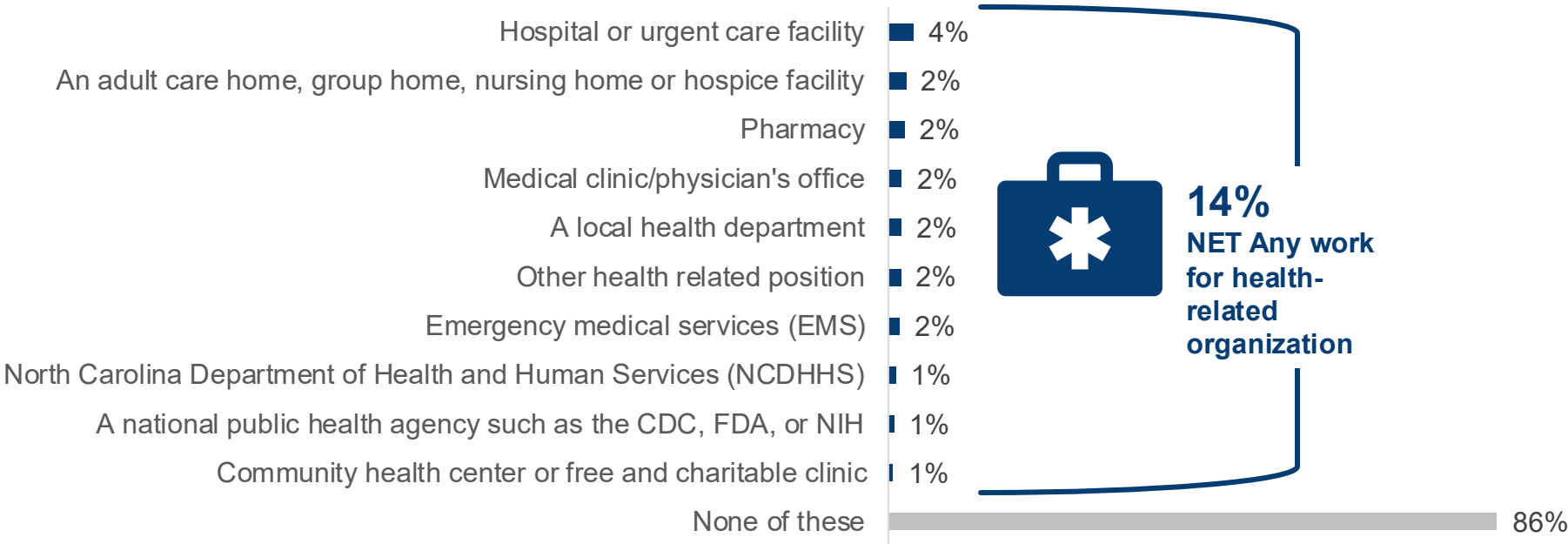
Primary Health Insurance Coverage (Multiple Responses Accepted)

| | |
|--|-----|
| Health insurance coverage through an employer, spouse's employer or parent | 25% |
| Private insurance through the ACA health exchange (or marketplace) | 10% |
| Other private insurance | 5% |
| Medicare | 31% |
| Medicaid or CHIP | 29% |
| Indian Health Services (HIS) or EBCI Tribal Option | <1% |
| Don't have health insurance | 8% |
| Don't know | 2% |



Health-related Employment

Work for any health-related organization

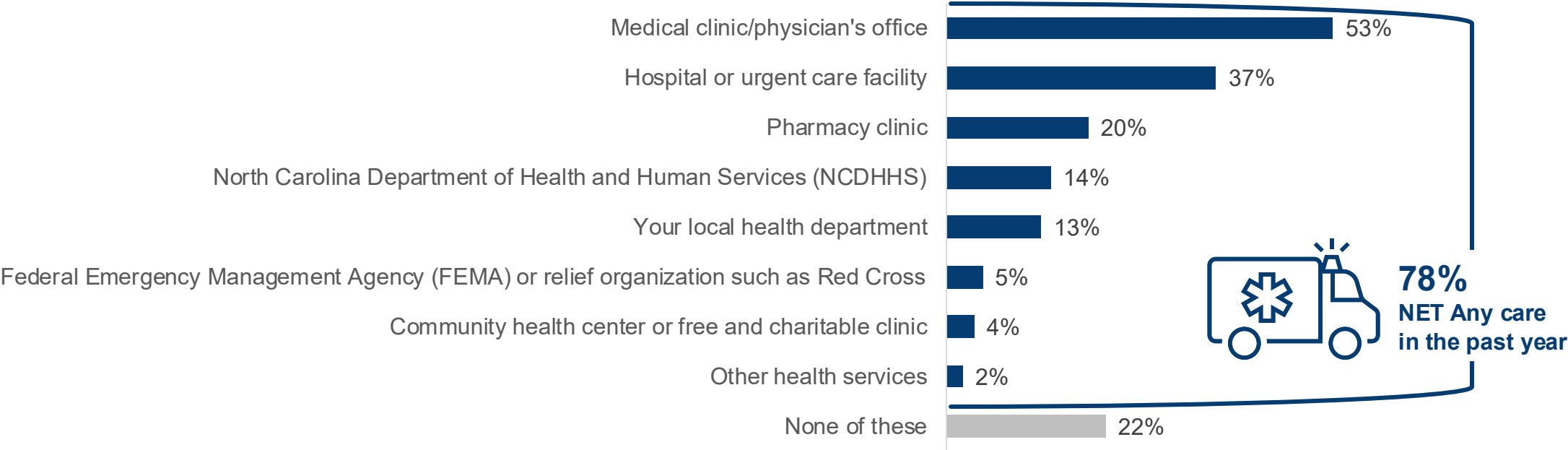


Base: Total Respondents n= 830
Q19. Do you currently work for or in any of the following health-related organizations?



Care Recipient in Past Year

Received care from any of the following organizations



Base: Total Respondents n= 830
Q20. Have you received care or services from any of the following in the past year?



