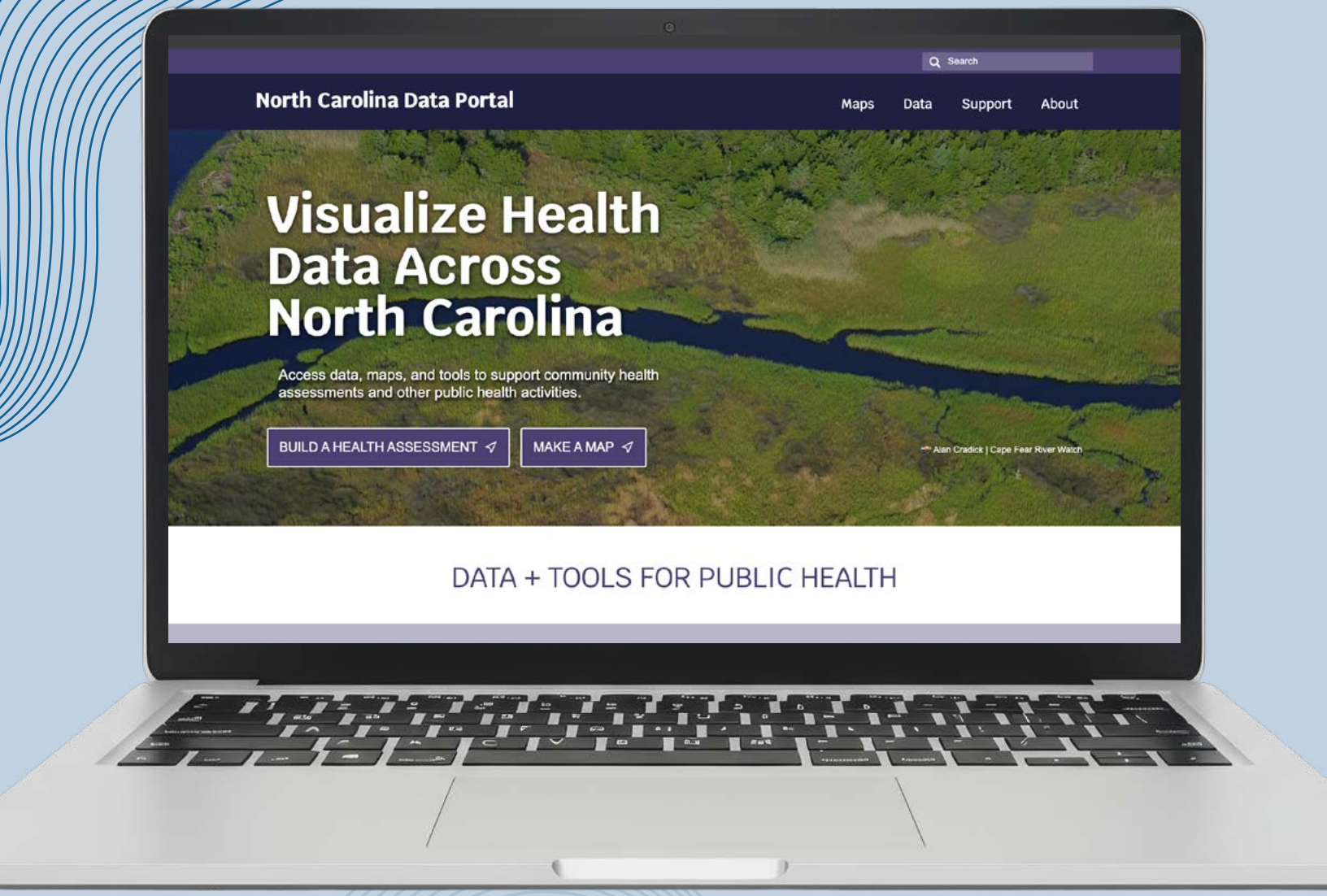
SECONDARY DATA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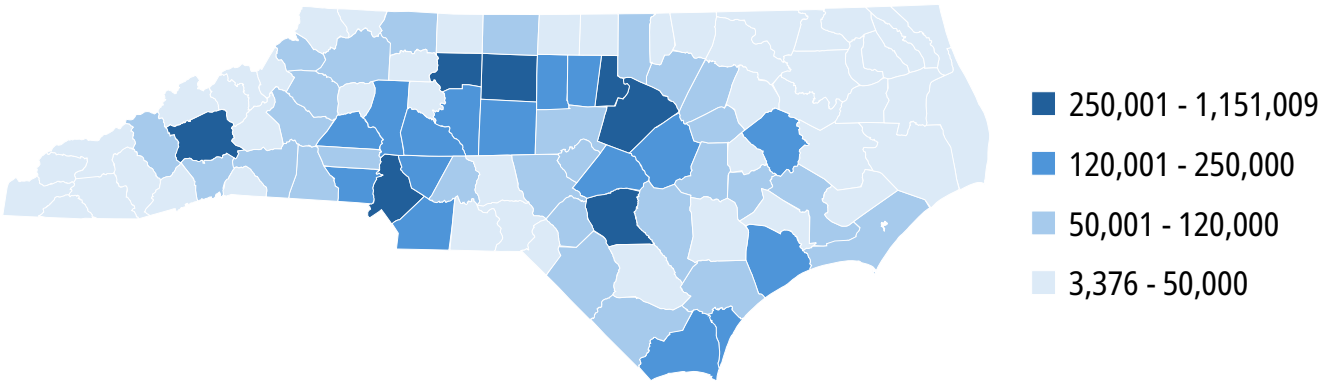
Total Population Size of North Carolina Counties

About 10,584,340 people live in the 48,624.12 square miles of North Carolina, according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 five-year estimates. The population density for this area, estimated at 218 people per square mile, is greater than the national average of 94 people per square mile.

