

Community Health Assessment

MOORE COUNTY

Moore County Health
Department

2025



Acknowledgements



As the Health Director serving Moore County, North Carolina, I am honored to introduce the 2025 Community Health Assessment. This report represents the dedication and collaboration of our residents, public health professionals, healthcare providers, community organizations, and local leaders—all working together to better understand and improve the health of our community.

Moore County is a dynamic and growing region, rich in history and community spirit. Yet, like many rural and semi-urban areas, we face complex health challenges—from access to care and mental health services to chronic disease prevention and addressing the social determinants of health. This assessment is a vital tool that helps us identify these challenges, highlight our strengths, and guide our efforts toward meaningful, community-driven solutions.

The Community Health Assessment process was built on data collection, community engagement, and shared expertise. We listened to the voices of our residents through surveys and focus groups, analyzed key health indicators, and collaborated with partners across sectors to develop a comprehensive picture of health in Moore County. The insights gained will inform our public health strategies and serve as the foundation for our upcoming Community Health Improvement Plan.

I would like to extend heartfelt thanks to everyone who contributed to this process. Special appreciation goes to the Moore County Health Department staff, our community partners, and volunteers who helped gather data, facilitate discussions, and review findings. We are also grateful to the residents who shared their experiences and perspectives—your voices are the heart of this assessment.

Together, we are building a healthier, more equitable Moore County. I look forward to continuing this work with all of you as we move forward with purpose, compassion, and commitment to the well-being of every resident.

Sincerely,

Matthew Garner

Health Director

Moore County, North Carolina

The Moore County Health Department and MooreHealth, Inc. would like to extend our sincere appreciation to all those who contributed to the creation of this document, along with the work that goes on through an entire CHA cycle. It is our hope that it will be used as a compass for current and future endeavors that help protect and improve the health status of all Moore County citizens.

With deepest gratitude, we would like to thank the following organizations, in no particular order:

Trillium Health
Friend to Friend
Boys & Girls Club of the Sandhills
Sandhills/Moore Coalition for Human Care
TEAM WORKZ
Moore County Board of Health
Moore County Cooperative Extension
Moore County GIS
Moore County Information Technology
Sandhills Community College
Moore County Schools
Partners for Children and Families of Moore County
Moore Free and Charitable Clinic
FirstHealth of the Carolinas
Moore County Chamber of Commerce
Moore County Economic Development Partnership
Moore County Parks and Recreation
Aberdeen Parks and Recreation
Southern Pines Parks and Recreation
Pinehurst Parks and Recreation
Moore County Public Safety
Moore County Sheriff's Department
Moore County Department of Social Services
Moore County Department of Aging
Moore county Veteran's Services
UNC School of Government
United Way of Moore County
On-Target Preparedness
Moore County Government

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Executive Summary



Leadership & Collaboration

The 2025 Community Health Assessment was developed through the collaborative efforts of Alexandria Diamond, Health Educator II; and Matt Garner, MPA, Health Director. We also recognize the significant contributions of Robert Reeve, Health Education Specialist; and Jessica Wilson, Grants Manager; at FirstHealth of the Carolinas, whose expertise greatly influenced the CHA process.

We would like to offer special recognition to MooreHealth, Inc., a bi-sectoral organization that is led by Moore County Health Department and FirstHealth of the Carolinas. It consists of partnering agencies and subcommittees to address the needs and priorities established by the data in the Community Health Assessment. The work that led to this document and continued progress of our priorities would not happen without the hard work and support of this governing board.

The Moore County Department of Health extends its sincere appreciation to the residents of Moore County for their invaluable contributions to the 2025 Community Health Assessment. Your insights, experiences, and feedback have been instrumental in identifying pressing health concerns, shaping our understanding of local needs, and informing strategies that promote a healthier future for all.

TYPE OF PARTNERSHIP AND HOW MANY

Public Health Agency	1
Hospital System	1
Healthcare Provider	2
Behavioral Health Provider	1
Dental Provider	1
EMS Provider	2
Pharmacy	1
Community Organizations	10
Educational Institutions	2
Public School System	1
Public Member	1
Other	6

This assessment is a reflection of your voices—your lived realities, hopes, and priorities. We remain committed to ensuring that community input continues to guide our public health efforts and decision-making processes.

Visual elements featured throughout the report were generously provided by Matthews Photography and are used with permission.

Vision Statement

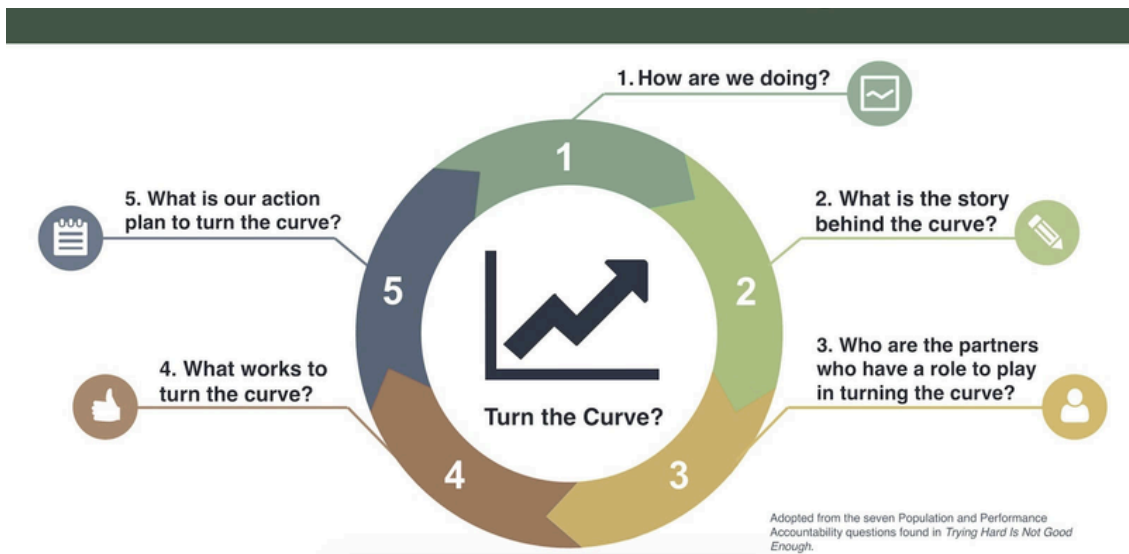
"MooreHealth, Inc. strives to be recognized as the collaborative backbone of community health improvement in Moore County, NC – aligning partners, amplifying community voices, and mobilizing resources to ensure that every resident has access to quality, sustainable, and innovative solutions that address the root causes of health disparities and empower individuals to live their best lives."

Moore County Health Department and its community partners conducted the Community Health Assessment (CHA) with several key objectives:

- **Assess the county's overall health status**, including leading causes of death, prevalent conditions, and patterns of healthcare access.
- **Analyze current health data** alongside historical trends to pinpoint opportunities for improvement and strengthen communication strategies that affect measurable change.
- **Elevate community voices** to identify health and wellness challenges, ensuring that lived experiences inform practical and meaningful solutions.



Healthy North Carolina 2030

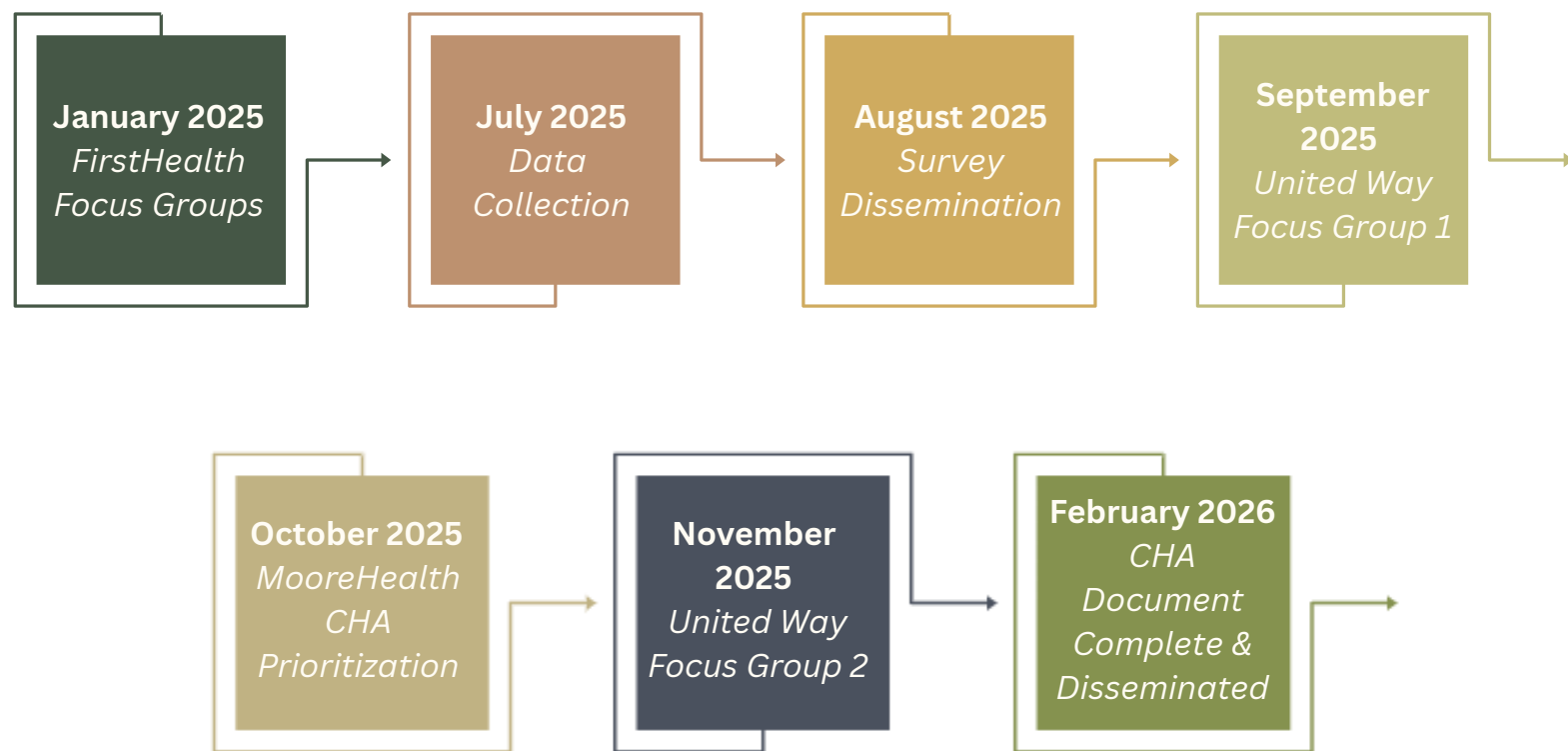


Results-Based Accountability™ (RBA) is a disciplined way of thinking and taking action. This framework is used by communities to improve the lives of children, families and the community as a whole. RBA is also used by agencies to improve the performance of their programs. RBA starts with the ends and works backward, step by step, towards the means. For communities, the ends are conditions of well-being for children, families, and the community as a whole.

For programs, the ends state how customers are better off when the program works the way it should. For example: The percentage of people in the job training program who get and keep good paying jobs. RBA improves the lives of children, families, and communities and the performance of programs because RBA:

- Gets from talk to action quickly
- Is a simple, common-sense process that everyone can understand
- Helps groups to surface and challenge assumptions that can be barriers to innovation
- Builds collaboration and consensus
- Uses data and transparency to ensure accountability for both the well-being of children, families and communities, and the performance of programs

Collaborative Process



Following the MooreHealth meeting at the start of 2025, FirstHealth initiated its first primary data collection through four focus groups conducted in Moore County. Based on the insights gathered from these groups, a comprehensive survey was developed and distributed. Concurrently, secondary data was collected from multiple reputable sources, including the NC Data Portal, NC Department of Health and Human Services, U.S. Census Bureau, and the National Institutes of Health.

During this period, United Way partnered with the Moore County Health Department and other local organizations to examine and address factors contributing to poverty within the county. The initial focus groups provided broad perspectives and established a foundation for subsequent sessions, which concentrated on recurring themes impacting the community. These discussions aligned closely with the priorities identified by MooreHealth for the 2025 Community Health Assessment (CHA). Participation in these focus groups was inclusive, welcoming representatives from nonprofits, businesses, and government agencies across Moore County.

This Community Health Assessment reflects a strong collaborative effort between the Moore County Health Department, FirstHealth of the Carolinas, and actively engaged community members and stakeholders. Together, we are building the foundation for a healthier, stronger Moore County.

Key Findings

The 2025 Community Health Assessment reflects both continuity and change in health priorities for Moore County. While many concerns identified in previous assessments persist—such as mental health, substance use, obesity, and access to care—new and pressing issues have emerged. These include improving healthcare access, particularly noting gaps in insurance coverage for essential services, addressing social determinants of health, and increasing awareness of existing resources within the county. Continued growth and development present both opportunities and challenges in meeting these needs.

Although primary and secondary data were largely consistent, notable distinctions emerged. Community members participating in focus groups and surveys emphasized the influence of social and environmental factors on health outcomes, sharing lived experiences that shaped their perceptions of local priorities. Mental health remains a significant concern across all data sources, with rising suicide rates among middle-aged white males and youth. While overall overdose rates have declined, they disproportionately affect middle-aged African Americans. Additionally, cancer rates are increasing among middle-aged populations, raising concerns as insurance coverage for screenings often begins at later ages. Substance use—particularly vaping among younger generations—was also identified as a growing issue. Transportation and other social determinants of health were frequently cited as barriers by community members and advocates.

Secondary data provided a broader statistical perspective, revealing trends such as limited healthcare resources and the growing impact of chronic disease—not only among older adults but increasingly within middle-aged populations. Mortality data also highlighted motor vehicle accidents and homicide as notable concerns. These insights, combined with community input, guided the CHA workgroup in identifying areas of greatest need. Together, these findings underscore the interconnected nature of health determinants and the importance of collaborative strategies to address both longstanding and emerging challenges. Detailed summaries of primary data and methodologies are available in the Appendices.

Social Determinants of Health



Health Priorities

Following a meeting with MooreHealth, where primary and secondary data were presented and key findings discussed, the board unanimously identified three priority areas for the Moore County Health Department, FirstHealth of the Carolinas, and partnering agencies to address over the next three years:



Behavioral Health

with an emphasis on mental health and substance use



Access to Health Services

prioritizing behavioral health, primary care, dental services, and transportation, alongside efforts to increase awareness of available resources



Social Determinants of Health

including advancing health equity and addressing root causes of disparities

Next Steps

In the spring of 2026, the MooreHealth, Inc. Board will convene to establish the leadership and membership of three separate subcommittees, each tasked with addressing one of the selected priority areas. These subcommittees will be responsible for developing comprehensive Community Health Improvement Plans (CHIP) to guide efforts in tackling the identified health priorities over the next three years.

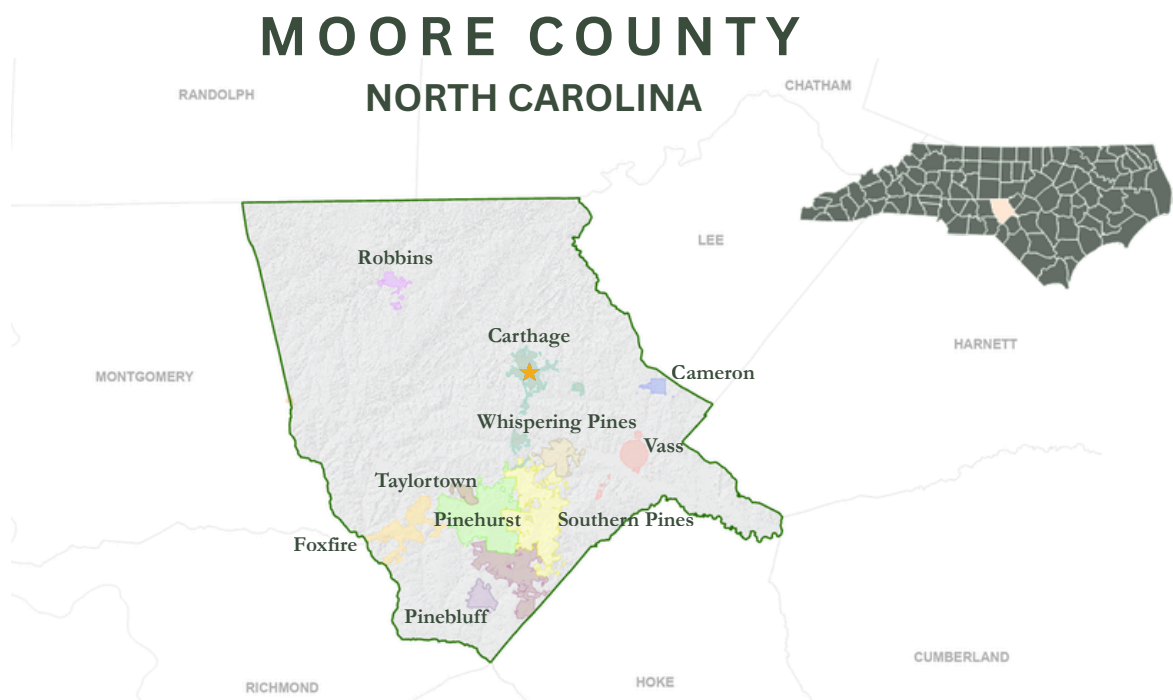
County Profile



Moore County spans 698 square miles (land) and lies along the border of North Carolina's Piedmont and Coastal Plain regions, making it the 17th largest county in the state by area. Located in the south-central part of North Carolina, Moore County is bordered by Cumberland, Harnett, Hoke, Scotland, Richmond, Montgomery, Randolph, Chatham, and Lee counties.

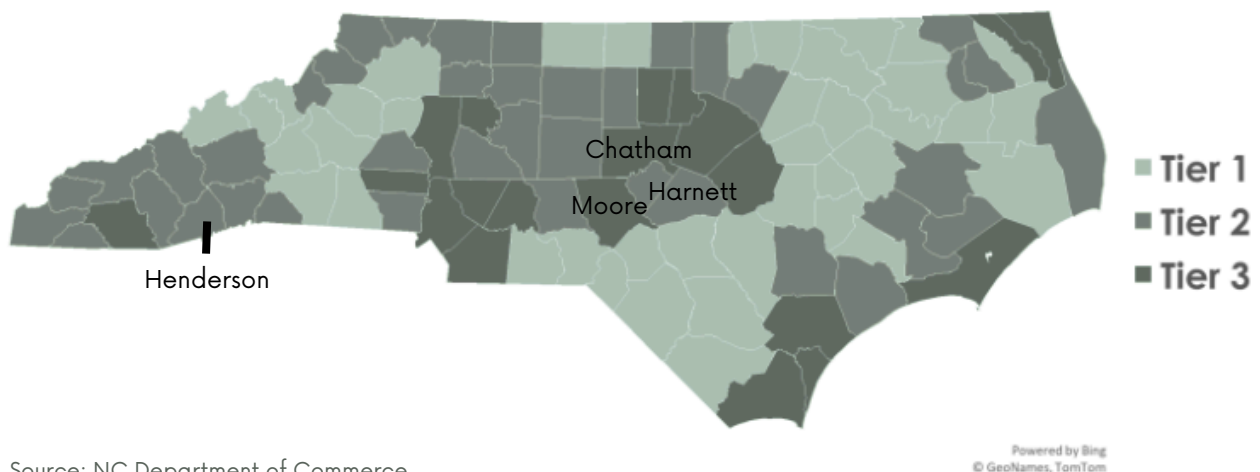
Often considered part of the Sandhills region, Moore County is approximately one hour from Raleigh, the state capital. The county includes 11 incorporated municipalities, with Carthage—the county seat—incorporated in 1796. Other incorporated towns and villages include:

- Aberdeen
- Cameron
- Foxfire Village
- Pinebluff
- Robbins
- Southern Pines
- Taylortown
- Vass
- Village of Pinehurst
- Whispering Pines



Moore County is a growing community. While internationally recognized as the “Home of American Golf” in Pinehurst, the county’s assets extend well beyond golf. Resort areas and rural communities together support a high quality of life characterized by strong healthcare systems, robust educational institutions, diverse recreational amenities, and a business-friendly, expanding economy.

Moore County is recognized as a Tier III County in the state of North Carolina and has been since 2007, when the tier system began. The North Carolina Department of Commerce assigns counties a Tier designation each year to guide economic development efforts in less prosperous areas. Counties are ranked using four factors: average unemployment rate, median household income, population growth, and adjusted property tax base per capita. Based on these measures, the 40 most distressed counties are Tier 1, the next 40 are Tier 2, and the 20 least distressed are Tier 3.



Source: NC Department of Commerce

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When comparing Moore County to other counties in North Carolina, we consider not only Tier designation but also similarities in demographics, economic profile, and rural-to-urban composition. Based on these factors, we align most closely with Chatham, Harnett, and Henderson counties, which will be referred to as “peer counties” that we will analyze throughout the document.

Chatham and Harnett counties, both classified within the Tier 2/3 range, share a similar population size with Moore County and have experienced moderate to above-average growth in recent years. Like Moore, they offer a balanced mix of rural and suburban communities and maintain a comparable proximity and connection to Fort Bragg. Henderson County, designated as Tier 2, is also a strong comparison due to its similar population size and demographic profile. Additionally, Henderson has a robust tourism and hospitality industry, a significant retirement community—where residents aged 65 and older comprise 20–25% of the population—closely mirroring Moore County’s characteristics.

MOORE COUNTY POPULATION HEALTH AND WELL-BEING 2025

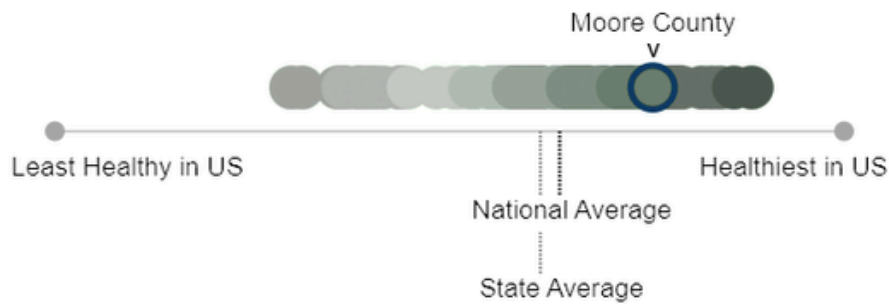


Diagram summarizes data released on 03/19/2025
Source: County Health Rankings

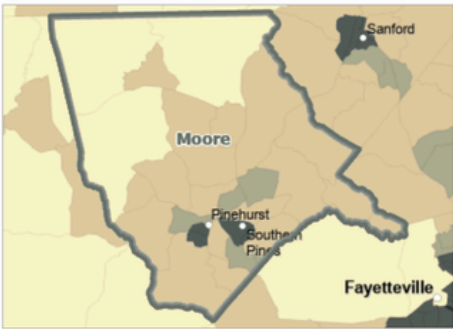
Population health and well-being are collective achievements, shaped by the choices and conditions of society—not something an individual can secure alone or solely within a clinic. Health goes beyond the absence of illness; it is the capacity to live fully and thrive. Well-being encompasses quality of life and the ability of individuals and communities to contribute meaningfully to the world. True population health reflects optimal physical, mental, social, and even spiritual well-being.

Moore County outperforms the average county in North Carolina and exceeds the national average in overall population health and well-being. While significant gaps remain and work is still needed, Moore County has the potential to become even stronger—a community where every resident truly has the opportunity to “live their best life.”

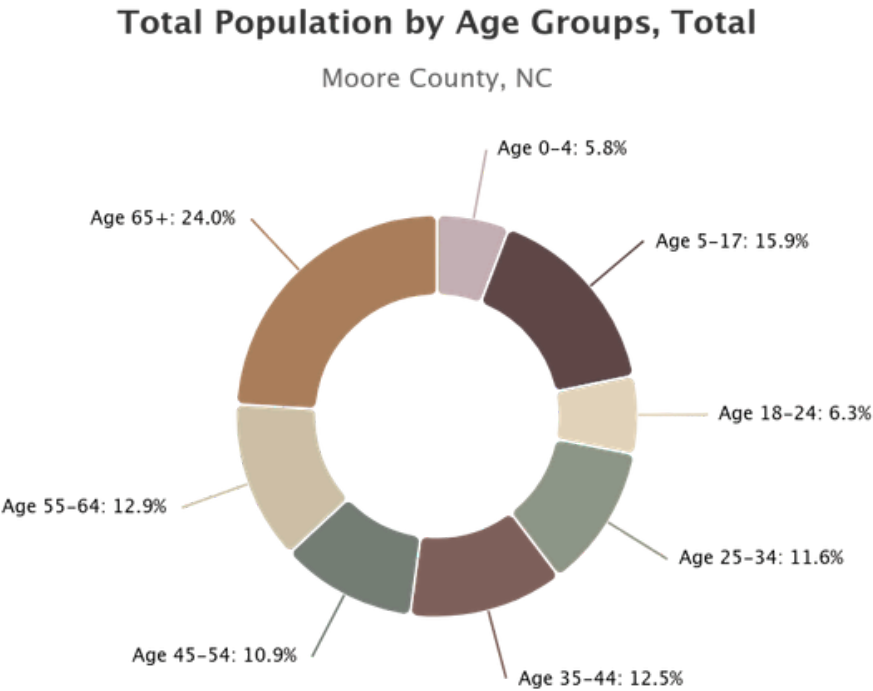
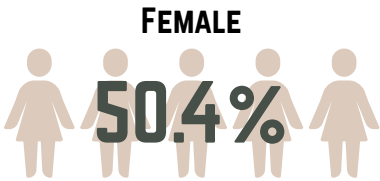
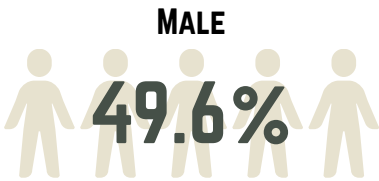


Demographics

According to the most recent U.S. Census Bureau data, Moore County had an estimated population of 108,417 residents in 2024, with a population density of 147 people per square mile. This represents an 18.6% increase since 2010 and an 8.7% increase since 2020, compared to North Carolina’s overall growth of just 5.8% during the same period. The county’s population is projected to reach 123,613 by 2030. This significant growth should be considered when evaluating county resources and socioeconomic factors. The majority of residents live in the southeastern part of the county.



Source: NC Data Portal

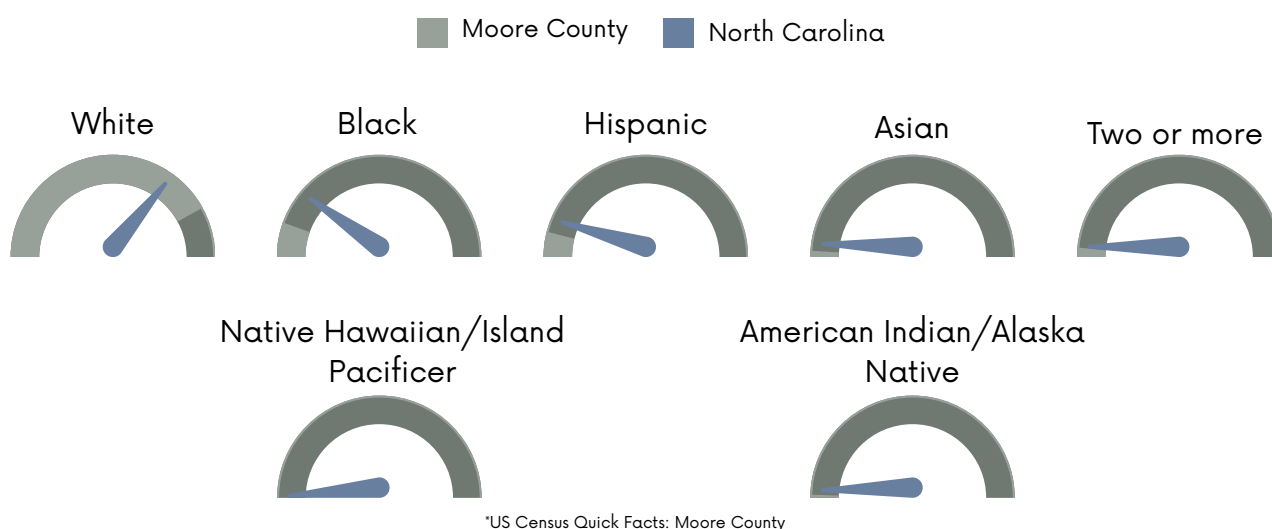


Data Source: US Census Bureau, American Community Survey. 2019-23.

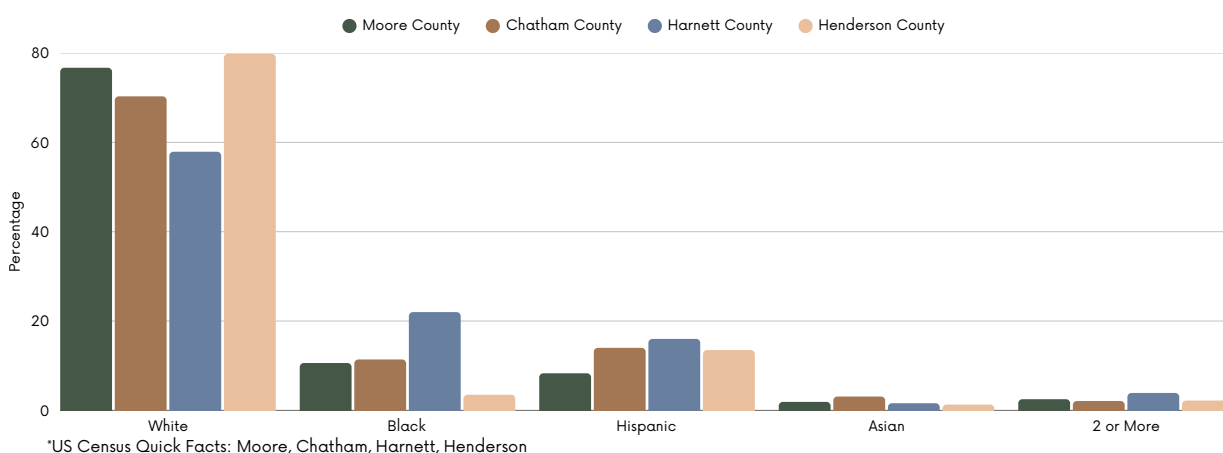
Moore County's demographic profile offers a clear foundation for shaping targeted and effective public health initiatives. The county's older age structure—highlighted by the 24% of residents aged 65 and over and the substantial share of adults in the 55–64 range—signals a strong need for programs that address chronic disease prevention, aging-in-place supports, fall-prevention efforts, and expanded access to primary and specialty care, including insurance coverage. At the same time, the significant proportion of children and adolescents reinforces the need for school-based health programs, or at least partnerships with community initiatives to address diverse needs, early childhood interventions, and family-centered services.

The county's predominantly White population, along with smaller proportions of Black, Hispanic, and Asian residents compared to statewide averages, highlights the need for tailored outreach strategies that ensure equitable access and culturally responsive communication for all groups—particularly those who may be underrepresented or face barriers to care. A comparison of ethnicity percentages with neighboring Tier counties further reinforces this point. The nearly even gender distribution supports balanced planning across men's and women's health needs. Taken together, these demographic patterns help community leaders prioritize resources, design targeted interventions, and anticipate future service demands in a way that aligns with the county's unique population structure.

Total Population by Race Alone



County Races Comparable by Tier Counties

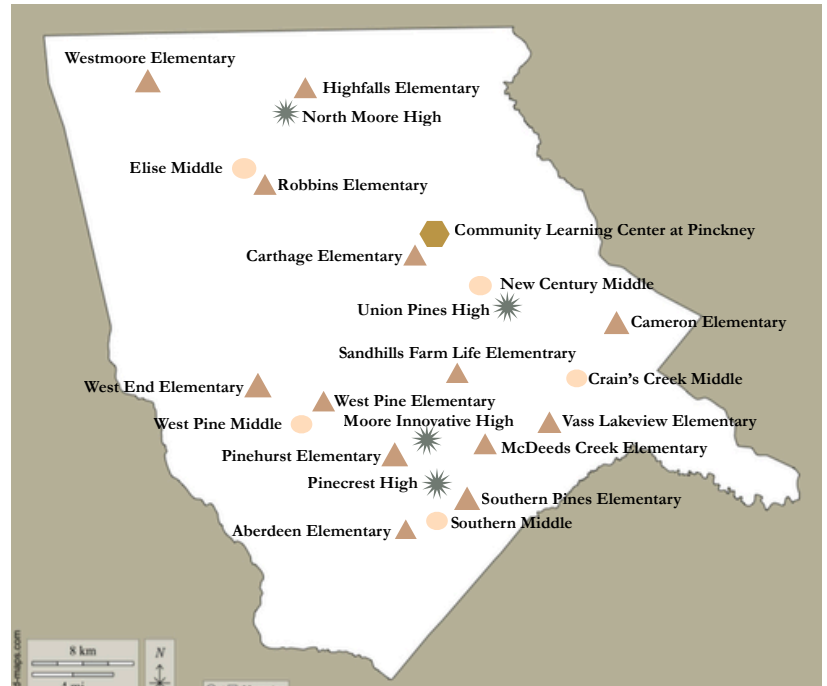


Socioeconomic Factors



Education

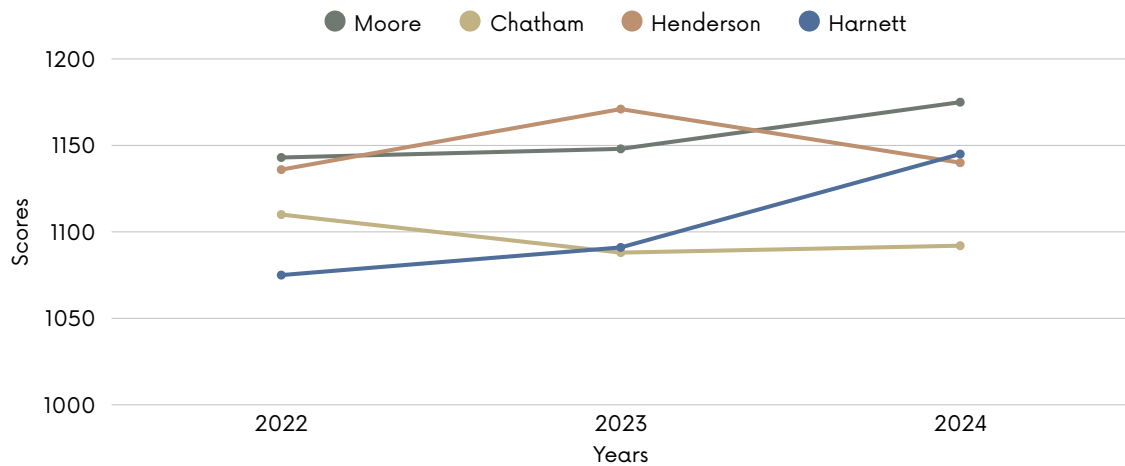
Moore County is home to a diverse range of educational institutions, including 10 public elementary schools, 5 public middle schools, 4 public high schools, 2 public K–8 schools, 1 public online school, 3 charter schools, 2 private schools, 8 religious schools, and 1 alternative school, along with 4 homeschool groups and a community college. As a school-of-choice county, Moore County offers families multiple options to tailor education to their unique needs and preferences. With ongoing development and population growth, the educational landscape continues to evolve—bringing changes to student and family needs, resource allocation, and the socioeconomic factors that influence student success.



The Moore County Public School system offers a comprehensive K-12 curriculum that includes workforce development, and programs for special needs, gifted students, and arts education. All three high schools offer Advanced Placement courses, and have partnered with Sandhills Community College to offer the Career and College Promise (CCP), a program that provides a focused means for students to begin completion of college transfer credits or career training prior to their graduation from high school. Courses under Career and College Promise are offered to high school students with no charge for tuition.

Sandhills Community College (SCC) is an institution of higher education that provides transfer college degrees including associate degrees in arts, science, fine arts in music, engineering, fine arts in visual arts, fine arts in theatre, and teacher preparation. SCC is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and is a member of the North Carolina Community College System (NCCCS). In addition to associate degrees, SCC offers diplomas and short-term certificates in more than 100+ programs in workforce continuing education. SCC located in Pinehurst, has a Hoke Center campus in Raeford, and additional satellite locations in Robbins and Carthage. SCC offers the Sandhills College Promise Scholarship (two years free) to Moore and Hoke county students with some prior high school college credits from SCC.

SAT Scores for County Public Schools

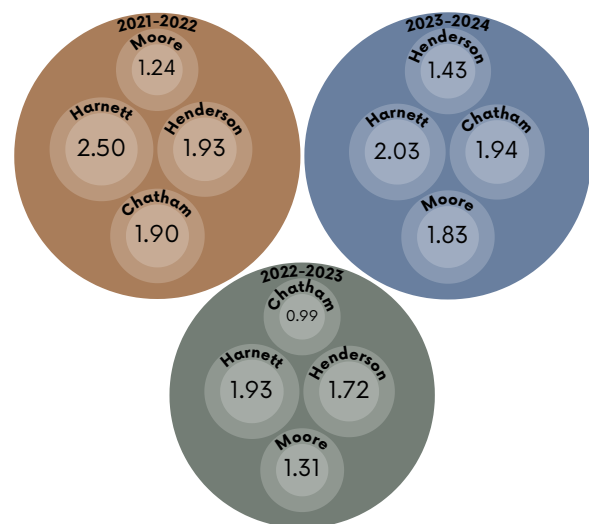


Source: NC Department of Public Instruction

The scholastic aptitude test (SAT) is one of two standardized college admissions tests in the US (the other being the ACT). Widely considered an effective measurement of intellectual potential and college readiness, most colleges and universities use SAT scoring as part of their admission criteria. Moore County's 3 public high schools consistently met or exceeded the state and national averages (out of a maximum score of 1600) for the 3-year period. Additionally, Moore County students scored above all other Peer County counties in 2022 and 2024.

For Moore County, the school dropout rate has been steadily increasing, with the 2023-2024 rate being the highest it's been in the past 6 years, yet it's still just under the state's rate at 1.88. Moore County's rates have remained comparable to peer counties, remaining lower than Harnett's rates the past three years but just over the lowest rate (Chatham) in 2022-2023 and (Henderson) in 2023-2024.

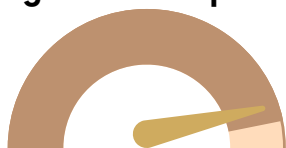
Dropout Rate Per 1,000 Students Years 2021-2024



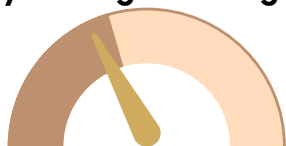
Source: NC Department of Public Instruction

Academic performance and school retention are closely linked to long-term health outcomes, making these indicators critical for public health planning. Moore County's strong SAT performance reflects educational strengths that can contribute to better health literacy and future socioeconomic stability. However, the rising dropout rate signals potential vulnerabilities, as lower educational attainment is often associated with increased health risks and limited access to resources. Since Moore County's second highest age group is school aged kids (15.9% of total population), addressing these trends through collaborative efforts between education and public health sectors is essential to ensure that all students have the opportunity to succeed academically and maintain lifelong well-being.

% of Population with a High School Diploma



% of Population with a 4 year degree or higher



Moore County North Carolina

Source: US Census Bureau

Educational Level Breakdown, 2023

Graduate or Professional degree	16.3%
Bachelor's degree	28.0%
Associate degree	13.1%
Short-term credential	7.5%
Some college, no credential	10.5%
High school graduate (including GED)	18.0%
Less than high school	6.6%

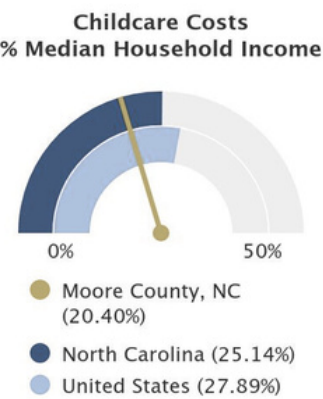
Source: MyFuture NC 2025

Moore County's educational profile demonstrates strong assets that support positive health outcomes, with higher rates of high-school and four-year degree attainment than the state average. Higher educational attainment is consistently associated with improved health behaviors, greater use of preventive services, and enhanced ability to navigate complex healthcare systems.

However, about one-third of residents have lower educational attainment, creating barriers to care and understanding health information. Individuals with less than a high-school education, who make up 6.6% of the population, may face significant barriers to accessing care and resources, while also understanding health information. Those with short-term credentials frequently represent working-age adults in physically demanding or essential jobs, underscoring the importance of occupational health, injury prevention, and affordable access to primary care, housing, and transportation. Targeted strategies are essential for these groups. A dual approach that leverages these strengths while addressing equity gaps will ensure health resources and programs effectively reach all residents.



Early Childhood Education



Note: This indicator is compared to the state average.
Data Source: United States Census Bureau, Living Wage Agency, US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings. 2024&2023.