APPENDIX

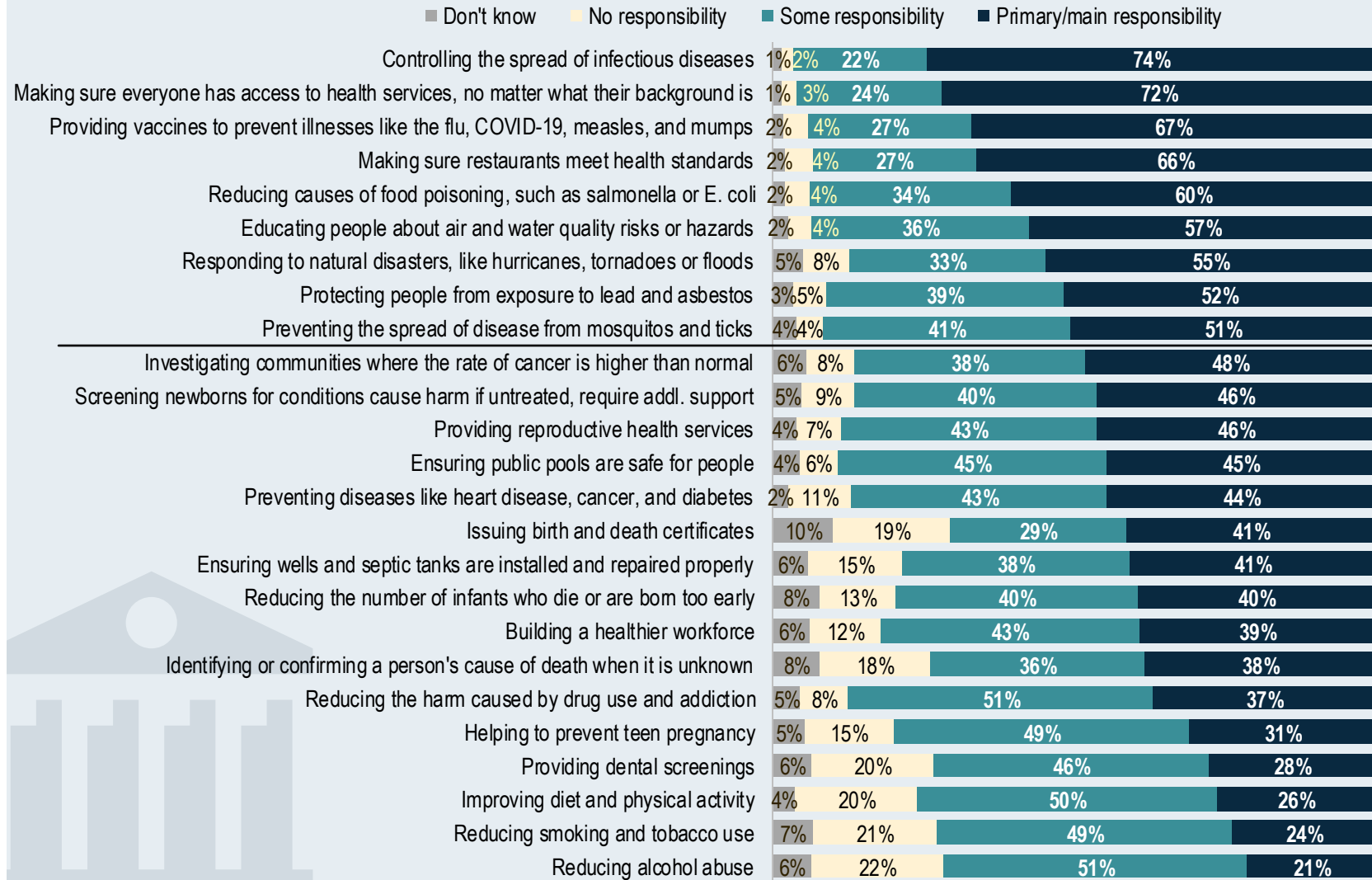
Additional Detail



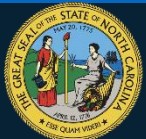
PUBLIC HEALTH UNDERSTANDING

Scope of Responsibility

% Level of Perceived Responsibility for Public Health Agencies in NC

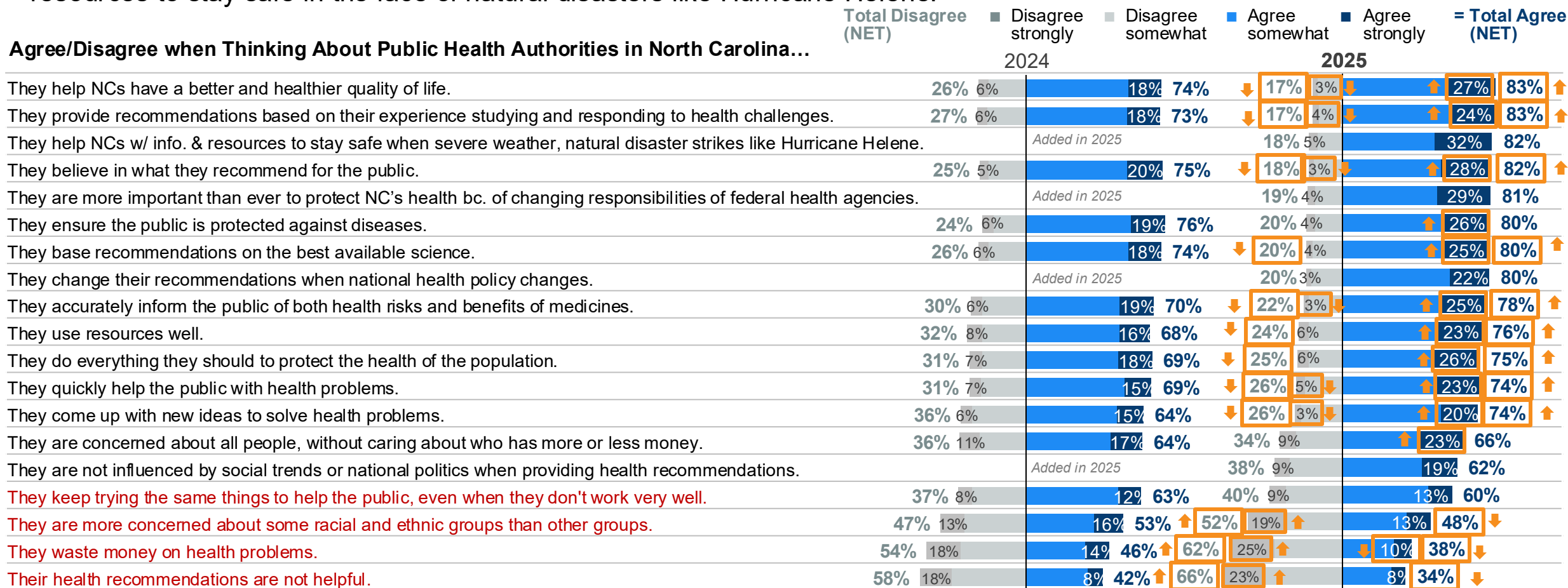


Base: Total Respondents n=830
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina...?



View of State Public Authorities in North Carolina

Agreement with positive statements measuring foundations of trust in North Carolina public health authorities has grown significantly in the past year. A third agree strongly that public health authorities help North Carolinians with information and resources to stay safe in the face of natural disasters like Hurricane Helene.



Base: Total Respondents 2024: n=799, 2025 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.

Statistically significant changes vs. 2024 are noted with orange outline, the arrow indicates the direction of the change



Importance of Work and Services of NCDHHS

81% of North Carolinians consider the work and services of NCDHHS **extremely** or **very important** for improving the health of North Carolinians.

Top Reasons for Rating the Work and Services of NCDHHS Extremely or Very Important (coded from open ends)

- **Local presence throughout the state** - Having offices and resources available in all areas, including rural communities
- **Public health information and education** - Sharing timely, truthful, reliable health information and updates with the public about various health concerns
- **Setting/enforcing health standards and preventative measures** - Maintaining health and safety standards in public facilities and focusing on preventing illness
- **Disease monitoring and outbreak prevention** - Keeping the public informed about communicable diseases like COVID-19, flu, measles, and providing warnings about outbreaks
- **Healthcare access for vulnerable populations** - Providing essential services to children, elderly, disabled, and low-income families who might otherwise lack healthcare and ensuring equal access to quality healthcare
- **Food, housing and transportation assistance** - Operating programs like WIC, SNAP/EBT, food banks, and other nutrition programs and working on housing stability, transportation access alongside medical needs
- **Services for child protection, family support and care for elderly/disabled** - Offering foster care, adoption services/support to keep families together, supporting seniors and assistance for the disabled
- **Emergency and disaster response** - Responding to crises like Hurricane Helene with water safety guidelines, medical care, shelter, and other resources
- **Vaccination services and information** - Providing immunizations and education about vaccine recommendations
- **Medicaid administration** - Managing healthcare coverage for low-income North Carolinians
- **Food safety/recalls and water quality monitoring** - Monitoring and alerting the public about contaminated food products and issuing recalls and testing and ensuring safe drinking water, especially after disasters or contamination events
- **Mental health and substance abuse services** - Providing support and treatment for mental health conditions and addiction