The North Carolina Office of State Budget and Management (OSBM) reports county and state population projections using vintage population projections. It is important to note that there are 12 counties in North Carolina with age structures significantly affected by institutions. They are: Avery (prisons and college), Craven (military), Cumberland (military), Durham (university), Jackson (university), Madison (university), New Hanover (university), Onslow (military), Orange (university), Pasquotank (university and prisons), Pitt (university), and Watauga (university) (North Carolina Office of State Budget & Management, 2025).

Figure 74. Total Population Size of North Carolina Counties



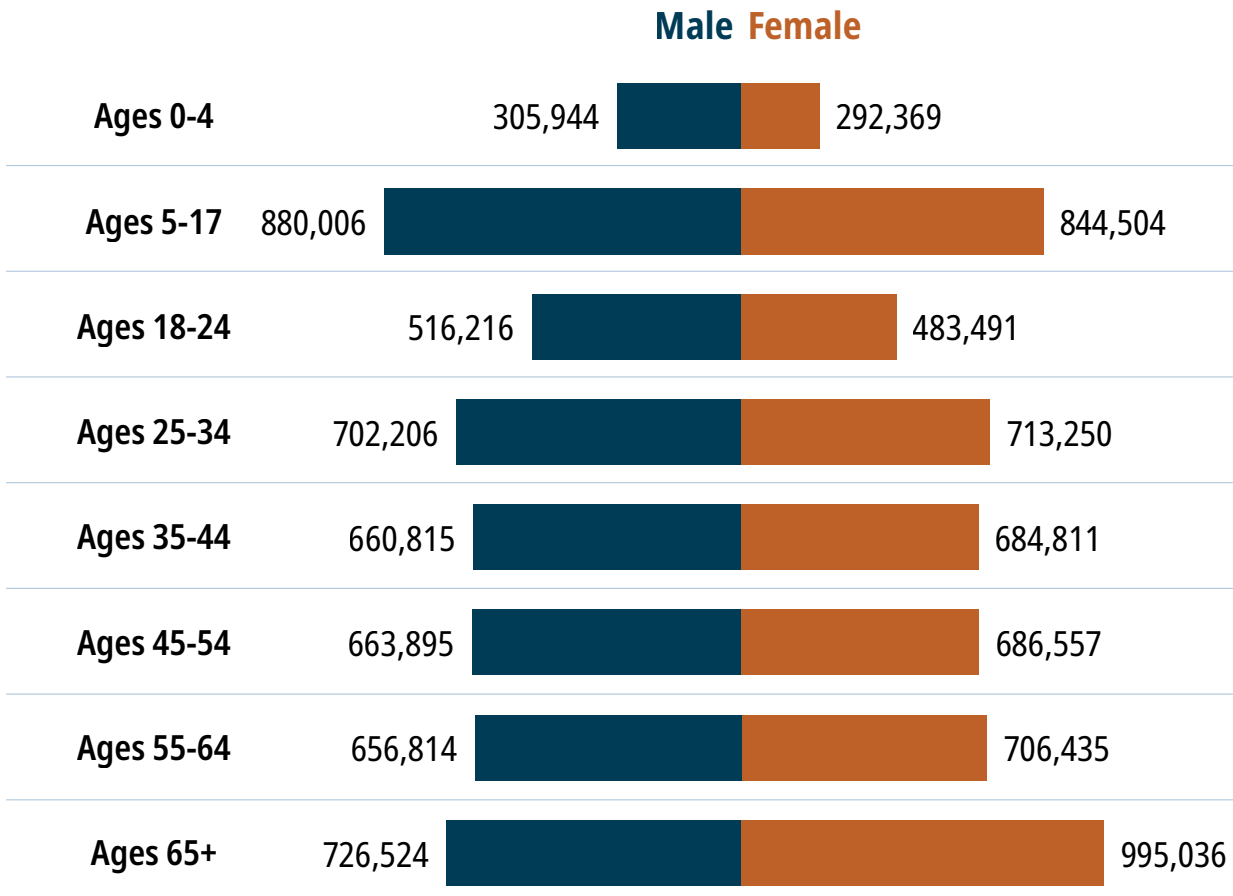
Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

North Carolina Population by Age Group and Sex

The median age in North Carolina is 39.1, based on the ACS 2019-2023 five-year estimates. Of the total population, 18% are under age 15, 20% are ages 15 to 29, 45% are ages 30 to 64, 15% are ages 65 to 84 and 2% are ages 85 and older. The largest age group is children ages 5 to 17 (1.725 million), followed closely by adults ages 65 and older (1.722 million).

Females make up 51.08% of the total population in the area, higher than the national average of 50.5%. Males account for 48.92% of the total population in the area, lower than the national average of 49.5%.