Moore County’s early childhood and education landscape reflects a mix of financial strain for families, strong program availability, and deep academic disparities across student groups. Childcare costs place a heavy burden on Moore County families with spending 20.40% of their income on care. While this is not higher than the state or national averages, the county notes that its median income is skewed by higher-earning households, meaning the true burden for many families is likely even greater. To support early learning, NC Pre-K is available at seven elementary schools across the county, offering free preschool and developmental screenings for eligible children, which helps offset some of the financial and access challenges.

Student Subgroups 2025	Math Proficiency (student %)	Reading Proficiency (student %)
Academically/Intellectually gifted (AIG)	>95%	94.3%
Military Connected	87.5%	79.2%
White	82.5%	69.1%
Male	77.6%	60%
ALL students	75.5%	59.8%
2 or more races	73.8%	63.1%
Female	73.4%	59.6%
Hispanic	68.9%	43.9%
English Learner (ELS)	61.1%	25.9%
Economically Disadvantaged (EDS)	58.8%	38.8%
Black	50.9%	29.6%
Student with Disabilities (SWD)	46.6%	33.6%
Homeless Student (HMS)	13.3%	6.7%

Academic outcomes, however, reveal significant gaps. Among third graders, 40.2% are not proficient in reading and 24.5% are not proficient in math, raising concerns about long-term academic trajectories since third-grade proficiency is strongly linked to future success. When broken down by student subgroup, the disparities become even more pronounced. Several groups face substantial barriers: Hispanic students show a steep drop in reading proficiency (43.9%), English Learners struggle profoundly in both subjects—especially reading at just 25.9%—and economically disadvantaged students fall well below the district average. The most severe challenges appear among Black

Source: NC Department of Instruction

students, students with disabilities, and homeless students, whose proficiency rates are the lowest across both math and reading.

Altogether, the data paints a picture of a county where early childhood costs strain families, high-quality preschool options help fill some gaps, but academic inequities remain stark. The contrast between high-performing groups and those facing systemic barriers relays the need for expanded access to early learning resources to ensure all children enter school ready to learn and progress successfully through the early grades.

The principal subsidy programs for child care are (I) the state funded NC Pre-K program for four year old's, (II) the federally funded Head Start and Early Head Start programs for younger children and (III) the state and federally funded child care subsidies administered by the county (a mix of state and federal funds) for low income children in licensed child care. This year, the Partnership for Children, Moore County Schools and Hope Academy expanded NC Pre-K by more than 50%, but the program is still one of the smallest in the state. The Head Start Programs (formerly in Vass, Taylortown, Southern Pines and Aberdeen) have shrunk significantly since the program was taken over by Save the Children. The Taylortown and Vass sites have closed.

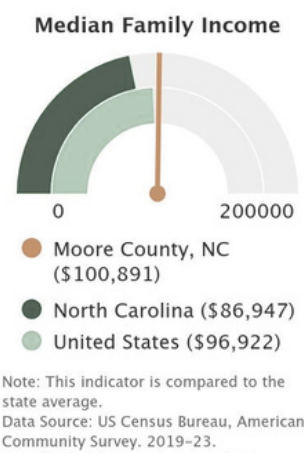
Childcare in Moore County was a major topic of discussion in focus groups. Many families are struggling because having a job requires access to childcare. When a paycheck barely covers childcare costs—or consumes most of it—it creates a serious problem. Losing childcare often means losing employment, and without a job, families cannot meet basic needs. This cycle of dependency and instability leaves many residents trapped in a never-ending struggle.

Per the focus groups - Childcare in the community faces significant challenges. Costs are prohibitively high, often comparable to a second mortgage or college tuition, particularly for families with multiple children. At the same time, childcare workers earn low wages—typically \$10–\$12 per hour and often without benefits—which drives them to seek higher-paying jobs in retail or the school system. This turnover results in staff shortages and empty classrooms in otherwise licensed centers. Families also encounter long waiting lists, especially at 4- and 5-star facilities, due to a severe shortage of quality slots. Compounding these issues is the lack of a coordinated community strategy for afterschool and summer care, transportation to childcare, and a real-time system to identify available openings.

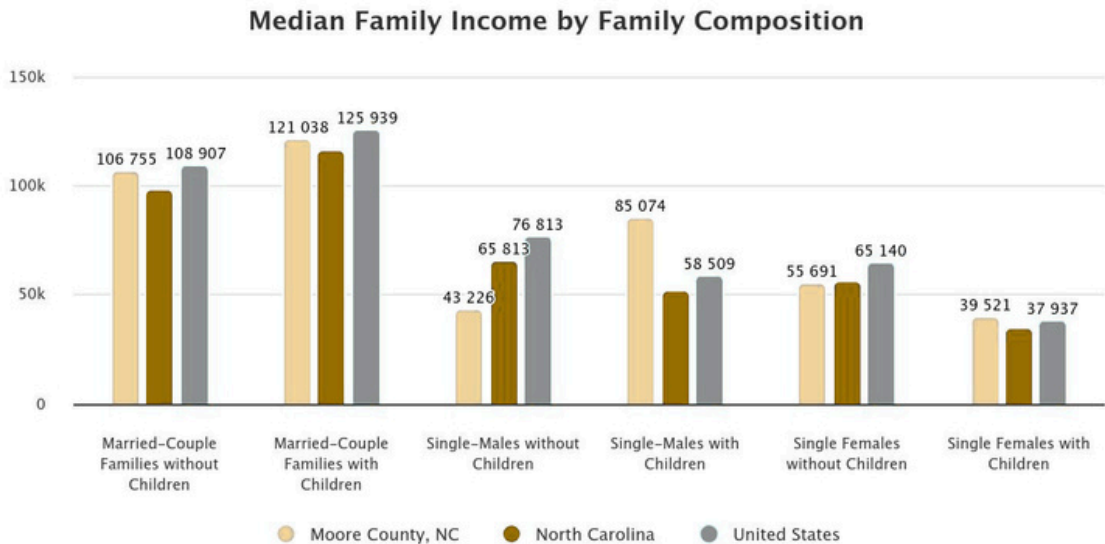
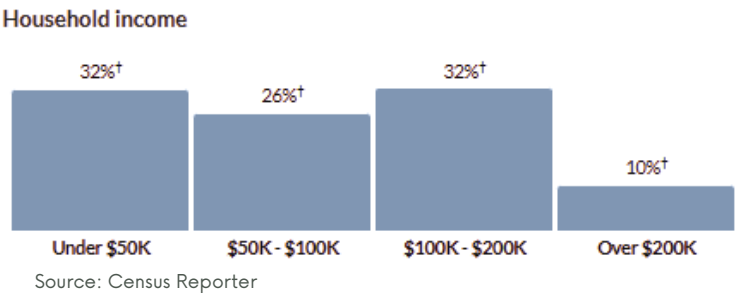
Survey responses also highlighted how the lack of childcare impacts daily life—from attending health appointments to running errands and managing basic responsibilities. While Moore County has childcare facilities, few offer flexible, “drop-in” options. We also know that early enrollment in childcare or preschool plays a critical role in preparing children for academic success and long-term achievement. Although there are diverse and specialized centers, including NC Pre-K programs designed to meet varying needs and preferences, availability remains limited and costs are prohibitively high for many families. These challenges make childcare decisions incredibly difficult.

Economic Stability

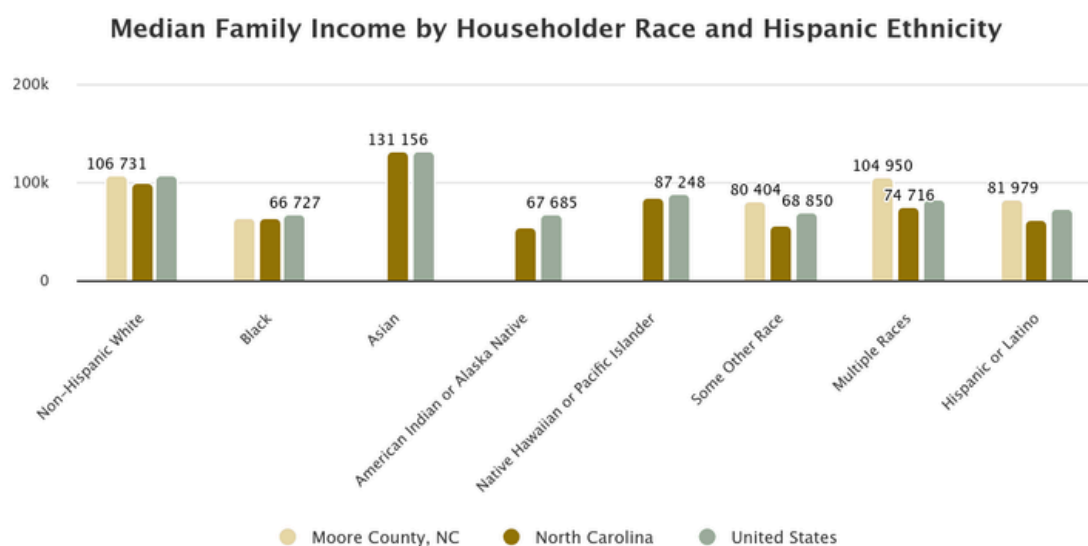
Moore County's economic stability profile shows a community with relatively strong overall income levels but meaningful disparities across family types and racial or ethnic groups. The county's median family income exceeds both the state and national averages, indicating a generally higher level of economic security. Household income distribution is fairly balanced, with roughly one-third of households earning under \$50,000 one-third earning between \$50,000 and \$100,000, and another third earning between \$100,000 and \$200,000, while 10% earn above \$200,000. This spread suggests a mix of affluent households alongside a sizable population that may still face financial strain.



Income varies sharply by family composition. Married-couple families—both with and without children—have incomes comparable to state and national levels, reflecting relative stability. In contrast, single-male and single-female households in Moore County earn substantially less than their counterparts statewide and nationally, with single mothers earning the lowest incomes overall. These gaps highlight groups that may be at higher risk for housing insecurity, food insecurity, and limited access to healthcare.



Data Source: US Census Bureau, American Community Survey, 2019-23.

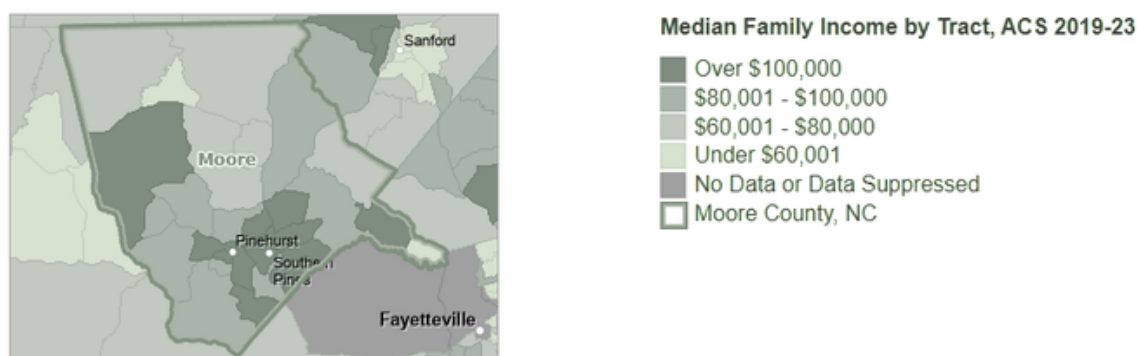


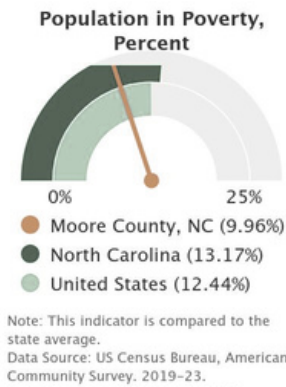
Data Source: US Census Bureau, American Community Survey, 2019–23.

Income differences are also evident across racial and ethnic groups. Non-Hispanic White, and multiracial households have the highest median incomes in the county, while Black, and Hispanic or Latino households earn significantly less. These disparities mirror broader structural inequities and point to the need for targeted economic and public-health interventions.

Geographically, income varies across the county, with some census tracts exceeding \$100,000 in median family income and others falling below \$60,000. This spatial variation reinforces the need to identify areas where economic vulnerability is most concentrated, especially when looking at concerns such as access to care, food insecurities, etc.

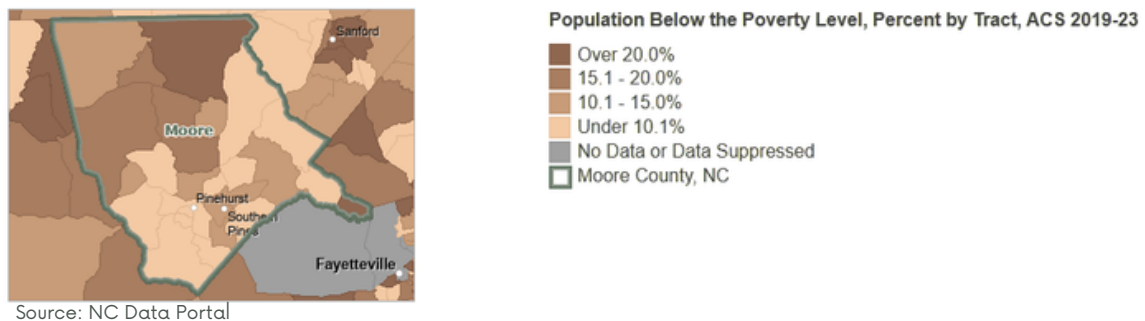
Overall, the data illustrate a county with strong economic assets but clear inequities that influence health outcomes and access to opportunity.



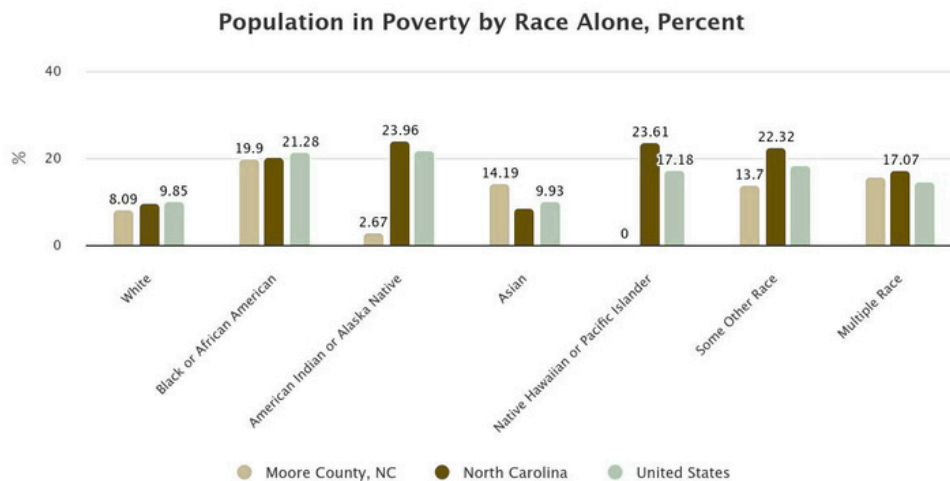


Moore County's poverty profile reveals both strengths and areas of concern that carry significant public health implications. Overall, the county reports a lower poverty rate (9.96%) than both the state (13.17%) and national averages (12.44%), suggesting relatively strong economic conditions. However, these figures mask notable disparities across racial groups, age cohorts, and geographic areas. Spatial variation in poverty is evident across the county.

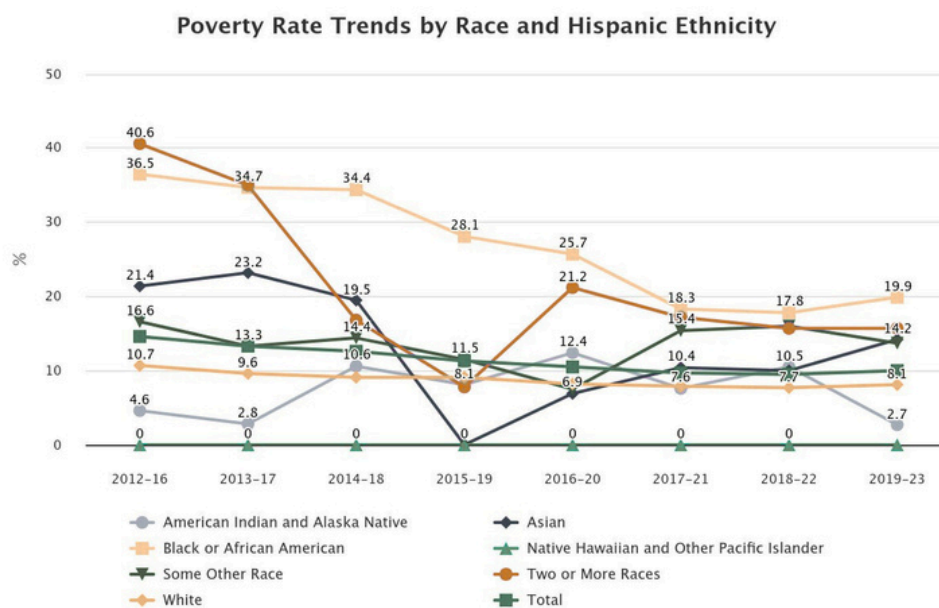
Several tracts report poverty rates above 20%, while others fall below 10%. These differences need to be kept in mind when looking at resource allocation, which is essential to address concentrated areas of need.



Racial disparities in poverty are pronounced. While 8.09% of White residents live in poverty, rates are substantially higher among Black residents (19.9%) and Asian residents (14.19%). When looking at trends, it's a general decline for all races, but still a slight increase for both the Black and Asian communities. These disparities point to structural inequities that may limit access to healthcare, nutritious food, stable housing, and other social determinants of health. Public health strategies should prioritize high-poverty zones with culturally responsive services, transportation support, and community partnerships to reduce barriers to care.



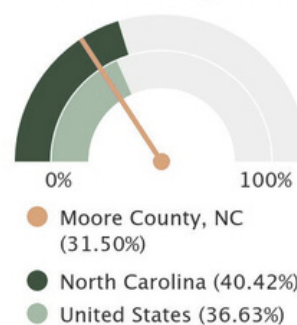
Data Source: US Census Bureau, American Community Survey, 2019-23.



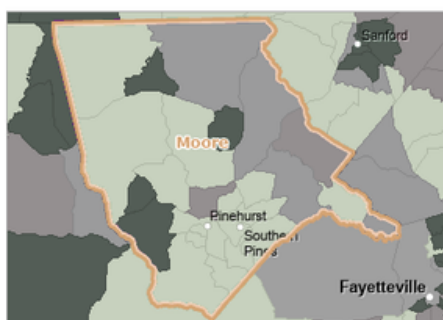
Data Source: US Census Bureau, American Community Survey. 2019-23.

Children face elevated economic vulnerability. Nearly one-third (31.5%) of Moore County residents under age 18 live in households earning below 200% of the federal poverty level—a threshold often used to identify families at risk for material hardship. Although this figure is lower than the state (40.42%) and national (36.63%) rates, it still represents a significant portion of the county's youth. Geographic data show that some census tracts have child poverty rates exceeding 56%, reinforcing the need for place-based interventions such as school-based health services, nutrition programs, and early childhood support.

Population Under Age 18 Below 200% FPL, Percent

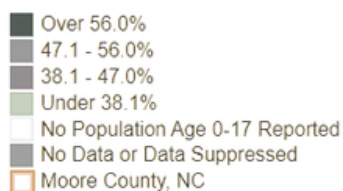


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.



Source: NC Data Portal

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2019-23



In summary, while Moore County performs well on broad poverty indicators, the data reveal deep disparities that must be addressed through equity-focused public health planning. Tailored interventions for children, racially marginalized groups, and high-poverty neighborhoods will be critical to improving health outcomes and advancing economic resilience across the county.

Living Income Standard: What it actually takes to make ends meet

Annual, per household

\$87,700

Monthly, per household

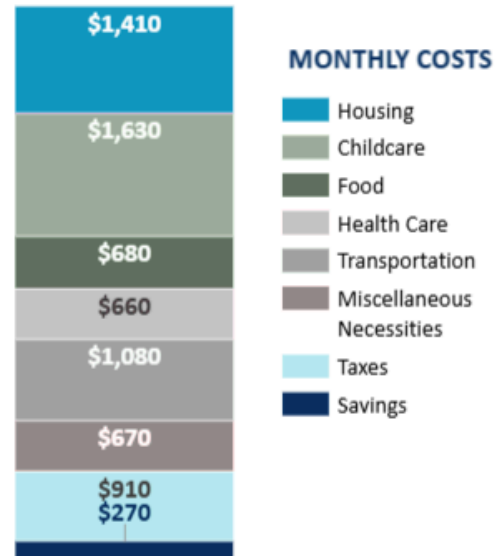
\$7,310

Hourly, per adult

\$42.20

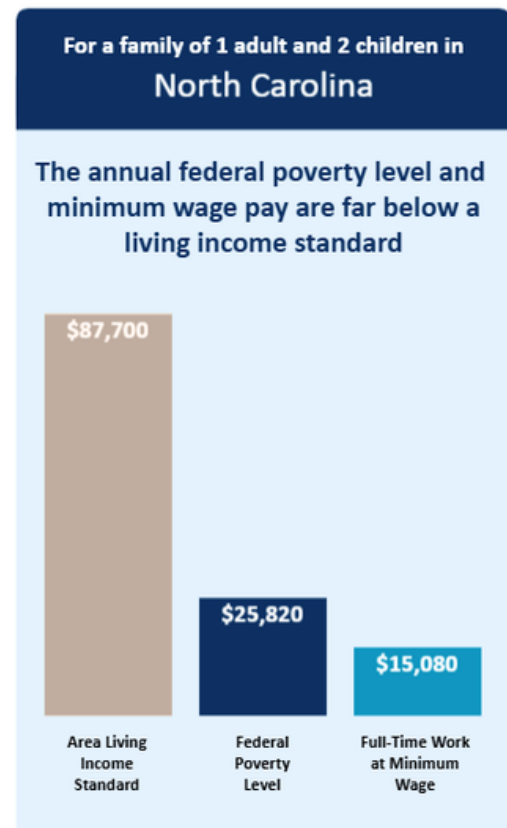
Costs of Basic Needs for 1 Adult and 2 Children in North Carolina

	Monthly	Annual
Housing	\$1,410	\$16,880
Child care	\$1,630	\$19,600
Food	\$680	\$8,110
Health care	\$660	\$7,910
Transportation	\$1,080	\$13,000
Misc.	\$670	\$8,050
Taxes	\$910	\$10,940
Savings	\$270	\$3,230
TOTAL	\$7,310	\$87,700



The NC Budget and Tax Center provides even more detailed insights into the economic conditions we're currently facing, including the rising cost of living. Larger families in North Carolina face sharply higher living costs, but the underlying pattern is the same: the basic cost of meeting essential needs is far above both the federal poverty level and what full-time minimum-wage work can provide.

For a 1-adult, 2-child household, the living income standard is \$87,700 per year, requiring the adult to earn \$42.20 per hour. Housing, child care, transportation, and taxes make up the largest shares of the monthly budget, and the family would need 233 hours of minimum-wage work per week—an impossible threshold (168 hours in a week)—to cover basic needs. This household must earn 3.4 times the federal poverty level, highlighting how far official poverty measures underestimate real living costs.



Source: NC Budget and Tax Center

Living Income Standard: What it actually takes to make ends meet

Annual, per household

\$110,880

Monthly, per household

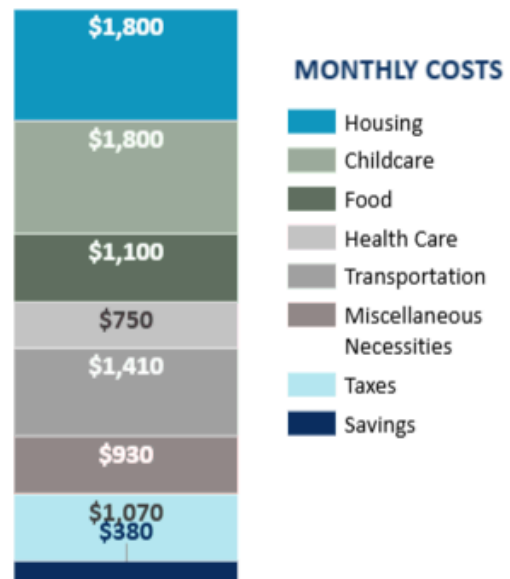
\$9,240

Hourly, per adult

\$26.70

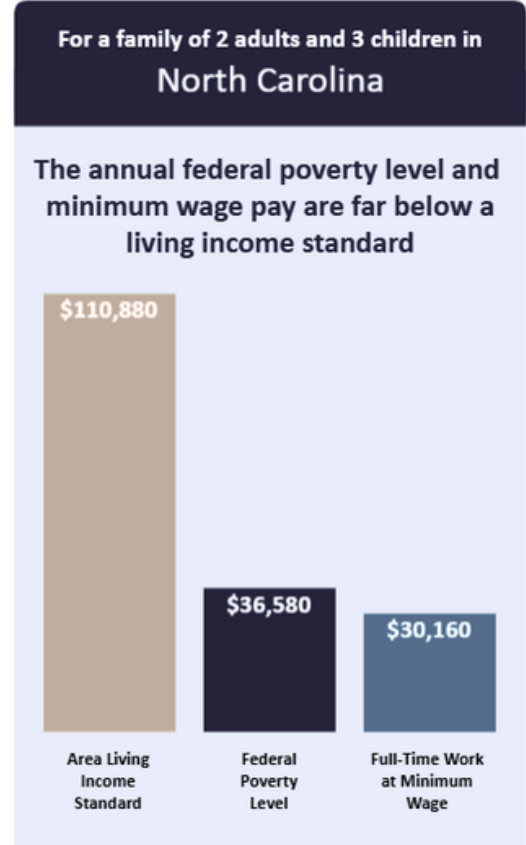
Costs of Basic Needs for 2 Adults and 3 Children in North Carolina

	Monthly	Annual
Housing	\$1,800	\$21,540
Child care	\$1,800	\$21,650
Food	\$1,100	\$13,140
Health care	\$750	\$9,060
Transportation	\$1,410	\$16,900
Misc.	\$930	\$11,170
Taxes	\$1,070	\$12,850
Savings	\$380	\$4,570
TOTAL	\$9,240	\$110,880



For a 2-adult, 3-child household, the annual cost rises to \$110,880, but the required hourly wage per adult drops to \$26.70 because two earners can share the burden. Even so, each adult would still need 147 hours of minimum-wage work per week, and the family must earn 3.0 times the federal poverty level to meet basic needs. Their largest expenses mirror the smaller household—housing, child care, transportation, and taxes—but the total cost of living is substantially higher due to the additional children and larger household needs.

Taken together, the data show that family size changes the total income required but does not change the core problem: the gap between real living costs and both minimum wage earnings and federal poverty thresholds is wide enough that even full-time work at low wages cannot sustain a family.



Source: NC Budget and Tax Center

Employment

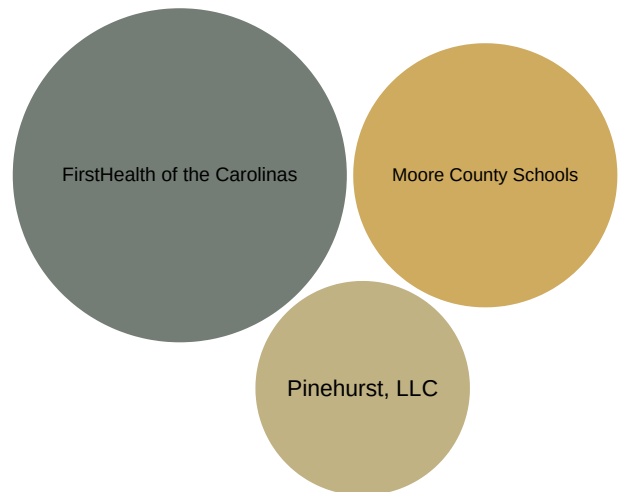
Competitive tax rates, paired with an average private-sector weekly wage of \$1,063 (Q2 2025), position Moore County as an economically attractive location for both residents and businesses, supporting growth and long-term sustainability. Economic stability and business growth directly influence public health by increasing employment opportunities, household income, and access to health resources—factors that reduce health disparities and improve overall community well-being.



Source: Moore County Economic Development

Moore County's civilian labor force of more than 43,000 is composed of diverse and skilled talent. Moore County's three largest private industry sectors and their employment percentages are:

- Healthcare & Social Assistance – 28.2%
- Accommodation & Food Services – 17.6%
- Retail Trade – 14.2%

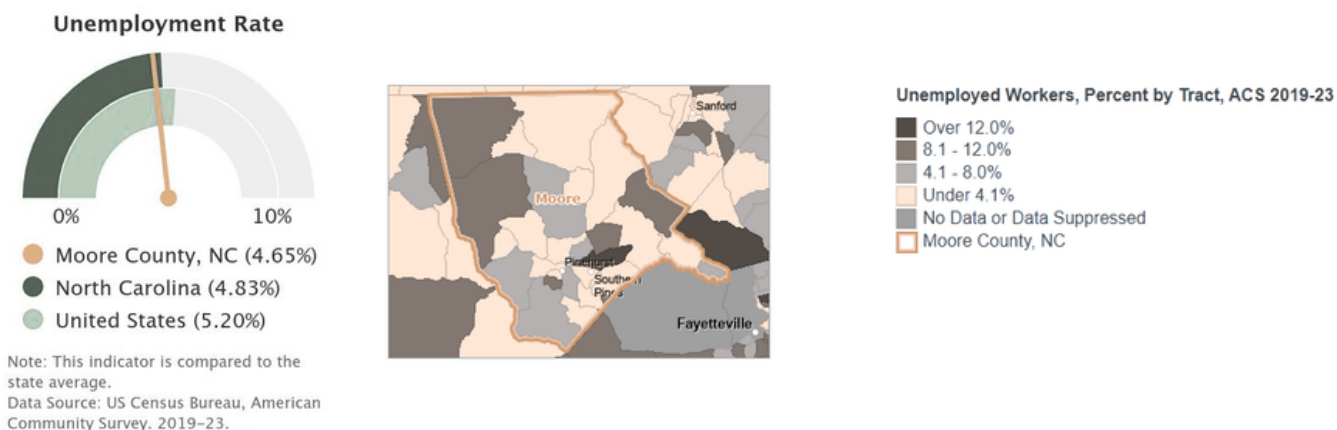


Source: Moore County Economic Development

Our strong manufacturing industry employs 5.0% of our private sector workforce. With our proximity to the world's largest military installation in nearby Fayetteville, we also have a growing defense & military industry sector.

In 2024, Moore County's top 3 employers each employed more than 1,000 workers:

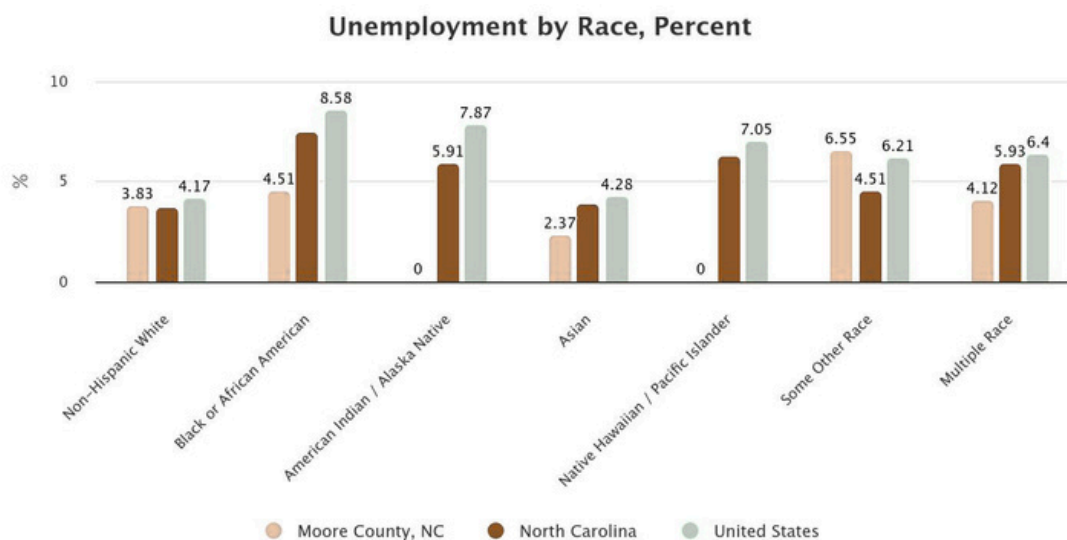
- FirstHealth of the Carolinas Moore Regional Hospital – +3,000 employees
- Moore County Schools – +1,700 employees
- Pinehurst, LLC – +1,000 employees



Moore County's unemployment rate sits slightly below both the state and national averages, reflecting relatively stable overall economic conditions. Yet the county's map and trend data show that unemployment varies widely across the region and has shifted over the past decade, with some racial and ethnic groups experiencing consistently higher joblessness than others.

Community feedback revealed that, although jobs are available, many do not align with childcare needs or health concerns, or they don't have adequate transportation. The most significant issue, however, is that wages are often insufficient to provide a decent standard of living.

Current racial comparisons highlight notable disparities: Non-Hispanic White residents have the lowest unemployment rate in the county, while "Some other Race" residents face rates more than double that level. When compared with North Carolina and the United States, Moore County generally performs better overall, but the gaps between racial groups mirror broader state and national inequities. These patterns underscore the need for targeted workforce and economic-opportunity strategies that address persistent disparities while building on the county's relatively strong overall employment landscape.



Crime rates can affect public health by causing direct injuries, fatalities, and chronic mental/physical health conditions while reducing life expectancy. Fear of crime discourages exercise and social interaction, leading to obesity and isolation. High crime also causes significant economic strain on healthcare systems.

While crime rates across North Carolina—including index, violent, and property crimes—are declining overall, Moore County has experienced an increase. Among peer counties, only Harnett County reports higher rates than Moore for all three categories of crimes. Statewide, juvenile violent crime rose by 10%, while rates for adults over 18 remained unchanged.

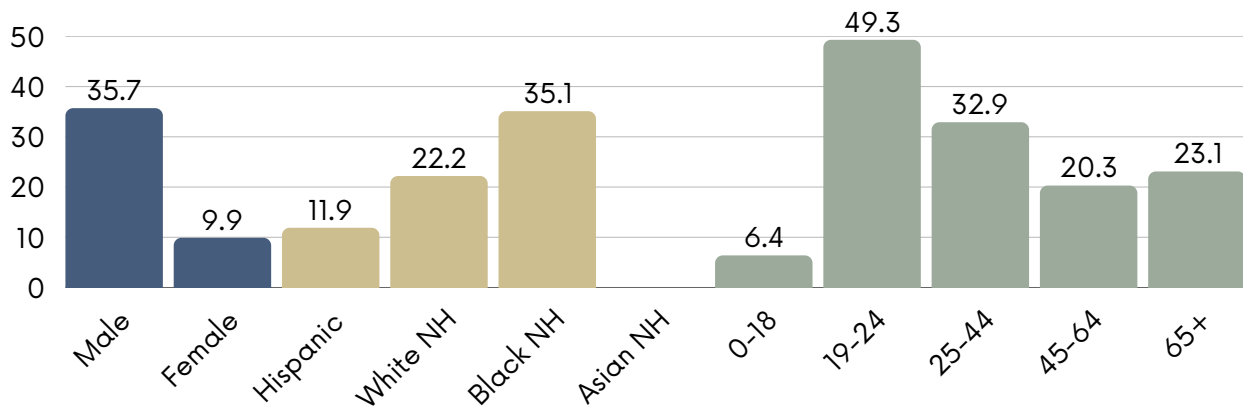
Index crime rates includes the **total** number of **murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts**. **Violent crime rates** include murder, rape, robbery, and aggravated assault only; while **Property crime rates** include burglary, larceny, and motor vehicle theft.

Crime Rates per 100,000 by County - 2024

	Index	Violent	Property
Moore	1379	166	1213
Chatham	1214.2	144.3	1069.9
Harnett	1863.5	306.9	1556.7
Henderson	1108.5	115	993.5
N. Carolina	2438.2	388.4	2049.8

Source: Crime in NC 2024 Annual Report

Violent Death Rate by Demographics; Moore County, 2013-2022



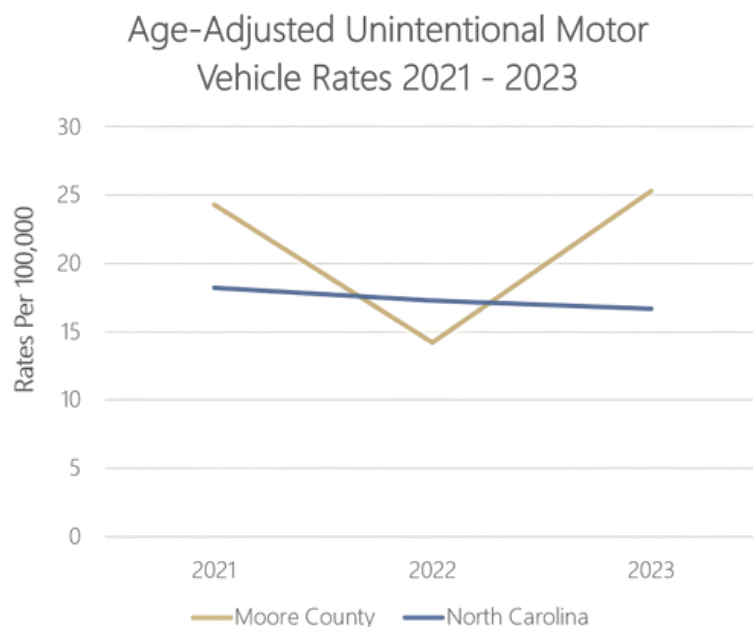
Source: Office of Violence Prevention

When looking at the data for the peer counties, while Harnett has higher rates across the three categories, the rates are still comparable, and all are much lower than state rates.

When you break up Moore County areas by categories, you can see a better picture of what is happening across the county. The numbers are different due to these are the actual number of cases reported to NC State of Bureau Investigation, while the other chart is rates per 100,000. For Moore County, the Violent Death Rates are affecting Black males in the 19-44 year range.

County	Agency	Year	Total Index Crime	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft
Moore	Moore Co. Sheriff	2024	451	2	21	3	43	109	232	41
	Aberdeen	2024	342	0	0	0	24	49	259	10
	Pinehurst	2024	63	0	4	0	7	10	38	4
	Southern Pines	2024	407	0	3	10	50	45	266	33
	Pinebluff	2024	10	0	0	0	0	1	8	1
	Vass	2024	114	0	0	0	1	102	11	0
	Whispering Pines	2024	13	0	0	0	0	4	9	0
	Foxfire Village	2024	4	0	0	0	0	2	2	0
	Taylortown	2024	3	0	0	0	0	0	3	0
	Moore County Schools Police	2024	20	0	0	1	3	2	13	1
	Offense Totals	2024	1,427	2	28	14	128	324	841	90

North Carolina State Bureau of Investigation - Crime Reporting Unit



NC State Center for Health Statistics

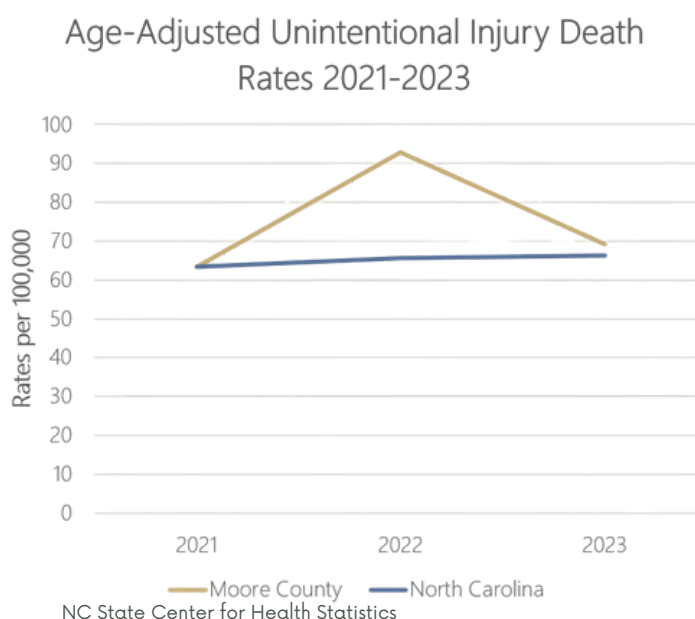
Moore County's unintentional injury and motor-vehicle death patterns show meaningful year-to-year shifts and highlight how different the county's experience is compared with statewide trends. Motor-vehicle death rates in Moore dipped in 2022 before rising again in 2023, creating a noticeable fluctuation that contrasts with North Carolina's

relatively steady pattern over the same period. This suggests that local factors—such as roadway conditions, traffic volume, or behavioral risks—may be influencing outcomes more strongly at the county level than at the state level. Continued growth in the county without updated infrastructure will only make improvement more difficult.

Unintentional injury deaths—which include overdoses, falls, and other non-motor-vehicle incidents—follow a different trajectory.