Base: Rate NCDHHS Extremely or Very Important for improving health of North Carolinians n=682

Q9A What is the most important reason you say the work and services of NCDHSS are [extremely/very] important when it comes to improving the health of North Carolinians? (coded from open ends)



Importance of Work and Services of NCDHHS

Only 19% of North Carolinians consider the work and services of NCDHHS **somewhat, not too or not at all important** for improving the health of North Carolinians.

| Reasons Mentioned by the Few Rating Importance of Work/ Services of NCDHHS Low (coded from open ends) | Representative Quotes |
|---|--|
| Lack of visibility and public awareness , unfamiliar with DHSS or don't know what they do | <i>I said that because I'm not informed or aware of their services. I don't know anyone who use their services. More awareness should be provided to the community.</i> |
| Uneven, inequitable service distribution | <i>They don't give people that actually need help (i.e.: working people) the help they need and deserve.</i> |
| Poor service and responsiveness including slow response time or difficulty accessing services | <i>Attempts to contact the agency by telephone are useless, it's near impossible to speak with a human, calls roll over to an automated response. Instructions are to leave a message then you have to make yourself available for a response that may come days later.</i> |
| Lack of trust in health information or guidance | <i>Well, it's how they go about it. Just because they think it's doing good because that's what some report is saying. Doesn't make it true or it works for everyone.</i> |
| Political influence on, or interference with public health | <i>They need consistent and accurate info , not info that is politically motivated</i> |
| Bureaucratic inefficiency including wasting taxpayer money, overly complicated or time-consuming processes | <i>They are too bureaucratic, they let politics determine policy instead of doing the right things.</i> |
| Limited public communication or ineffective communication about health or safety threats | <i>They do not serve the public the way they should. They don't put out information. You don't ever hear from them when something's going on, when there's recalls, it's always on the TV from companies, not from the Health Department. And human resources, they waste taxpayer dollars. As far as I'm concerned, we could do without them.</i> |
| Understaffing, resource constraints or case overload | <i>They need more help to begin with because they give one worker over ten cases and not enough time to even do a thorough assessment</i> |
| Poor/Negative hospital and/or healthcare facility experiences | <i>Well, the hospitals in Fayetteville are absolutely horrendous. My soon to be wife was actively seizing in the waiting room, I wasn't even allowed in the waiting room! It was horrendous!</i> |
| Inadequate support for vulnerable populations | <i>The most important reason is because the educational programs for the general population are very few and apparently do not reach the most vulnerable.</i> |

Base: Rate NCDHHS somewhat, not too or not at all important for improving health of North Carolinians n=148

Q9A What is the most important reason you say the work and services of NCDHSS are [somewhat/not too/not at all] important when it comes to improving the health of North Carolinians? (coded from open ends)



Top Reasons for No or Not a Lot of Trust in NCDHHS among 20% giving this rating (coded from open ends)

| Representative Quotes: | | |
|---|-----|---|
| Poor service delivery, negative personal experience | 62% | With a complaint, nothing is done, nothing is solved and nothing is looked into |
| General government distrust | 32% | I don't trust any government agencies in today's government. As NCDHHS is associated with the government I can't put my trust in them to provide services to my family |
| Lack of transparency | 22% | Some county local DHSS are not supervised by North Carolina DHSS. I have seen workers who did not like a particular client specifically go to other people in the neighborhood and ask them to collect data and hunt out people that could testify against the client. I have even seen a DHSS worker use an event that happened at a babysitter's against the parents. |
| Past failures | 12% | History speaks for itself, healthcare disease, forever chemicals, disease, causing foods |
| Misues of funds | 11% | As previously mentioned, funding for public health has mysteriously gone missing. The people are dying of sickness and people are being denied healthcare by bureaucrats and corporations who have too much power |
| Healthcare access issues | 10% | They help people who don't really need it but don't help those that need it. Why for prime example there is so many single parents that can't get ebt or Medicaid but the people who gets it are in 2 people households? |
| COVID-19 response issues | 8% | I feel like the Covid crisis was handled very poorly and caused more hazards that real helpful prevention |
| Poor communications | 8% | I don't trust it because a lot of information is held back until the last minute. |

Base: Rate Trust in NCDHHS No or Not a Lot n=167
What is the most important reason you have (no/not a lot of) trust in NCDHSS? Please be specific about anything you have, heard, seen or experienced that makes you say that?



Reason Behind Ratings of the Level of Trust in NCDHHS

Eight in 10 North Carolinians have a **moderate** or **great amount of trust** in NCDHHS.



Top Reasons for Moderate or Great Trust in NCDHHS

- **Community Welfare and Presence:** Benefits communities, helps residents, public service mission, visible/accessible locations, connection to local issues/needs
- **Important Public Safety/Health Focus:** Protects public, importance of role in public safety, prevention and health promotion, critical nature of public health work
- **Quality of Services, Positive Experiences, Improvement:** Satisfaction with service delivery, helpfulness, responsiveness, and timeliness, positive customer service experience, perceived progress/positive change/service improvement
- **Support and Benefits Programs, Resources:** Appreciation for programs, services, benefits offered, resources for North Carolinians, assistance and aid programs, food stamps, SNAP, WIC, etc., mention of specific program, aid for specific needs
- **Good Communication/ Information Reliability:** Clear information sharing and updates, effective public messaging, keeping North Carolinians informed about health matters, accurate/factual, reliability, confidence in information
- **Healthcare Access, Fairness and Equity:** Facilitate access to medical services/health insurance, Medicaid and healthcare program administration, perception of fair treatment for all North Carolinians, non-discriminatory practices, equal access to services
- **COVID-19 Response:** Handling of the pandemic, vaccine distribution and information, COVID-related public health measures
- **Support for Families/Children and Vulnerable Populations:** Includes child welfare and protection, family-oriented assistance programs, support for disadvantaged groups, help for those most in need, protection of at-risk populations
- **Hurricane/Disaster Response:** Disaster relief, coordination of services, emergency preparedness/alerts
- **Good/Favorable Media Coverage:** Positive news reports, good publicity and public image

Base: Total Respondents n=830

Q12_1. Now, please indicate the degree to which each of the following statements reflect the level of trust you have in: NCDHHS

Base: Rate Trust in NCDHHS Moderate or Great n=663

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



Reason Behind Ratings of the Level of Trust in NCDHHS

Only two in 10 North Carolinians have a **no** or **not a lot of trust** in NCDHHS.