Figure 75. North Carolina Population by Age Group and Sex



Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

North Carolina Population by Race/Ethnicity

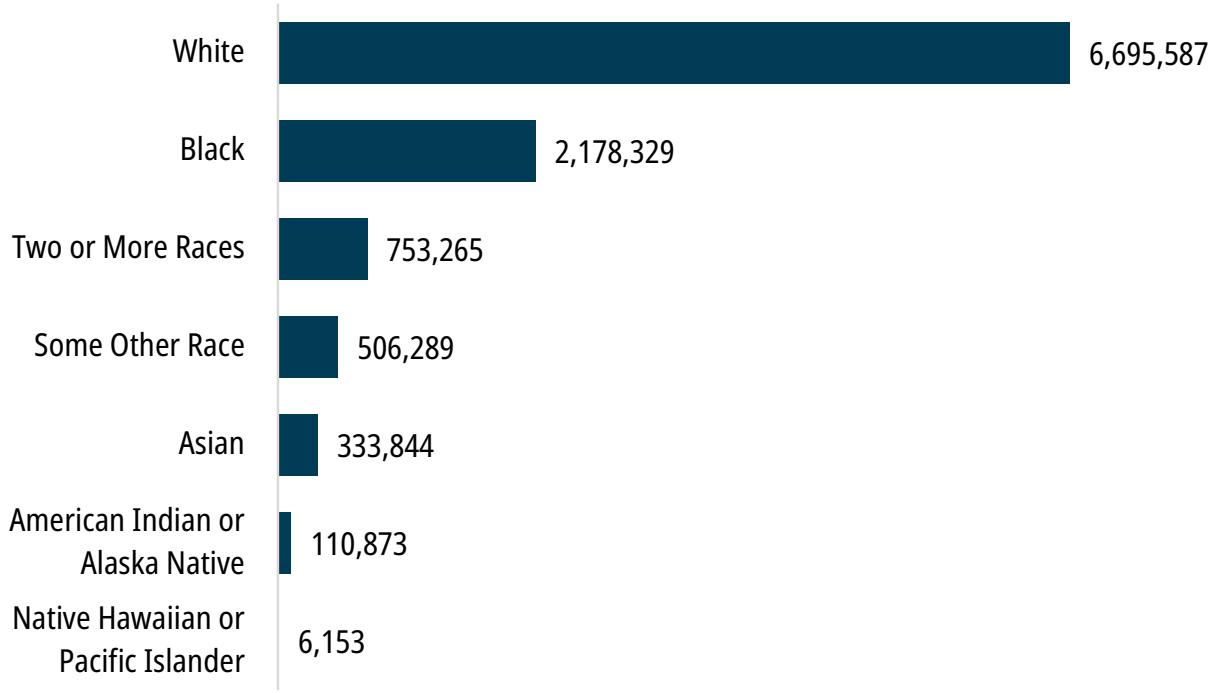
The estimated Black or African American population in North Carolina is 2,178,329, representing 20.58% of the state's total.

When including individuals who identify as Black or African American alone or in combination with another race, the total is 2,422,743, or 22.89% of the population.

The estimated population of Hispanic, Latine, or Spanish origin in North Carolina is 1,158,750 (10.95% of the total), a lower proportion than the national rate. Origin refers to a person's heritage, nationality group, lineage, or country of birth and may be of any race.

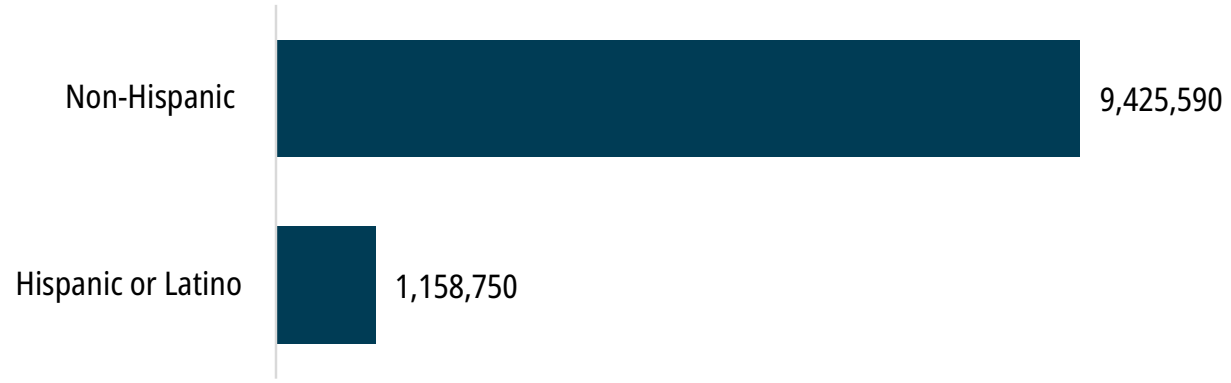
Race and ethnicity are collected separately in the American Community Survey. Race categories include white, Black, American Indian/Alaska Native, Asian, and Other, with respondents able to select one or more. Those who select more than one race are categorized as "Two or More Races." Ethnicity includes only two categories — Hispanic or Latine and Not Hispanic or Latine — and respondents choose one. Social and economic ACS data are reported by race alone, ethnicity alone and for the white non-Hispanic population.

Figure 76. North Carolina Population by Race



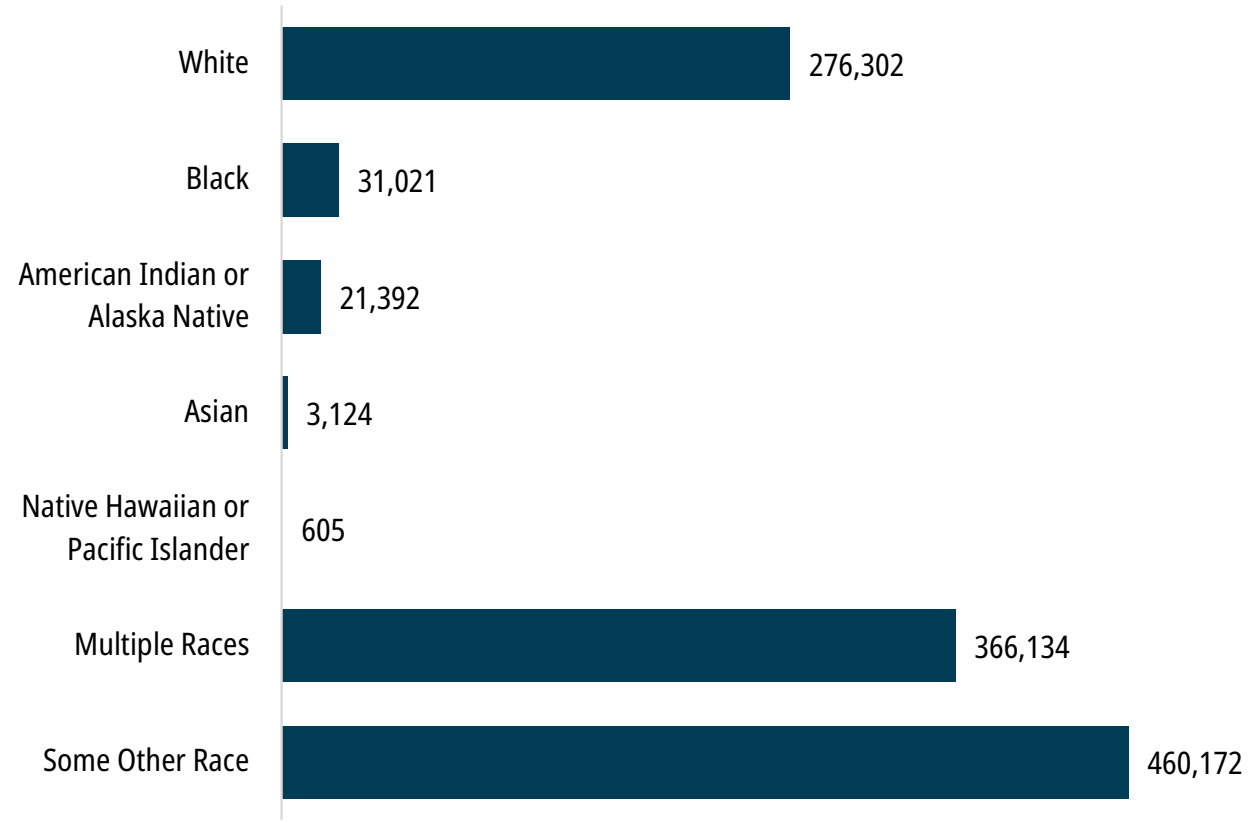
Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Figure 77. North Carolina Population by Ethnicity



Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on 5-year estimates

Figure 78. North Carolina Hispanic Population by Race

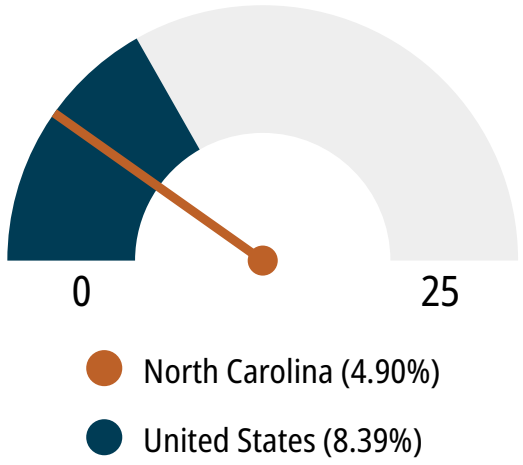


Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

North Carolina Population with Limited English Proficiency

This indicator reports the percentage of the population ages 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because limited English proficiency can create barriers to health care access, provider communication, and health literacy and education. Of North Carolina's 9,986,027 people ages 5 and older, 489,594 — or 4.9% — have limited English proficiency The national percentage is 8.39%.

Figure 79. Population Ages 5+ with Limited English Proficiency, Percent



Data Source: US Census Bureau, American Community Survey. 2019-2023. Downloaded from ncdataportal.org, 12/6/2025.

Note: This indicator is compared to national average.

North Carolina Indigenous People Population

North Carolina is home to more than 130,000 Native American and Alaska Native people and has the second-largest tribal population east of the Mississippi River.

The state's Native American population is culturally and tribally diverse. North Carolina formally recognizes eight Native American tribal nations, including some that are state-recognized and two that are federally recognized.

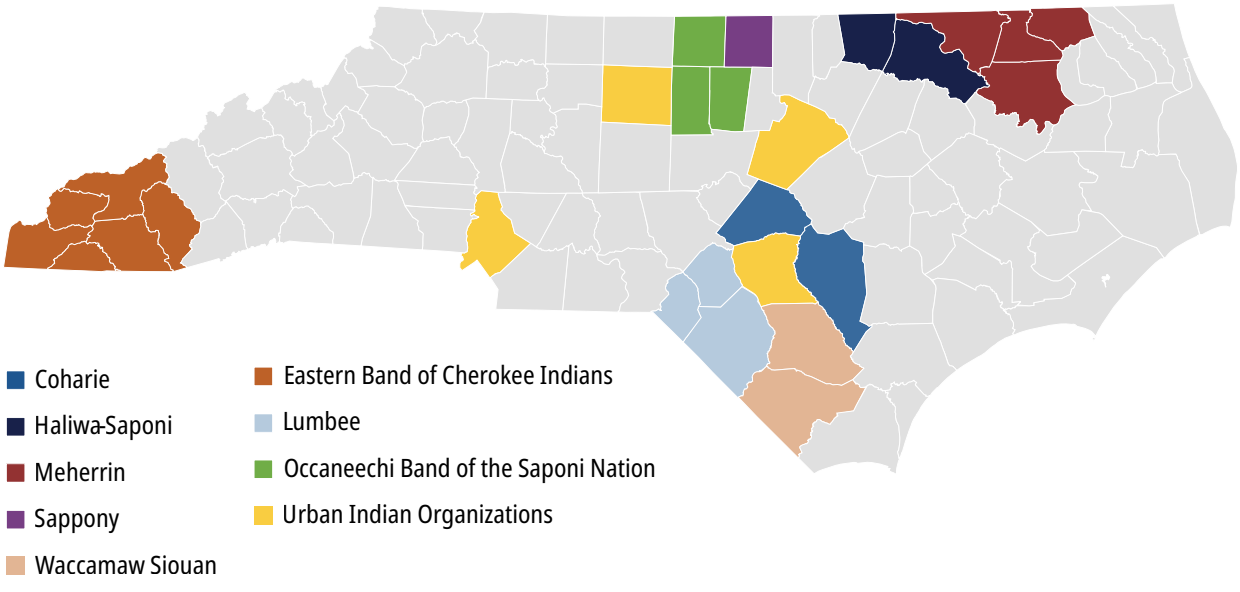
The Eastern Band of Cherokee Indians first received federal recognition in 1868. On December 18, 2025, Congress passed and the president signed the National Defense Authorization Act for Fiscal Year 2026, which included the Lumbee Fairness Act granting federal recognition to the Lumbee Tribe of North Carolina.