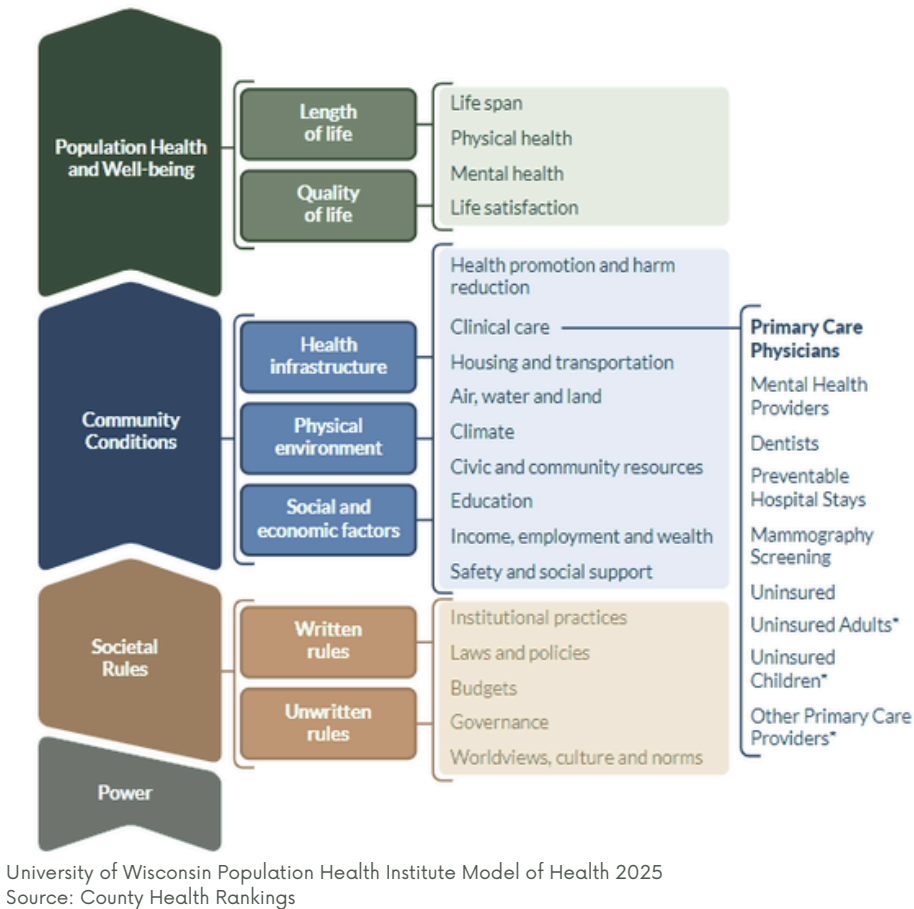
Moore County saw its highest rate in 2022 before experiencing a decline in 2023, while the statewide rate continued to inch upward. This peak-and-drop pattern indicates that Moore may have experienced a temporary surge in preventable injuries -

potentially driven by overdose trends, given their prominence in statewide data—followed by some stabilization. Even with the decline, unintentional injuries remain a leading cause of premature death, proving the importance of prevention strategies that address both behavioral risks and environmental safety.



Together, these trends show that Moore County needs interventions, particularly around motor-vehicle safety and overdose prevention, to reduce preventable deaths and improve long-term community health.

Access to high-quality clinical care is essential for community health. Care should be timely, safe, effective, affordable, and culturally respectful—providing the right treatment for the right person at the right time. While health insurance can improve access, it does not guarantee care; providers must be available, affordable, and within reach. Clinical care protects and improves physical, mental, and social well-being, yet access and quality vary widely by race, ethnicity, income, geography, and other factors. Different ethnicities and low-income individuals face greater barriers, including lack of insurance, language challenges, high costs, and limited provider availability. These disparities lead to poorer outcomes, and increased preventable hospitalizations among the uninsured. Health infrastructure, along with social, economic, and environmental conditions, shapes these realities and plays a critical role in creating healthier communities.



During the 2025 Community Health Assessment cycle, MooreHealth, in collaboration with community partners, conducted focus groups and surveys to better understand residents’ concerns about accessing needed healthcare. While Moore County generally offers a strong network of providers within its boundaries, gaps remain that must be addressed to ensure all citizens can access the care necessary to achieve optimal physical, mental, and social well-being.

Moore County is fortunate to have excellent medical resources serving both its residents and those in surrounding areas. The county surpasses the state average in primary care availability, with a ratio of 930:1 compared to North Carolina's 1,410:1. However, there is room for improvement in mental health provider access (350:1 vs. 290:1) and dental care (1,640:1 vs. 1,610:1). Continued population growth is helping bring practitioners closer to local communities, but it also creates increased competition for appointments—even with the abundance of resources available.

In the 2025 survey conducted by MooreHealth, access to care emerged as a major concern. The top three reasons community members reported not receiving needed care were high costs, lack of health insurance, and long wait times to see providers. Many participants noted that while they could afford monthly insurance premiums, their plans often did not cover the services they needed, and Medicare frequently excluded essential treatments.

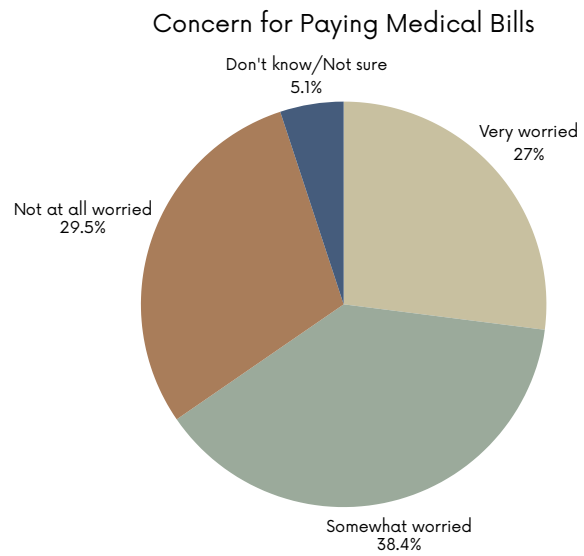
The survey also revealed the main reasons people delay care: having to pay out of pocket, high deductibles, and the inability to take time off work. 10% of participants reported putting off care due to lack of transportation.

When asked about services they need but cannot afford, the top responses were dental care, prescription medications, and—tied for third—mental health services, eyeglasses, and specialty care.

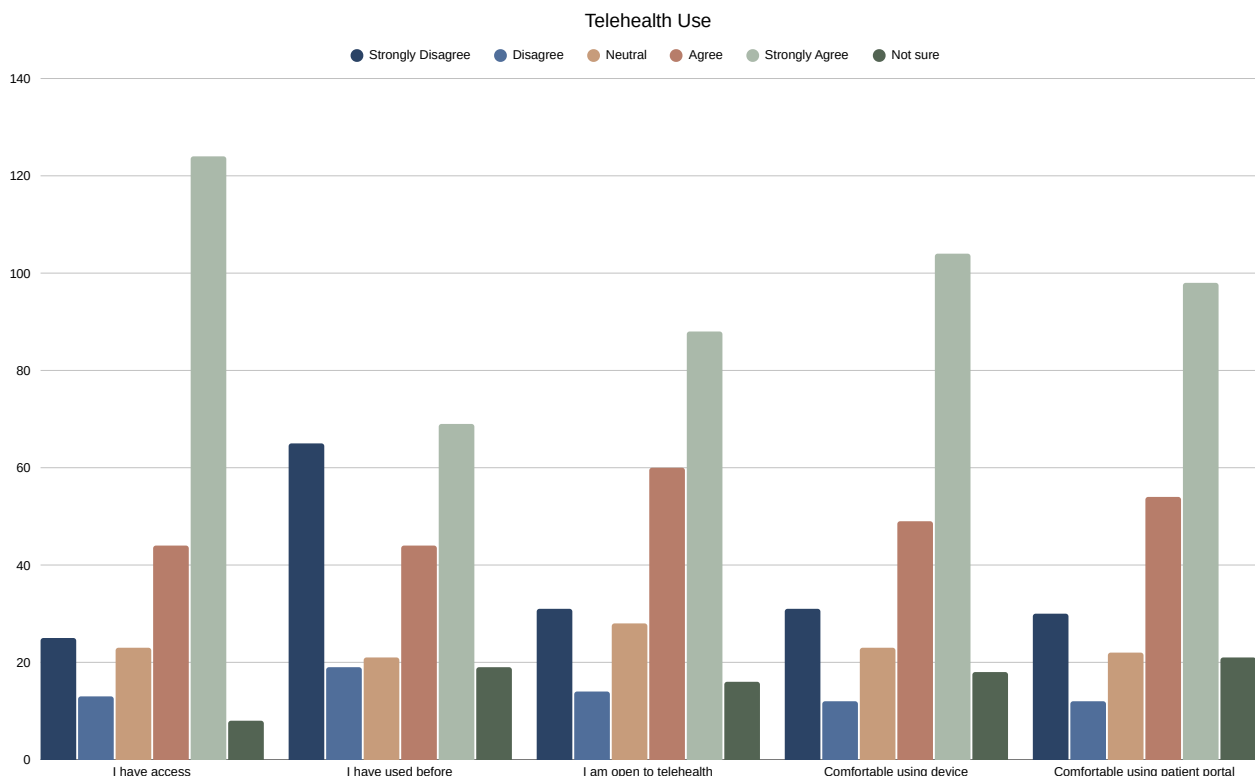
HEALTH CARE PROVIDERS	#IN MOORE CO. 2024
Physicians	393 (28)
Primary Care	93 (6)
Family Medicine	27 (3)
Internal Medicine	33 (--)
OB/GYN	19 (3)
Pediatrics	18 (2)
Psychiatrists	13 (9)
Psychologists	22 (4)
Change since 2021 (+, -)	
DENTISTS	#IN MOORE CO. 2024
Dentists	110 (9)
Dental Hygienists	95 (11)
Orthodontists	7 (2)
Periodontists	1 (--)
Oral Surgeons	6 (2)
Change since 2021 (+, -)	

Source: SHEPS Health Workforce NC

Healthcare affordability remains a significant concern in Moore County. 65% of survey participants reported worry about the cost of medical care in the event of an emergency, and 23% said they were turned away because their insurance was not accepted. Secondary data from 2022 shows that 2,479 hospital stays per 100,000 Medicare enrollees could have been prevented with timely outpatient care, with African American and Hispanic populations disproportionately affected.

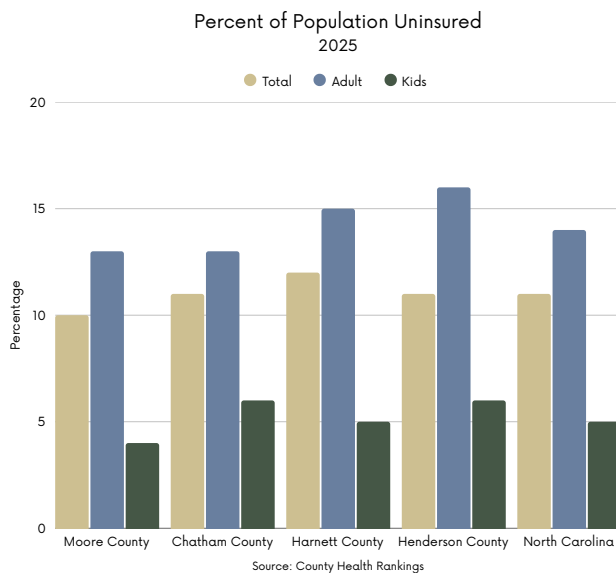
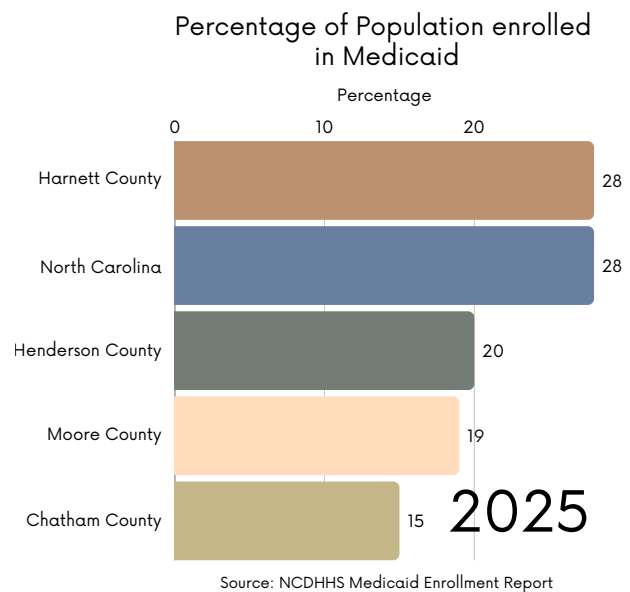


To improve access, community partners are exploring mobile and telehealth services. While most participants expressed openness to telehealth, some remain hesitant. Further research is needed to understand these concerns and ensure telehealth solutions are effective and sustainable, rather than a misallocation of resources.



Moore County has one of the lower Medicaid enrollment rates among peer counties, with about 19% of its population enrolled. This places the county below both the statewide average of 28% and the higher-need profile seen in Harnett County, which also sits at 28%. Overall, Moore County has a comparatively smaller share of residents relying on Medicaid, which could reflect a combination of higher household incomes, greater access to employer-sponsored insurance, or on

the other side, fewer residents meeting eligibility thresholds who still need assistance but don't qualify. As mentioned before, many lack insurance due to cost but still do not qualify for Medicaid.



Moore County shows comparatively strong insurance coverage, but with patterns that still matter for public health planning. Adults in the county have the highest uninsured rate, mirroring statewide trends, while children have the lowest uninsured rate among all groups shown—an encouraging sign for pediatric access to care. The overall share of uninsured residents in Moore County sits on the lower end compared with neighboring counties, suggesting relatively better access to employer-sponsored or private

insurance. Even so, the elevated uninsured rate among adults points to ongoing gaps in preventive care, chronic-disease management, and timely treatment. This means continuing to strengthen outreach to uninsured adults, supporting enrollment assistance, and ensuring that cost is not a barrier to essential services, while building on the county's strong coverage rates for children.

Housing

Moore County is experiencing significant growth, driven primarily by housing rather than along with business expansion. Compared to the monthly median income, the county is performing well, including within the housing market. The median home cost in Moore County aligns with peer counties but is notably higher than surrounding counties and the state average (\$288,900), which remain much lower. Homeownership rates are comparable to peer counties; however, rising median home prices, increasing insurance rates, and potentially higher tax rates, along with continued population growth are reducing the availability of affordable housing. This trend poses challenges for working-class residents, contributing to an increase in homelessness and creating a growing population of individuals who are “house poor,” struggling to maintain ownership despite high costs.



There were 47,285 households in 2024 in Moore County, NC with an average household size of 2.27 individuals

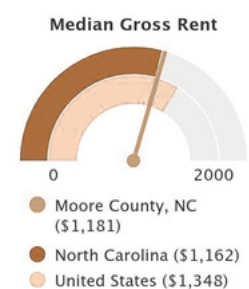


The median value of owner occupied housing units was \$361,000 in 2024



76.5% of occupied housing units were owned in 2024

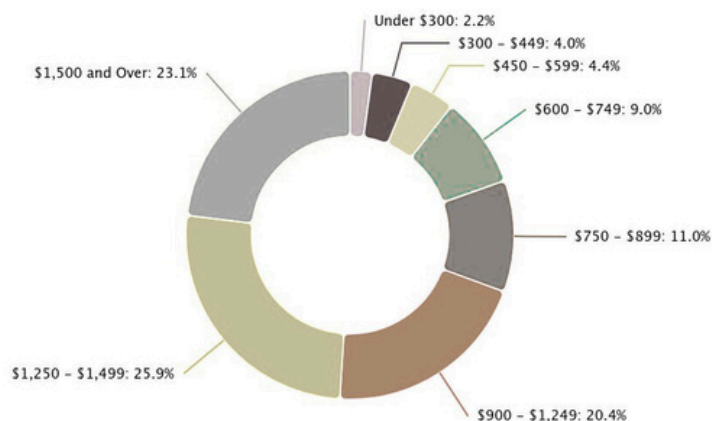
Moore County's rental landscape shows a community where housing costs sit slightly above the North Carolina average but below the national level, with a median gross rent of \$1,181. Most renters fall into mid- to high-range rent brackets, with more than two-thirds paying \$900 or more each month and nearly half paying at least \$1,250. Only a very small share of units rent for under \$600, indicating limited availability of low-cost housing.



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2019–23.

Renter-Occupied Housing Units, Total by Gross Rent Range

Moore County, NC

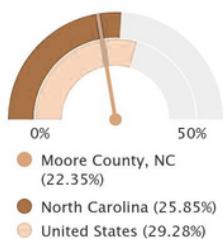


Data Source: US Census Bureau, American Community Survey, 2019-23.

From a public health perspective, this pattern signals important pressures: when affordable units are scarce, households are more likely to experience cost burden, which can force trade-offs between rent and essentials like food, medication,

transportation, and preventive care. Higher rent concentrations also tend to correlate with increased housing instability, overcrowding, and stress—factors that directly influence chronic disease risk, mental health, and family well-being. Understanding this distribution helps public health leaders anticipate where supports such as rental assistance, eviction-prevention programs, and community-based health services may be most needed to reduce inequities and strengthen overall community stability.

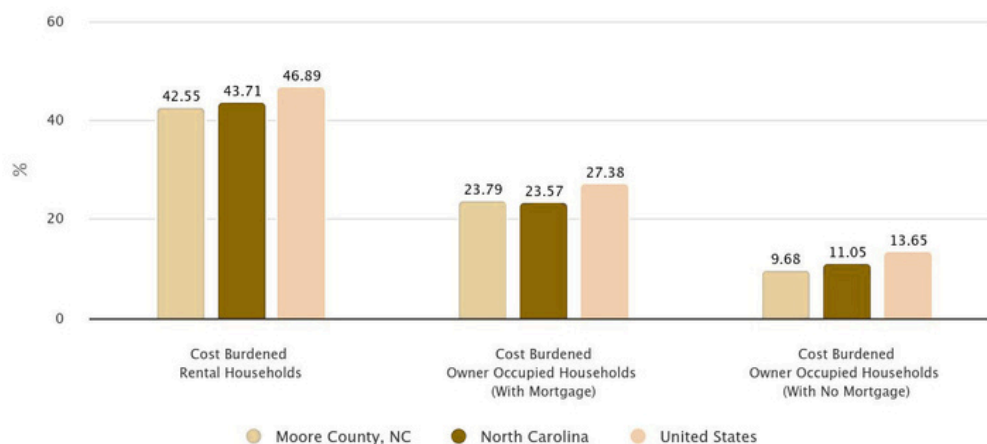
Percentage of Households where Housing Costs Exceed 30% of Income



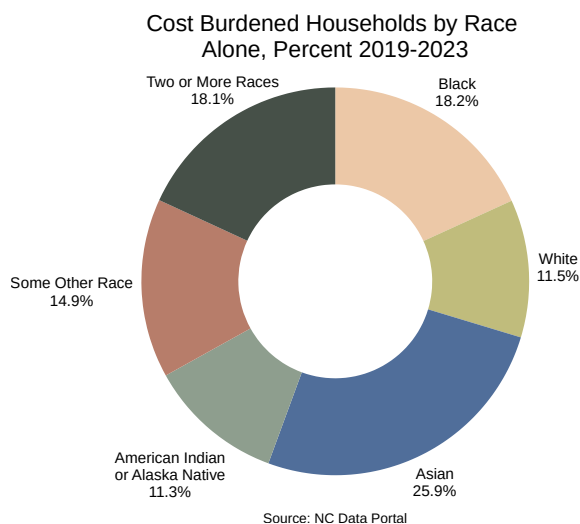
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2019-23.

In Moore County, 22.4% of households spend more than 30% of their income on housing, a rate lower than both the state (25.9%) and national (29.3%) averages. However, renters face a disproportionate burden: 42.6% are cost-burdened, compared to 23.8% of homeowners with mortgages and just 9.7% of those without. This disparity highlights the vulnerability of renters, who may be at greater risk for housing instability, financial stress, and related health challenges.

Cost-Burdened Households by Tenure, Percent

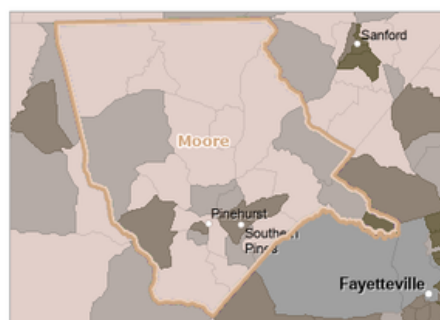


Data Source: US Census Bureau, American Community Survey, 2019-23.

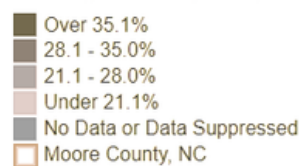


Racial disparities are also evident—41.1% of Black households in Moore County are cost-burdened, significantly higher than the 20.3% rate among White households. Hispanic households represent 7.3% of those experiencing housing cost burden. These inequities suggest that housing affordability

intersects with race and ethnicity, shaping access to safe, stable living conditions. From a public health standpoint, high housing cost burdens can lead to delayed medical care, poor nutrition, and increased mental health strain. Targeted interventions—such as affordable housing development, rental support, and culturally responsive outreach—are essential to reduce these burdens and promote health equity across Moore County.



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2019-23



Source: NC Data Portal

In addition to these concerns, 11.8% of owner- and renter-occupied housing units in Moore County are classified as “substandard housing.” This designation applies when a residence meets at least one of the following conditions:

1. Lacks complete plumbing facilities
2. Lacks complete kitchen facilities
3. Has 1.51 or more occupants per room
4. Mortgage costs exceed 50% of gross (pre-tax) income
5. Rent costs exceed 50% of gross (pre-tax) income

According to the MooreHealth survey, 22% of residents reported concerns about water leaks, pest infestations, and mold, while 13% expressed worry about holes in floors and air conditioning, and 10% were concerned about heating issues. Additionally, 22% of respondents were worried about their ability to pay rent or mortgage within the past 12 months, and 13% were concerned about paying utility bills such as water, electricity, or heating.

According to the US Department of Housing and Urban Development, Moore County identified 59 people experiencing homelessness, which is a 28% increase from 46 individuals in 2023. That total included 39 adults, 19 children, and one unaccompanied minor. These figures however, were determined by a PIT (point in time) snapshot that occurred over one night in 2024.

When looking at McKinney-Vento data, you can see how much more concerning Moore County's homeless situation is. Moore County Schools identified 293 students, just students enrolled in MCS, for the 2023-2024 school year. 25 of those children were identified as 0-5 years old. 69% of our 293 students identified as "doubled-up" meaning they are living with other families due to eviction or lack of affordable housing.

At the end of the 2021-2022 school year, 7 families were living in hotels, while during the 2024-2025 school year, that number rose to 40 families, a 471% increase.

53% of "Families in Transition" (FIT), how these students families are labeled, identify as Black, with 52.9% identify as white, and 24% of that 52.9% identify as Latino. It is important to remember when looking at these numbers, Blacks account for 11% of the population in Moore County and Latinos account for 8% of the population.

These students are not just struggling in all aspects of wellness, but their academics especially is affected. Based on 24-25 EOG data, 24% of FIT students reached proficiency, while 70% of Non-FIT students achieved the same goal. This deficit is not a reflection based on potential, rather a housing instability barrier. Based on this data, it is clear that the housing situation is more dire than previously alluded to.

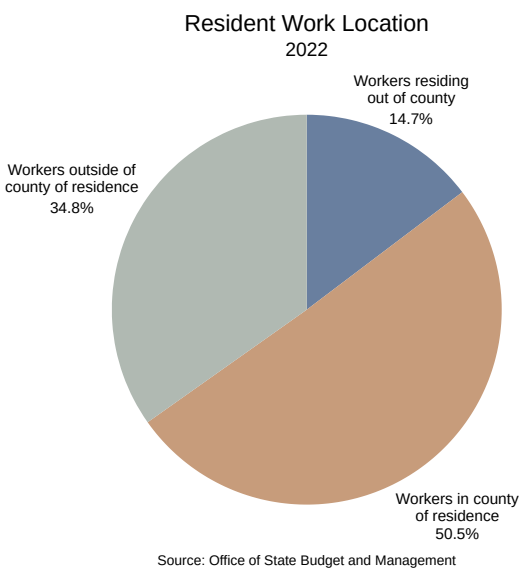
MooreHealth survey results identified 9% of their participants as someone living with a friend or relative, 5% were displaced, and 3% had been living on the streets/car/shelter within the past 12 months. MooreHealth focus groups identified "Homelessness/Affordable housing" as one of their top three concerns. Further discussions were held on this issue to try to determine next steps to addressing this problem.



Transportation

Moore County can be reached directly by U.S. Highways 1 and 15-501 and NC Highways 24/27, 211, and 73. Smaller Moore County highways include 705, 22, 2, and 5. Interstates 95, 85, and 40 are all readily accessible in less than one hour. Moore County has a total of 1,500+ miles (growth of county being factored in) of state maintained roads in total of 706 square miles border.

The mean travel time to work is 25.8 minutes. The majority of Moore County employees live in county (50.5%) with a comparable number working outside of the county but live in Moore County (34.8%). We have a 14.7% of workers in Moore County who travel here for work but do not live in county.



With such a wide area, it can be difficult to get to different points without transportation. Within cities/towns it is a little easier, but in the more rural areas it is much more difficult.

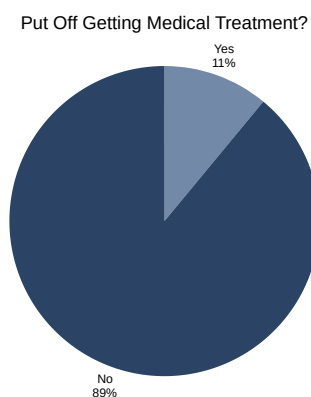
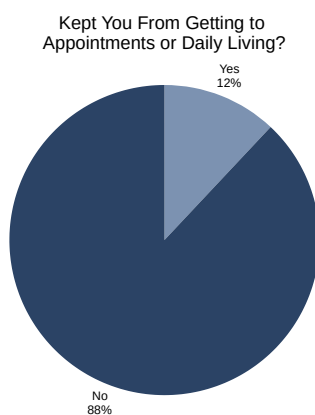
CITY	WALKABLE SCORE
Aberdeen	60
Cameron	24
Carthage	37
Foxfire Village	15
Pinebluff	28
Robbins	39

CITY	WALKABLE SCORE
Southern Pines	76
Taylortown	36
Vass	39
Pinehurst	58
West End	15
Whispering Pines	0

“Walkability” refers to how easily residents can navigate their community on foot. It is assessed using a “Walk Score”, which rates neighborhoods on a scale from 0 (least walkable) to 100 (most walkable). The score is determined by factors such as intersection density, residential density, and proximity to amenities like grocery stores, parks, and restaurants.

It’s important to note that these scores reflect the central city areas only and do not account for rural/suburban regions or commuting between different parts of the county.

The benefits of walkable communities become clear when considering recent data: 1,781 occupied housing units in Moore County have no vehicle, while 12,237 units have only one vehicle available. These figures reflect occupied housing and do not include individuals who are transient or experiencing homelessness. Fortunately, 16,074 units have two vehicles available, which helps offset transportation challenges for some households.

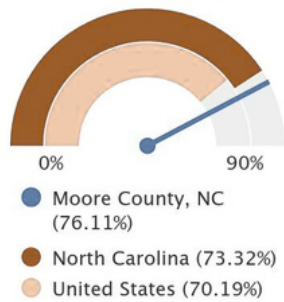


Transportation is a critical social determinant of health (SDOH), shaping access to healthcare, essential resources, and overall quality of life. When transportation is limited, unreliable, or unaffordable, individuals face barriers to access healthcare, healthy food, child care, and employment opportunities just to name a few. These challenges can lead to poor health outcomes, unmanaged chronic conditions, and increased social isolation—impacts felt most acutely by low-income, elderly, and rural populations.

In the 2025 survey and focus groups, transportation emerged as one of the community’s most pressing concerns. Even those not personally affected recognized the serious impact it has on others. Moore County, while not the largest in North Carolina, covers a vast area, making reliable transportation essential for accessing healthcare appointments, picking up medications, getting children to school or childcare, commuting to work, and buying groceries. When these needs cannot be met, the consequences for health and well-being are significant and felt by the majority of our community.

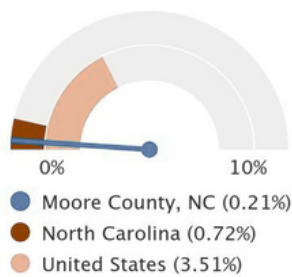
In the survey, 34% believe one of the main reasons people do not get care is because of transportation, and 40% of people believe it is the number one problem affecting the health of others in the community. In a focus group, it was said, “Transportation is a major obstacle impacting employment, medical care, therapy, parent engagement, school meetings and overall stability.”

**Percentage of Workers
Commuting by Car, Alone**



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2019–23.

**Percent Population Using
Public Transit for Commute
to Work**



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2019–23.

Although we were unable to gather a larger sample of community members facing transportation challenges, the responses we did collect clearly show that transportation barriers prevent individuals not only from attending medical appointments but also from meeting basic daily needs.

In Moore County, personal transportation is essentially the only reliable way to access work, childcare, and other daily needs. As shown in the graphs, our reliance on personal vehicles is higher than both state and national averages due to the lack of public transportation options beyond Moore County Transportation Services (MCTS). MCTS provides reservation-based rides for older adults, individuals with disabilities, and limited general public use. While this service is invaluable for those who can access it, significant barriers limit its reach. Expanding on the strong foundation MCTS has built—while addressing these barriers—could greatly improve mobility across the county and enhance quality of life for many residents.

Moore County is also home to other forms of transportation, such as air travel and rail. The Moore County Airport near Carthage supports general aviation and private aircraft but no longer offers commercial flights; major airports in Raleigh, Charlotte, Fayetteville, and Greensboro are within 1–2 hours. Amtrak's Southern Pines station provides daily service on the Silver Star line between New York and Miami, with nearby connections in Cary and Hamlet.



Data Collection



Secondary Data

For the 2025 health assessment, MooreHealth prioritized amplifying the voices of our community to ensure that their perspectives were accurately represented. While we were able to gather valuable insights through surveys and focus groups, the sample size was smaller than anticipated, and we recognize that perspectives can vary widely. The input we received was invaluable; however, to gain a more comprehensive understanding and validate our findings, we supplemented this information with secondary data sources.

These additional data sources provided a broader view of community health and included:

- US Census Bureau
- NC Data Portal
- NC Department of Health and Human Services
- County Health Rankings and Roadmaps
- Additional state and local resources (see the full list under References)

Primary Data

MooreHealth conducted a Community Health Assessment Survey from August through October 2025. The survey utilized a convenience sampling method and was made available in both online and paper formats. As responses were collected, it became evident that certain demographic groups were underrepresented. To address this gap, we engaged “County Champions”—trusted community members—who played a critical role in encouraging participation among these key populations, ensuring a more accurate reflection of the community.

The survey explored social determinants of health, community opinions, and priority health concerns, including mental health and substance use. In total, 247 completed surveys were received. The data was analyzed and compared with findings from focus groups and secondary data sources to provide a comprehensive assessment.

Focus groups were facilitated by FirstHealth of the Carolinas and our local United Way Board. Between January and March 2025, FirstHealth conducted four focus groups across the county, engaging a total of 22 participants. These sessions included general community member groups as well as specialized groups, such as individuals living with chronic conditions and first responders, including law enforcement, fire, and EMS personnel.

The results of the focus groups are as follows:

TOP 3 CONCERNS IDENTIFIED



Mental Health



**Homelessness/ Availability
of affordable housing**



Substance Use

VISION OF A HEALTH COMMUNITY

- Community resources and ability to access them
- Parks and Recreation - access to green spaces and activities
- Equitable access to all healthcare services



COMMON THEMES

- Interest in Parks and Recreation
- Access to affordable housing in the county
- Mental health and substance use resources
- Focus on caring for an aging population
- Need to increase awareness of available resources and ways to get connected

In August 2025, United Way initiated a series of focus groups comprised of leaders from various sectors who work directly with the public and have firsthand insight into the needs and systemic gaps related to Social Determinants of Health. Two sessions were held, with the second building upon the discussions and findings of the first. The final results and recommendations from these sessions are included in the appendices. It is essential to recognize that all of these factors are deeply interconnected and influence one another.



Housing affordability remains a critical issue, with most new construction and rentals priced far beyond the reach of the local workforce, while older, naturally affordable housing continues to deteriorate. Stigma surrounding “affordable housing” further complicates solutions, and homelessness among school-aged children is a growing concern.



Childcare costs are prohibitively high, compounded by low wages for providers, staff shortages, and long waiting lists, leaving families in a bind that affects other aspects such as education, transportation, and employment.



Education gaps persist, with weak foundational literacy and numeracy, limited parenting skills, and overwhelmed teachers, while life skills deficits among youth and adults hinder workforce readiness.



Mental and physical health services are constrained by provider shortages, long wait times, transportation barriers, and poor care coordination.



Transportation itself is a cross-cutting obstacle, affecting employment, healthcare access, and childcare.



Financial literacy deficits contribute to economic instability, and systemic fragmentation across agencies creates navigation challenges for families.



Technology and social media exacerbate issues of stigma, isolation, and reduced parental engagement, while cultural barriers discourage individuals from seeking help.

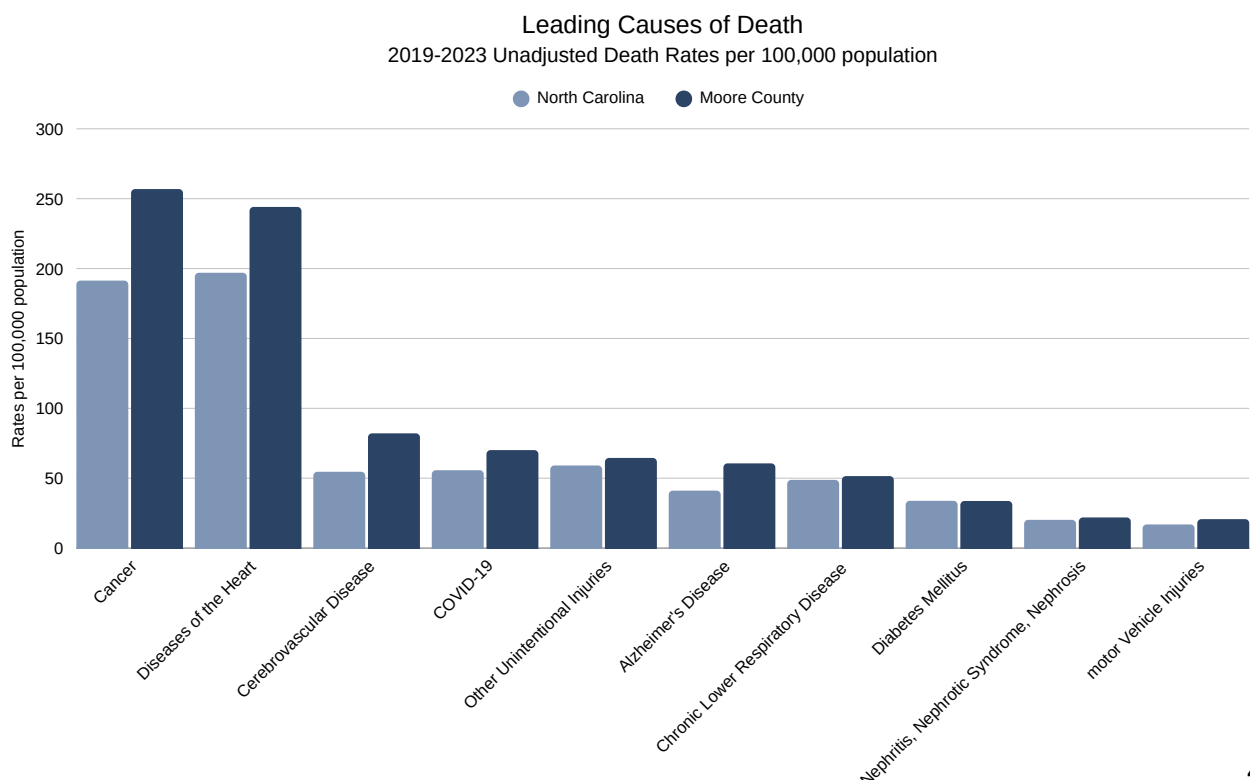
Health Status of the Community



Leading Causes of Death

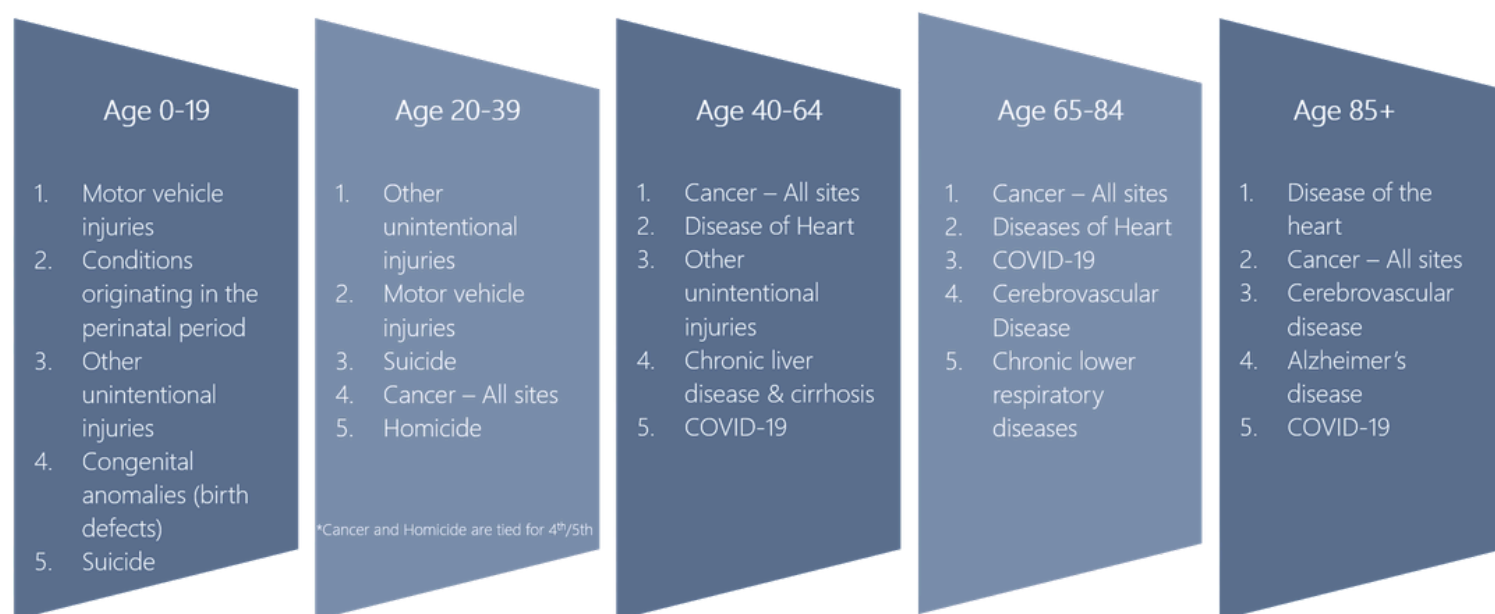
Across 2019–2023, Moore County consistently experiences higher death rates than North Carolina overall for several major causes, particularly cancer, heart disease, and unintentional injuries. These elevated rates signal persistent chronic-disease burdens and injury-related risks within the county. Age-specific national data show that leading causes of death shift significantly across the lifespan—from injuries and perinatal conditions in youth, to chronic diseases such as cancer and heart disease in middle and older adulthood—mirroring the patterns seen locally.

Gender-specific data for Moore County reveal notable disparities: males have substantially higher mortality rates than females for cancer, heart disease, and unintentional injuries, while females experience higher rates of Alzheimer's disease. Cancer-specific mortality further highlights demographic differences, with lung cancer showing the highest death rates across all groups, especially among African American residents and males. Other cancers, such as colorectal, pancreatic, breast, and prostate cancer, show variation by sex and race, underscoring the need for targeted prevention and screening efforts.



Across the lifespan, County data show that suicide emerges as a significant cause of death far earlier than most chronic diseases, appearing among the top five causes for both the 0–19 and 20–39 age groups. Its presence alongside motor-vehicle injuries and other unintentional injuries underscores how behavioral health, risk-taking environments, and access to mental-health support shape mortality long before chronic disease becomes dominant. This pattern connects directly to the earlier section’s emphasis on Moore County’s elevated injury-related death rates, suggesting that prevention efforts cannot focus solely on older adults or chronic disease management.

Instead, communities benefit from a dual approach: strengthening mental-health supports and injury-prevention strategies for youth and young adults, while also addressing the chronic disease burden that becomes more prominent in midlife and beyond. The shift from injury-driven mortality in younger ages to cancer, heart disease, and cerebrovascular conditions in older adults mirrors the disparities seen nationally, which means that Moore County’s mortality profile isn’t random. However, with higher-than-expected injury and chronic disease rates, the need for age-specific, upstream interventions that span behavioral health, safety, and chronic disease prevention are essential.