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

- **Poor Service Delivery, Negative Personal Experience:** Service complaints, unprofessional/uncaring staff, long wait-times, poor follow-through, denied help, had inadequate assistance, experienced poor outcomes, view that staff lacks necessary skills/training or is ineffective at solving problems, perceived disorganization or inefficiency
- **General Government Distrust:** Skepticism about government competence/intentions, believe NCDHHS serves political interests vs. public needs
- **Lack of Transparency:** Belief that ND DHHS withholds information, is dishonest in reporting and unforthcoming about issues, has hidden agenda/motives
- **Past Failures:** Historical problems or scandals, not delivering on promises, history of poor performance, inadequate response to community needs
- **Misuse of Funds:** Concern about wasting taxpayer funds, allegation of misappropriated/missing funds, resources allocated inefficiently/unfairly
- **Healthcare Access Issues:** Problems with Medicaid/health coverage administration or cost, difficulty accessing mental health services, concerns about quality of healthcare provided
- **Issues with COVID-19 Response:** Criticism of handling the pandemic, masking and vaccine efforts, inconsistent messaging, perceived political motivations behind policies
- **Poor Communication:** Unclear, contradictory, or confusing information, lack of timely updates or guidance, inconsistent messaging, unresponsive to questions

See appendix for additional details

Base: Total Respondents n=830

Q12. Now, please indicate the degree to which each of the following statements reflect the level of trust you have in: NCDHHS

Base: Rate Trust in NCDHHS No or Not a Lot n=167

Q12A. What is the most important reason you have (no/not a lot of) trust in NCDHSS? Please be specific about anything you have, heard, seen or experienced that makes you say that?



Reasons for Rating of NCDHHS Performance Excellent or Good in Addressing Needs of North Carolinians in Response to Hurricane Helene

| Key Themes among the 7 in 10 rating NCDHHS response excellent/good | Representative Quotes (bolded counties are hurricane affected) |
|--|--|
| Providing Essential Supplies: food, water and other basic necessities | <i>My local DHHS was giving out free diapers and formula as well as good boxes wipes and clothes. - Age 21, Rutherford Co., Black Non-Hispanic Female</i> |
| Community-Focused Approach: prioritizing community needs, showing up in-person and focusing efforts on serving people directly affected by Helene | <i>They were on the radio advising people about hazards, how to get help, etc. Community meetings were plentiful. They were present in hard-hit areas. - Age 67, Transylvania Co., White Non-Hispanic Female</i> |
| Rapid/Timely Response, Preparedness or Early Warning: speed of response, pre-storm warnings/alerts and preparations for effective response | <i>They responded as soon as possible to the worst hit communities. - Age 76, Catawba Co., White Non-Hispanic, Male</i> |
| Did the Best they Could: | <i>They did a good job in spite of all the challenges they faced. - Age 54, Mecklenburg Co., Black Male</i> |
| Clear Communication/Information: | <i>I mean from what I heard they were sending lots of warnings and helping with educating people on things to look out for, but I can't say I would know personally. - Age 23, Davidson Co., Black/Hispanic Male</i> |
| Coordination with Other Agencies or Volunteers: | <i>They worked overtime signing people up for DSNAP and FEMA. - Age 68, Caldwell Co., White, Non-Hispanic Female</i> |
| Caring and Compassionate Approach: empathetic and supportive staff interactions | <i>NCDHHS responded to Hurricane Helene by providing crisis counseling and other services to help people in need. - Age 36, Mecklenburg Co., Hispanic Male</i> |
| Medical and Healthcare Support: medical assistance, healthcare services, and mental health support | <i>They did the best they could even though FEMA was turning most people trying to help away. They were sending medical supplies and such to Western NC as well as food. - Age 66, Cumberland Co., White, Non-Hispanic Female</i> |
| Financial Assistance/Economic Support: financial help including SNAP benefits, disaster assistance, help with funding for recovery/rebuilding efforts | <i>They were on top of the situation in trying to make things right for the citizens affected. I think FEMA dropped the ball in certain areas, and once Trump came into office, he decided it's best to disband FEMA, in essence leaving those affected in a bad place because they're not being helped to rebuild. - Age 56, Iredell Co., Black Female</i> |
| Shelter and Housing Support: temporary shelter and housing assistance for displaced residents | <i>There were a couple places that open their arms. We had safe areas in case our homes weren't safe and water areas where we could get good and clean water and they had free food forever needed it. - Age 20, Onslow Co., Hispanic Female</i> |
| Continuous/Ongoing Support: sustained support beyond the immediate aftermath and ongoing presence in long-term recovery efforts | <i>They addressed all the needs of everyone who had been affected by the storm. They also continue now, even after the storm is over, to find ways to continue helping everyone who was affected by this devastating storm. - Age 55, Durham Co., Black Female</i> |
| Focus on Hardest Hit/Vulnerable Populations: prioritizing assistance to the most severely affected areas and vulnerable populations such as children | <i>I know that they offered food vouchers and information for families in need. - Age 39, Cumberland Co., Male, Black and Hispanic Female</i> |
| Effective Use of Resources, Adaptability/Flexibility: managing and distributing resources to maximize their impact | <i>Pop up clinics and medical supplies were provided to people in need as they were discovered. - Age 70, Henderson Co., Male, Non-Hispanic other race</i> |

Base: Rate response of NCDHHS excellent or good n=509

W2Q18. Why do you feel NCDHHS did (an excellent job /a good job) when addressing the needs of North Carolinians in response to Hurricane Helene?



Reasons for Rating of NCDHHS Performance Fair or Poor in Addressing Needs of North Carolinians in Response to Hurricane Helene

| Key Themes among the three in 10 who rate NCDHHS response to the hurricane poor or fair (coded from open ends) | Representative Quotes (bolded counties are hurricane affected) |
|--|--|
| Continuing Struggle: complaints about ongoing displacement, reports of people living in tents and/or still struggling | <i>People are still without shelter. And basically, needs were in the middle of a very brutally cold winter, and people are dying and frozen because they have nowhere to go, no one will help them...</i> - Age 61, Cherokee Co., White Non-Hispanic Female |
| Lack of Basic Necessities: insufficient access to essentials like food, water, medical supplies, and other basic resources | <i>I've heard most people are still till this day living in tents in the cold with no food or water.</i> - Age 23, Union Co., Hispanic Female |
| FEMA Issues/Criticism: poor coordination between NCDHHS and FEMA, delays in FEMA response and inadequate financial support | <i>FEMA didn't show up... Maybe a few days or so until the government or a week later until FEMA started really coming in and helping the people... in the beginning, the people are basically helping themselves.</i> - Age 54, Guilford Co., Black, Male |
| Slow/Delayed Response: perception that help took too long to arrive | <i>Slow in response to those who needed it.. too much government bureaucracy.</i> - Age 66, Clay Co. , White, Non-Hispanic Male |
| Poor Communication: lack of information about available services, poor advance warning about and confusion about where to get help | <i>I honestly do not remember my county addressing much of any of the public needs, but maybe they did help but they just weren't good at spreading the proper information. I'm not sure but it was radio silence.</i> - Age 36, Macon Co. , White, Non-Hispanic Female |
| Politics Interfering with Aid: view that political consideration affected the distribution/timing of aid or mention of partisan divide affecting response | <i>It's big government. Everything is tied to money. NCDHHS could only do so much because FEMA was stopping and blocking aid to the Western part of the state. It was made into a very political natural disaster.</i> - Age 54, Johnston Co., White, Non-Hispanic Male |
| Inadequate Funding/Financial Support: insufficient financial assistance to rebuild homes/recover losses and/or insurance issues | <i>It was clear more money would be needed and the desire to allocate funds properly for safety wasn't there.</i> - Age 31, Mecklenburg Co., Hispanic/American Indian Female |
| Insufficient Help/Support: more could/should have been done and/or the response was inadequate considering the scale of the disaster | <i>MANY, MANY, people went without help. Death totals would not have been as bad if they had help. They needed beds and places to stay warm. Horrible responses.</i> - Age 47, Forsyth Co., White, Non-Hispanic Female |
| Certain Areas Neglected: concern that western, rural and/or mountain communities were overlooked in aid distribution | <i>Because the people in western NC have not been helped to the extent that they need. Help was very slow to come, and not providing the leadership needed to deal with all the problems.</i> - Age 75, Catawba Co., White, Non-Hispanic Male |
| Inadequate Infrastructure Repair: noting slow restoration of electricity, water, and road access services hindered recovery | <i>They didn't do a good job repairing the communities.</i> - Age 31, Wilson Co., White, Black and Hispanic Male |