Recognized Tribes of North Carolina

- **Coharie**
- **Eastern Band of the Cherokee***
- **Haliwa-Saponi**
- **Lumbee***
- **Meherrin**
- **Occaneechi Band of Saponi**
- **Sappony**
- **Waccamaw Siouan**

**Federal and state recognized tribes*

Figure 80. North Carolina Tribal and Urban Communities



Data Source: Adapted from the North Carolina Commission of Indian Affairs. Map of NC tribal communities. North Carolina Department of Administration. www.doa.nc.gov/divisions/american-indian-affairs/map-nc-tribal-communities

Every county in North Carolina is home to people who identify as American Indian. In more than three-quarters of the counties, the number of American Indian people has grown over the past decade. The state's largest population and concentration of American Indian people is in Robeson County.

Figure 80 shows the distribution of American Indian people in North Carolina as a percentage of each county's total population. As in the past, Robeson County has the highest share in the state, with 38.5% of its the county's total population identifying as American Indian.

Figure 81. American Indian People of North Carolina

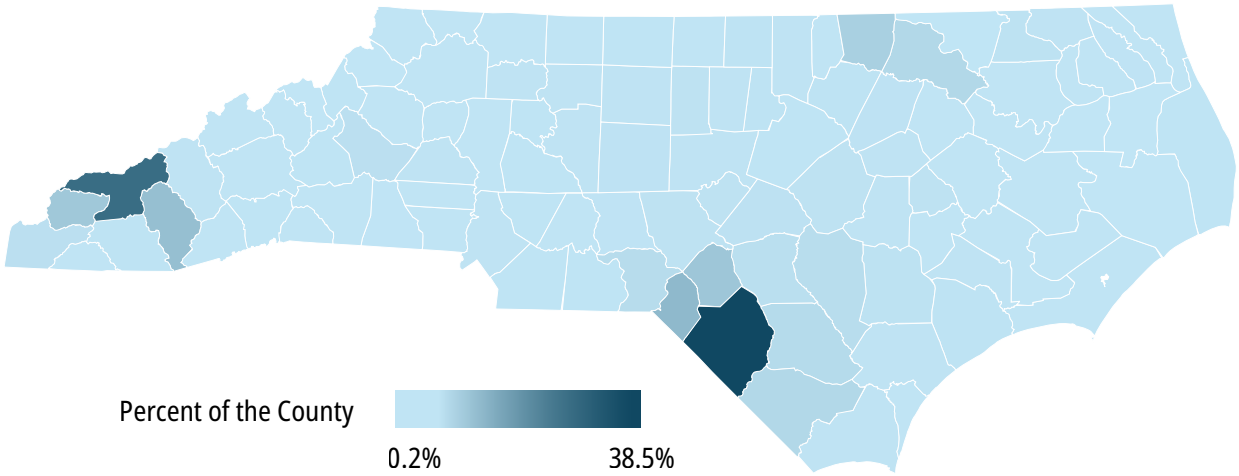


Table1 shows the top 10 counties with the highest percentage of American Indian people with respect to each county's total population.

Table 4. Top 10 North Carolina Counties of American Indian Resident Population

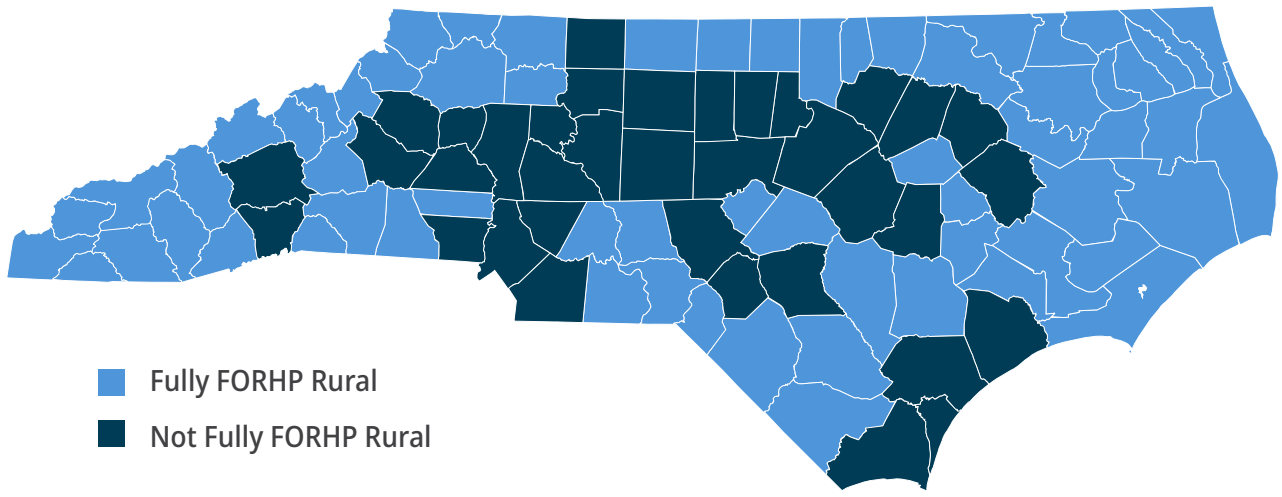
County	American Indian Population	Total Population	Percent of the County
Robeson	44,871	116530	38.5%
Swain	4,171	14117	29.5%
Scotland	3,745	34174	11.0%
Jackson	4,098	43109	9.5%
Hoke	4,063	52082	7.8%
Graham	590	8030	7.3%
Warren	978	18642	5.2%
Halifax	1,667	48622	3.4%
Columbus	1,732	50623	3.4%
Bladen	799	29606	2.7%

Data Source: U.S. Census Bureau. (2020). 2020 Decennial Census, Table P8: Race. www2.census.gov/programs-surveys/decennial/2020/data/

North Carolina Urban versus Rural Areas, By Census Tracts

The North Carolina Urban and Rural Designations are based on 2023 data from the Health Resources and Services Administration (HRSA). A county is designated as rural if all census tracts within the county are defined as rural areas by the Federal Office of Rural Health Policy (FORHP). A county is considered urban if at least one census tract is not defined as a rural area by FORHP.