Source: NC State Center for Health Statistics

The comparison between Moore County leading causes of death for 2022 and 2025 shows that while cancer and heart disease remain the top two causes of death, Moore County has seen encouraging signs of stability and even improvement in several areas.

2022 LEADING CAUSES OF DEATH			2025 LEADING CAUSES OF DEATH		
1	Cancer	251.6	1	Cancer	256.9
2	Diseases of the Heart	235.6	2	Diseases of the Heart	244.1
3	Alzheimer's Disease	75.2	3	Cerebrovascular Disease	82.1
4	Cerebrovascular Disease	70.1	4	COVID - 19	70.1
5	Chronic Lower Respiratory Diseases	61.0	5	Other Unintentional Injuries	64.5

Source: NC State Center for Health Statistics

Alzheimer's disease and chronic lower respiratory diseases, both prominent in 2022, no longer appear in the top five by 2025—suggesting potential gains in management, early detection, or supportive care for older adults. Although cerebrovascular disease and unintentional injuries rise in ranking by 2025, these shifts occur due to the improvements for Alzheimer's Disease and chronic lower respiratory diseases. This also highlights clearer targets for prevention efforts, allowing the community to focus resources where they can have the greatest impact.

The appearance of COVID-19 in 2025 reflects ongoing national trends, yet its rate remains comparable to other mid-tier causes (Cerebrovascular disease, other unintentional injuries, etc.) rather than overwhelming the landscape, such as Cancer and Heart Diseases. Meaning, COVID-19 was a concern, but not a primer driver of mortality in Moore County. Overall, despite some fluctuations, the data point to areas of progress and reinforce that Moore County is making strides in reducing certain chronic disease burdens while gaining a sharper understanding of where future interventions can continue to improve health outcomes.

Chronic diseases are a long-term health condition—typically lasting one year or more—that requires ongoing medical care, limits daily activities, or both. These conditions generally cannot be cured but can be managed through treatment, medication, and lifestyle adjustments. Many are considered “preventable,” meaning that healthy lifestyle habits can significantly reduce the risk of developing them. However, genetic predispositions also play a role; over time, some individuals have inherited genetic variations that increase susceptibility to chronic illness, making it possible to develop these conditions even with proper lifestyle management.

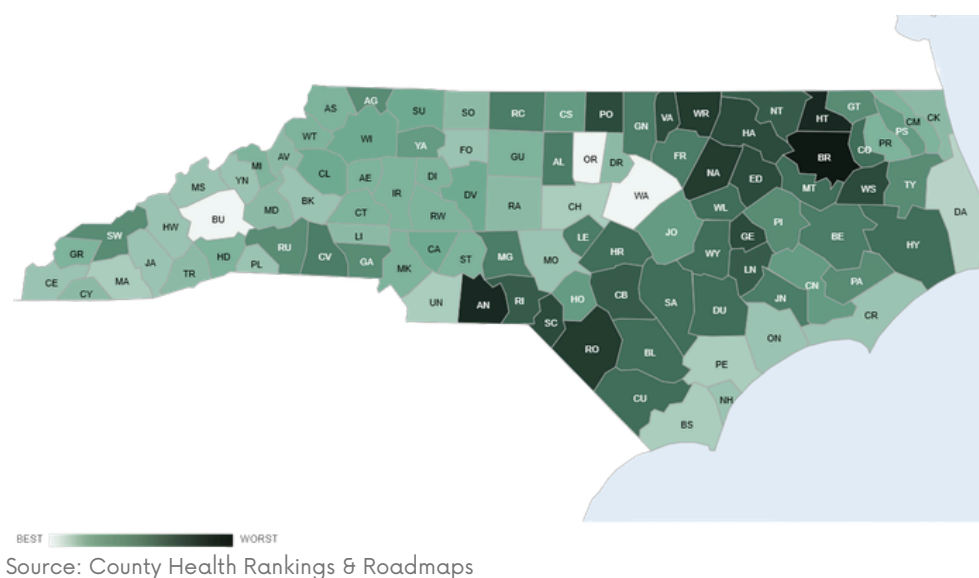
When we talk about healthy lifestyle habits, we focus on behaviors such as:

- **Tobacco/Vaping Use:** Smoking/vaping and exposure to secondhand smoke are major contributors to cancer, heart disease, COPD, and lung diseases.
- **Dietary Habits:** Diets high in processed foods, sugar, and unhealthy fats increase the risk of obesity, diabetes, and cardiovascular disease.
- **Physical Inactivity:** A sedentary lifestyle significantly raises the risk of obesity, type 2 diabetes, and heart disease.
- **Alcohol Consumption:** Excessive or chronic alcohol use can lead to liver disease, certain cancers, and heart problems.
- **Poor Sleep:** Chronic sleep deprivation weakens the immune system and promotes inflammation.
- **Stress Management:** Persistent stress keeps the body in a constant “fight-or-flight” state, negatively impacting the nervous system and overall health.

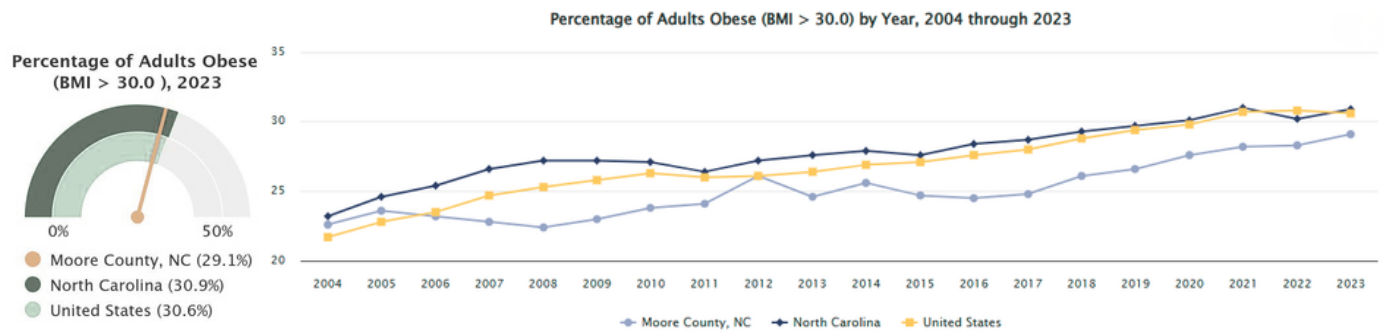
When looking at survey and focus group results for Moore County, we see a mix of helpful and concerning health behaviors. Most people reported eating only modest amounts of fruits and vegetables, with the largest groups consuming 4–7 servings of vegetables and just 0–3 servings of fruit in a week. “Sugary drink” consumption was generally low, as nearly half of respondents reported no drinks. Screen time tended to fall in the 1–2 hour range, suggesting moderate daily use. Physical activity patterns showed that most people exercised for 1–4 hours, and home was the most common place to be active. Overall, the patterns reflect a community with moderate exercise habits, but with room for improvement in diet (see Appendix A).

OBESITY

Obesity trends have a profound impact on chronic disease because excess body weight is a major risk factor for many of the conditions that drive illness, disability, and premature death. As obesity rates increase, communities typically see parallel rises in heart disease, type 2 diabetes, hypertension, stroke, and certain cancers—conditions that place long-term strain on both individuals and health systems. Higher obesity prevalence also accelerates the onset of chronic disease, meaning people develop these conditions earlier in life and live with them longer, increasing the need for ongoing management and care. At the population level, these trends translate into greater healthcare costs, reduced quality of life, and widening health disparities, especially in areas where access to preventive services, healthy foods, and safe places for physical activity is limited. Understanding obesity as a driver of chronic disease explains why monitoring these trends and investing in prevention—through nutrition, physical activity, and supportive community environments—is essential for improving long-term health outcomes.



The 2023 obesity data reveal several stark contrasts that help clarify Moore County's position within the broader state and national landscape. Most notably, Moore County's adult obesity rate of 29.1% is significantly lower than both the North Carolina average (30.9%) and the national average (30.6%), placing the county on the more favorable end of the spectrum. This advantage is consistent across both men (28.6%) and women (29.7%), with Moore County showing lower obesity percentages for each gender compared to state and national figures.



Although Moore County has consistently remained below state and national obesity rates, the prevalence of obesity has steadily increased over the past two decades. While the county performs better than many of its peer counties across North Carolina, obesity continues to be a significant concern—particularly when examining chronic disease data. The availability of local resources and supportive community conditions that help mitigate risk is a notable strength. Building on these assets will be essential as we work to reverse this upward trend.

CANCER

Rates of Cancer Incidence per 100,000 population

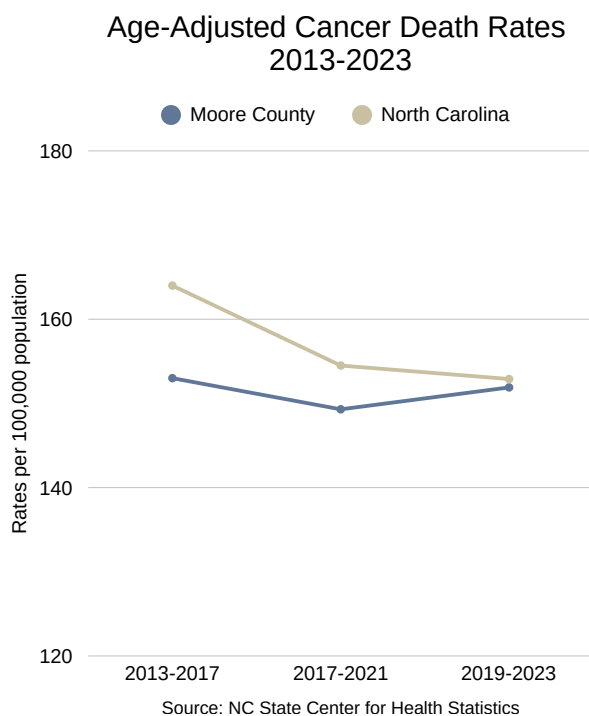
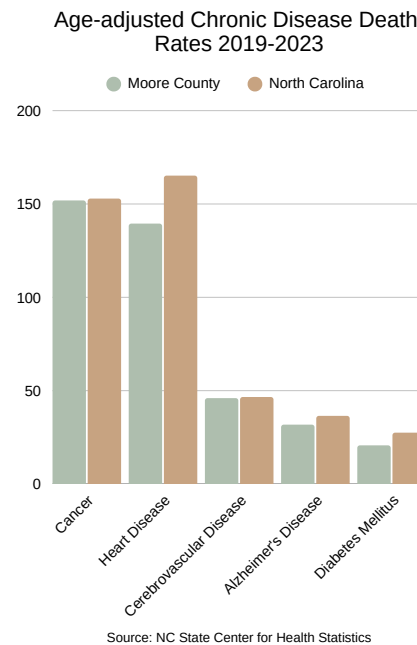
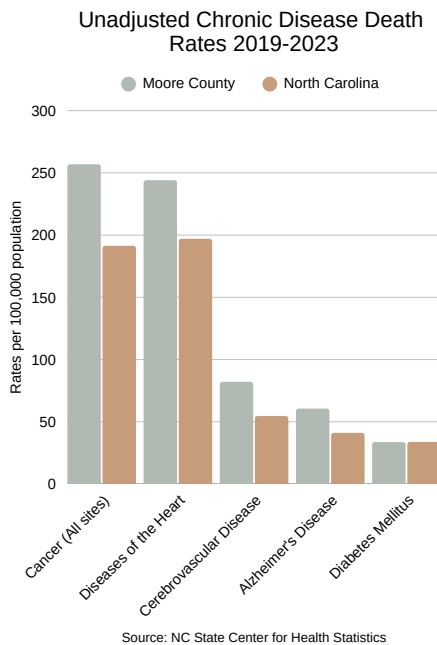
Type of Cancer	Moore County Rate	North Carolina Rate
Cancer - All sites	511.6	495.3
Prostate	153.5	132.2
Breast	163.9	176.7
Colon	30.4	35.5
Lung	58.5	74.8

Source: NC State Center for Health Statistics

Moore County's cancer landscape shows a mix of higher overall incidence (how many individuals are diagnosed) but nuanced patterns across specific cancer types and population groups. While the county's total cancer incidence rate exceeds the state average, it reports lower diagnosis rates for breast, colon, and lung cancers, with prostate cancer standing out as notably higher than the state.

Unadjusted (crude) death rates - what we use when looking at leading causes of death in Moore County - shows the actual, observed, raw mortality rate in a population, heavily influenced by its age structure. Conversely, age-adjusted rates are statistically weighted to remove the effect of age, allowing for fair comparisons between populations with different age distributions.

When examining leading causes of death, unadjusted rates provide the initial picture. However, as we begin comparing individual diseases, especially for Moore County where 24% of it's population is 65 years and older, age-adjusted rates offer a more accurate basis for analysis.



When comparing chronic disease mortality, Moore County's age-adjusted cancer rates generally track closely with North Carolina's, though trends over the past decade show Moore County's cancer death rates declining and remaining consistently below the state. Recently, Moore County is narrowing the gap with North Carolina.

Age-adjusted Cancer Death Rates Amongst Race/Ethnicity and Gender 2019-2023

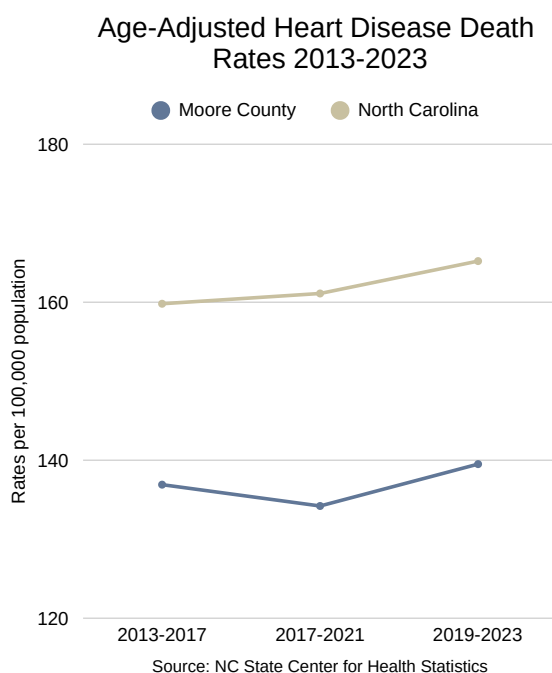
Cancer	White, non-Hispanic	African American, non-Hispanic	Hispanic	Male	Female
Colon, Rectum, and Anus	11.8	N/A	N/A	16.2	10.0
Pancreas	13.4	N/A	N/A	13.6	12.7
Trachea, Bronchus, and Lung	32.3	45.4	N/A	42.7	25.9
Breast	20.5	N/A	N/A	N/A	19.3
Prostate	18.0	N/A	N/A	18.8	N/A

Source: NC State Center for Health Statistics
Rates per 100,000

N/A indicates that the number is too low to calculate a reliable rate

Age-adjusted breakdowns further highlight disparities across race and gender, particularly for lung, breast, and prostate cancers. Mortality patterns reveal African American males experiencing disproportionately high lung cancer death rates and men overall dying from colon cancer at higher rates than women. Cancer as a whole is the number one leading cause of death for ages 40-84 in Moore County, and as the leading cause of death for both men (187.5) and women (124.7) as a whole.

DISEASES OF THE HEART



Heart disease is the second leading cause of death in Moore County. This category includes conditions such as Coronary Artery Disease, myocardial infarction (heart attack), heart failure, Congenital Heart Disease, and Chronic Rheumatic Heart Disease, among others.

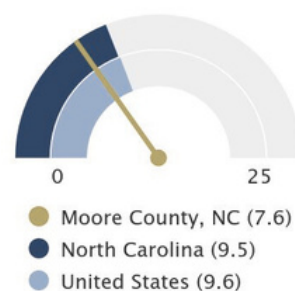
For individuals aged 40-84, heart disease is the second leading cause of death, but it becomes the leading cause for those 85 and older. There is a significant disparity among Black males and females, who experience much higher rates of heart disease compared to other racial and ethnic groups.

Age-Adjusted Death Rates of Diseases of the Heart per 100,000 population

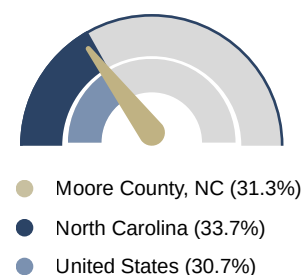
Counties	2013-2017	2017-2021	2019-2023
Moore	136.9	134.2	139.5
Chatham	106.2	110	115.5
Harnett	195.4	179.3	177.3
Henderson	136.3	143.5	149.1
North Carolina	159.8	161.1	165.2

Source: NC State Center for Health Statistics

Cardiovascular Disease Hospitalizations, Rate per 1,000 Medicare Beneficiaries



Adults 18+ with High Blood Pressure



Although the numbers are rising, Moore County continues to perform better than peer counties and the state average. Moore County's cardiovascular hospitalization rate may reflect effective chronic-disease management, strong access to primary care, and preventive behaviors that help reduce the need for inpatient treatment. At the same time, when paired with Moore County's higher heart-disease mortality, the data highlights an important contrast: while hospitalizations are less frequent, severe or late-stage cardiac events may still be contributing to deaths.

While not always labeled a "heart disease", high blood pressure (hypertension) is a major contributor to these illnesses and is often listed in conjunction with heart disease. Moore County's high blood pressure rate of 31.3% places it just below the North Carolina average but slightly above the national level, positioning the county in a middle ground that still warrants attention. While the rate is not as elevated as the statewide figure, it reflects that nearly one-third of adults are living with a major risk factor for heart disease and stroke. This level of hypertension prevalence reinforces the importance of ongoing prevention and management efforts, especially given the county's older population and the heart-disease mortality patterns we've been analyzing. High blood pressure remains a widespread chronic condition that can contribute to more severe cardiovascular outcomes if not effectively controlled, supporting the need for continued community-level education, screening, and access to primary care.

CEREBROVASCULAR DISEASE

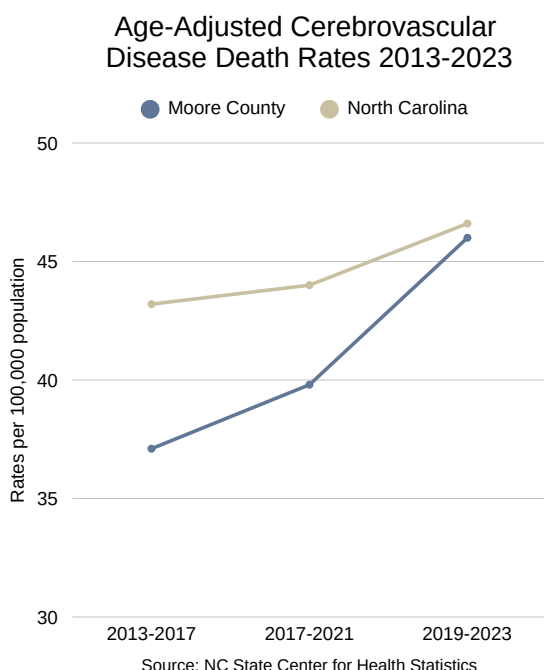
Another condition often associated with “heart disease,” but classified as a separate subset, is Cerebrovascular Disease (stroke). While “heart disease” refers to illnesses affecting the heart itself, including its valves, Cerebrovascular Disease involves the blood vessels that supply oxygen to the brain. It is often linked to lifestyle factors and poor health choices that impact vascular health.

Stroke is the third leading cause of death in Moore County, primarily affecting residents aged 65 and older. Although local stroke mortality rates remain slightly below the state average and comparable to peer counties, it continues to be a major concern in the context of chronic disease. Racial disparities persist, with Black residents experiencing higher rates of stroke. Gender differences are minimal, with rates nearly evenly split between males (47.3) and females (43.9) in Moore County.

**Cerebrovascular rates per 100,000 population in Moore County
2019-2023**

White, non Hispanic	Black, non Hispanic	Hispanic	American Indian	Asian	Male	Female
43.7	76.5	N/A	N/A	N/A	47.3	43.9

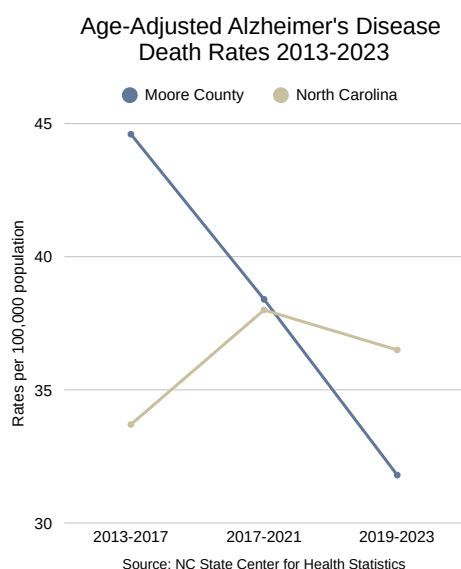
Source: NC State Center for Health Statistics



Stroke is closely linked to high cholesterol, particularly elevated LDL (“bad”) cholesterol, which is largely influenced by diet. HDL (“good”) cholesterol, which is improved through exercise, works together with LDL to determine your total cholesterol level. Higher HDL can help offset LDL and lower total cholesterol, but only to a certain extent. A healthy diet is essential for reducing LDL levels and, in turn, lowering the risk of stroke and heart disease.

In Moore County, 31.5% of residents have been diagnosed with high cholesterol, slightly above the state rate of 31.4%. As with other chronic conditions, proactive measures—such as regular screenings, access to primary care, and ongoing education—are critical to prevention and management.

ALZHEIMER'S DISEASE

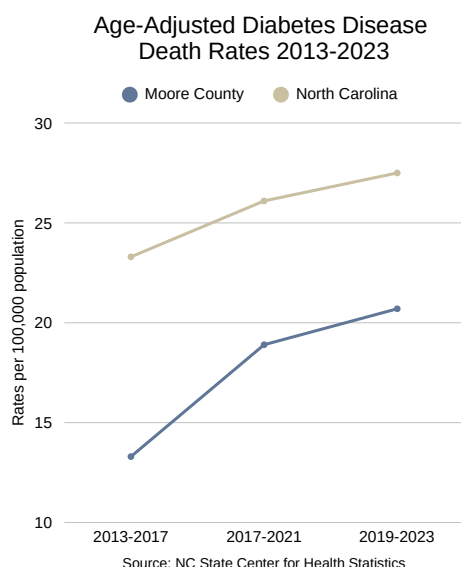


Moore County has made significant progress in reducing Alzheimer's-related deaths. Since 2022, Alzheimer's has dropped from the third leading cause of death to the sixth. Rates are fairly consistent across racial and ethnic groups, but higher among females (37.5) compared to males (24.2). Alzheimer's does not become a major contributor to mortality until age 85 and older, which aligns with the fact that women have a longer life expectancy than men.

While progress has been made, continued vigilance is essential to sustain these gains and prevent regression. Key factors contributing to this success likely include, but are not limited to:

- Risk reduction strategies
- Early detection and timely diagnosis
- Enhanced caregiver support
- Promotion of healthy lifestyles
- Encouraging cognitive engagement
- Increasing public awareness to reduce stigma

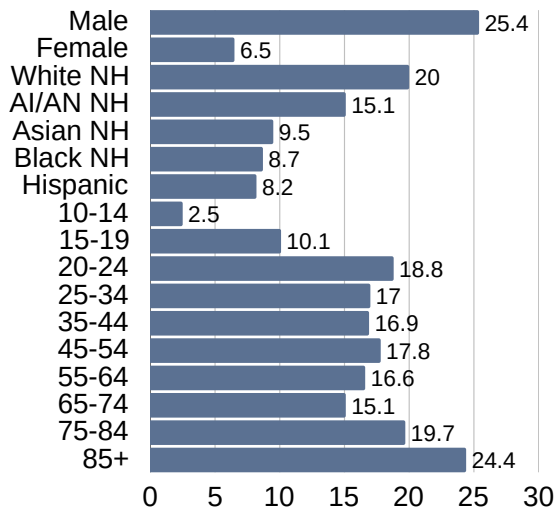
DIABETES MELLITUS



Diabetes remains low among the leading causes of death, ranking eighth—unchanged from previous years. Moore County consistently reports rates below the state average and lower than all peer counties except Henderson. However, significant disparities exist among racial groups: Black residents (48.1) experience much higher rates compared to White residents (17.7). Gender differences are minimal, with males at 23.4 and females at 18.4.

Along with Alzheimer's disease, we must remain vigilant in our efforts to keep numbers low. This includes implementing risk reduction strategies, ensuring early detection and timely diagnosis, promoting healthy lifestyles, and increasing public awareness to reduce stigma.

Suicide Rate per 100,000 North Carolina, 5-Year Rate



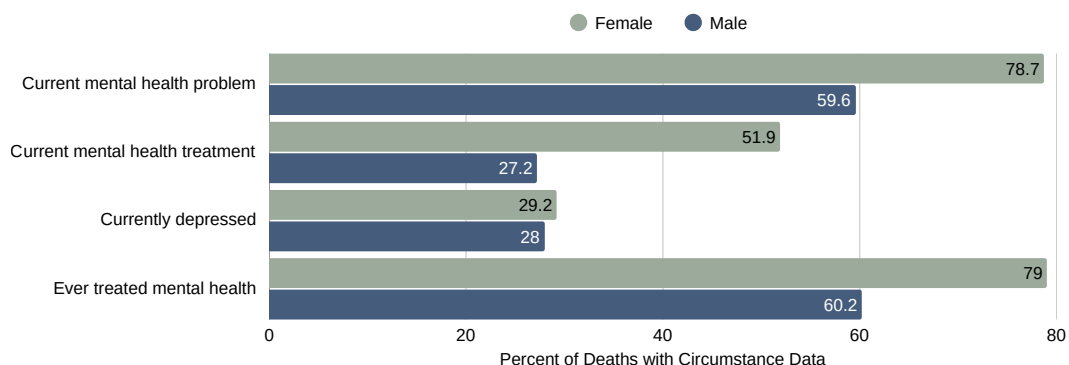
Source: NCVDRS Dashboard

84 and 24.4 among those over 84 years, reinforcing the vulnerability of both younger and older populations.

To better understand Moore County's suicide data, it is helpful to first examine statewide trends for a broader perspective. North Carolina's suicide data reveals a clear pattern of disproportionate impact across sex, race, and age, highlighting a complex behavioral health landscape with distinct high-risk groups. Men experience a suicide rate nearly four times that of women (25.4 vs. 6.5 per 100,000), accounting for the vast majority of deaths statewide. Risk rises sharply in adolescence, peaks among those ages 20–24 (18.8), and remains consistently high through midlife. Rates climb again in later adulthood, reaching 19.7 among adults ages 75–

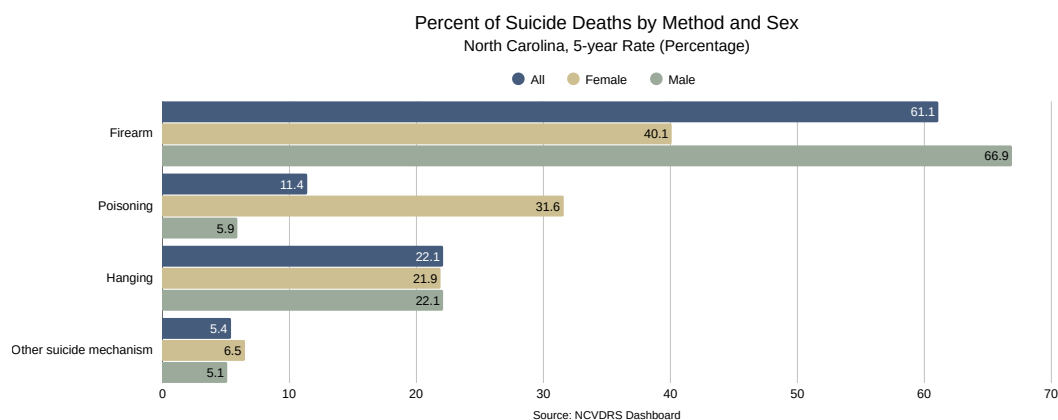
Mental health circumstances surrounding suicide deaths further illustrate gendered differences in help-seeking and treatment access. Women who die by suicide are far more likely than men to have a documented mental health condition (78.7% vs. 59.6%) and to be receiving treatment at the time of death (51.9% vs. 27.2%). Yet rates of current depression are similar across sexes, suggesting that men may be less likely to engage with the mental health system despite comparable levels of distress.

North Carolina, 2023 Breakdown by Sex; Mental Health (Percentage)

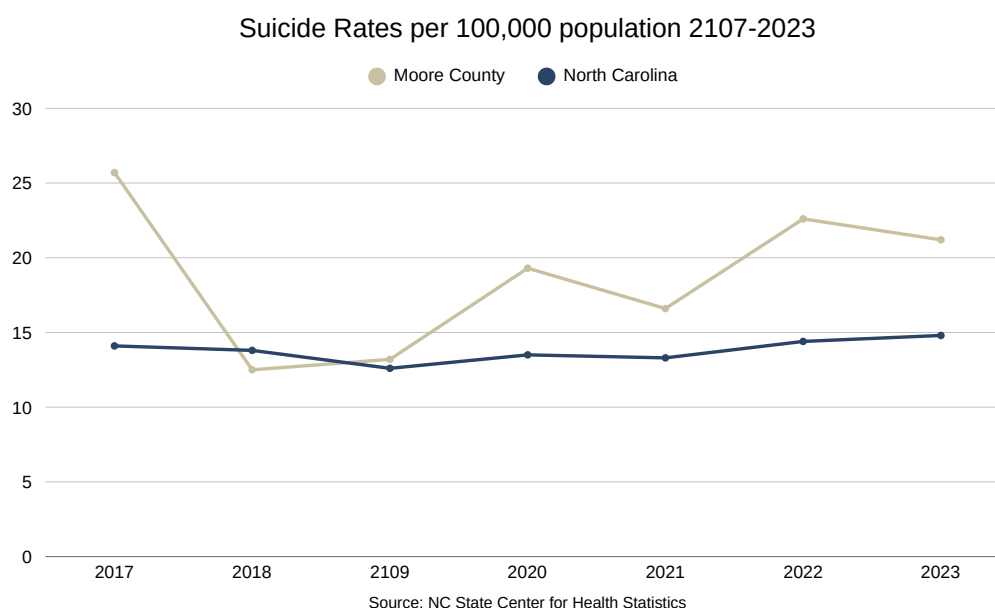


Source: NCVDRS Dashboard

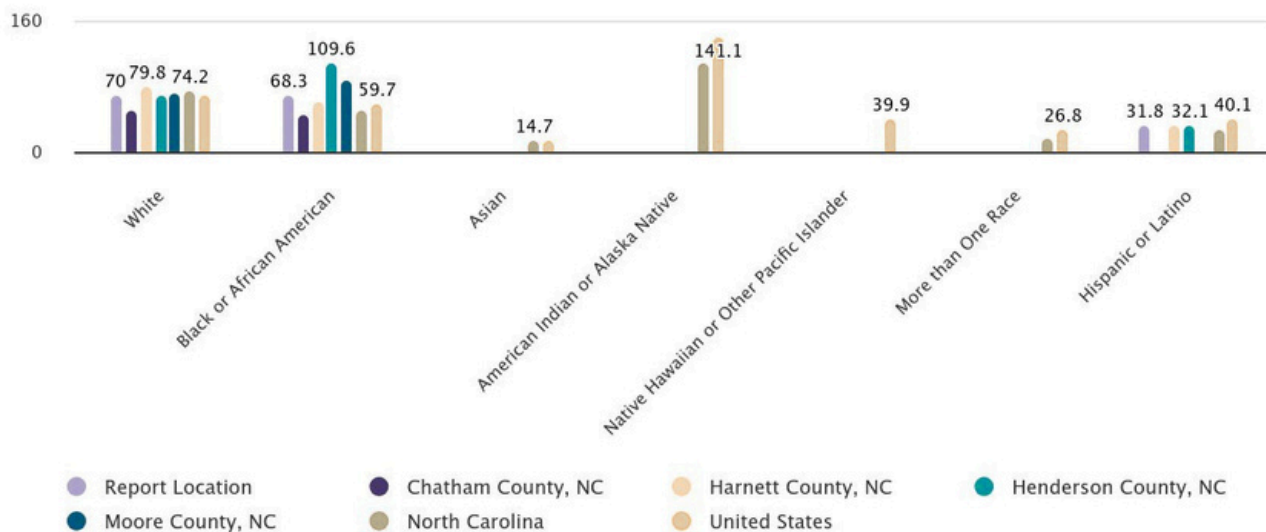
Method of suicide shows some gender variation: firearms account for men is almost double that of women, while poisoning is just over 6 times the amount for women compared to men. This information helps us to fill in gaps of understanding where county data lacks.



Moore County's mental health landscape reveals a complex and concerning picture, marked by elevated risks and widening disparities across age, gender, and race. While residents report slightly fewer poor mental health days (4.8) than the North Carolina average (5.0), this modest difference is overshadowed by the county's rising suicide trend—one of only seven counties in the state experiencing an upward trajectory both locally and nationally. Suicide is the the third leading cause of death among the 20-34 year olds in the county. Moore's suicide rate exceeds the national average, with stark demographic imbalances: men die by suicide at more than three times the rate of women (30.1 vs. 8.5 per 100,000), and young adults ages 20-39 face the highest burden (31.8), followed by middle-aged adults 40-64 (19.2). Among white males, the suicide rate surges to an alarming 57.9 per 100,000.



Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Race and Hispanic Ethnicity

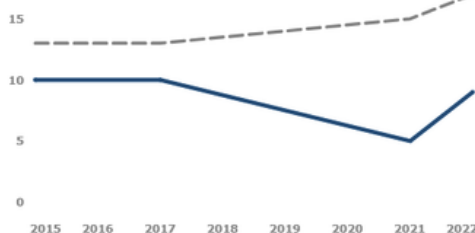


Data Source: Centers for Disease Control and Prevention, CDC – National Vital Statistics System. Accessed via CDC WONDER. 2019–2023.

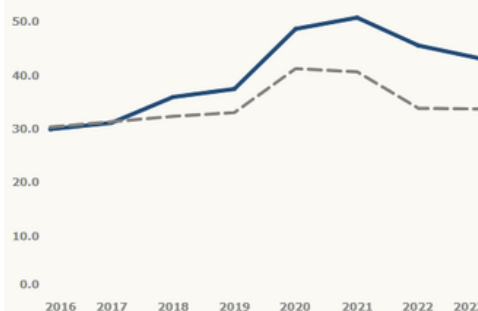
The broader category of “deaths of despair”—which includes suicide, drug overdose, and alcohol-related disease—further highlights Moore County’s disproportionate burden. With a crude rate of 67.4 per 100,000, Moore surpasses neighboring counties like Chatham (47.5), Harnett (66.7), and Henderson (66.3), as well as the state (61.6) and national (58.5) averages. Despite these elevated rates, Moore and its peer counties lack racial and ethnic breakdowns for deaths of despair, limiting visibility into potential inequities. However, one can see that Moore and Henderson County both have higher deaths of despair amongst Black residents vs. White residents, which is different compared to the trends seen at the state level.

CHILD AND ADOLESCENT PSYCHIATRISTS

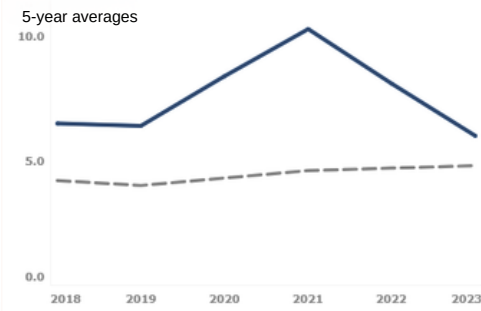
The American Academy of Child and Adolescent Psychiatry (AACAP) considers a region with 46 or fewer CAPs per 100,000 children to have a moderate to severe shortage



BEHAVIORAL HEALTH EMERGENCIES



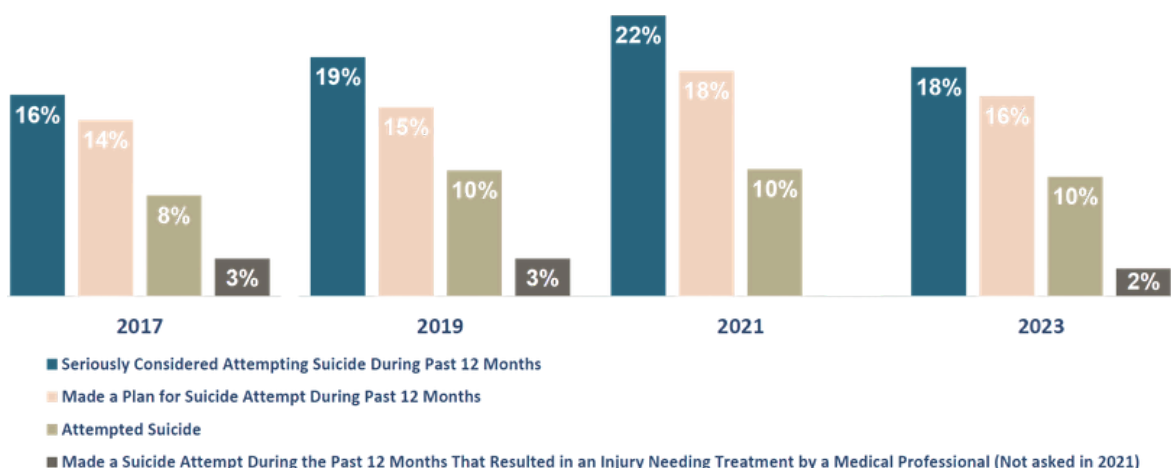
YOUTH SUICIDE RATE



Source: Mapping School Based Mental Health

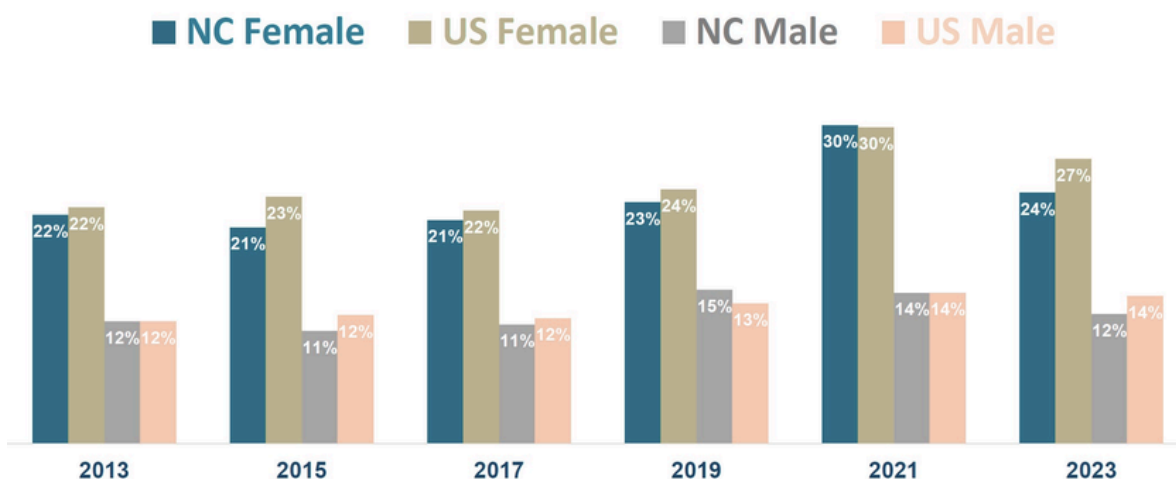
Additional indicators reinforce the strain on Moore County’s behavioral health system. Line graphs tracking behavioral health emergencies, and youth suicide rates from 2015 to 2023 show persistent or rising trends, suggesting that mental health challenges are not isolated but systemic. The availability of child and adolescent psychiatrists remains limited, further complicating access to care. Taken together, these data paint a picture of a county grappling with high mental health burdens, uneven access to services, and urgent needs for prevention, treatment, and equity-focused strategies.

Suicidal Behaviors 2017-2023 NC High School Students



There are rising mental health concerns among students and youth, and the suicide-related data reveal troubling but nuanced trends. Between 2017 and 2023, the percentage of North Carolina high school students who seriously considered suicide increased from 16% to a peak of 22% in 2021, then declined slightly to 18% in 2023. Suicide attempts have remained around 10% since 2019, while attempts requiring medical treatment remain lower but still concerning. Gender-specific patterns are particularly striking: female students consistently report far higher rates of suicidal ideation than male students, both in North Carolina and nationally. Although recent NC female rates fall slightly below national averages, the overall trend underscores a sustained mental health burden—especially among girls and LGBTQ+ youth.

Seriously Considered Suicide in Past 12 Months 2013-2023 NC High School Students vs. US High School Students



At the same time, persistent risk behaviors that affect both immediate safety and long-term wellbeing are rising. Engagement with school nurses for known drug use has grown significantly, climbing from approximately 1,600 students in 2016–2017 to more than 3,000 in 2022–2023, before a small decline in 2023–2024. This increase may reflect both worsening substance-use challenges and improved identification or help-seeking within schools. Youth Risk Behavior Survey findings add important context: North Carolina high school students report several risky behaviors at levels similar to or slightly higher than national averages. These include not using pregnancy prevention (14% vs. 12%), using alcohol or drugs before sex (21% vs. 18%), current e-cigarette use (21% vs. 17%), and misuse of prescription pain medication (15% vs. 12%).