Base: Rate response of NCDHHS fair or poor n=236
W2Q18. Why do you feel NCDHHS did (a fair job /a poor job) when addressing the needs of North Carolinians in response to Hurricane Helene? (coded from open ends)





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, Hispanic, and American Indian:

- Providing vaccines
- Protecting against exposure to lead/asbestos
- Reproductive health services
- Building a healthier workforce
- Confirming cause of death
- Dental screenings
- Improving diet and physical activity
- Reducing smoking and tobacco use

Black and American Indian

- Education about air/water quality and risk
- Investigating communities w/ high cancer rates
- Newborn screening
- Ensuring pool safety
- Preventing disease
- Reducing rates of infant mortality, premature birth
- Reducing alcohol abuse

Black and Hispanic:

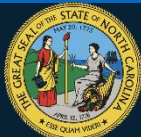
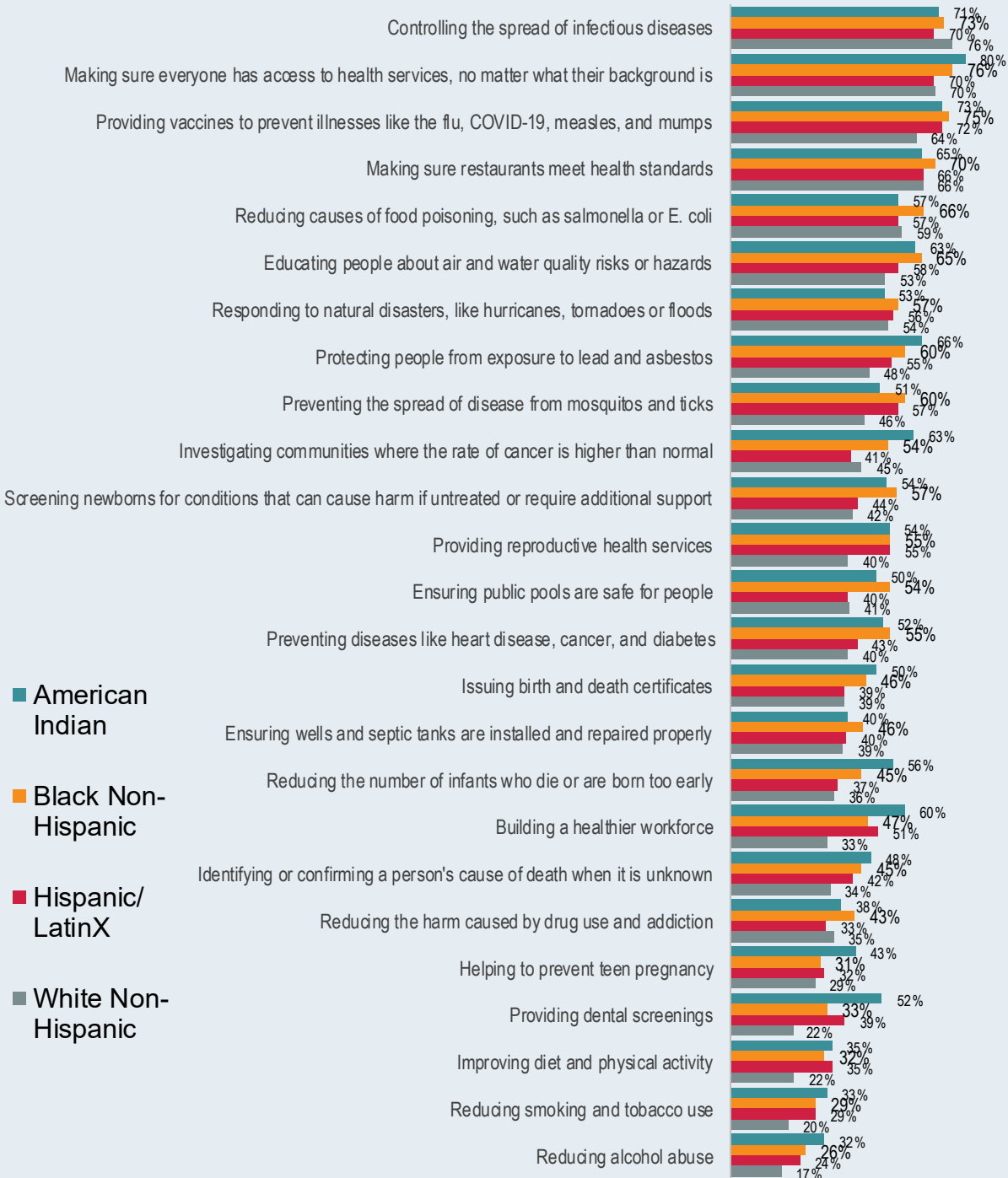
- Preventing disease spread from insects

American Indian

- Ensuring access to health services no matter a person’s background
- Issuing birth/death certificates
- Helping to prevent teen pregnancy

Base: Total Respondents 2024: n=799; Under age 35 n=212; Age 35-54 n=288; Age 55+ n=299; 2025: n=830, Under age 35 n=253; Age 35-54 n=300; Age 55+ n=277

Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina...?



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:

Younger North Carolinians are more likely than older to emphasize:

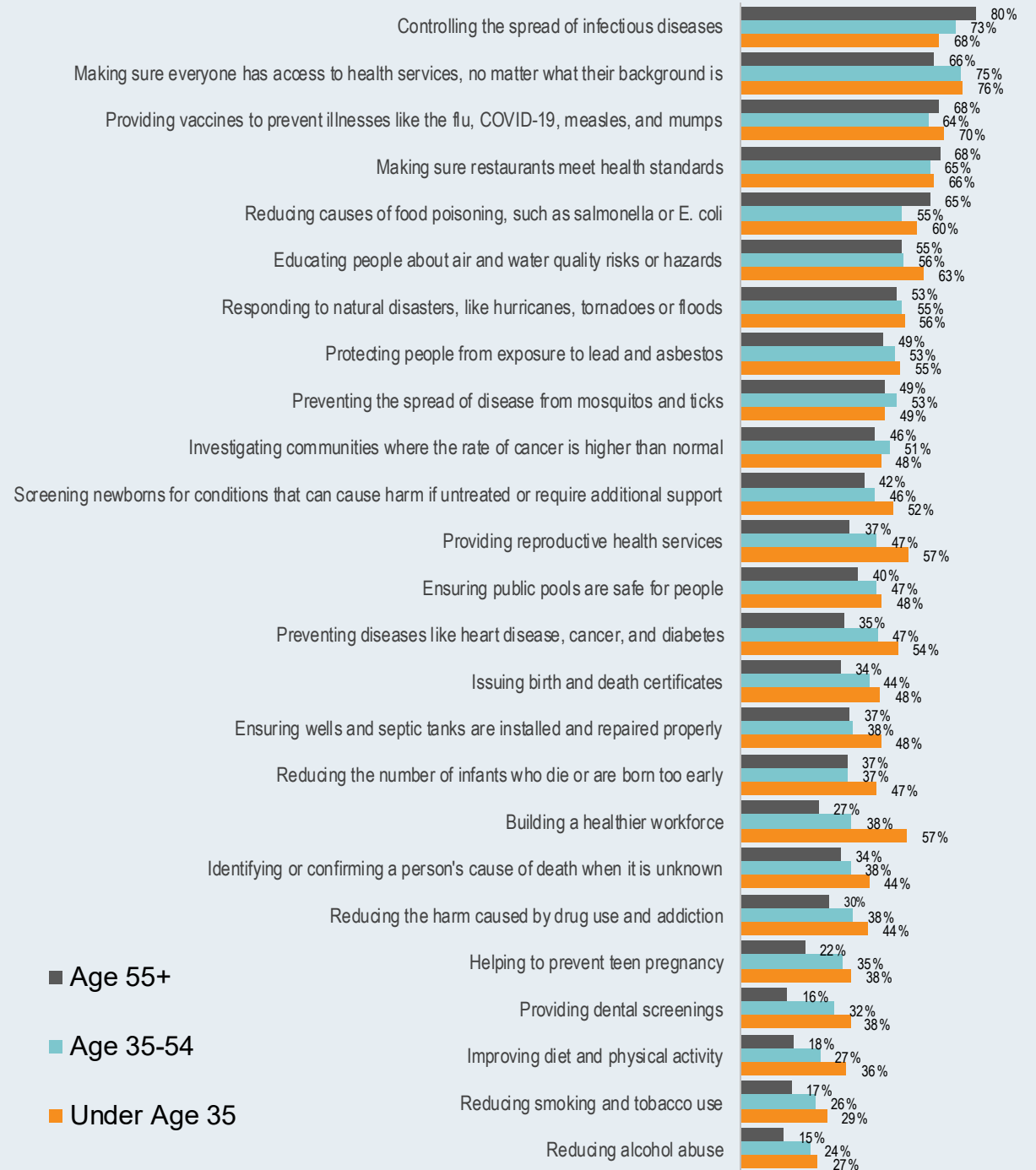
- Access to health services, no matter the personal background
- Screening newborns for harmful conditions
- Reproductive health
- Disease prevention
- Issuing birth/death certificates
- Ensuring proper installation of wells and septic tanks
- Reduce infant death and premature birth rate
- Building a healthy workforce
- Identifying cause of death if unknown
- Reduction in harm from addiction
- Teen pregnancy
- Providing dental screenings
- Improving diet and physical activity
- Reducing smoking and tobacco use
- Reducing alcohol abuse

Older are more likely to emphasize:

- Controlling spread of infectious diseases
- Reducing cases of food poisoning

Base: Total Respondents n=830, Under age 35 n=253; Age 35-54 n=300; Age 55+ n=277

Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina...?



PUBLIC HEALTH UNDERSTANDING

Perceived Public Health Responsibilities by Income



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

Perceptions of responsibility vary by household income:

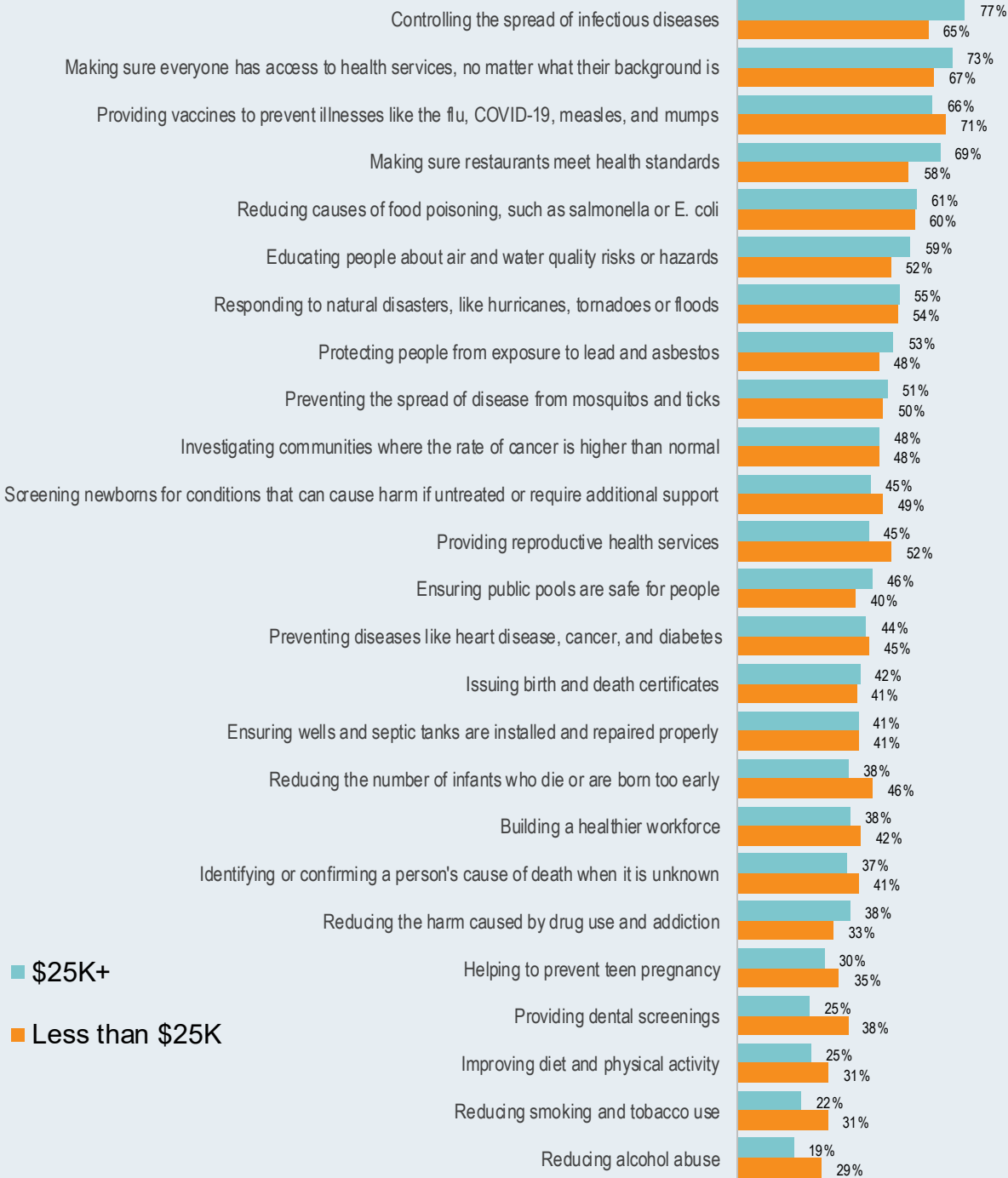
Household income of \$25K or higher:

- Controlling the spread of infectious diseases
- Ensuring restaurants meet health standards

Household income under \$25K:

- Providing dental screenings
- Reducing smoking and tobacco use
- Reducing alcohol abuse

Base: Total Respondents 2024: n=799; Under age 35 n=212; Age 35-54 n=288; Age 55+ n=299; 2025: n=830, Under age 35 n=253; Age 35-54 n=300; Age 55+ n=277
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina...?