Figure 82. North Carolina Urban and Rural Designations, 2023



U.S. Department of Health & Human Services, Health Resources & Services Administration, Federal Office of Rural Health Policy. FORHP data files. https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files

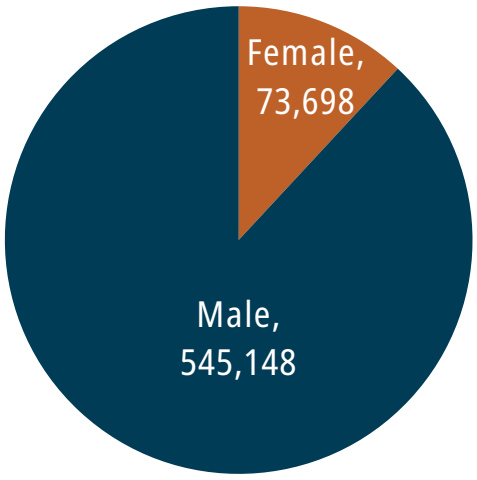
North Carolina Veteran Population

This indicator reports the percentage of the population ages 18 and older that served, even briefly, but are not currently on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. Of 8,153,570 North Carolinians, 618,846 (about 8%) are veterans.

Among all males in North Carolina, 545,148 (approximately 14%) are veterans, while 73,698 females (about 2%) are veterans.

Additionally, about one-third (33%) of all veterans in North Carolina are ages 65 and older (282,104 individuals).

Figure 83. North Carolina Veteran Population by Sex



Total: 618,846

Data Source: US Census Bureau, American Community Survey, 2019-23; Population based on five-year estimates

North Carolina Population With Any Disability

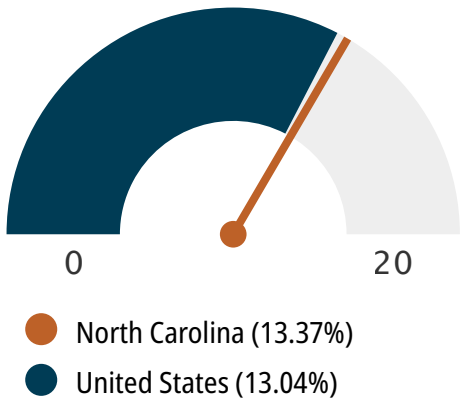
This indicator measures the percentage of the civilian, noninstitutionalized population with any disability. In North Carolina, disability status has been determined for 10,366,704 people. Of that total, 1,386,506 (13.37%) have a disability. This measure is important because individuals with disabilities may require targeted services and outreach.

Among males in North Carolina, 13.24% have a disability; among females, the rate is 13.50%.

The indicator also reports disability by type. The ACS defines disability differently by age group: hearing and vision difficulty for all ages; cognitive, ambulatory, and self-care difficulty for those 5 and older; and independent living difficulty for those 15 and older (reported for ages 18 and older in the ACS vintage year).

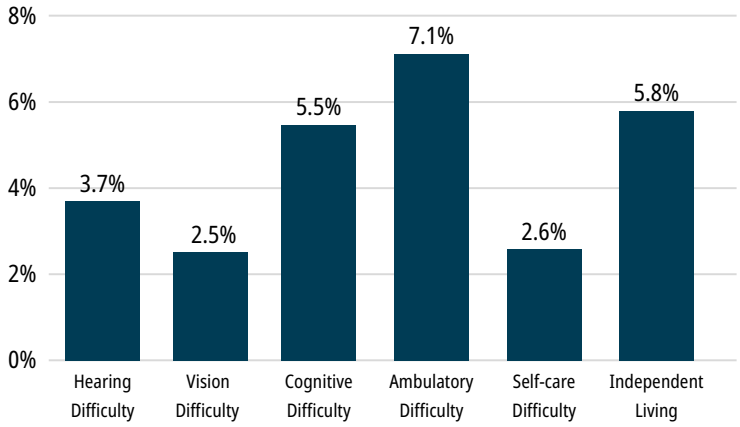
Within North Carolina, 3.7% of the population have hearing difficulty; 2.52% have vision difficulty; 5.48% have cognitive difficulty (ages 5 and older); 7.13% have ambulatory difficulty (ages 5 and older); 2.58% have self-care difficulty (ages 5 and older); and 5.8% have independent living difficulty (ages 18 and older).

Figure 84. Population with Any Disability, Percent



Note: This indicator is compared to national average.
Data Source: US Census Bureau, American Community Survey. 2019-2023. Downloaded from ncdataportal.org, 12/06/2025

Figure 85. North Carolina Population with Any Disability



Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Income - Median Family Income

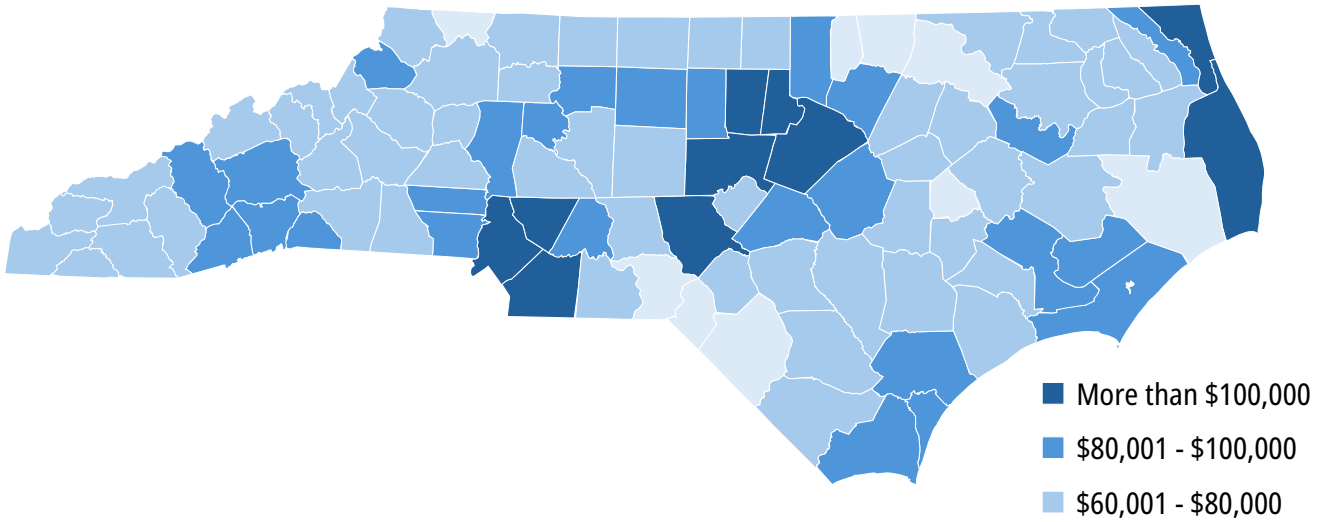
There is a notable difference between household income and family income. A family is typically defined as a group of two or more people related by birth, marriage, or adoption residing together. A household may include unrelated individuals or a single person living alone. Median family income tends to be higher than median household income, as families often have multiple earners (e.g. two spouses). As a result, household income figures tend to be lower than corresponding family income figures.