Source	Measure	NC YRBS Data (2023)	US YRBS Data (2023)	Notes
Youth Risk Behavior Survey (HS)	Percentage of HS students who texted or emailed while driving a car or other vehicle (on at least 1 day during the 30 days before the survey)	39%	42%	Behaviors that contribute to unintentional injuries and violence
Youth Risk Behavior Survey (HS)	Percentage of HS students who drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active).	14%	12%	Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIC infection
Youth Risk Behavior Survey (HS)	Percentage of HS students who drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active).	21%	18%	Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
Youth Risk Behavior Survey (HS)	Percentage of HS students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	15%	12%	Alcohol and other drug use
Youth Risk Behavior Survey (HS)	Percentage of students who currently used electronic vapor products (e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens such as blu, NJOY, or Starbuzz on at least 1 during the 30 days before the survey.	21%	17%	Tobacco use

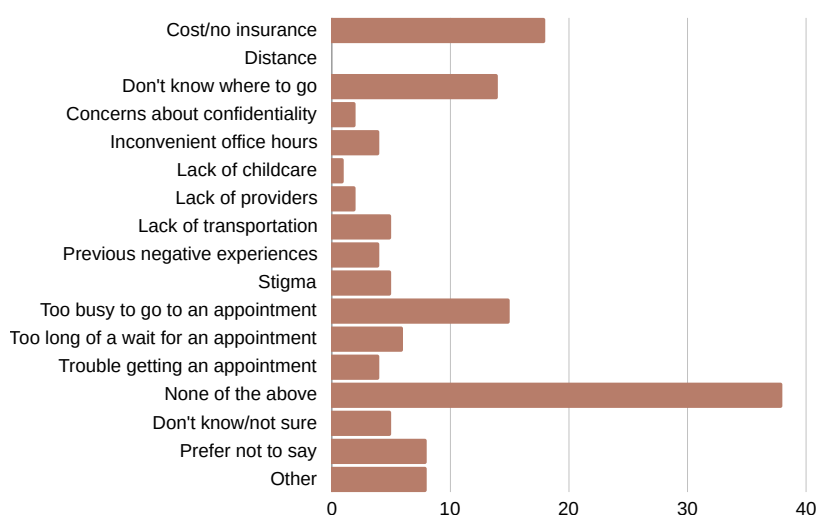
*HS - High School

Source: YRBS Survey North Carolina and United States

Taken together, these data illustrate a complex landscape: substance use concerns are intensifying, risk behaviors remain common, and mental health challenges—particularly suicidal ideation—continue to affect a substantial portion of students. This combination underscores the need for coordinated prevention efforts, stronger school-based supports, and broader community investment, as schools cannot shoulder this burden alone. Effective strategies must address behavioral health as well as the social and environmental conditions shaping youth wellbeing.

These trends also point to a larger truth: while the mental health and substance-use epidemic is often discussed in the context of adults, there is no sign of relief ahead when our youth are experiencing equally significant impacts. To disrupt the cycle across generations, we cannot wait until adulthood to intervene. Instead, we must examine and address root causes during childhood and adolescence to prevent long-term suffering and reduce the continuation of these challenges over time.

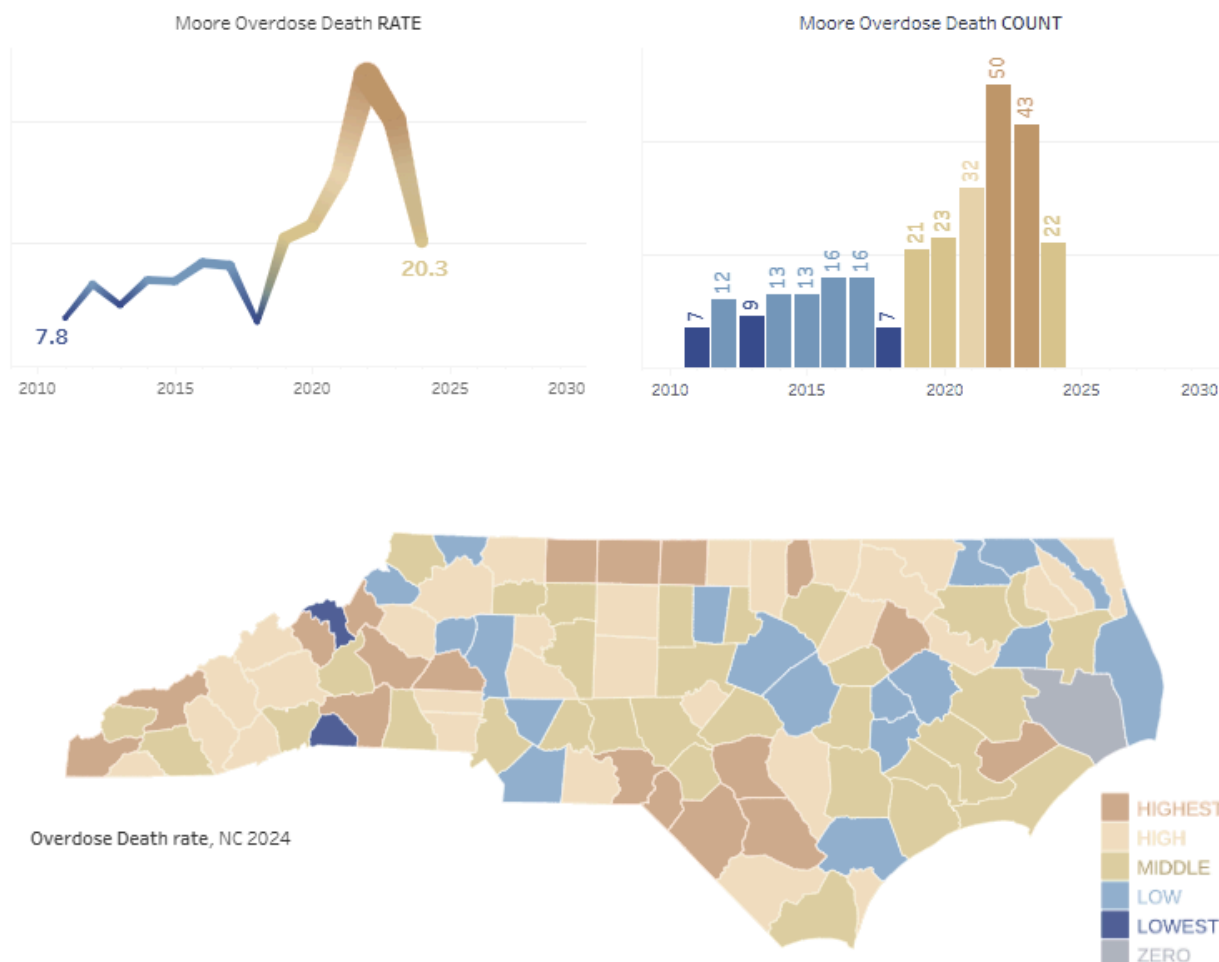
Behavioral health emerged as a major concern in the community survey and was frequently discussed across focus groups. Combined with secondary data findings, this is why behavioral health was selected as a priority for the 2025 Community Health Assessment (CHA) cycle.



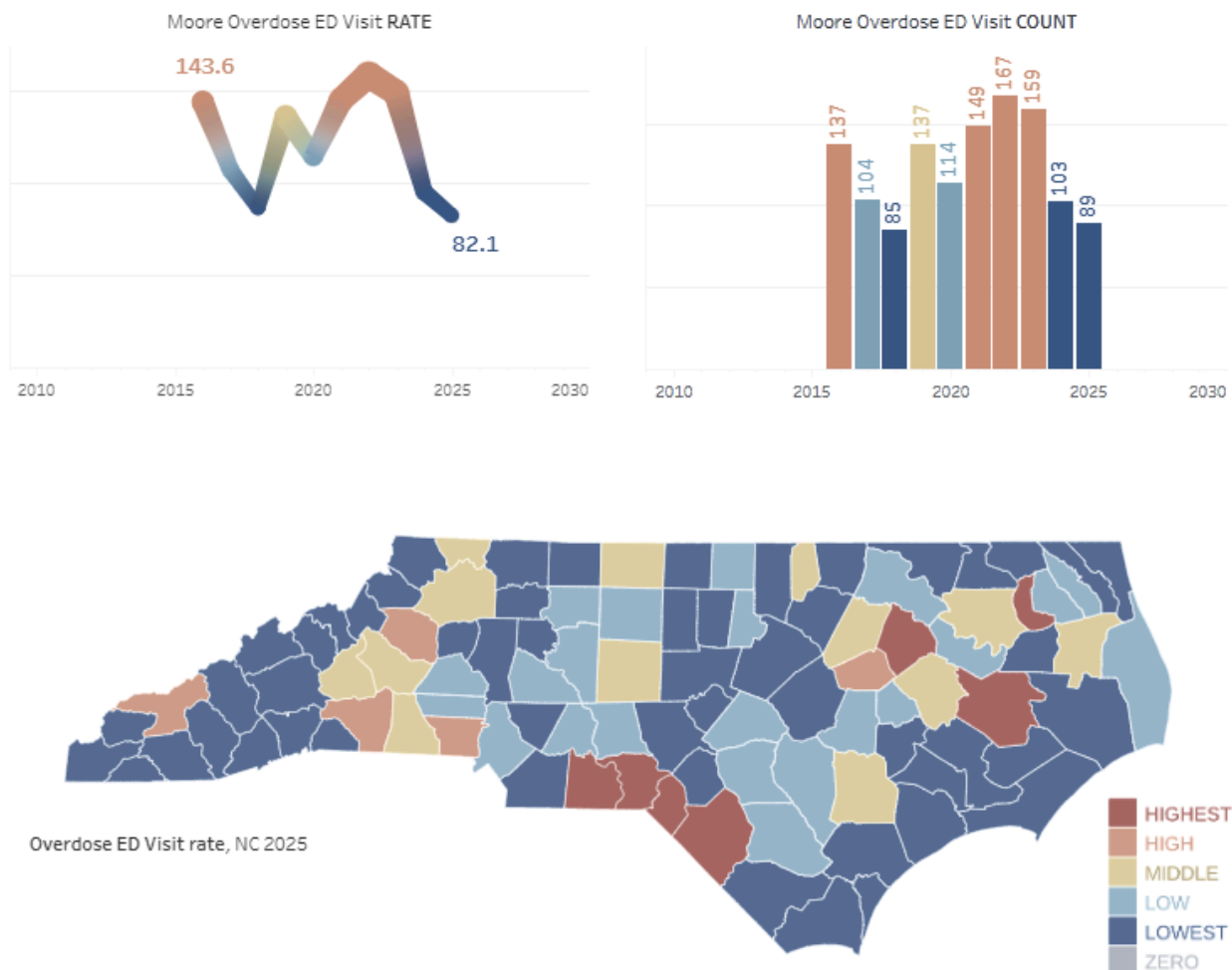
Survey results highlight significant challenges: 62% reported they believed mental health to be the most important health problem to impact the community. 26% of participants reported currently receiving mental health treatment, while 32% indicated they were unable to access help when needed. The primary barriers identified include cost or lack of insurance, uncertainty about where to seek help, and difficulty securing appointments due to time constraints. These obstacles remain particularly concerning for youth, where access to timely care is critical.

Emerging research also suggests a strong link between adolescent substance use and underlying mental health concerns, often tied to coping difficulties. Addressing these issues will require targeted strategies to reduce barriers, expand access, and strengthen prevention efforts.

Substance Use



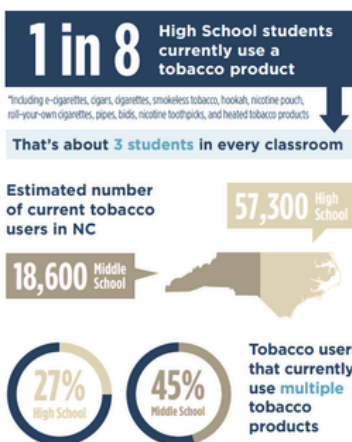
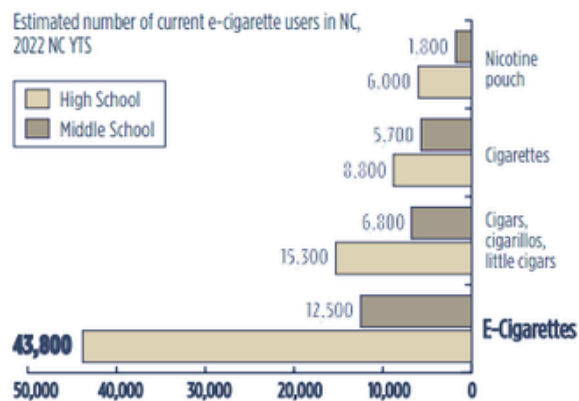
Substance use in North Carolina presents a deeply concerning pattern of disparities across race, gender, and age, with overdose mortality and emergency department (ED) opioid visits revealing sharp inequities. Black residents face an overdose death rate of 31.6 per 100,000—nearly double that of white residents (18.1)—while men experience more than triple the mortality rate of women (27.5 vs. 8.2). Age-based differences are even more pronounced: adults ages 35–44 bear the highest burden at 55.9 per 100,000, followed by those 25–34 (37.0), with rates tapering off among older adults. These figures underscore a concentrated crisis among middle-aged populations, particularly Black men.



Emergency department opioid visit rates amplify these disparities. Black residents present at EDs for opioid-related issues at a staggering rate of 117.3 per 100,000—more than three times the rate for white residents (36.0). Interestingly, women slightly outpace men in ED visits (43.2 vs. 39.7), despite having significantly lower overdose death rates, suggesting differences in help-seeking behavior or access to emergency care. Adults ages 25–44 again dominate the ED visit landscape, with rates exceeding 80 per 100,000, while older adults show lower but still notable utilization.

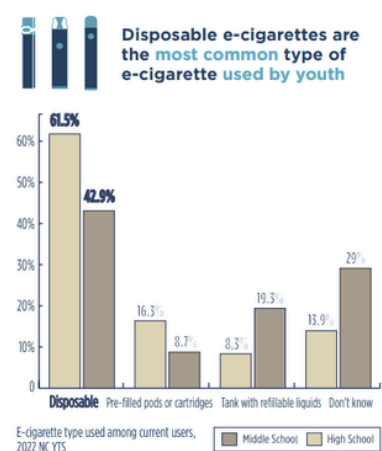
#1

E-cigarettes continue to be the #1 TOBACCO PRODUCT used by youth



27% of High School & 20% of Middle School tobacco users want to use a tobacco product within 1 hour of waking up

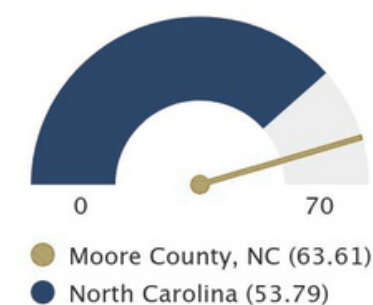
25% of High School & 33% of Middle School tobacco users find it hard to get through the school day without vaping



Source: NCYTS-Factsheet-Infographic

Youth tobacco use adds another layer of complexity. One in eight high school students in North Carolina currently uses tobacco, and nearly half of these users rely on multiple products, with flavored options dominating. E-cigarette use is widespread, and over 90% of these users prefer flavored devices. Alarming, 64% of high school tobacco users have vaped marijuana, indicating crossover between nicotine and cannabis use. While most youth report trying to quit—66% of high schoolers and 68% of middle schoolers—the majority rely on “cold turkey” methods, which are not evidence-based. School programs and flavored e-cigarettes are also used as cessation tools, despite limited effectiveness. These trends reflect a troubling mismatch between high levels of youth substance use and inadequate access to proven cessation support, pointing to urgent gaps in prevention, education, and treatment infrastructure.

Alcohol-Attributable Deaths Per 100,000 Population in 2023

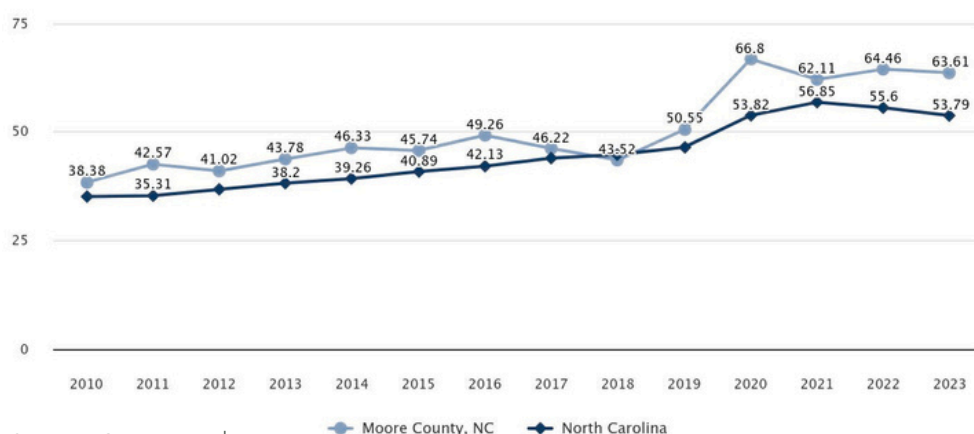


Note: This indicator is compared to the state average.
Data Source: North Carolina State Center for Health Statistics, 2023.

Alcohol-attributable deaths include both acute (e.g., injuries, poisonings) and chronic (e.g., liver disease, cancers) conditions caused or contributed to by alcohol use. This indicator is important because alcohol use contributes to a wide range of preventable health outcomes and premature deaths.

Moore County's alcohol-attributable mortality profile shows a clear and accelerating rise in harm over the past decade, outpacing statewide trends across nearly every demographic group. The county's alcohol-attributable death rate climbed from 38.38 per 100,000 in 2010 to 63.61 in 2023, a sharper increase than North Carolina overall, which rose from 35.31 to 53.79 during the same period. By 2023, Moore County's rate exceeded the state average by nearly 10 points, signaling a growing local burden. When examining five-year averages from 2019–2023, Moore County continues to stand above the statewide rate with disparities emerging across race, gender, and age.

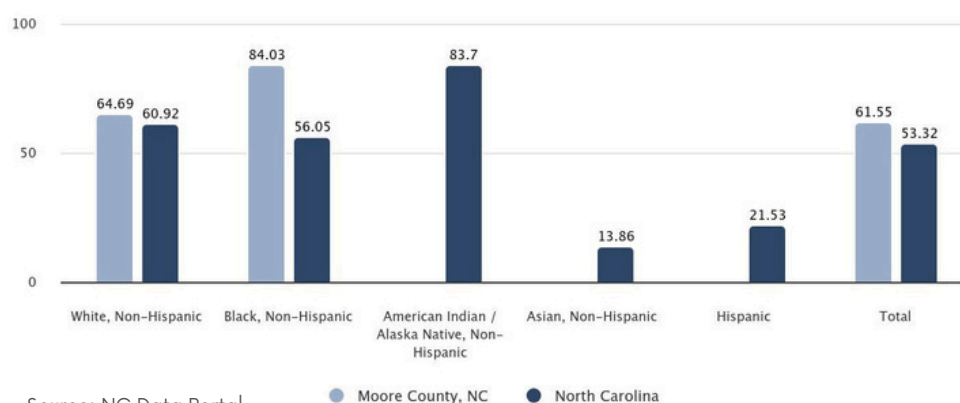
2010–23 Alcohol-Attributable Death Rate by Year, NC Counties & Statewide



Source: NC Data Portal

White non-Hispanic residents have a rate of 64.69, slightly above the state average, while Black non-Hispanic residents face a much higher rate of 84.03 compared to 56.05 statewide. Gender gaps are also pronounced: men have a rate of 83.42 (vs. 74.05 statewide) and women 41.15 (vs. 33.51), indicating rising harm across both sexes. Risk escalates with age. Adults 50–64 have a rate of 96.23, and those 65+ reach 113.44 per 100,000. Younger adults are not exempt—ages 21–34 have a rate of 39.58, and 35–49 reach 52.9, both above state averages. Even those under 21 show measurable mortality, emphasizing alcohol's impact across the lifespan.

2019–23 Five-Year Avg. Alcohol-Attributable Death Rate by Race, NC Counties & Statewide

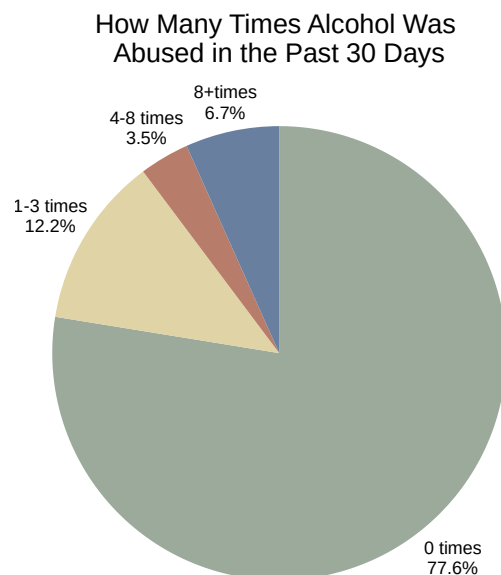
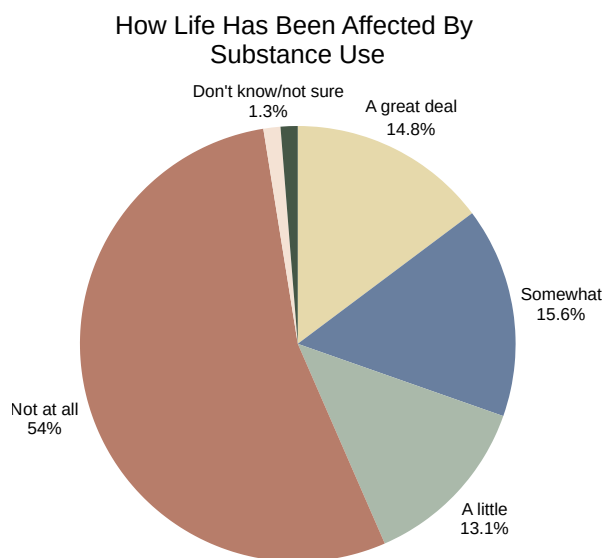


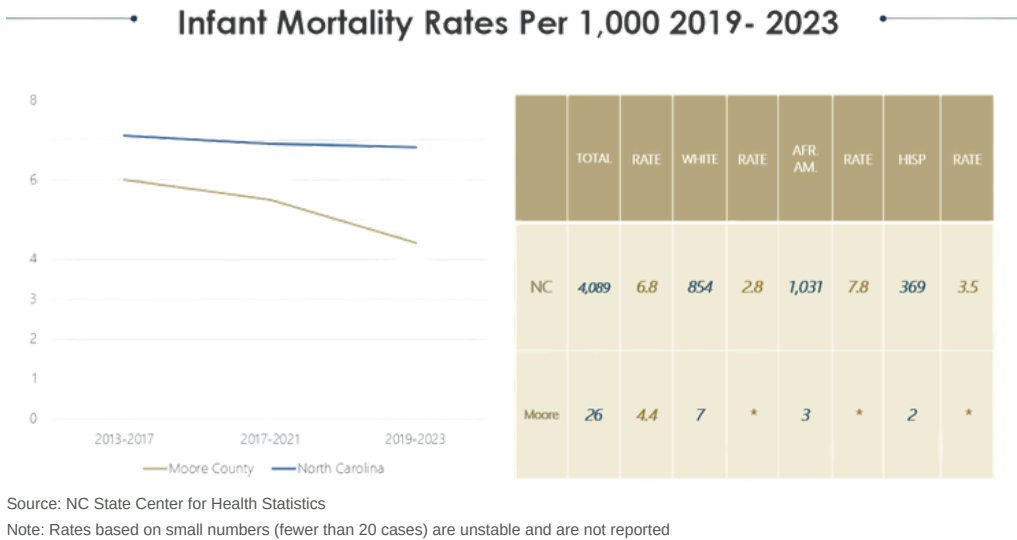
Source: NC Data Portal

Substance use emerged as a major concern during community discussions about health priorities. Alcohol and drug addiction ranked as the second most important health issue, identified by 47% of survey participants, while vaping and tobacco use ranked fourth, cited by 40% of respondents. Age differences were notable: most respondents who identified smoking/tobacco use as a concern were 45 years and older, whereas those citing vaping were primarily under 45 years. Community members expressed particular concern about vaping in schools, with numerous comments highlighting its prevalence among youth.

Survey data further emphasises the impact of substance use: 43.5% of participants reported being affected by substance use in some way—personally, professionally, or otherwise. Additionally, 22.4% reported alcohol misuse within the past 30 days, to varying degrees.

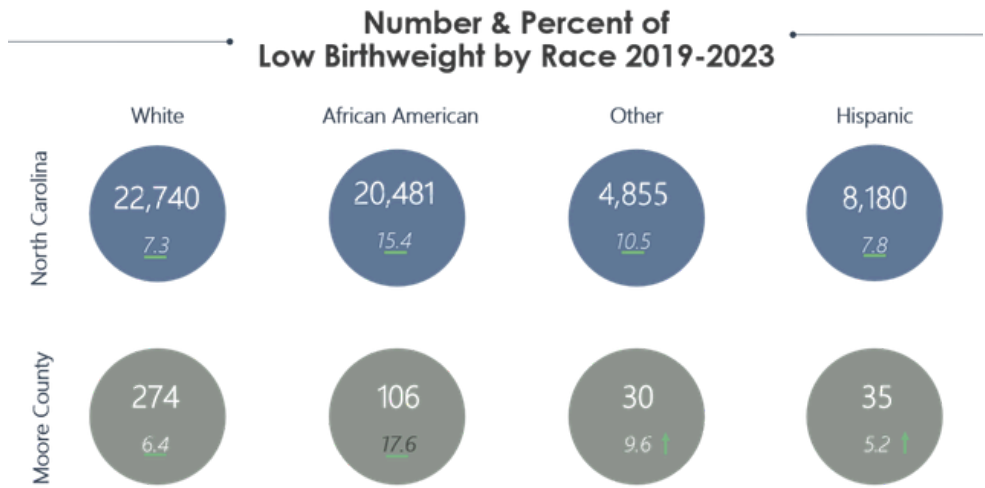
Substance use also surfaced as a recurring theme in focus groups, often linked to other health and social challenges. Based on both primary and secondary data, Substance Use was selected as a priority for the 2025 Community Health Assessment (CHA) cycle.





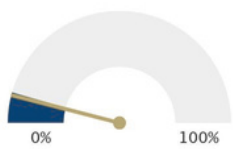
Moore County’s maternal and child health indicators show a mix of strengths and persistent disparities when compared with statewide patterns. Infant mortality remains lower in Moore County than in North Carolina overall, with a recent five-year rate of 4.4 deaths per 1,000 live births compared with the state’s 6.89. Unlike the state, where African American infants experience mortality rates more than twice those of white infants, Moore County’s racial differences are smaller, though the small population size makes these estimates less stable.

Low birthweight patterns, however, mirror statewide inequities: African American infants in Moore County have the highest proportion of low birthweight at a rate of 17.6, more than double the rate among white infants (6.4), and higher than the state’s already elevated rate for African American births. Other racial and ethnic groups in Moore show moderate but still notable differences, suggesting that disparities in maternal health persist even in a county with generally favorable outcomes.



Source: NC State Center for Health Statistics

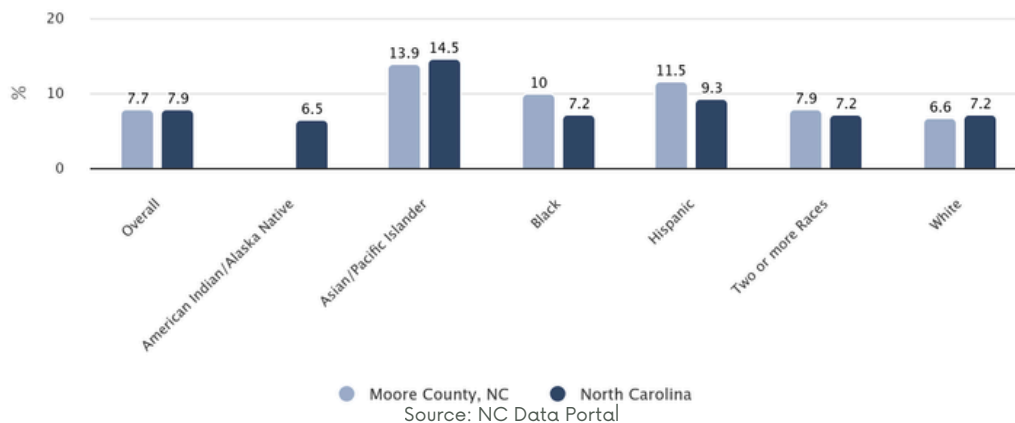
Percentage of Births to Mothers with Gestational Diabetes



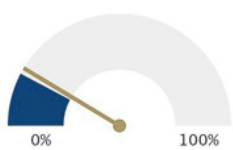
Note: This indicator is compared to the state average.
Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard, Title V Office Analysis of 2023 Birth Certificate data.

The percentage of births to mothers with gestational diabetes in Moore County (8.0%) is slightly lower than North Carolina's rate (8.8%). Asian/Pacific Islander mothers in both Moore and the state have the highest rates—13.9% and 14.5%, respectively—while white mothers in Moore County show the lowest rate at 6.6%. Black mothers in Moore County experience a gestational diabetes rate of 10%, slightly above the state's 7.2%, and Hispanic mothers in Moore also fare worse than the state average (11.5% vs. 9.3%). This indicator is important because gestational diabetes can lead to serious complications for both mothers and infants. Mothers are at increased risk for preterm delivery, high blood pressure, cesarean birth, and perinatal depression. Infants may face higher risks of low blood sugar, breathing problems, jaundice, and long-term risks like obesity and diabetes later in life.

Percent of 2019–23 Five-Year Avg. Resident Births where Mother Developed Gestational Diabetes by Race and Hispanic Origin, NC Counties & Statewide



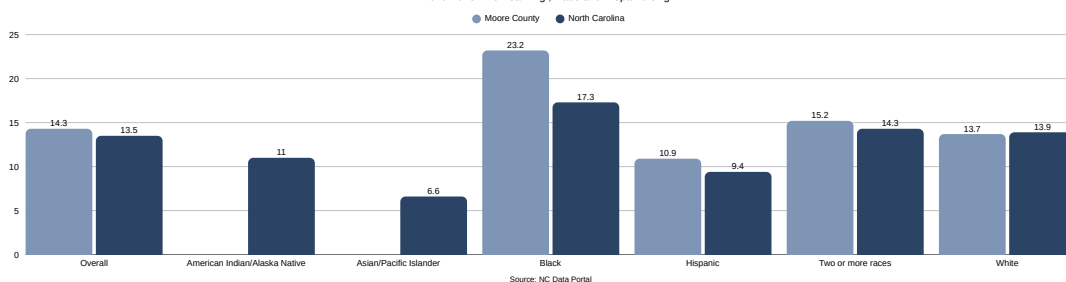
Percentage of Live Births to Mothers with Hypertension



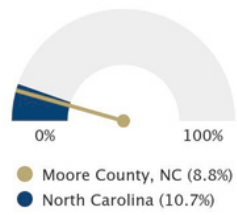
Note: This indicator is compared to the state average.
Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard, Title V Office Analysis of 2023 Birth Certificate data.

Hypertension during pregnancy presents a more concerning picture. Moore County's overall rate (17.2%) is notably higher than North Carolina's (15.4%), yet Black mothers in Moore face a significantly elevated rate of 23.2%, which is still higher than the state's 17.3%. White mothers in Moore County have a hypertension rate of 13.7%, and Hispanic mothers show a relatively low rate of 10.9%. These figures highlight persistent racial disparities in maternal health, particularly among Black women, who face higher risks for pregnancy complications. This indicator is important because maternal hypertension poses serious risks to both mother and infant. Mothers with hypertension are at increased risk for gestational diabetes, stroke, heart complications, and pregnancy-related death. Infants born to mothers with hypertension are more likely to experience preterm birth, low birthweight, growth restriction, and stillbirth.

Percent of Resident Births where Mother had Hypertension 2019–2023 Five-Year Avg.; Race and Hispanic Origin

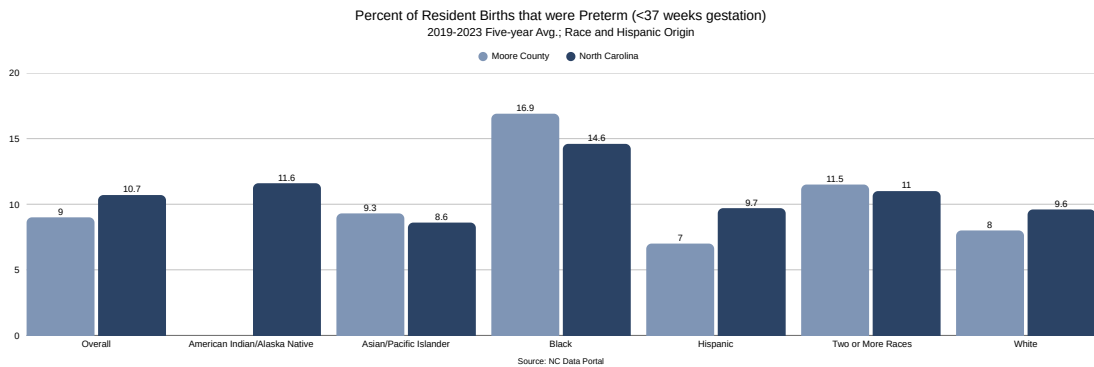


**Preterm/Premature Births,
Percentage of Total Live
Births**



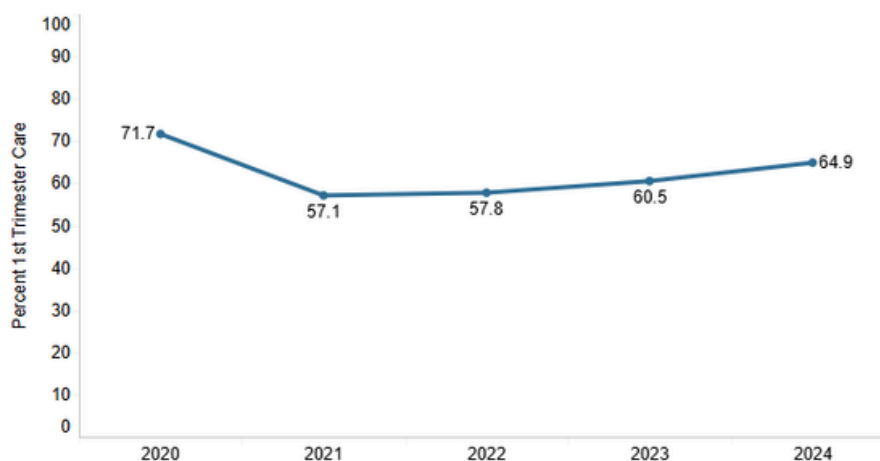
Note: This indicator is compared to the state average.
Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard, Title V Office Analysis of 2023 Birth Certificate data, 2023.

Preterm birth rates in Moore County also outperform state averages, with 8.8% of births occurring before 37 weeks gestation compared to 10.7% statewide. However, Black infants in Moore County are disproportionately affected, with a preterm birth rate of 16.9%, closely mirroring the state's 14.6%. White and Hispanic infants in Moore County have lower rates (8% and 7%, respectively). These disparities help us understand the importance of targeted prenatal care and early intervention strategies, especially for populations at higher risk. This indicator is important because preterm birth is a leading contributor to infant illness, disability, and mortality. Babies born too early are at higher risk for complications such as breathing problems, infections, brain hemorrhage, and jaundice. Long-term effects may include developmental delays, learning difficulties, and neurological disorders.



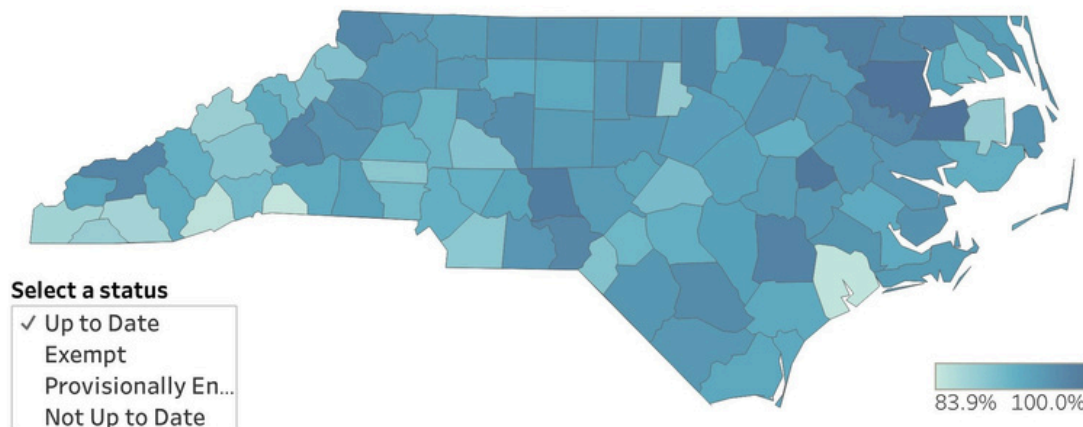
Preventive care indicators reveal additional areas of concern. Prenatal care in the first trimester has fluctuated significantly over the past five years, dropping sharply from 71.7% in 2020 to just 57.1% in 2021 before gradually improving to 64.9% in 2024. These shifts suggest instability in access to or utilization of early prenatal services, which are critical for healthy pregnancies.

**Percent of Births where Mother Received Prenatal Care in the 1st Trimester by
County of Residence & Year: Moore**

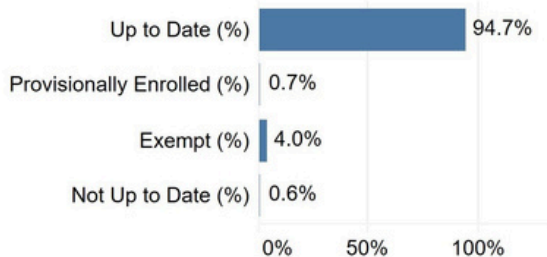


Data Source: NCDHHS Division of Public Health, Title V Office analysis of NC Resident Live Birth Certificate Data, 10OCT2025

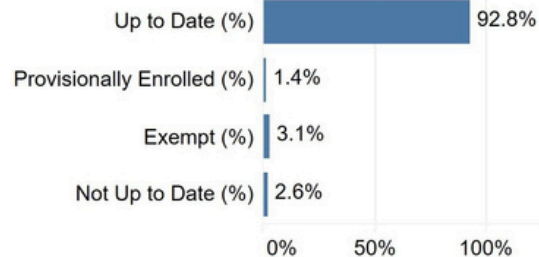
Kindergartners with Up to Date status by County in 2024



Moore Kindergarten Compliance, 2024



State Kindergarten Compliance, 2024



Source: NC Kindergarten Immunization Dashboard

Kindergarten vaccination compliance, on the other hand, remains strong: 94.7% of Moore County kindergarteners are up to date, slightly higher than the statewide rate of 93.4%, and the county has lower exemption and provisional enrollment rates than North Carolina overall.

Taken together, these indicators show that Moore County generally outperforms the state on broad maternal and child health measures but still experiences meaningful racial and ethnic disparities. The fluctuations in early prenatal care and the persistent gaps across racial lines highlight ongoing needs for improved access to care and sustained equity-focused strategies.

Environmental Health



Environmental health is a foundational component of public health because it shapes the conditions in which individuals and communities live, work, learn, and age. These environmental conditions—ranging from air and water quality to housing safety, sanitation, and exposure to toxins—directly influence health outcomes across the lifespan. When environmental systems function well, they reduce exposure to hazards and create the conditions necessary for people to thrive. When they do not, the resulting risks contribute to preventable disease, injury, and premature death.

A strong environmental health system plays a critical role in preventing disease before it occurs. Many of the most significant public health threats, including respiratory illnesses, cancers, vector-borne diseases, lead poisoning, and waterborne infections, are driven by environmental exposures. By improving sanitation, reducing pollution, and controlling environmental hazards, communities can prevent illness on a population scale rather than relying solely on clinical interventions after harm has occurred.

Environmental health is also central to advancing health equity. Children, older adults, pregnant women, and low-income communities are disproportionately affected by environmental risks such as poor housing conditions, contaminated water, and proximity to industrial pollutants. Addressing these inequities is essential for reducing disparities in chronic disease, developmental outcomes, and overall life expectancy.