PUBLIC HEALTH UNDERSTANDING

Perceived Public Health Responsibilities by Urban/Rural Federal Definition



% Who Consider Primary/Main Responsibility for Public Health Agencies by Federal Urban or Rural Location

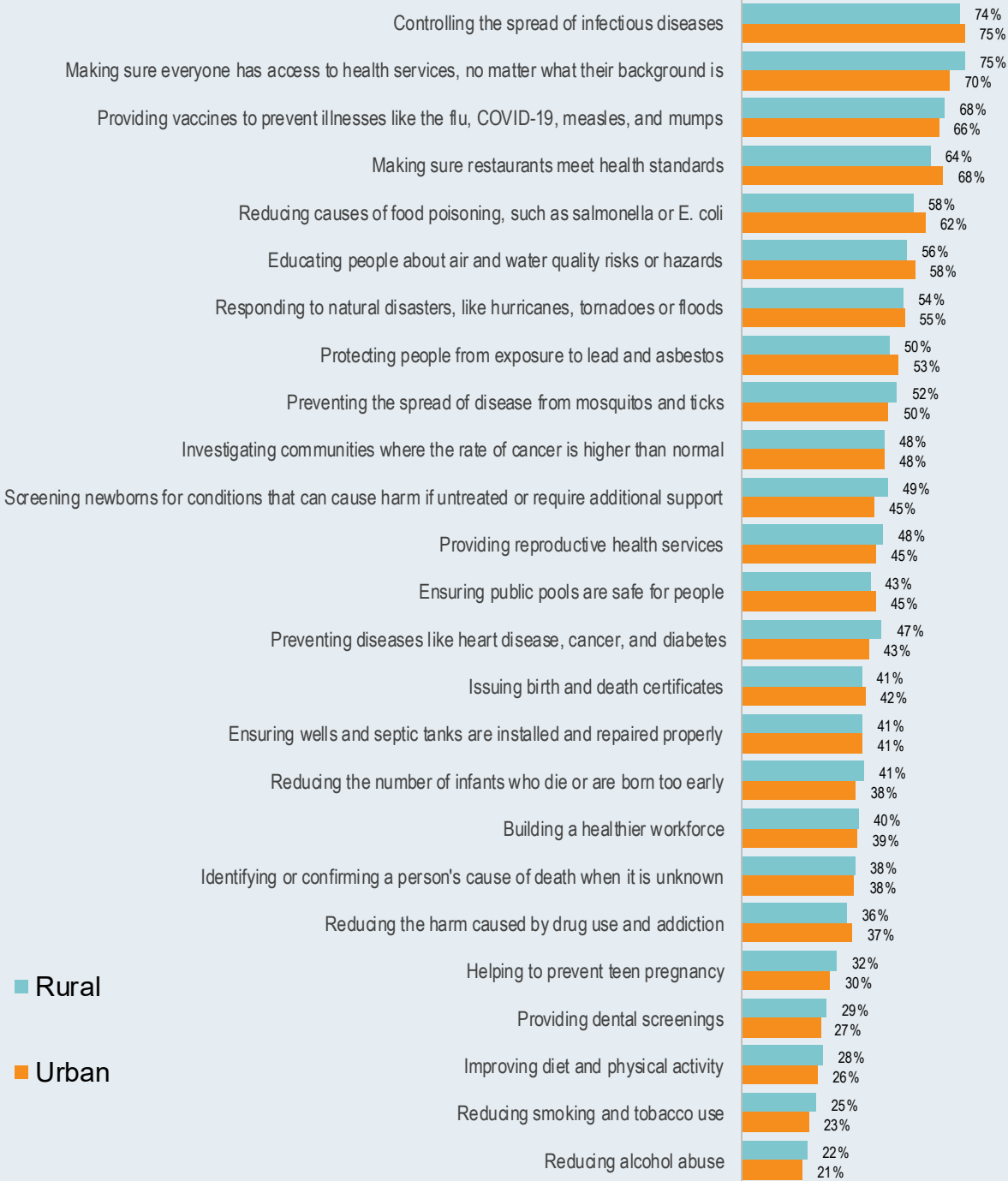
The perceptions of public health responsibilities differ little by urban and rural residence (based on the Federal definition).

Base: Total Respondents 2024: n=799; Under age 35 n=212; Age 35-54 n=288; Age 55+ n=299; 2025: n=830, Under age 35 n=253; Age 35-54 n=300; Age 55+ n=277
Q10. To what extent do you consider each of the following to be a responsibility for public health agencies in North Carolina...?



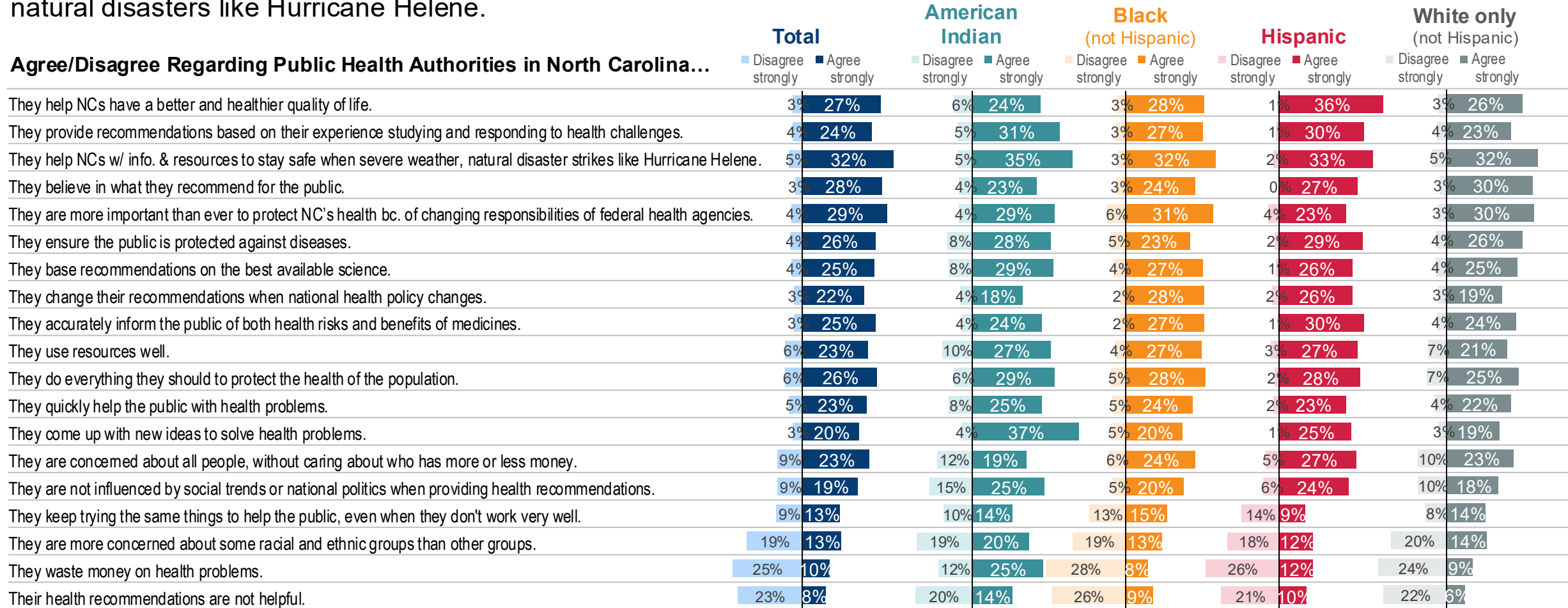
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

PUBLIC HEALTH
THOUGHT LEADERSHIP



View of State Public Authorities in North Carolina

Overall agreement with positive statements measuring foundations of trust in North Carolina public health authorities is high and has increased since last year, particularly with strong agreement. A third agree strongly regarding public information and response for natural disasters like Hurricane Helene.