Figures 86 and 87 report median family income from the most recent five-year American Community Survey (ACS) estimates. A family household is any housing unit in which the householder lives with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members aged 15 and older.

Figure 88 reports median household income. Using median household income as a proxy, the data suggest a modest upward trend over the past decade with occasional periods of stagnation or slight decline in real (inflation-adjusted) terms.

Family income data (Figures 86 and 87) are based on survey data. Household income figures (Figure 88) are derived primarily from Federal Reserve Bank of St. Louis that aggregates thousands of economic time series from trusted sources like the U.S. Census Bureau, Bureau of Labor Statistics, Bureau of Economic Analysis, and others.

Figure 86. North Carolina Median Family Income By County

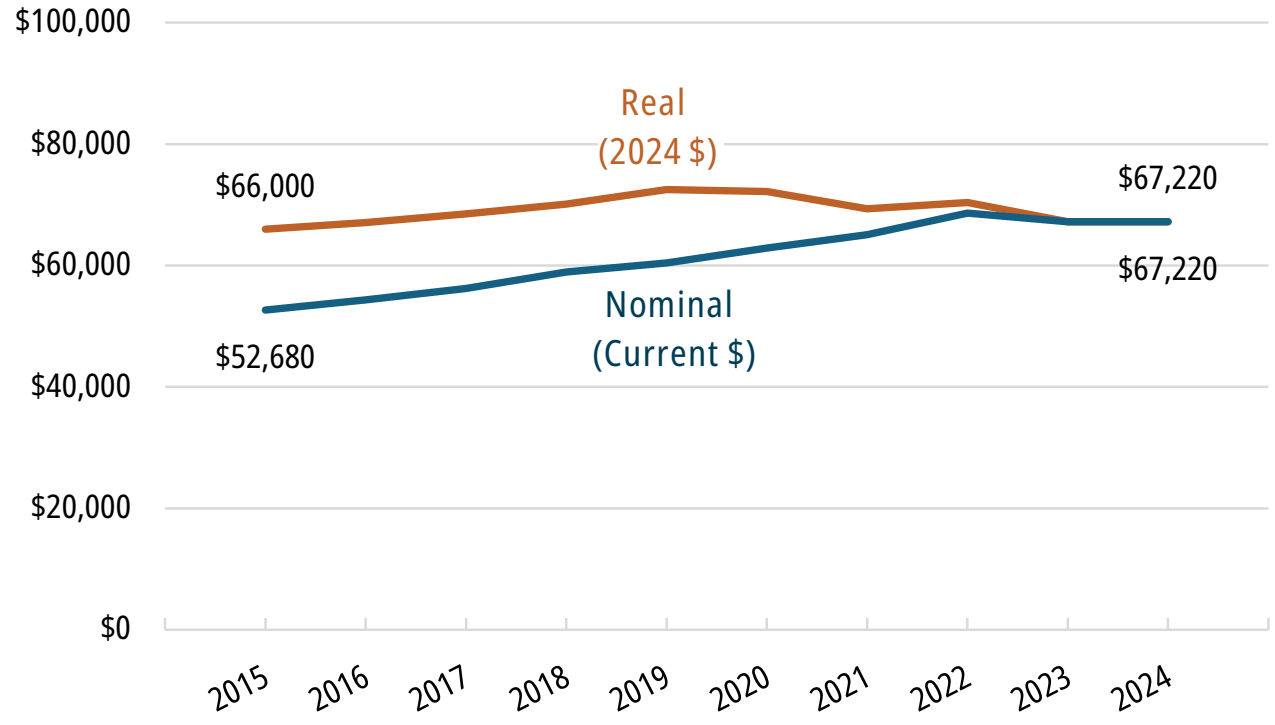


Data Source: US Census Bureau, Small Area Income and Poverty Estimates, 2022

Figure 87. Median Family Income Comparison

Data Source: US Census Bureau, Small Area Income and Poverty Estimates, 2022

Figure 88. North Carolina Median Family Income by Year



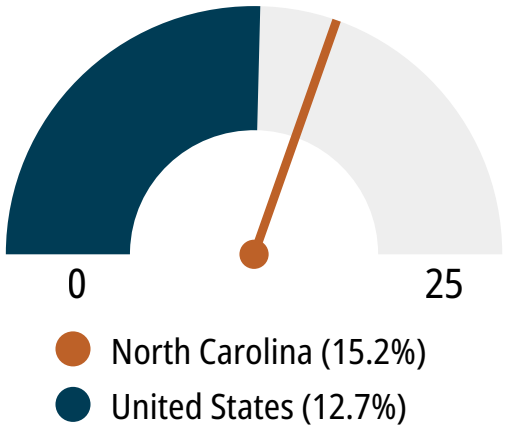
Data Sources: Federal Reserve Bank of St. Louis (FRED). Median Household Income in North Carolina [MEHOINUSNCA646N]. Retrieved from https://fred.stlouisfed.org/series/MEHOINUSNCA646N; Federal Reserve Bank of St. Louis (FRED). Real Median Household Income in North Carolina [MEHOINUSNCA672N]. Retrieved from https://fred.stlouisfed.org/series/MEHOINUSNCA672N; U.S. Census Bureau (2024) American Community Survey, 2023 and 2024 One-Year Estimates

SNAP Benefits

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides nutrition benefits to low-income individuals and families to purchase food from authorized stores. The SNAP indicator reports the average percentage of the population receiving SNAP benefits in July of the latest report year.