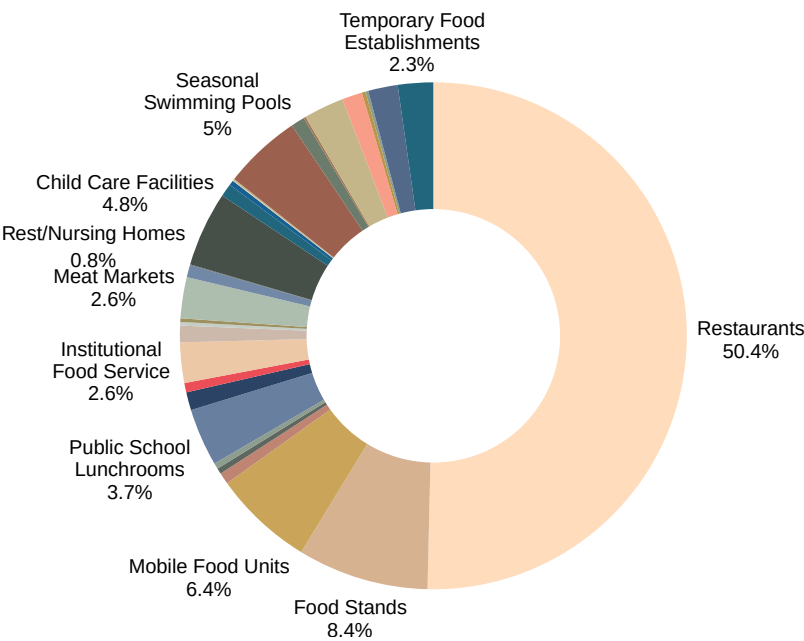
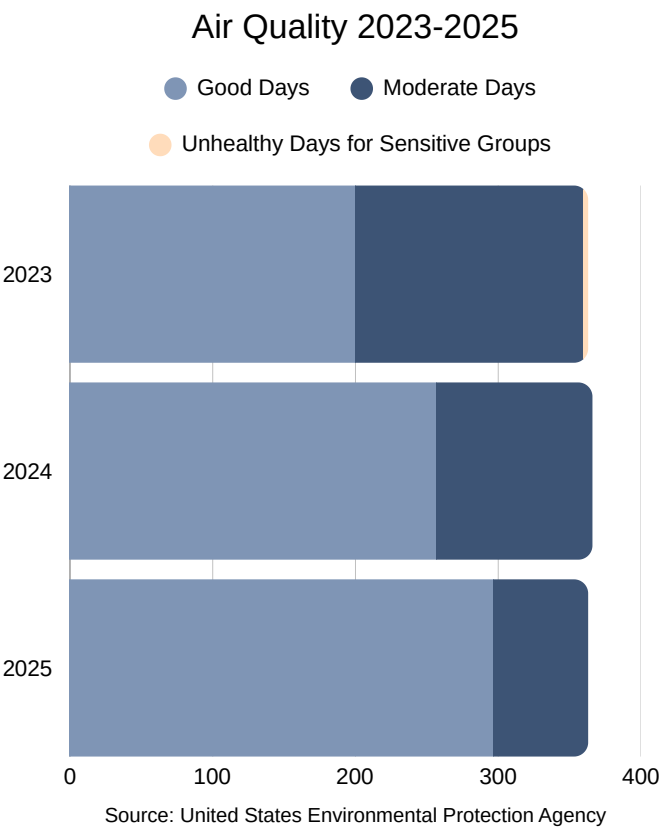
Beyond preventing harm, environmental health contributes to overall well-being. Access to clean water, safe housing, green spaces, and healthy food environments supports mental health, physical activity, and quality of life. These environmental supports are closely linked to improved educational outcomes, economic stability, and community vitality.

Environmental health intersects with every major domain of public health. Maternal and child health, chronic disease prevention, injury prevention, infectious disease control, and behavioral health are all shaped by environmental conditions. Without addressing the environmental factors that influence health, public health efforts cannot fully succeed.

Water System Name	Population Served	Primary Water Source Type	# of Violations
ABERDEEN, TOWN OF	12,473	Ground water	0
CARTHAGE, TOWN OF	4,255	Surface water	0
EAST MOORE WATER DISTRICT	8,842	Surface water purchased	0
FOXFIRE VILLAGE, TOWN OF	1,782	Ground water	0
MOORE CO PUBLIC UTIL-PINEHURST	30,377	Surface water purchased	0
MOORE CO PUBLIC UTIL-VASS	1,862	Surface water purchased	0
PINEBLUFF, TOWN OF	2,054	Ground water	0
ROBBINS WATER SYSTEM	1,579	Surface water purchased	6
SOUTHERN PINES, TOWN OF	24,102	Surface water	1
TAYLORTOWN, TOWN OF	904	Ground water	0
WHISPERING PINES DEVELOPMENT	4,178	Surface water purchased	1
WOODLAKE WATER & SEWER INC	2,287	Surface water purchased	0

The following table displays a listing of public water systems in Moore County along with the number of health-based violations for each system during the period 2020-2025. To warrant a health-based violation, either the water was not treated properly or the amount of contaminant must have exceeded safety standards set for the maximum contaminant level (MCL). These statistics are based on violations reported by the state to the EPA Safe Drinking Water Information System. As the table shows, overall, Moore County drinking water for the most part is very safe. Of the 12 “small” (serving 501-3,300) to “large” (serving 10,001- 100,000) public water systems in Moore County, the majority of systems had zero violations, with 2 systems having one violation, and 1 system having six violations over the span of 2020-2025.

The Air Quality Index (AQI) reports daily air quality, indicating how clean or polluted the air is. The EPA calculates AQI using five pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution, carbon monoxide, sulfur dioxide, and nitrogen dioxide. AQI values range from 0 to 500—the higher the number, the greater the pollution and health risk. A value of 100 aligns with national standards; below 100 is generally safe, while above 100 becomes unhealthy for sensitive groups and eventually for everyone. Air quality is monitored at thousands of sites nationwide, and raw data is converted into AQI values using EPA formulas. Moore County falls under the NC Division of Air Quality's Fayetteville Region, with the nearest monitoring site in Candor, NC (Montgomery County).



The local environmental health department enforces the North Carolina Food Code and inspects all food establishments, including restaurants, mobile units, school cafeterias, and lodging. Registered Environmental Health Specialists conduct unannounced inspections one to four times per year based on risk level, assessing sanitation, food handling, and safety practices such as handwashing and proper storage. The Food & Lodging Division also investigates complaints, foodborne illness outbreaks, and provides food safety education to ensure compliance.

From July 1, 2024 to June 30, 2025, Moore County Environmental Health's Food & Lodging division conducted a total of 2,176 routine inspections.

Resource Assessment



Moore County Health Department Resource List



*"To protect and promote health through the
prevention and control of diseases and injury."*



**MOORE COUNTY
HEALTH DEPARTMENT**

MOORE COUNTY GOVERNMENTAL DEPARTMENTS

Aging	West End	<i>910-947-4483</i>
Board of Elections	Carthage	<i>910-947-3868</i>
Child Support	Carthage	<i>910-947-2118</i>
Cooperative Extension	Carthage	<i>910-947-3188</i>
County Attorney	Carthage	<i>910-947-3200</i>
Day Reporting Center	Carthage	<i>910-947-1549</i>
Environmental Health	Carthage	<i>910-947-6283</i>
Health Department	Carthage	<i>910-947-3300</i>
Library	Carthage	<i>910-947-5335</i>
Parks and Recreation	Carthage	<i>910-947-2504</i>
Planning and Inspections	Carthage	<i>910-947-5010</i>
Property Management	Carthage	<i>910-947-2301</i>
Public Works	Carthage	<i>910-947-6315</i>
Public Safety	Carthage	<i>910-947-6317</i>
Office of the Register of Deeds	Carthage	<i>910-947-6370</i>
Sheriff's Office	Carthage	<i>910-947-2931</i>
Solid Waste	Carthage	<i>910-947-3637</i>
Soil and Water Conservation	Carthage	<i>910-947-5183</i>
Social Services	Carthage	<i>910-947-2436</i>
Transportation Services	Carthage	<i>910-947-3389</i>
Tax	Carthage	<i>910-947-2255</i>
Veterans Services	Carthage	<i>910-947-3257</i>
Youth Services	Carthage	<i>910-947-1549</i>

Other County Libraries

Given Memorial Library	Pinehurst	<i>910-295-6022</i>
Southern Pines Public Library	Southern Pines	<i>910-692-8235</i>
Robbins Area Library	Robbins	<i>910-948-4000</i>

Health Services

Primary Care, Pediatrics, & Internal Medicine

Pinehurst Medical Clinic Primary Care	Aberdeen	910-692-4011
Med First Primary & Urgent Care	Aberdeen	910-716-0099
First Health Family Medicine	Carthage	910-215-5110
First Health Family Medicine	Carthage	910-947-3521
Moore Family Medicine	Carthage	910-947-3000
Dr. Philipp C. Wirth MD	Pinehurst	910-585-5221
First Health Family Medicine	Pinehurst	910-215-5210
First Health Internal Medicine	Pinehurst	910-715-1000
Living Well Pediatrics	Pinehurst	910-541-5880
Pinehurst Medical Clinic	Pinehurst	910-295-5511
Pinehurst Medical Clinic Primary Care	Pinehurst	910-225-4400
Pinehurst Medical Clinic Primary Care	Pinehurst	910-215-5555
North Moore Family Practice	Robbins	910-597-4684
First Health Primary Care	Southern Pines	910-684-5159
KidzCare Pediatrics	Southern Pines	910-246-2229
Longleaf Medical	Southern Pines	910-335-8581
Pinehurst Medical Clinic	Southern Pines	910-246-4140
Pinehurst Medical Clinic Primary Care	Southern Pines	910-246-4140
Sandhills Pediatrics	Southern Pines	910-692-2444
Thrive	Southern Pines	916-431-0236
First Health Family Medicine	Vass	910-245-7678
Moore Family Care	Vass	910-245-7678
First Health Family Medicine	West End	910-673-0045
Pinehurst Medical Clinic Primary Care	West End	910-235-5900
Sandhills Pediatrics	West End	910-673-1600
First Health Primary Care	Whispering Pines	910-215-5115

Free/Low Cost Clinics

Moore Free Care Clinic	Southern Pines	910-246-5333
Access to Hope Family Center	Aberdeen	910-944-0779
Life Care Pregnancy Center	Carthage	910-947-6199

Hospital & Emergency Care

FirstHealth—Moore Regional Hospital	Pinehurst	910-715-1000
FastMed Urgent Care	Aberdeen	910-724-2334
Med First Primary & Urgent Care	Aberdeen	910-716-0099
MainStreet Family Care	Cameron	910-493-3819
FirstHealth—Convenient Care	Pinehurst	910-215-5200
FirstHealth—Convenient Care	Southern Pines	910-684-5066
FirstHealth—Convenient Care	Whispering Pines	910-215-5100
American Red Cross	Southern Pines	910-692-8571

Specialty Care

Optometrists

Family Eye Care of the Carolinas	Aberdeen	910-692-2020
MyEyeDr.	Aberdeen	910-693-1226
Risk Optometric Associates, PA	Aberdeen	910-695-1034
Northgate Eye Center	Cameron	910-223-5410
Pinehurst Surgical Ophthalmology	Pinehurst	910-215-2647
Spectrum Eye Center	Pinehurst	910-692-3937
Ward Neil OD	Robbins	910-948-3711
BJ's Optical	Southern Pines	910-725-6624
Carolina Eye Associates	Southern Pines	910-295-2100
Pinehurst Surgical Ophthalmology	Southern Pines	910-215-2673
Triangle Visions Optometry	Southern Pines	910-295-3220
Seven Lakes Eye Care	West End	910-673-3937

Audiologists

HearingLife of Aberdeen	Aberdeen	910-714-4053
Pinehurst Audiology	Pinehurst	910-295-0243
Audiology of the Pines	Southern Pines	910-693-3777

Dentists

CarolinasDentist	Aberdeen	910-807-0071
Dogwood Family Dental	Aberdeen	910-944-5600
Kuhn Dental Associates	Aberdeen	910-621-2973
Carolina Lakes Family Dental	Cameron	919-498-0575
O2 Dental Group of Southern Pines	Carthage	910-839-0055
Sandhills Smiles	Carthage	910-947-2411
Allison and Associates	Pinehurst	910-295-4343
Bhat & Associates	Pinehurst	910-215-2583
Dental Design Innovations	Pinehurst	910-215-4554
Drs. Monroe & Monroe	Pinehurst	910-295-4242
Fred T. Ridge, DDS, PA	Pinehurst	910-695-3100
Hubbard Dental	Pinehurst	910-695-3050
John F. Neely, DMD	Pinehurst	910-295-8088
Laura L Wellener DDS	Pinehurst	910-295-1010
Olmsted Village Dental Care	Pinehurst	910-295-2750
Pinehurst Dental	Pinehurst	910-295-9700
Powers Pediatric Dentistry	Pinehurst	910-692-5329
Aspen Dental	Southern Pines	910-992-3089
Dentistry of the Pines	Southern Pines	910-684-3687
Edward C. Monroe DDS	Southern Pines	910-695-3334
First Health Dental Care	Southern Pines	910-692-5111
Goodrich Dental	Southern Pines	910-693-1977
John F. Ceraso, DMD	Southern Pines	910-692-5250
Lane & Associates Family Dentistry	Southern Pines	910-295-5980
Morganton Park Dental Care	Southern Pines	910-704-5585
Moubry Family Dentistry	Southern Pines	910-692-0703
Pratt Family Dentistry	Southern Pines	910-692-7761
Southern Pines Family Dentistry	Southern Pines	910-692-6500
Southern Pines Smiles	Southern Pines	910-695-1300
Hometown Family Dental Centers	Vass	910-242-4577
Mc Kay Pete DDS	West End	910-673-0113
Sandhills Weekend Dental	West End	910-687-4423
Seven Lakes Family Dentistry	West End	910-673-6030

COMMUNITY BASED ORGANIZATIONS

Child/Youth Parenting Support

Moore County 4-H Carthage 910-947-3188
<https://moore.ces.ncsu.edu/>

Partnership for Children & Families Carthage 910-949-4045
<https://www.pfcfmc.org/>
**Triple P and Diaper Bank*

Northern Moore Family Resource Center Robbins 910-948-4324
<https://moorefamilysource.org/>

Boys and Girls Club of the Sandhills Southern Pines 910-692-0777
<https://sandhillssbgc.org/>

- * Logan-Blake Unit Pinehurst
- * SCC Kennedy Hall Unit Pinehurst
- * Baxton Teen Center Southern Pines
- * Trinity Unit Southern Pines

SafeKids Mid –Carolinas Region Pinehurst 910-417-3735
<https://www.safekids.org/coalition/safe-kids-mid-carolinas-region>

Car Seat Permanent Checking Stations

Southern Pines Fire Station 82 Carthage 910-692-2720
Seven days a week 8AM to 8PM

Partners for Children & Families Carthage 910-949-4045
By appointment only

Pinehurst Fire Department Pinehurst 910-295-5575
Wed & Sat : 9AM to 2PM by appointment

Southern Pines Fire & Rescue Southern Pines 910-692-2720
Seven days a week 8AM to 8PM

Crains Creek Fire Department Vass 910-245-4331
By appointment only

Seven Lakes Fire/Rescue Department West End 910-673-8151
Mon—Thurs 9AM—3PM

Whispering Pines Police Department Whispering Pines 910-949-9961
By appointment only

Mother's Resource Guide https://www.med.unc.edu/ncmatters/wp-content/uploads/sites/1000/2021/08/22-6996-MED-MentalHealth_Package_final_v3_digital.pdf

Moore Choices: Community Events & Activities <https://www.moorechoices.net/>

Advocacy & Support

Port Health Services https://eastersealsport.com/	Aberdeen	910-944-2189
Friend to Friend https://www.friendtofriend.me/	Carthage	910-947-3333
Drug Free Moore County https://drugfreemoore.org/ Resource guide: https://drugfreemoore.org/resource-guide/	Carthage	910-585-7614
Daymark Recovery Services http://www.daymarkrecovery.org/locations/moore-center	Pinehurst	910-295-6853
NAMI of Moore County https://www.nami.org/	Pinehurst	910-295-1053
Moore Buddies Mentoring https://www.thecaregroupinc.org/moorebuddiesmentoring	West End	910-692-5954
Bethesda Inc.	Aberdeen	910-944-7700
Sandhills Teen Challenge	Carthage	910-947-2944
Bethany House	Southern Pines	910-692-0779
Tambra House https://www.tambraplace.org/	ywthmoore@gmail.com	
Prescription Medicine Drop off		
Moore County Sheriff's Office	Carthage	910-947-2931
Seven Lakes Prescription Shoppe	West End	910-673-7467

Support Groups

Al-Anon-Teen	1-888-425-2666	https://al-anon.org/newcomers/
Alzheimer's Support Group	910-692-0683	101 Brucewood Dr. Southern Pines, 28387
Autism Society of NC	mooresupport-group@autismsociety-nc.org	1280 Central Dr. Southern Pines, 28387

Cancer Support Group	910-715-3500	135 Page Rd. Pinehurst, 28374
Caregiver Support Group	910-692-0683	190 Fox Hollow Rd. Pinehurst, 28374
Caregiver Support Group	910-947-4483	8040 HWY 15-501 West End, 27376
Domestic Violence Support Group	910-947-1703	103 A Monroe St. Carthage, 28327
Early Stage Dementia Support Group	pat.felice@icloud.com	
Mom Support Group	910-621-7056	Virtual
Moore County Alcoholics Anonymous	910-420-0575	Moorecountyaa.org
Moore ReCreations (substance misuse recovery)	910-585-7614	https://drugfreemoore.org/moore-recreations/
Narcotics Anonymous (NA, AA, Overeaters, Heroin, Marijuana)	888-401-1241	https://www.intherooms.com/home/
Parkinson's Support Group of the Sandhills	910-715-4222	20 FirstVillage Dr. Pinehurst, 28374
PFLAG Southern Pines	pflagsouthern-pines@gmail.com	*location is not disclosed
Shelter Within—Domestic Violence	910-692-8235	170 W. Connecticut Ave. Southern Pines, 28387
Survivor of Suicide Support Group	330-819-4423	555 East Connecticut Ave. Southern Pines, 28387
Traumatic Brain Injury Support Group	910-715-4220	20 FirstVillage Dr. Pinehurst, 28374

Community & Social Services

Sandhills Community Action Program Southern Pines 910-947-5675
<https://www.sandhillscap.org/>

Sandhills Moore Coalition for Human Care Southern Pines 910-693-1600
<https://sandhillscalition.org/>

Resource guide: <https://www.southernpines.net/DocumentCenter/View/11106/Sandhills-Coalition-Mental-Health-booklet>

The ARC of Moore County Southern Pines 910-692-8272
<https://www.thearcofmoore.org/>

United Way of Moore County Southern Pines 910-692-2413
<https://unitedwaymoore.com/>
 *NC-211 (call 2-1-1) <https://nc211.org/>

7 Sparrows West End 910-621-7771
<https://7sparrows.org/>

Food Banks

Bethesda Presbyterian Church	Aberdeen	910-944-1319
Liberty Christian Church	Aberdeen	910-281-3139
New Beginnings Holiness Church	Aberdeen	910-944-6064
Page United Methodist Church	Aberdeen	910-944-1093
Southside Baptist Church	Aberdeen	910-245-3411
David Bibey Ministries	Carthage	910-949-3971
Pinebluff United Methodist & Lions Club	Pinebluff	910-281-4479
Robbins Area Christian Ministries	Robbins	910-948-4211
Food Bank CENC at Sandhills	Southern Pines	910-692-5959
Pentecostal Assembly of Jesus Christ	Southern Pines	910-944-2945
Sandhills Moore Coalition for Human Care	Southern Pines	910-693-1600
Southern Pines United Methodist Church	Southern Pines	910-692-3518
Vass Community Food Pantry	Vass	910-639-4400
Word of Truth Christian Center	Vass	910-603-4755
Meals on Wheels of the Sandhills	West End	910-704-9810
West End United Methodist Church	West End	910-673-1371

Housing Assistance

Southern Pines Housing Authority	Southern Pines	910-692-2042
Family Promise of Moore County	Aberdeen	910-944-7149

COMMUNITY RESOURCES/OTHER

Farmers Markets

Carthage Farmers Market	207 McRenolds St, Carthage, 28327
Sandhills Farmers Market	1 Village Green Rd, Pinehurst, 28374
Moore County Farmers Market	145 SE Broad St, Southern Pines, 28387
Moore County Farmers Market	604 W Morganton Rd, Southern Pines, 28387

Parks/Playgrounds

Aberdeen Lake Park	301 Lake Park Crossing, Aberdeen, 28315
Colonial Heights Park	504 Park Dr, Aberdeen, 28315
Main Street Park	205 E. Main St, Aberdeen, 28315
Phillips Memorial Park	189 Carthage St, Cameron, 28326
Hillcrest Park and Splash Pad	155 Hillcrest Park Lane, Carthage, 28327
Lake Luke Marion	743 Pinehurst Ave, Carthage, 28327
Nancy Kiser Park	202 Rockingham St, Carthage, 28327
Cannon Park	210 Rattlesnake Trail, Pinehurst, 28374
Wicker Park and Splash Pad	10 Wicker Dr, Pinehurst, 28374
Milliken Park	541 E Park Ave, Robbins, 27325
Blanchie Carter Discovery Park	1250 W New York Ave, Southern Pines, 28387
Campbell House Park	482 E Connecticut Ave, Southern Pines, 28387
Downtown Park Southern Pines	145 SE Broad St, Southern Pines, 28387
Elizabeth High Rounds Park	570 Pee Dee Rd, Southern Pines, 28387
J. Pleasant Hines Park/Joe R. Wynn Pool	730 S Henley St, Southern Pines, 28387
Memorial Park	210 Memorial Park Ct, Southern Pines, 28387
Reservoir Park	300 Reservoir Park Rd, Southern Pines, 28387
Sandhurst Park	145 S Bethesda Rd, Southern Pines, 28387
Southern Pines Sports Park	605 W Morganton Rd, Southern Pines, 28387
Sandy Ramey Keith Park	3600 US Hwy 1, Vass, 28394

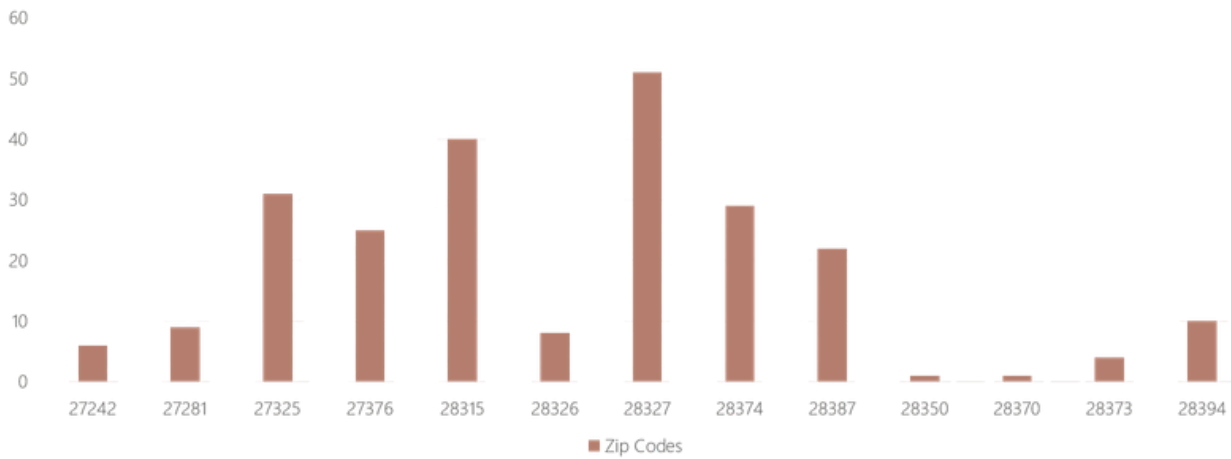
Recreation Centers

Aberdeen Parks and Recreation	Aberdeen	910-944-7275
https://www.townofaberdeen.net/pview.aspx?id=2090&catid=29		
Moore County Parks and Recreation Center	Carthage	910-947-2504
https://www.moorecountync.gov/164/Parks-Recreation		
Cannon Park Community Center	Pinehurst	910-295-2817
https://www.vopnc.org/our-government/departments/parks-recreation/community-center-1		
Southern Pines Recreation Center	Southern Pines	910-692-2463
*Douglass Community Center		910-692-7376
https://www.southernpines.net/581/Parks-Recreation		

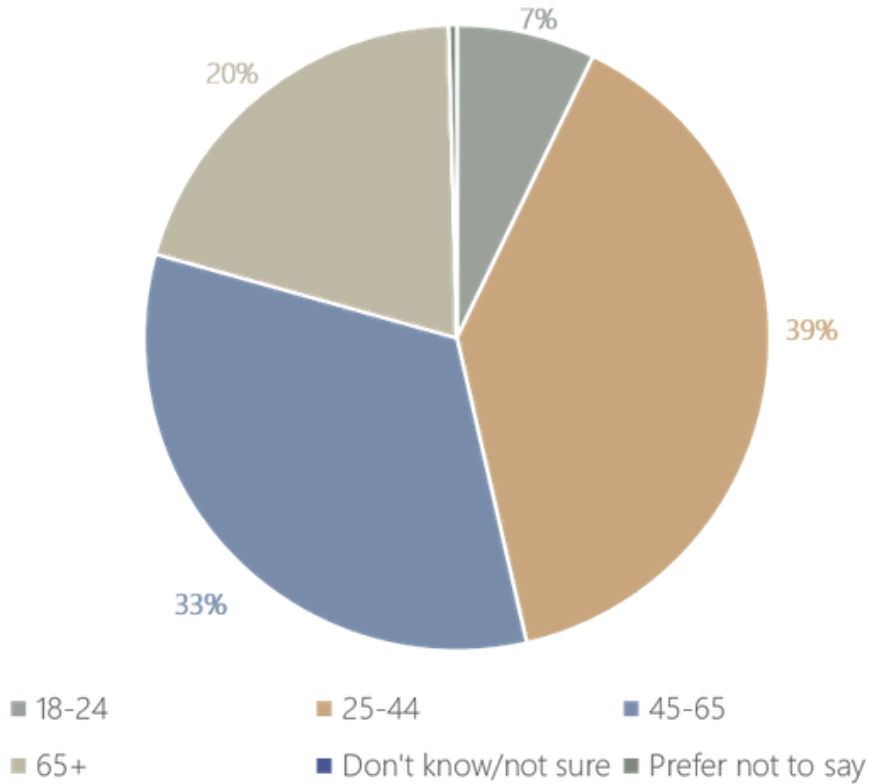
Appendices

Appendix A: 2025 Moore County CHA Survey Results

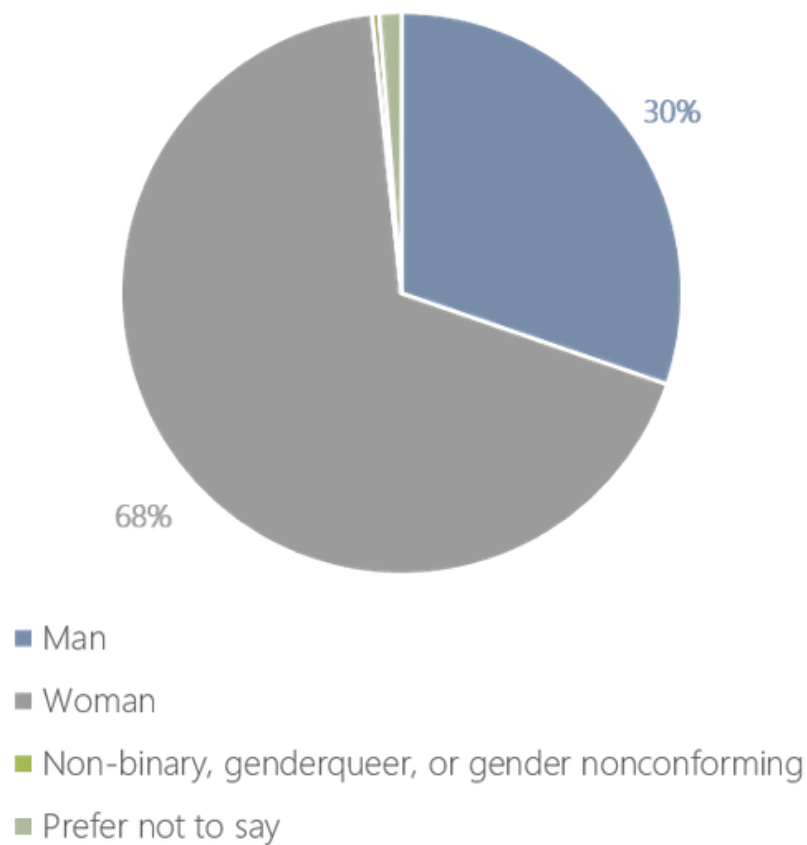
1. What is the zip code where you currently live?



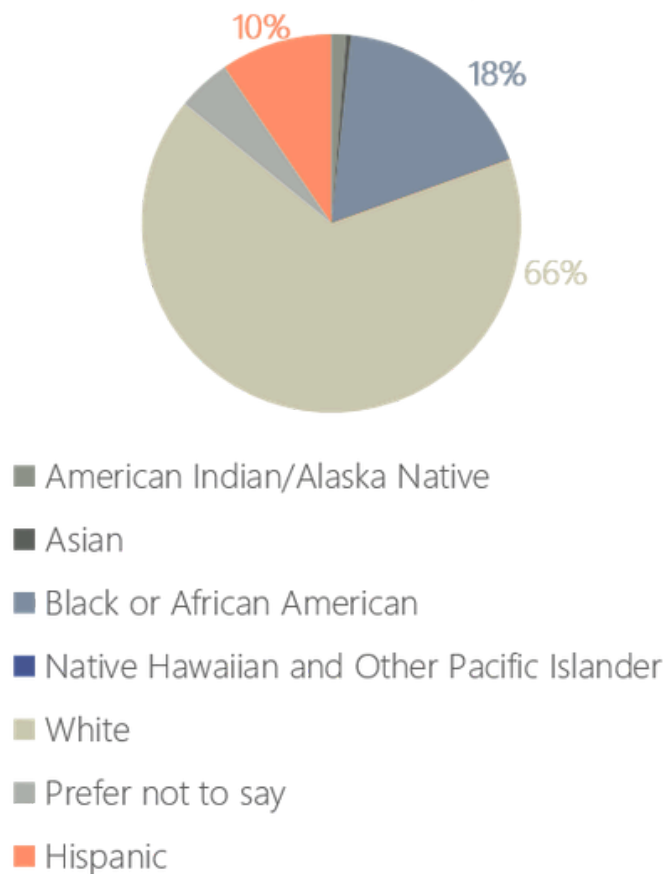
2. What is your age group?



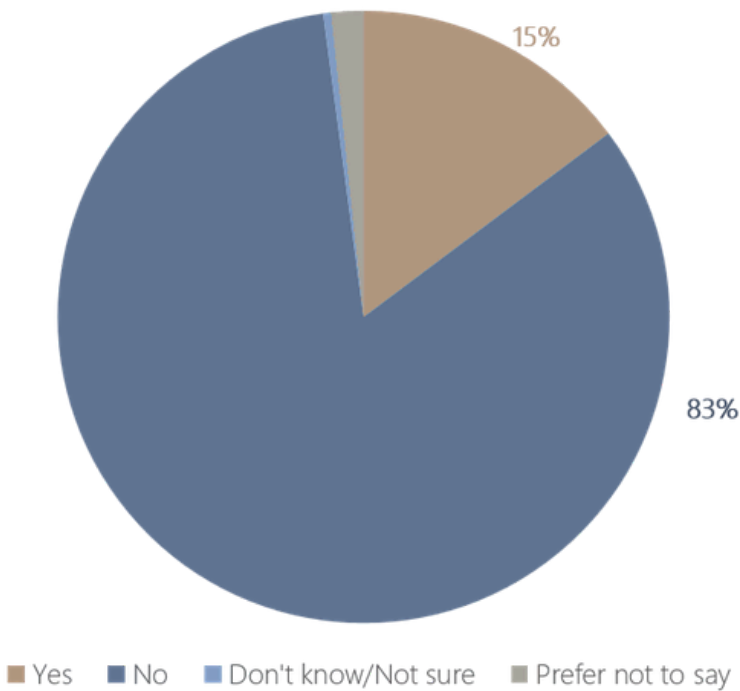
3. Which of the following best describes your gender? Select all that apply:



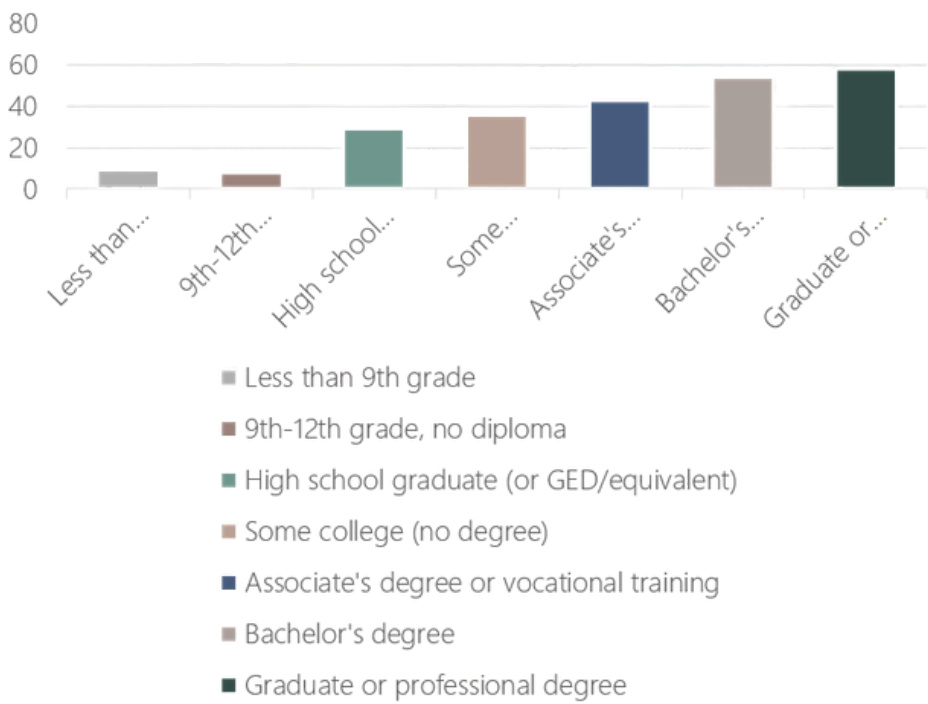
4. How would you describe your race? Select all that apply:



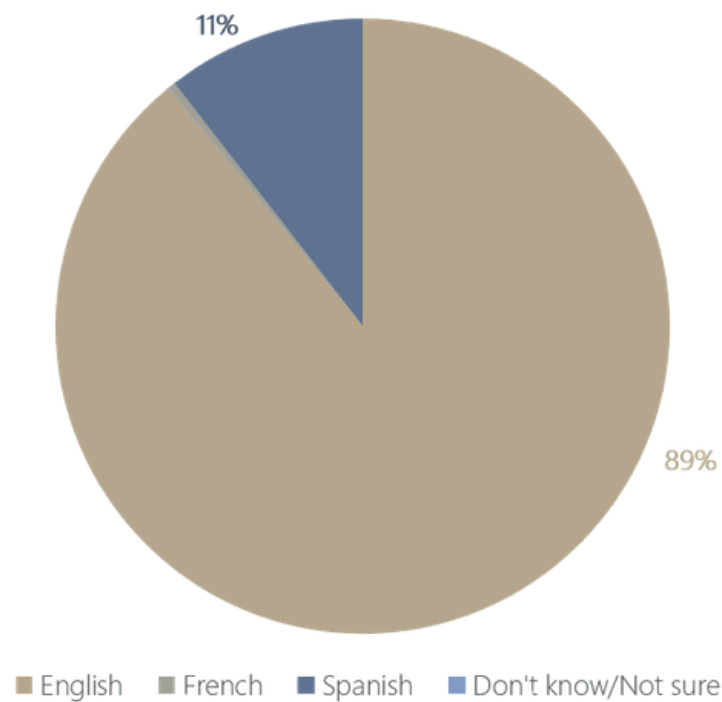
5. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?



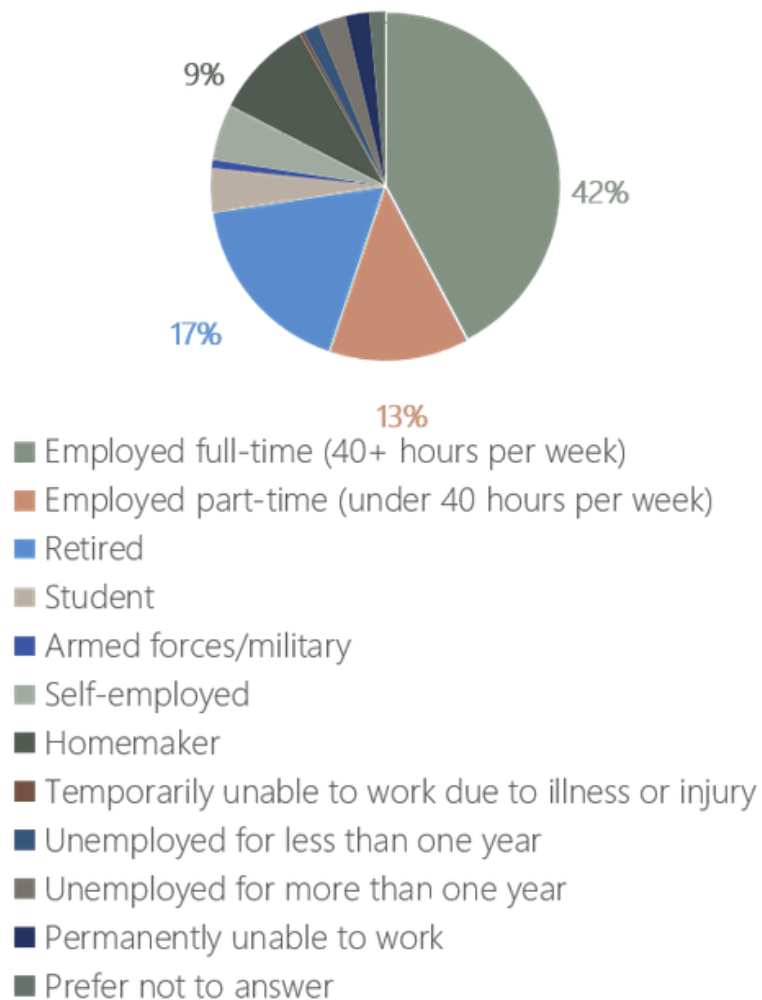
6. What is the highest grade or year of school you completed?