Base: Total Respondents 2024: n=799, 2025 n=830

Q14: Below are several statements about public health authorities.

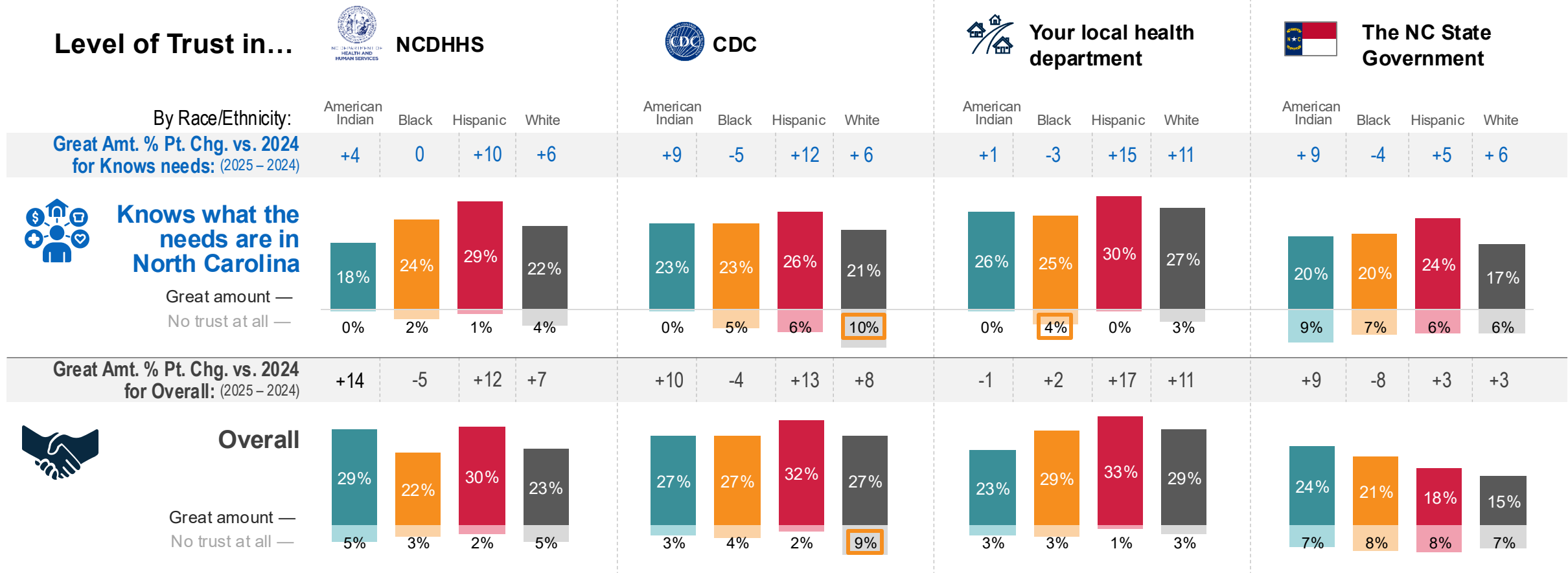
Thinking about state public health authorities in North Carolina, please indicate whether you agree or disagree with each statement.

Statements in **bold** are the most important drivers of trust in NCDHHS



Four Levels of Institutional Trust by Race/Ethnicity

Hispanic North Carolinians are more likely than Blacks or White Non-Hispanics to trust local health departments, the CDC and NCDHHS.



Base: 2025:Total Respondents n=830; American Indian (any) n=41, Black not Hispanic n=234; Hispanic n=114; White only, not Hispanic n=401; 2024:Total Respondents n=799; American Indian (any) n=57, Black not Hispanic n=223; Hispanic n=86; White only, not Hispanic n=413
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.

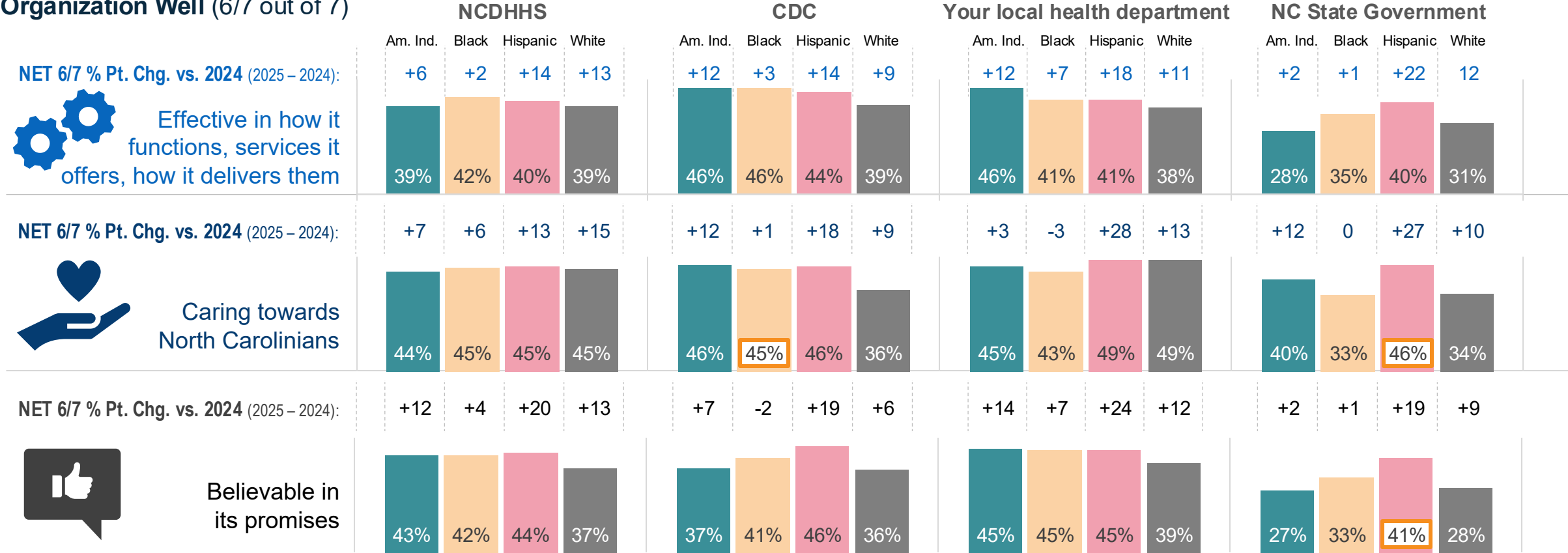


PUBLIC HEALTH TRUST

Leadership Dimensions by Race/Ethnicity

Over four in ten Black and Hispanic North Carolinians rate NCDHHS, local health departments, and the CDC highly across all three dimensions of leadership measured.

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



Base: Total Respondents n=799; American Indian (any) n=57, Black not Hispanic n=223; Hispanic n=86; White only, not Hispanic n=413
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.