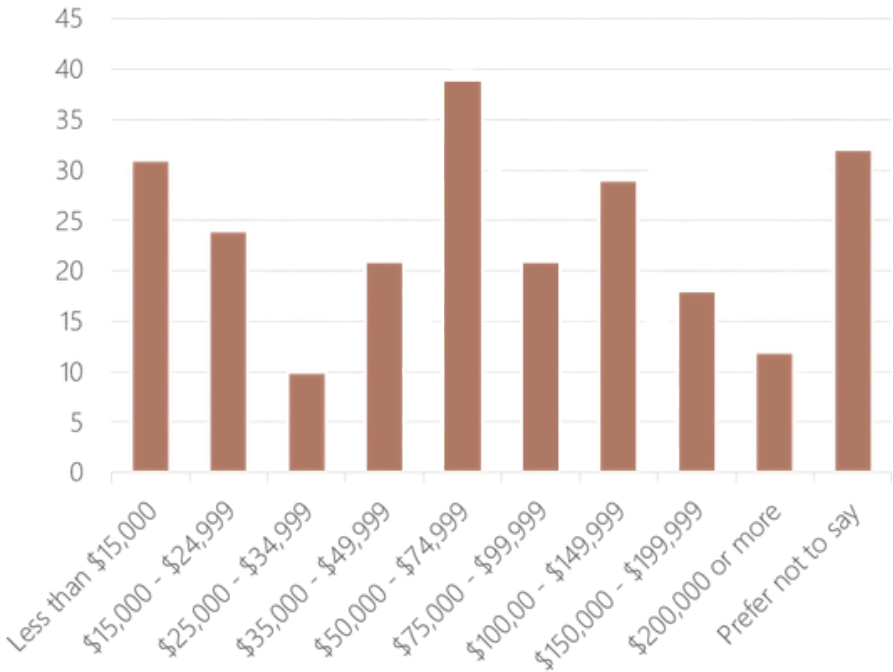
7. Which language is most often spoken in your home? Select one:



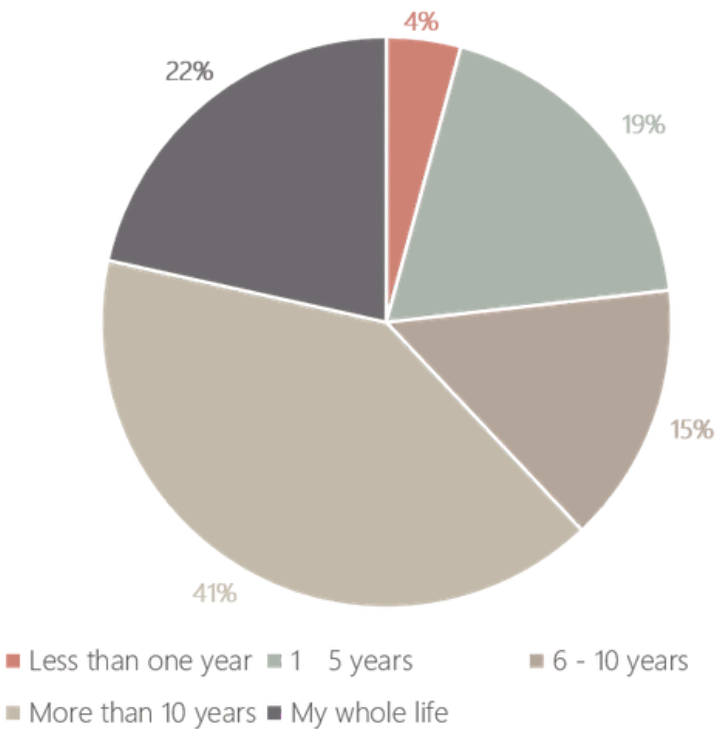
8. For employment, are you currently...Select all that apply:



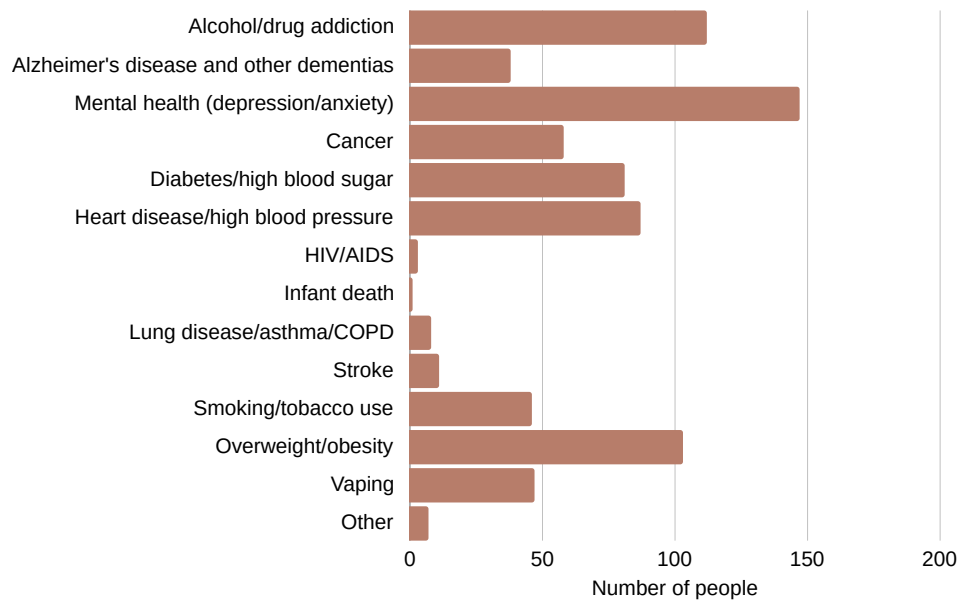
9. Which category best describes your yearly household income before taxes?
 Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from family, welfare, Aid to families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.



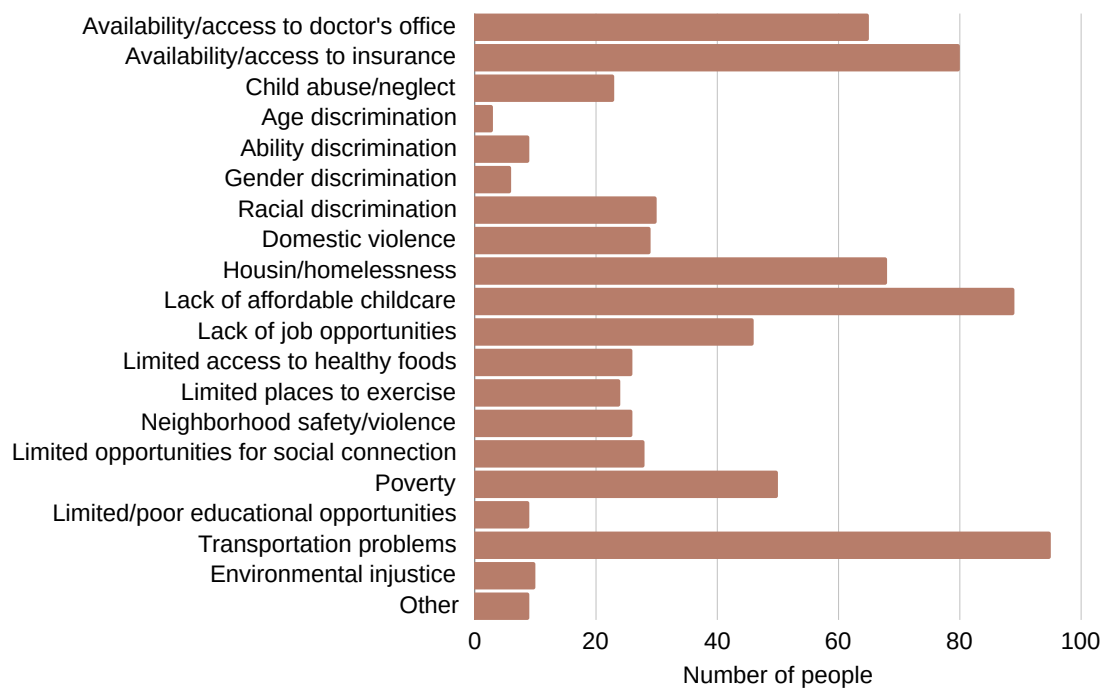
10. How long have you lived in Moore County?



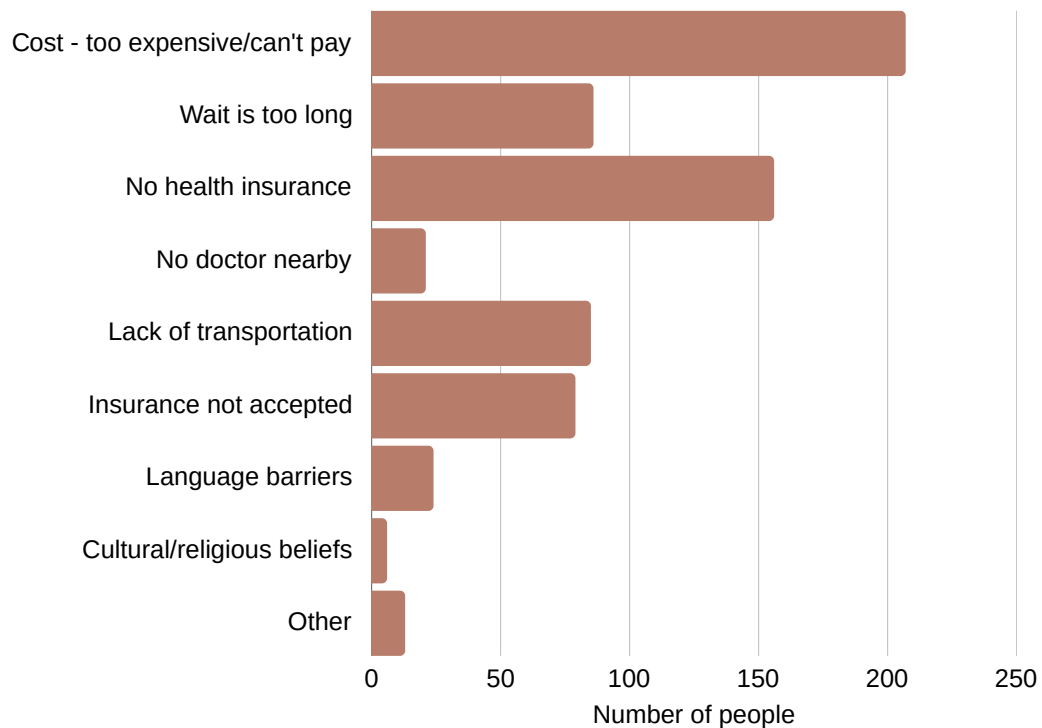
11. What are the three most important health problems that affect the health of your community? Please select up to three:



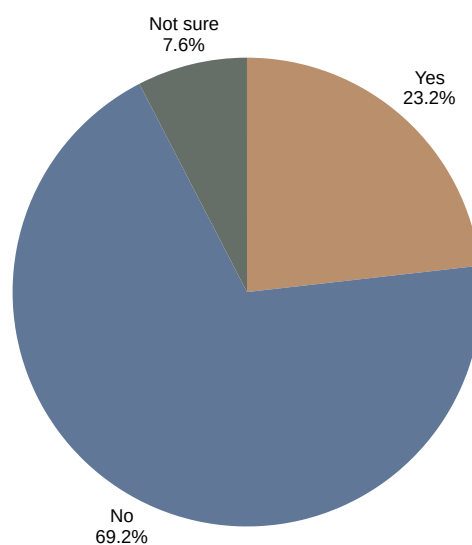
12. What are the three most important social or environmental problems that affect the health of your community? Please select up to three:



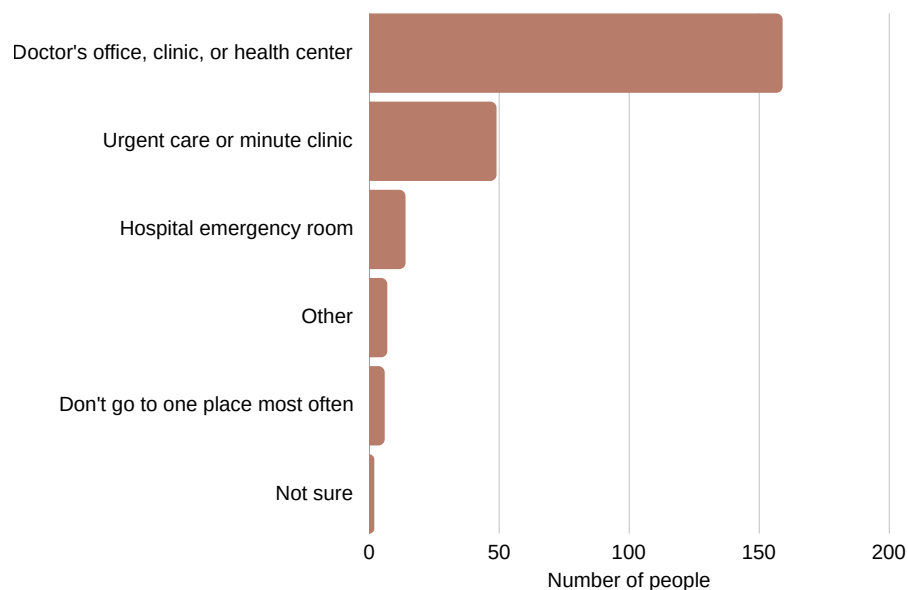
13. What are the three most important reasons people in your community do not get health care? Please select up to three:



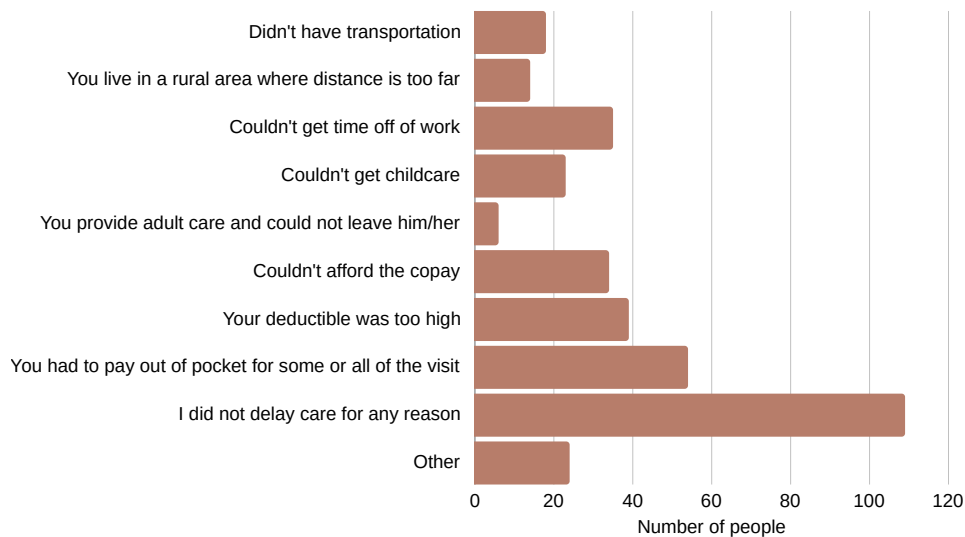
14. During the past 12 months, were you told by a health care provider or doctor's office that they did not accept your health care coverage?



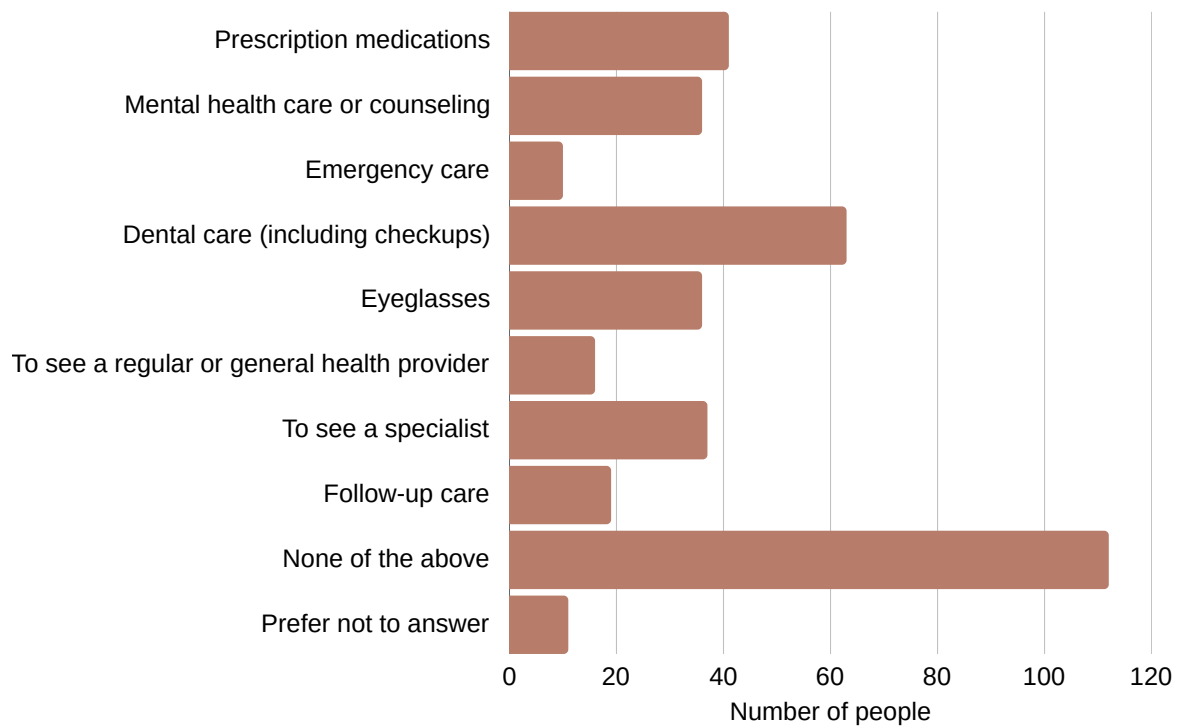
15. Where do you usually go when you are sick or need advice about your health?



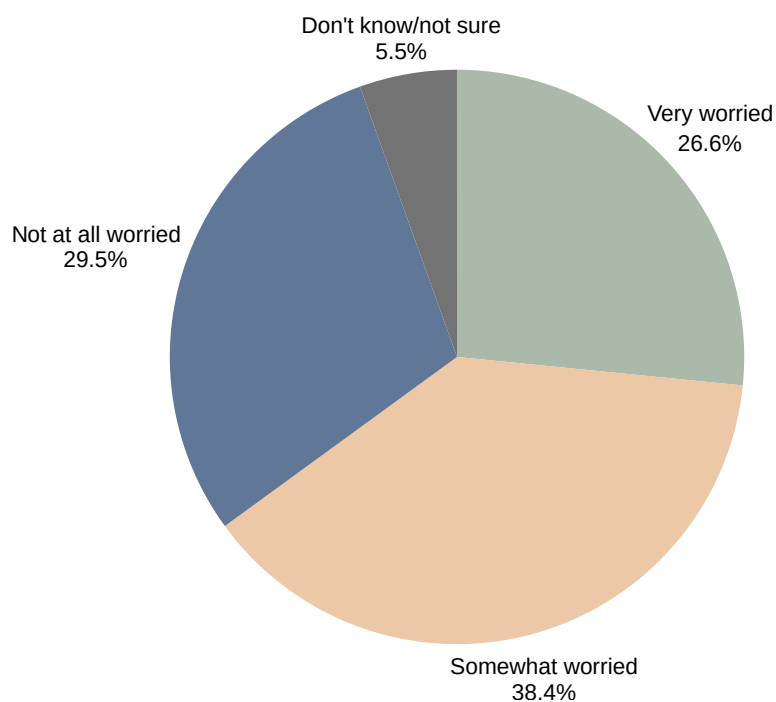
16. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?
Select all that apply:



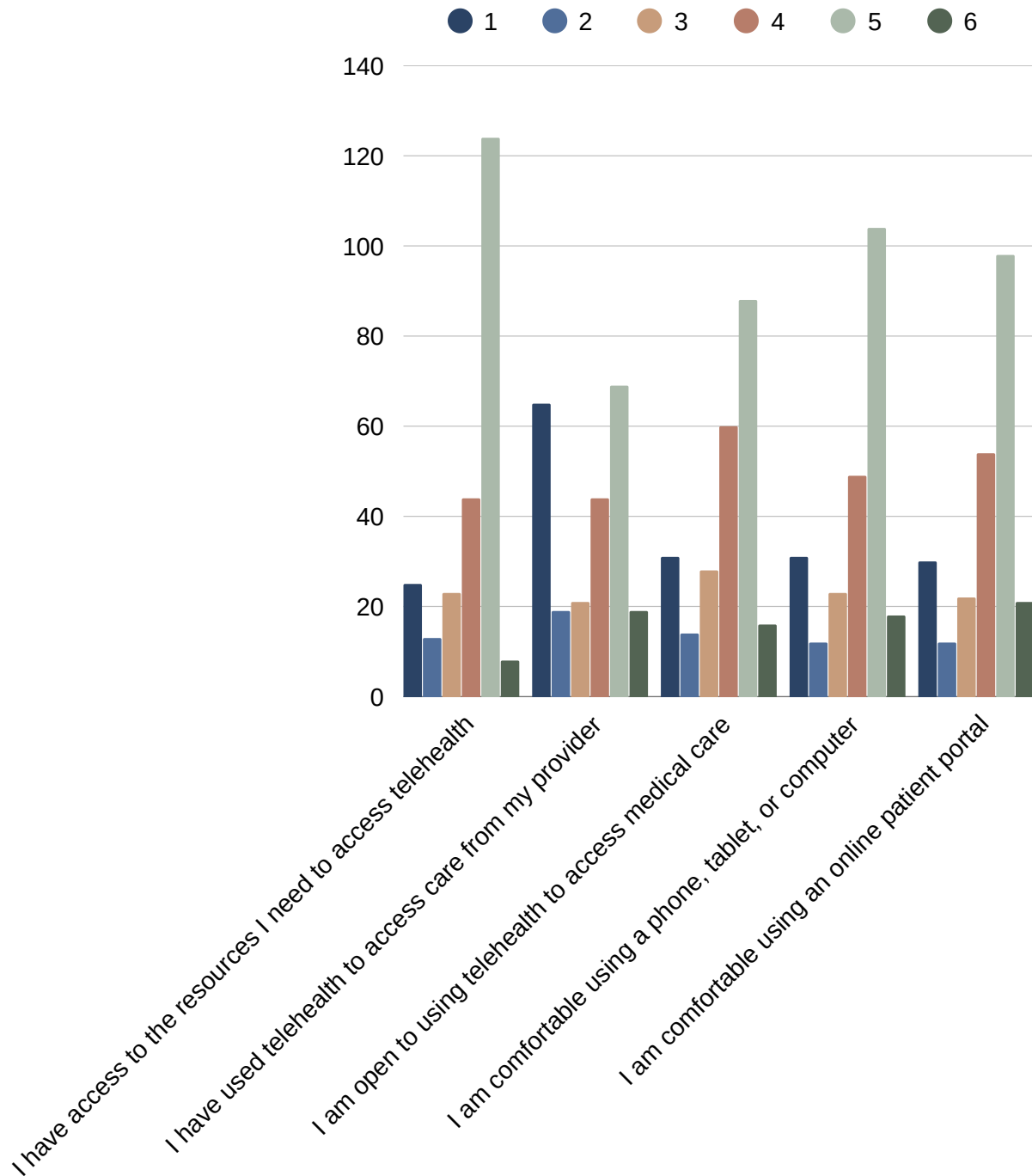
17. During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? Select all that apply:



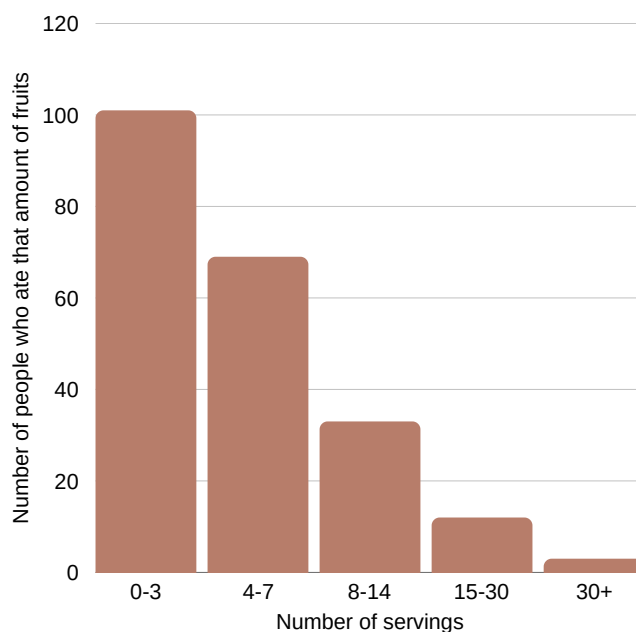
18. If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?



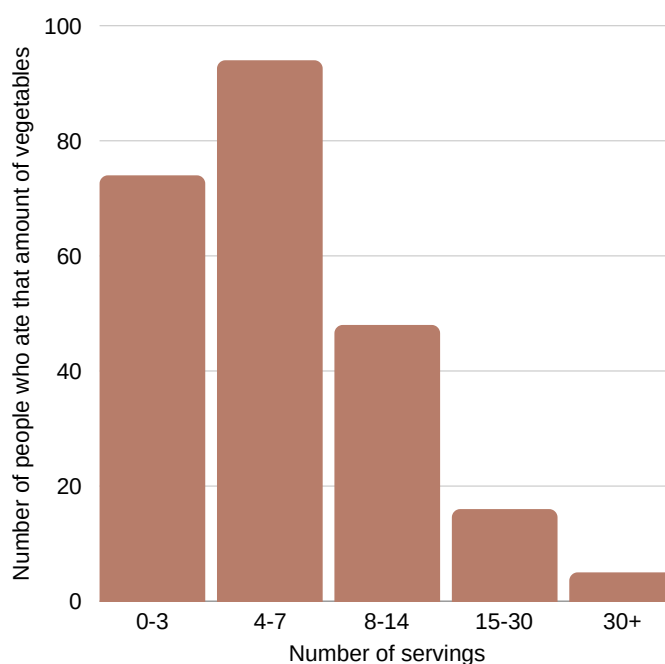
19. How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer. 1 = Strongly disagree; 2 = somewhat disagree; 3 = neither agree nor disagree; 4 = somewhat agree; 5 = strongly agree; 6 = Not sure



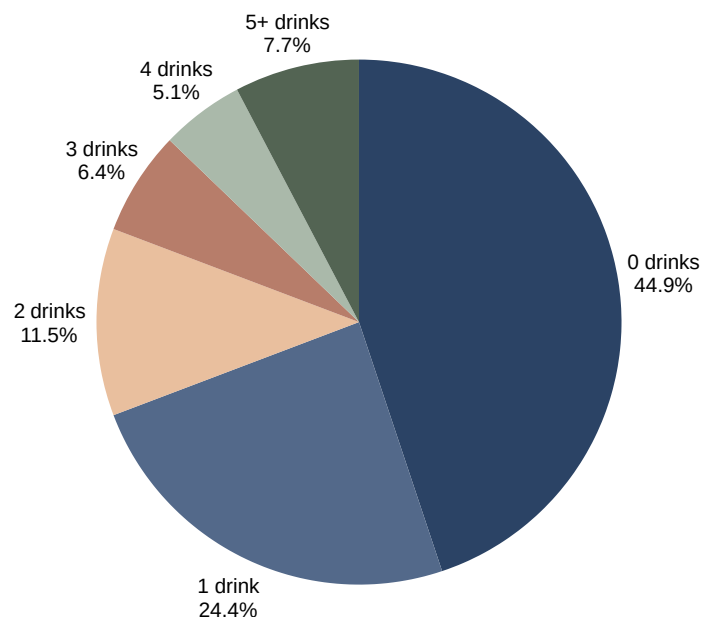
20. Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries.)



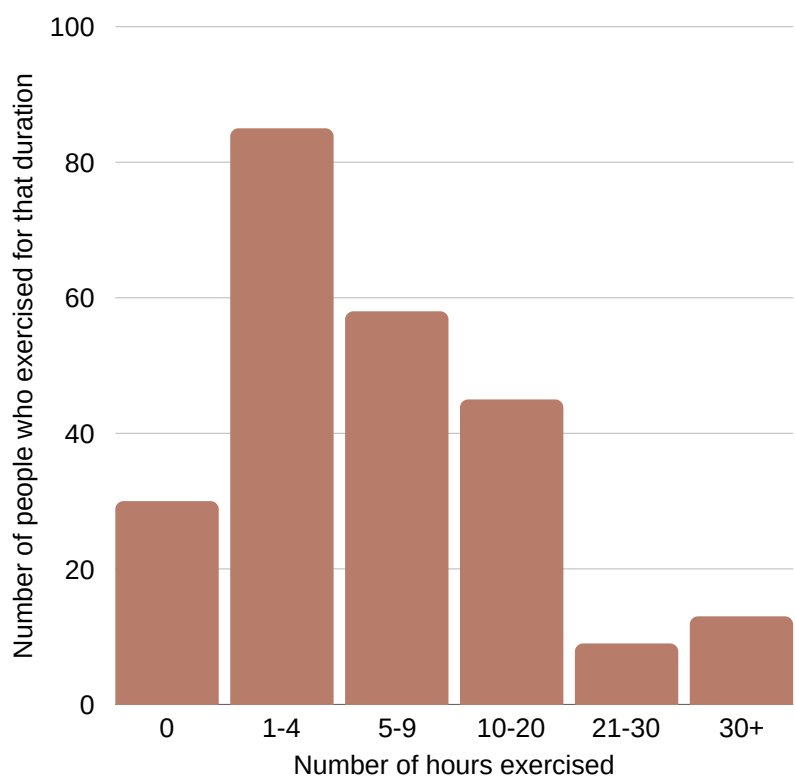
21. On average, how many servings of vegetables did you eat in the past week, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini.)



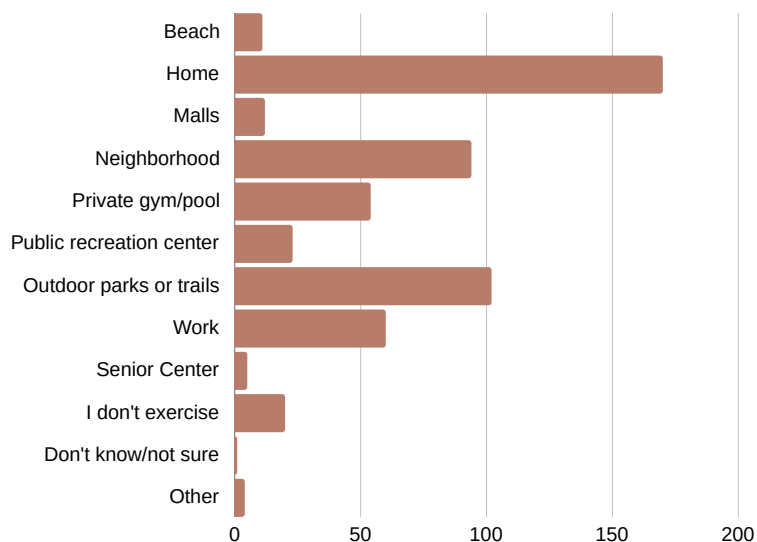
22. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day?



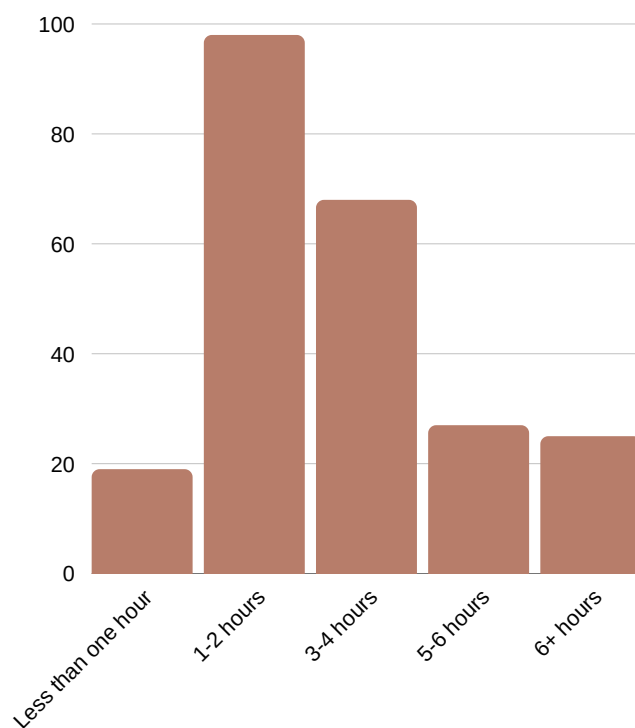
23. During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job?



24. When you are active, where do you engage in exercise or physical activities?
Select all that apply:

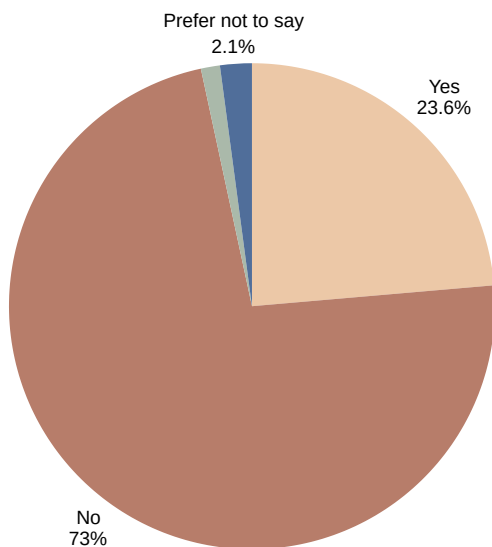


25. How many hours per day do you watch TV, play video games, or use a computer, tablet, or smart phone for recreation?

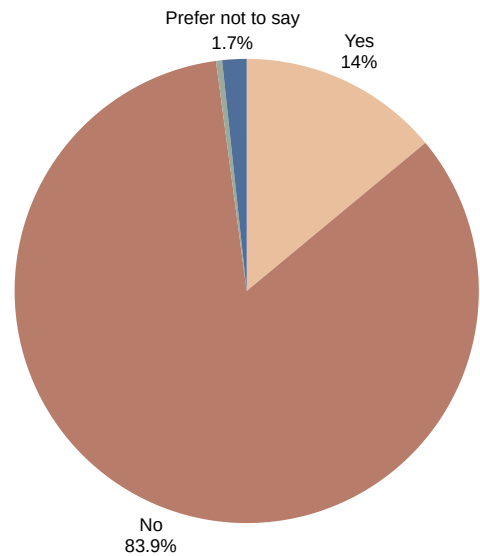


26. In the past 12 months, were there times when you:

Were worried about having enough money to pay your rent or mortgage?

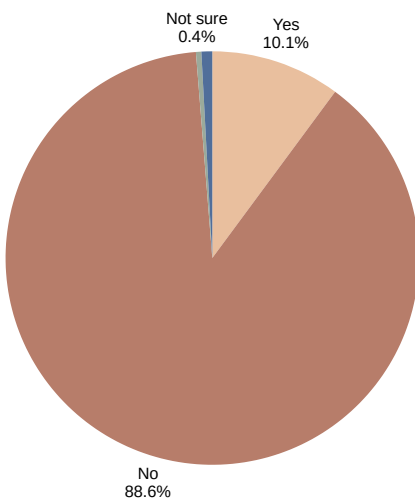


Did not have electricity, water, or heating in your home?

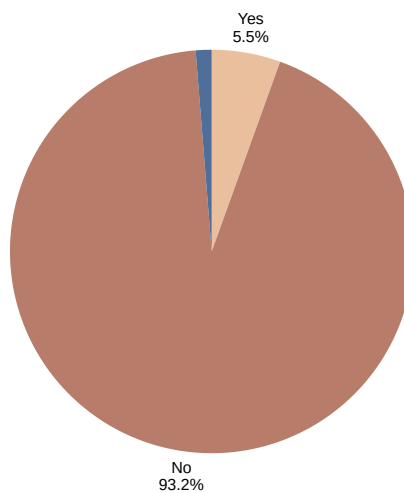


27. In the past 3 years, were there times when you:

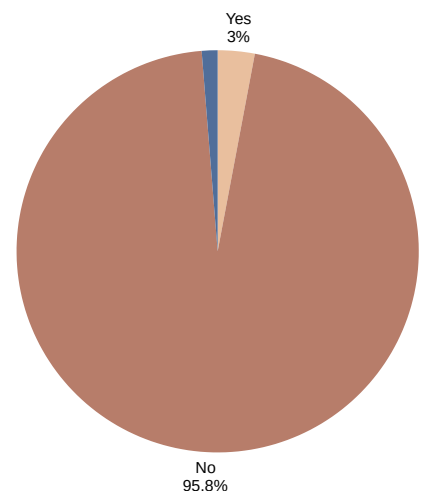
Had to live with a friend/relative because of a housing emergency, even if it was temporary?



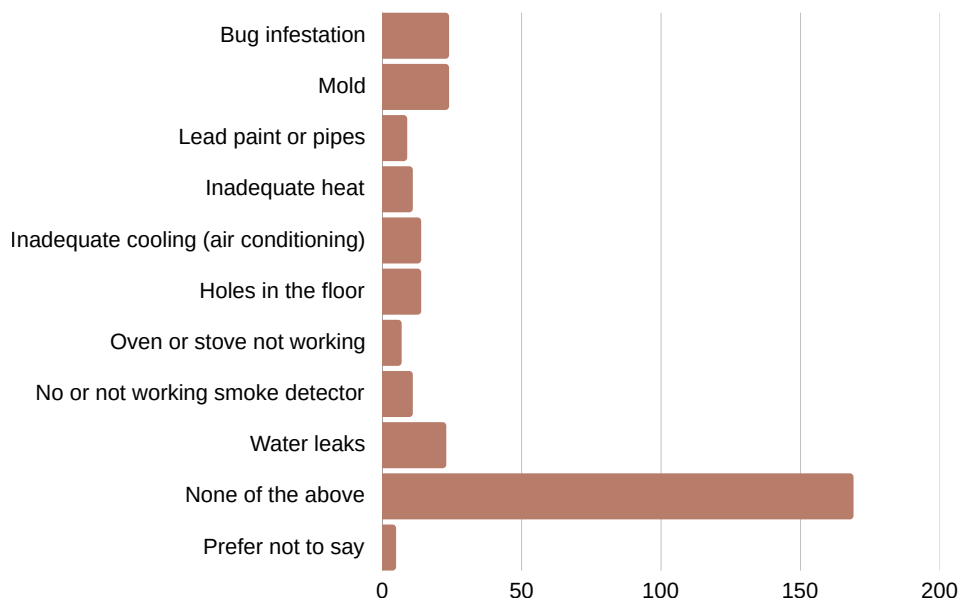
Were evicted or displaced from your home?



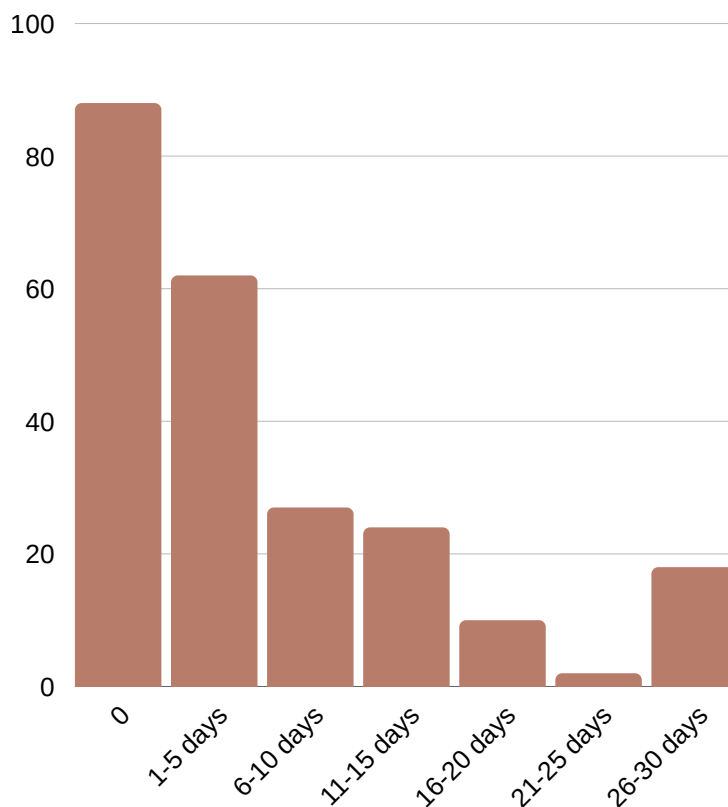
Were living on the street, in a car, or in a temporary shelter?



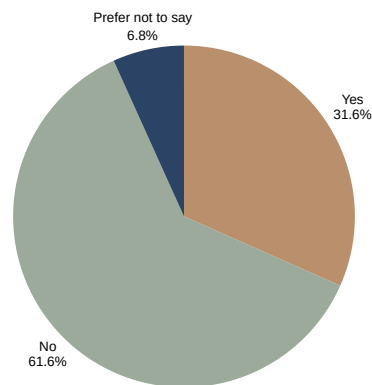
28. Think about the place where you live. Do you have any problems with the following? Select all that apply:



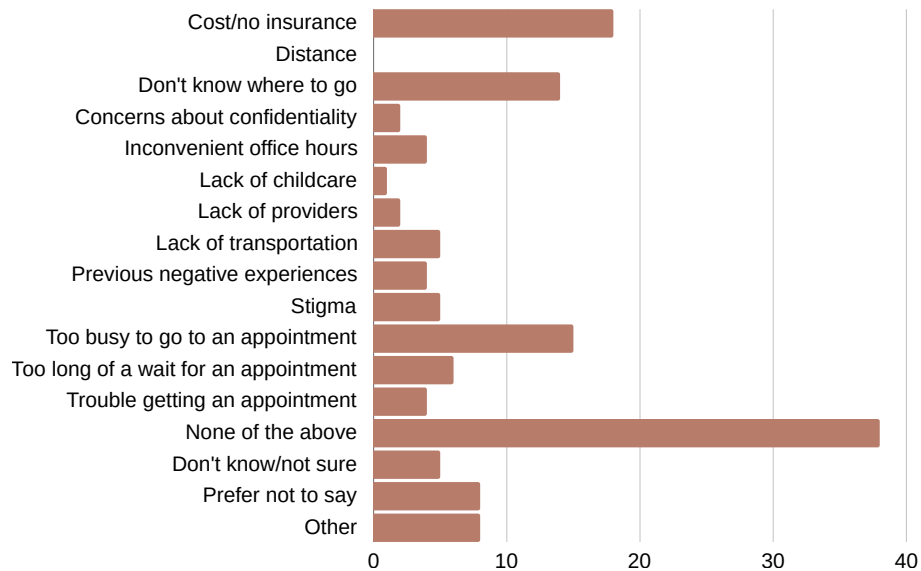
29. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?



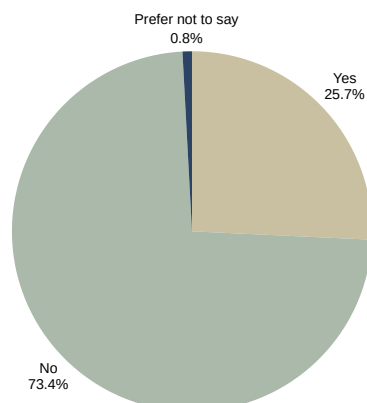
30. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?



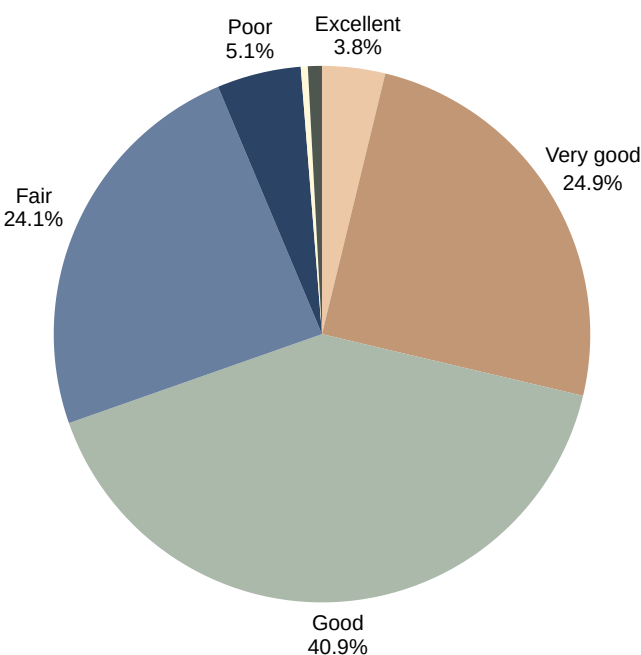
31. If you answered 'Yes' to the previous question, what was the main reason you did NOT get mental health care or counseling?



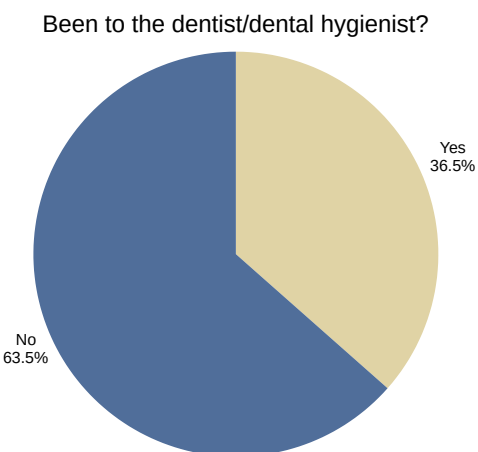
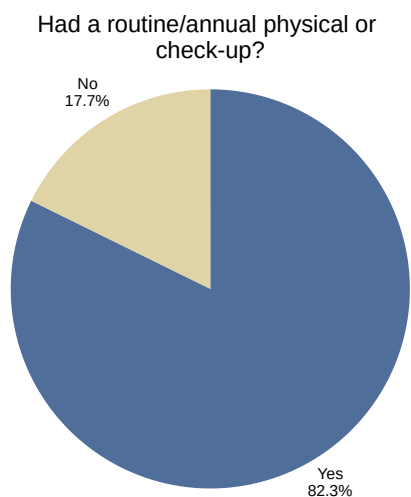
32. Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of mental or emotional health need?



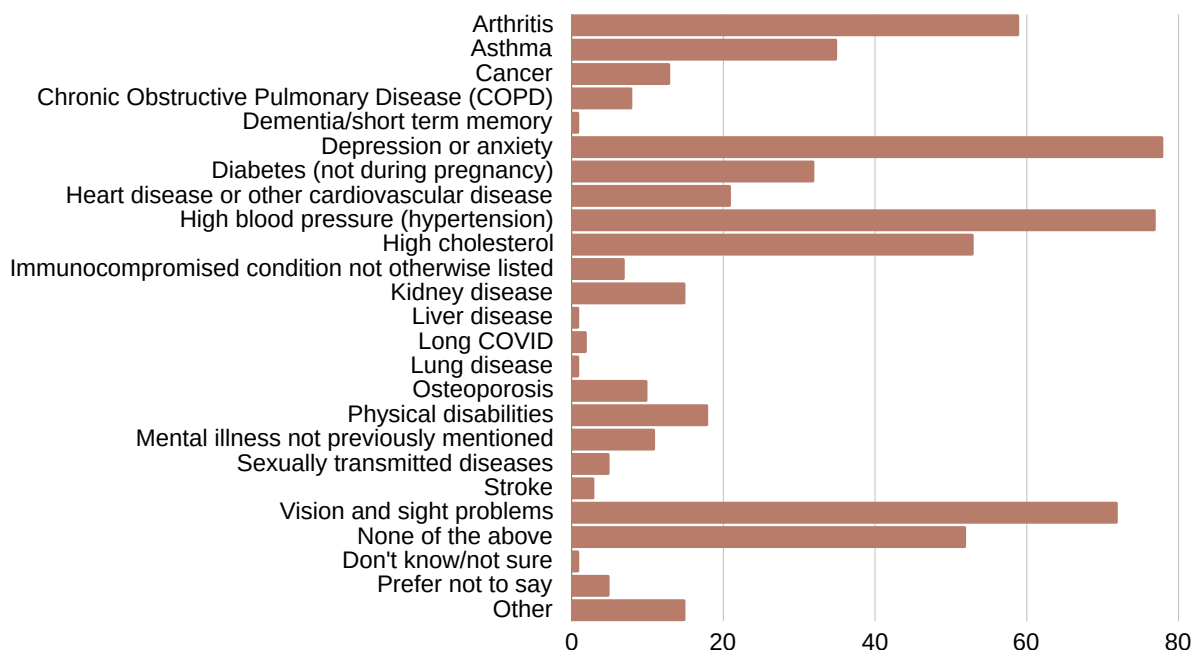
33. Considering your physical health overall, would you describe your health as:



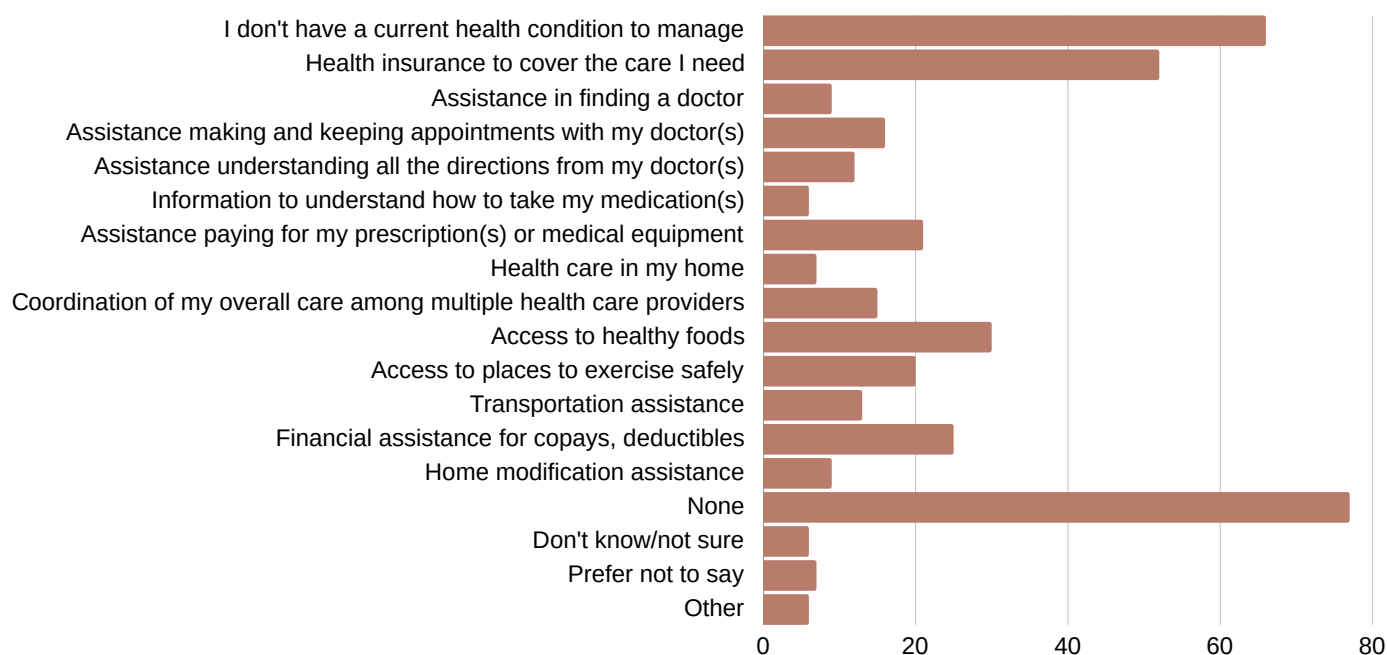
34. Within the past year (anytime less than one year ago), have you:



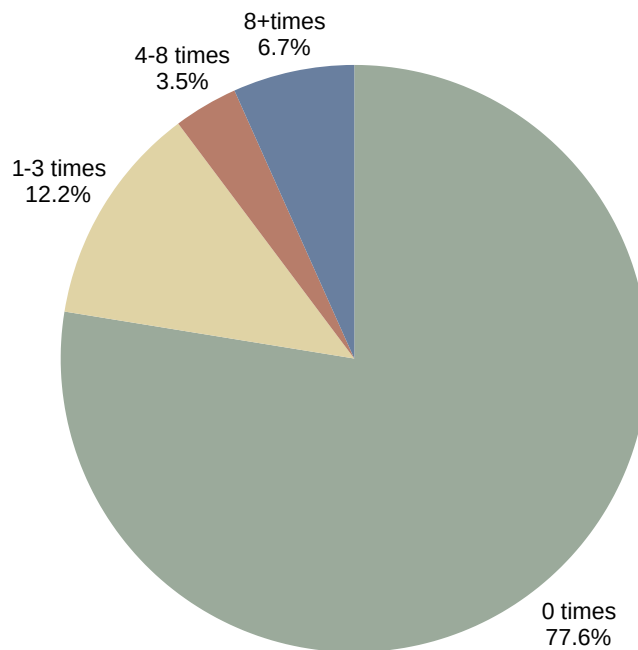
35. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply:



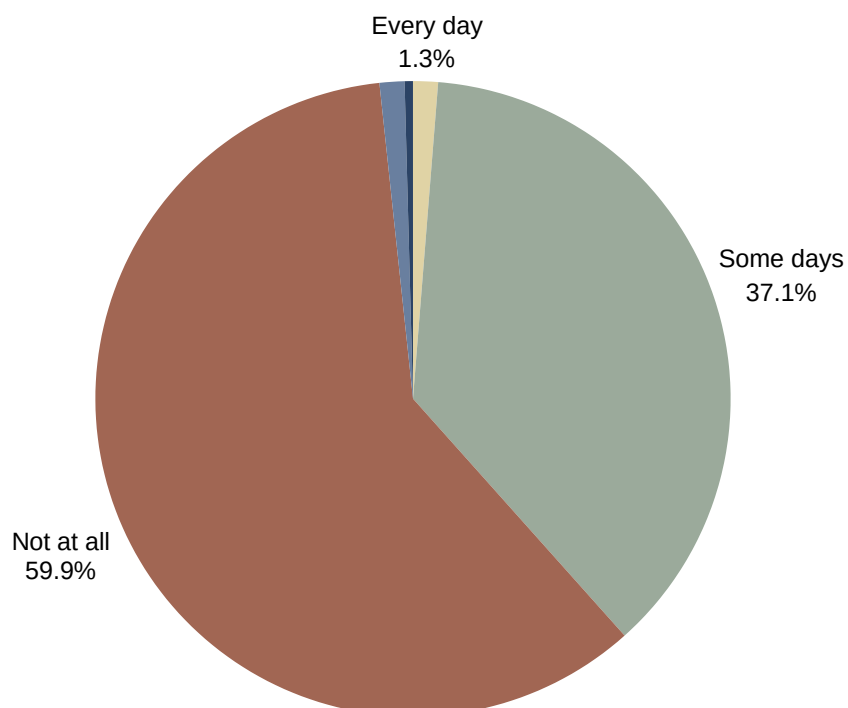
36. What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? Please select all that apply:



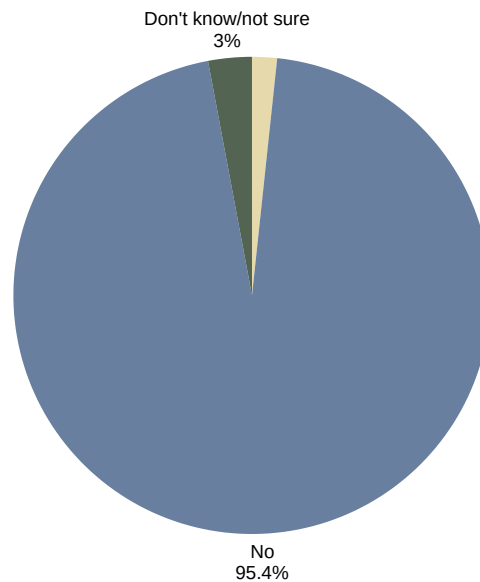
37. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion?



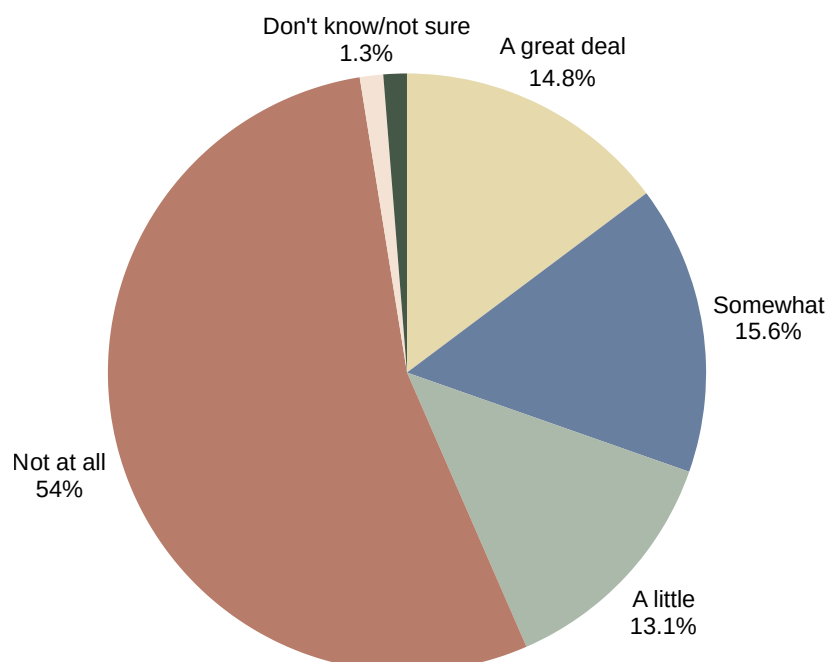
38. How often do you consume any kind of alcohol product, including beer, wine, or hard liquor?



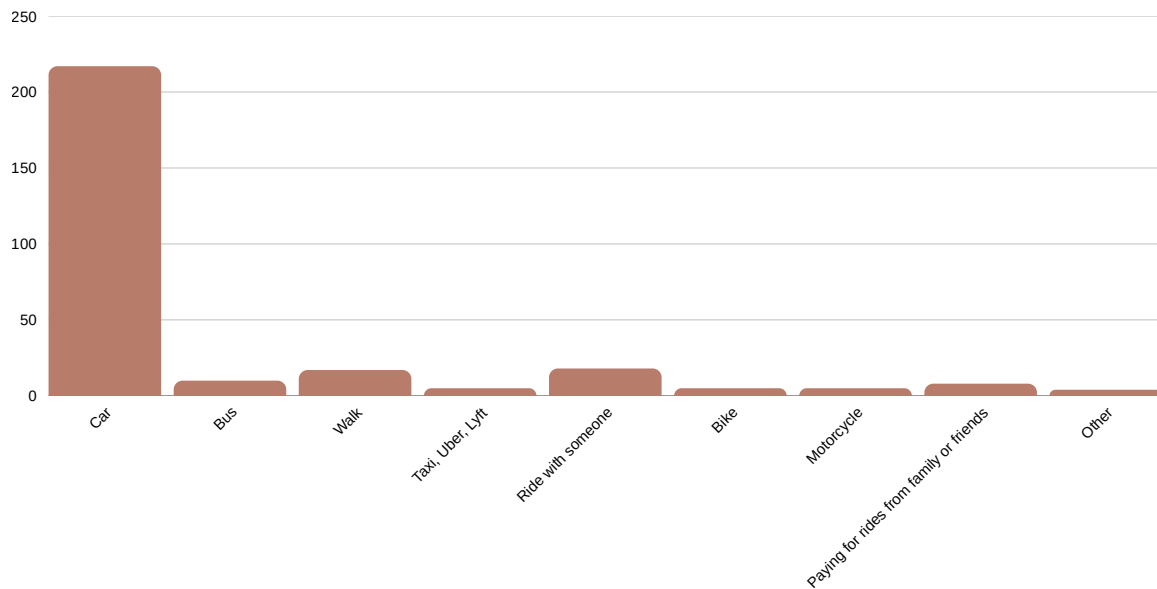
39. In the past year, have you or a member of your household intentionally misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?



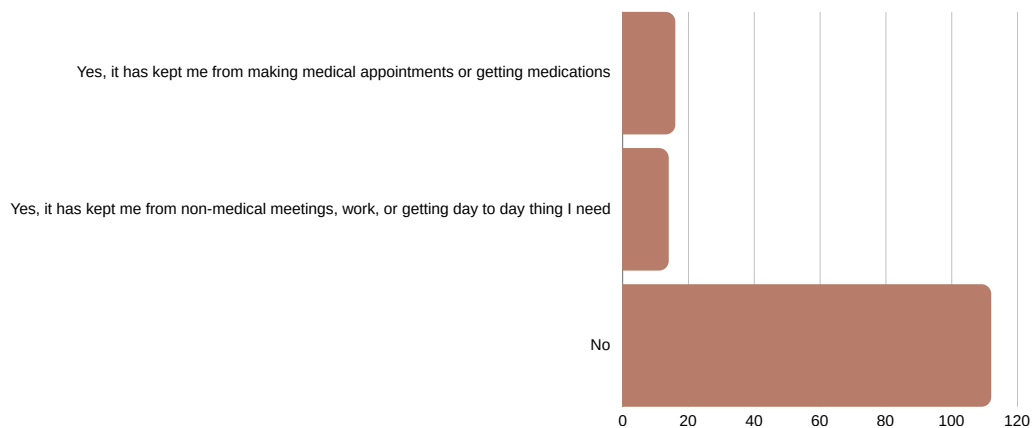
40. To what degree has your life been negatively affected by your own or someone else's substance misuse issues, including alcohol, prescription, and other drugs? Would you say:



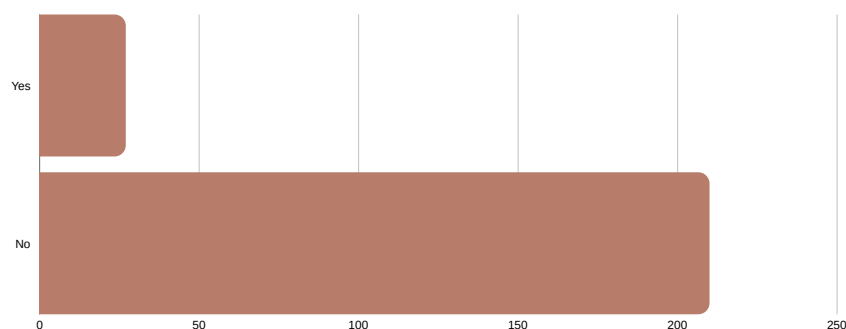
41. In a typical week, what kinds of transportation do you use the most? Select all that apply:



42. In the past 12 months, has a lack of transportation kept you from medical appointments, meetings, work, or getting things for daily living? Select all that apply:



43. Do you put off or neglect going to the doctor/dentist because of distance or transportation?



Appendix B: Moore County FirstHealth Focus Group



Community Health Needs Assessment 2025

Focus Group Guide Questions

Please read the following statement to the group and ask them to confirm understanding:

You have been invited to participate in a focus group as part of FirstHealth and the Health department's Community Health Needs Assessments. The purpose of this focus group is to gain insight around the health concerns facing the community and identifying priorities for the agencies to work towards addressing. The confidentiality of the topics discussed during this session is very important to us and as such we will not be collecting identifiable information. We ask that you do not share the identities of other participants. Your participation is completely voluntary, and you are free to discontinue your participation at any time.

1. What does your vision of a healthy community look like?
2. What would you say are the top 3 concerns facing your community?
3. What are some things/resources that your community needs to become healthier?
4. What are some ways the health system and/or public health department can help improve the health of the community?
5. What do you enjoy most about your community?
6. Is there anything else that you would like us to know about your community?

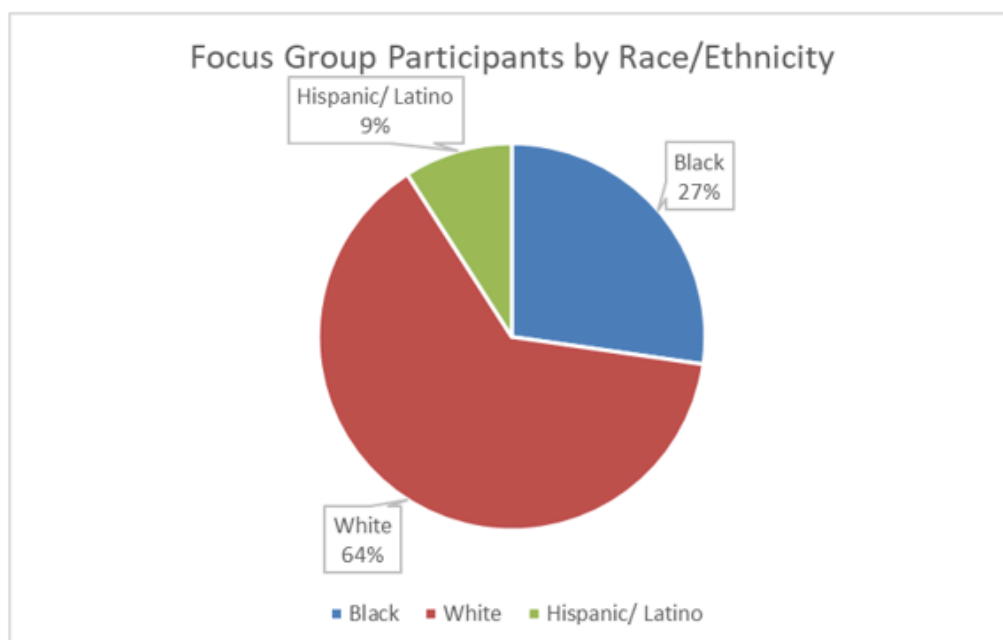
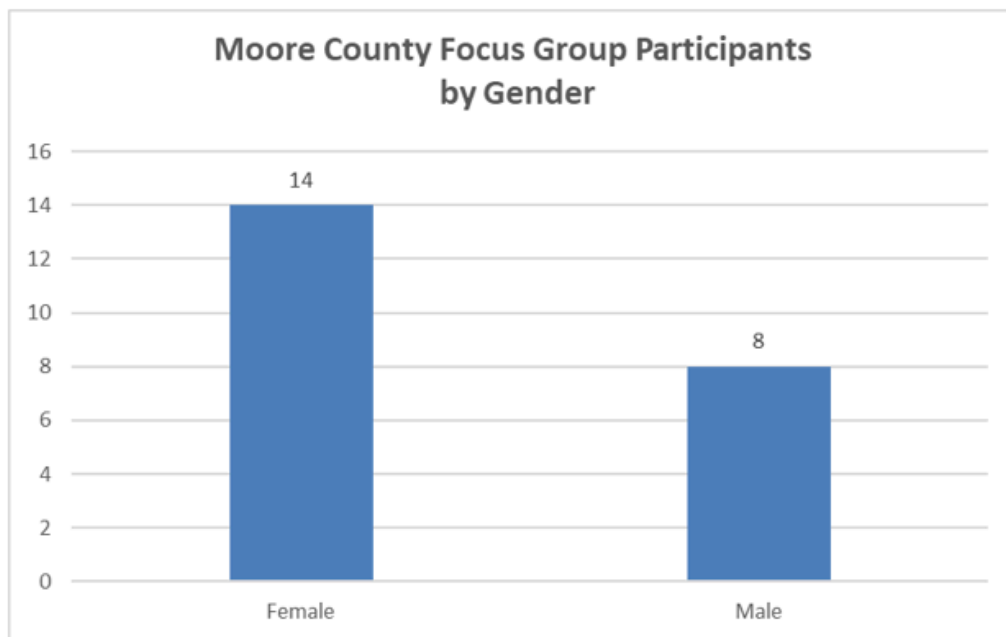
Focus Group Characteristics

1.) Four groups hosted across the county

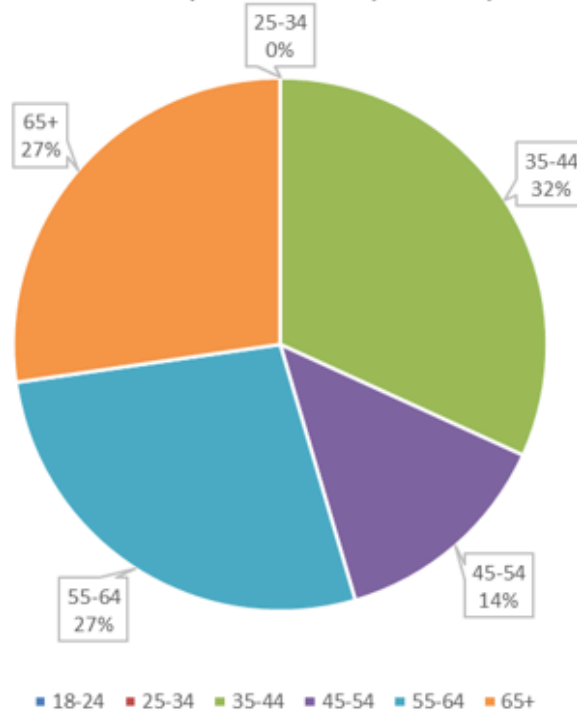
- Moore County Health Department
- MooreHealth Board
- Moore County Chronic Kidney Disease Support Group
- Moore County Detention Center- First Responders

2.) Participant Demographics

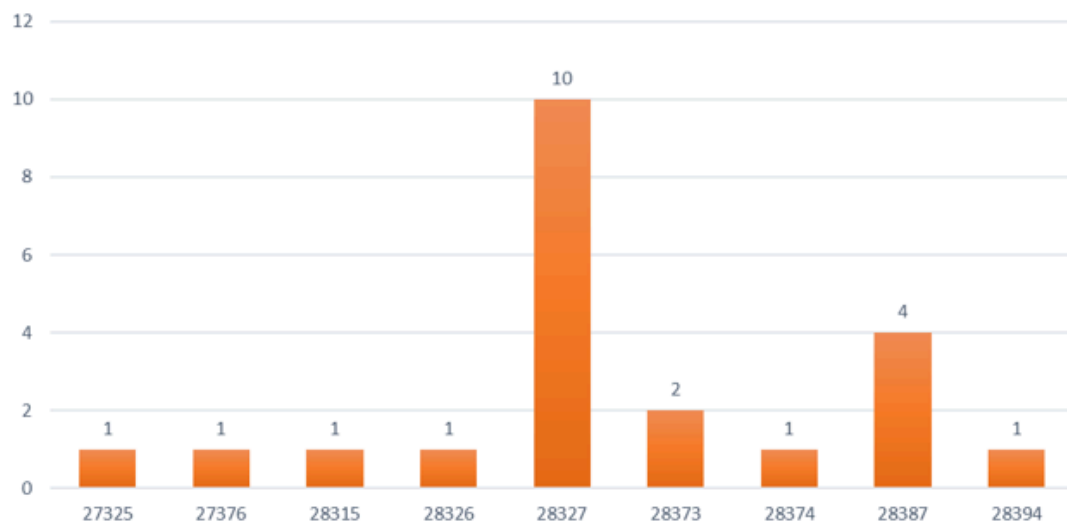
N = 22 participants



Age Distribution of
Moore County Focus Group Participants



Distribution of
Participant
Zipcode of Residence



3.) Participants envision a healthy community consisting of:

- Community Resources and assistance accessing them
- Parks and Recreation – access to green spaces and activities
- Equitable access to all healthcare services

4.) Top 3 Concerns identified:

- Mental Health
- Homelessness/ Availability of affordable housing
- Substance Use

5.) Common Themes:

- Interest in Parks and Recreation
- Access to affordable housing in the county
- Mental health and substance use resources
- Focus on caring for an aging population
- Need to increase community awareness of available resources and ways to get connected (navigation)

2025 Survey on Poverty/Self-sufficiency

The root causes of poverty in Moore County, as identified by the majority of survey participants, center around several key areas, which can be broadly categorized into economic, educational, and social challenges.

1. Economic Factors:

- Low wages, unemployment, and lack of sustainable employment: These issues lead to insufficient income, which makes it difficult for individuals and families to meet basic needs like food, shelter, and healthcare. Income inequality further exacerbates the situation by preventing equitable access to resources.
- Cost of living and inflation: Rising living costs, including housing, food, and healthcare, were mentioned as contributing to the financial strain faced by residents.
- Childcare accessibility/affordability: Partner agencies and other nonprofits noted that childcare accessibility and/or affordability play a part in the root causes of poverty and, in some cases, is a barrier to transitioning from poverty to self-sufficiency.

2. Education and Skills Gaps:

- Lack of education, job training, and trade education: Without the necessary skills and qualifications, individuals may struggle to secure well-paying, stable jobs. This lack of access to education and training creates a cycle where people are unable to advance economically, which ultimately perpetuates poverty.
- Skilled labor shortages: The absence of skilled workers further reduces job opportunities, which ties into the larger issue of a mismatch between the skills available in the labor force and the needs of employers in the community.

3. Social Issues:

- Healthcare and drug addiction: The lack of access to affordable healthcare can lead to significant financial strain and worsen poverty, especially if individuals are unable to receive necessary medical care. Drug addiction, which often goes hand-in-hand with poverty, can further isolate people from the workforce and exacerbate financial difficulties.
- Affordable housing and homelessness: These are major concerns that contribute heavily to the cycle of poverty, as people without stable housing are at increased risk for other socioeconomic issues.
- Transportation: Without reliable transportation, it is difficult for individuals to access work, education, healthcare, and other essential services, creating another barrier to economic stability.

4. Structural and Generational Factors:

- Generational poverty: Some respondents pointed out that poverty is often passed down through generations, making it harder for families to break out of the cycle due to historical disadvantages.
- Racism: Some respondents indicated that racism can create systemic barriers that prevent certain groups from accessing the same opportunities as others, and as a result, contributing to the persistence of poverty.

United Way Poverty Summit – Master Executive Summary

This report consolidates discussion notes from all tables at the United Way Poverty Summit. It provides a master summary of findings, organized responses to board-directed questions, and other key facts. The goal is to highlight the most significant causes of poverty in Moore County, identify what is being adequately addressed, pinpoint gaps, and recommend where future resources should be directed for maximum impact.

Master Consolidated Summary

Poverty in Moore County is multi-dimensional, shaped by the interplay of income disparity, high living costs, housing shortages, transportation gaps, childcare barriers, healthcare challenges, and generational cycles.

Key drivers across all tables:

- Affordable housing shortages: average home costs \$410,000; rents \$1,200–\$2,000; few affordable builds; Section 8 losses; resistance to shelters.
- Low wages vs. cost of living: most jobs pay \$13–\$15/hour, far below the ~\$60k needed for stability.
- Childcare shortages & cost: no growth in centers since 2005; quality is high but affordability is poor; subsidies insufficient.
- Transportation barriers: limited, unreliable routes; no evening/weekend service; outlying towns cut off.
- Generational poverty & mindset: cycles of trauma, substance abuse, and hopelessness passed down; lack of mentors.
- Healthcare & benefit cliffs: medical debt and coverage loss push families into crisis; 5,000 projected to lose coverage.
- Mental health challenges: rising youth depression, lack of providers, stigma.
- Awareness & silos: poverty hidden behind the resort image; agencies operate separately; lack of unified communication.

Encouraging progress exists in food security programs, telehealth expansion, Sandhills CC workforce training, and faith-based coalitions. Still, housing, childcare affordability, transportation, and systemic inequities remain least addressed.

Board Questions & Answers

1. Most Significant Causes of Poverty

- Affordable housing – consistently the top issue across tables.
- Low wages vs. cost of living – jobs don't provide living wages.
- Childcare shortages/cost – affordability and access major barriers.
- Transportation barriers – unreliable and limited service isolates families.
- Generational poverty & hopelessness – entrenched cycles reinforced by trauma and lack of role models.
- Healthcare & benefit cliffs – medical bankruptcy, loss of coverage, and penalties for earning more.
- Mental health challenges – stigma, lack of providers, rising youth depression.
- Education gaps – lack of training, inequities for children of color.

2. Adequately Addressed Causes

- Food insecurity: strong network of food banks, church ministries, grocery partnerships, and FirstHealth programs.
- Healthcare access: Moore Free & Charitable Clinic (dental, PT, optometry), telehealth, ER improvements.
- Education & workforce training: Sandhills CC programs (trades, CNA, lineman, early college).
- Childcare quality: high standards, nurse oversight (though affordability is poor).
- Addiction treatment: significant county investment (though prevention lags).
- Faith-based efforts: churches provide mentoring, food, transitional housing, lay counseling.

3. Least Adequately Addressed Causes

- Affordable housing: lack of affordable builds, luxury-driven development, high land costs, community resistance.
- Transportation: political resistance to public transit; rural areas underserved; no evening/weekend options.
- Childcare affordability: providers underpaid; parents priced out; subsidies insufficient.
- Mental health: provider shortages, stigma, rising stress.
- Employment barriers: GED, criminal history, disabilities; lack of case management.
- Benefit cliffs: trap families when modest wage increases eliminate supports.
- Systemic silos: agencies disconnected, families given lists with no follow-up.

4. Where Future Resources Should Go

- Transitional housing with wraparound services: stable housing + childcare + transportation + case management.
- Coalition building & a "coach" agency: unify resources, reduce silos, create central hub.

- Transportation solutions: shuttles, token systems, employer transit, Uber/cab partnerships, revive Wheels for Work.
- Financial literacy & life skills: revive budgeting, credit repair, prioritization programs.
- Youth & family programs: family planning, early literacy, mentoring before parenthood.
- Adult-focused mentoring: stabilizing parents lifts entire families.
- Micro-finance & entrepreneurship: seed funding for small business startups.
- Retiree engagement: tap skilled, affluent newcomers for mentoring and philanthropy.

5. Timing for Maximum Impact

- Parents first: stabilizing adults is critical for children's success.
- Early childhood: prenatal to age 5 literacy, social-emotional, and life skills.
- Young adulthood: before parenthood, focus on job readiness and financial literacy.
- Situational poverty: intervene immediately at crisis points (job loss, eviction, health emergency).
- Generational poverty: long-term mentoring and mindset change.
- Seniors: support for those on fixed incomes facing rising costs.

6. One Idea That Could Make a Big Difference

- Living wage jobs: raising wages or attracting higher-paying industries.
- Transitional housing with wraparound services: 18–24 month programs with holistic supports.
- Wraparound coalition model: one lead “coach” agency coordinating all services.
- Mentorship networks: accountability-based, long-term adult and youth mentoring.
- Unified communication hub: shared directories, magnets, multilingual guides, church-based outreach.
- Micro-housing solutions: tiny homes, shared housing, veteran villages.
- Action over discussion: pilot programs with visible results to build momentum.

Other Key Facts

- 13% in poverty + 20% on the edge = 1 in 3 residents vulnerable.
- Working poor: many employed but still struggling; multiple jobs, no benefits, one event away from crisis.
- Generational hopelessness: youth openly planning dependency (“have a baby to live off government”).
- Healthcare cliff: 5,000 residents projected to lose coverage.
- Violence rising: healthcare staff increasingly assaulted due to systemic frustration.
- Hidden poverty: resort image masks local need; leaders underestimate scope.
- Military impact: economic benefit but inflates housing, strains resources, no long-term roots.
- Scholarship gaps: aid often goes to high-achievers, not the most in need.
- Leadership vacuum: collaboration improving but no single “coach” organization leads.
- Retirees as untapped assets: potential mentors and donors.

1. Basic Needs, Housing & Stability

Gaps & Issues

- Housing affordability is a central problem: most new builds and rentals are priced far above what the local workforce can afford (often \$500k+ homes or \$2,000+/month rent).
- “Affordable housing” language carries stigma; many residents associate it with “projects” or “Section 8,” which creates resistance to solutions.
- Significant supply–demand imbalance; naturally affordable older stock is deteriorating faster than it’s being repaired.
- Families live in constant crisis, juggling housing, food, utilities and safety; this crowding-out effect leaves little capacity for reading to children, school engagement or healthy modeling.
- Homelessness among school-aged children is significant (estimated ~260 students couch-surfing or sleeping in cars).

2. Childcare & Early Childhood

Gaps & Issues

- Childcare is “too darn expensive!” Monthly costs rival a second mortgage or college tuition, especially for families with multiple children.
- Workers earn low wages (\$10–\$12/hr, often without benefits), driving them to higher paying jobs (Walmart, school system), resulting in staff shortages and empty classrooms in otherwise licensed centers.
- Long waiting lists, particularly at 4- and 5-star centers; severe shortage of quality slots.
- No coordinated community strategy for afterschool, summer care, or transporting children to childcare, and no real-time system to show open spots.
- “Catch-22” for parents: you need childcare to start a job, but you need a job to afford childcare.

3. Education, Life Skills & Workforce Pathways

Gaps & Issues

- Foundational literacy and numeracy are weak: students far below grade level; some middle schoolers struggle with basic arithmetic.
- Parenting gaps affect school readiness: limited understanding of child development, emotional support, consistency and structure; heavy use of “electronic babysitters.”
- Teachers are overwhelmed by large class sizes, behavioral challenges, burnout and administrative constraints; they feel less able to teach life skills/mentoring inside the school day.
- Widespread life-skills deficits: adults unable to read, write, or fill out applications; parents lacking basic cooking/household skills; youth lacking motivation, resilience, problem-solving, decision-making and social skills.
- Many youth report no understanding of career pathways and assume they’ll “live off the system like my mom and grandma.”

4. Mental & Physical Health

Gaps & Issues

- Limited access to providers, long wait lists and major transportation barriers for out-of-county care (Duke, Chapel Hill, etc.).
- Medications often not covered by insurance, creating affordability barriers.
- People who need help may not be ready to ask for it, making engagement especially difficult.
- Need for better overall care coordination and clearer handoffs after someone leaves a particular level of care.

5. Transportation (Cross-Cutting)

Gaps & Issues

- Transportation is a major obstacle impacting employment, medical care, therapy, parent engagement, school meetings and overall stability.
- Limited transit capacity; when routes are full, workers simply cannot get to jobs, leading to missed work and job loss.
- No coordinated strategy for transporting children to childcare.

6. Financial Literacy & Economic Stability

Gaps & Issues

- Financial literacy is a recurring weakness: many adults lack budgeting skills, leading to unaffordable housing commitments, late rent and reliance on expensive services like constant food delivery.
- Erosion of basic budgeting and money-management skills, particularly among younger adults.
- Clients receiving supports often do not receive accompanying financial training, which reduces the long-term impact of assistance.

7. Systems, Coordination, Navigation & Information

Gaps & Issues

- Across education, housing, childcare and health, agencies frequently work in silos with no clear pathway for referrals and external help.
- Lack of real-time information about childcare availability; limited awareness of what services exist and how to connect families.
- Communication challenges between agencies and with clients; families must retell their stories repeatedly.

8. Technology, Social Media, Stigma & Culture

Gaps & Issues

- Technology and social media contribute to loss of trial-and-error skills, instant gratification, bullying, shame, comparison and trauma around embarrassment.
- Device dependence among parents reduces engagement with children.
- Parents fear that accepting parenting help means they're "bad parents"; youth fear embarrassment more than anything, which discourages vulnerability and help-seeking.
- Stigma around "affordable housing" and vouchers shapes resistance to policy and landlord participation.

9. United Way's Cross-Cutting Role & "Big Ideas"

Across all tables, participants repeatedly saw United Way as a systems-level convener and catalyst, not just a funder.

- Central hub/mediator that convenes key players (county, health, schools, nonprofits, businesses), follows the person's full journey and works to reduce duplication.
- Connector between schools and outside agencies, helping embed caring adults and layered supports around youth and families.
- Trainer and capacity-builder, partnering with entities like Sandhills to upskill front-line staff (social workers, teachers, providers).
- Data and information backbone, via 2-1-1, shared tools ("About My Needs"), and returning data to donors on outcomes.

Flagship “Big Ideas” (All Tables Combined)

- Childcare Bridge Fund – removes the catch-22 barrier and clearly links donor dollars to workforce participation.
- Housing Stabilization Fund + Landlord Guarantee – keeps people housed, prevents eviction, and lowers landlord risk while tying assistance to budgeting support.
- Standardized “About My Needs” Tool + 2-1-1 – a system-wide navigation infrastructure so every client interaction opens doors to broader supports.
- Care Coordinator/Patient Navigator – someone walking alongside individuals and families across systems until they reach stability.
- Transitional/Tiny Home Village – small-scale pilot that provides safe, time-limited housing with supports after crises or hospital stays.
- Seamless Mentoring & Life Skills Ecosystem – embedded from early childhood through young adulthood, with schools as hubs and community partners aligned.

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NC Office of Chief Medical Examiner Aug. 2025

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US Census Bureau

<https://www.census.gov/quickfacts/>

Walk Score

<https://www.walkscore.com/score/>