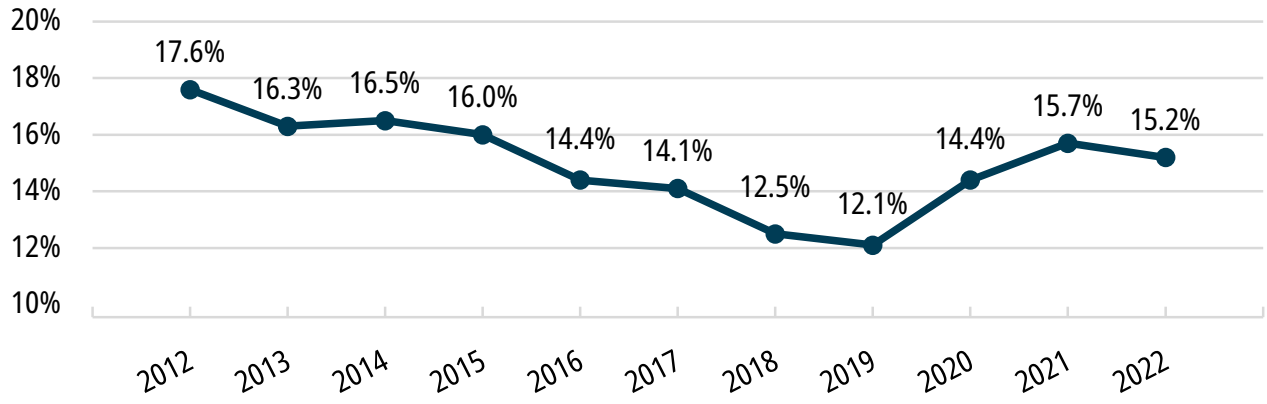
The percentage of North Carolinians receiving SNAP benefits is above the national average, highlighting the continued need for food and economic assistance across the state. In North Carolina, 15.2% of the total population relies on SNAP, compared with 12.7% nationally. This difference suggests that many communities in the state experience greater financial strain and face barriers to consistent access to nutritious food. Higher SNAP participation may also reflect broader socioeconomic challenges — such as lower household incomes, limited employment opportunities in rural areas, and rising costs of living — that place pressure on families' ability to meet basic needs. Understanding this reliance on SNAP is essential for shaping efforts to strengthen food security and support economic stability for North Carolinians.

Figure 90. Percentage of Total Population Receiving SNAP Benefits



Note: This indicator is compared to national average.
Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022. Downloaded from ncdataportal.org 12/12/2025

Figure 89. North Carolina Population Receiving SNAP Benefits



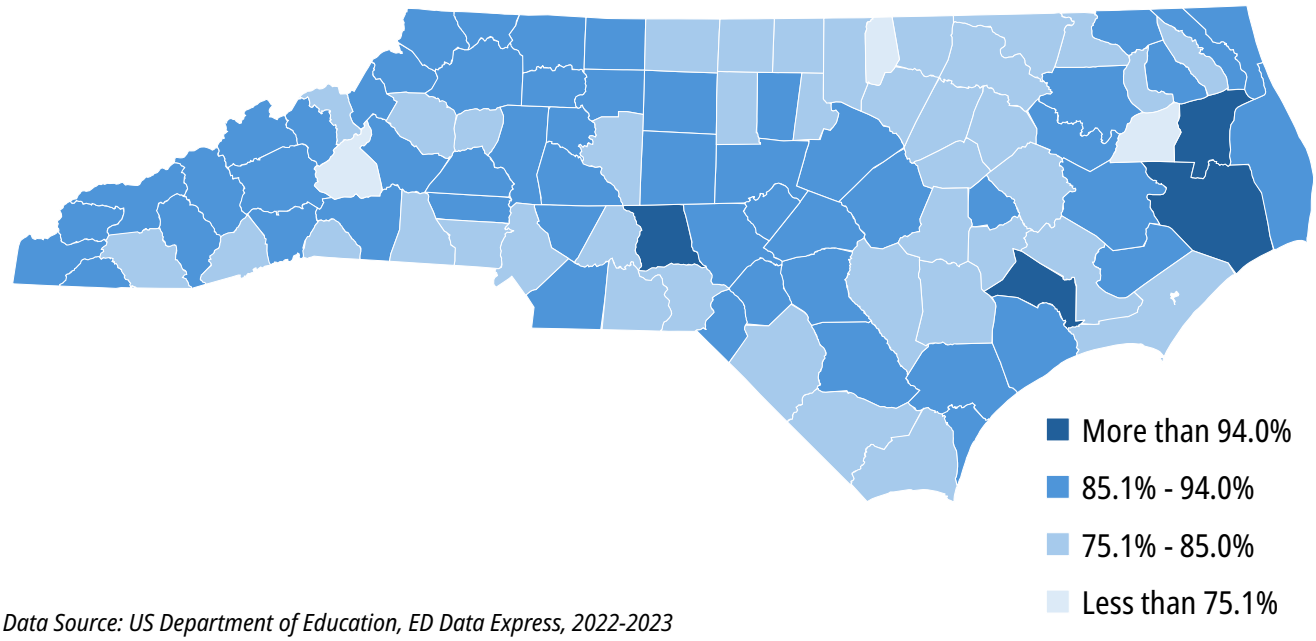
Data Source: US Census Bureau, Small Area Income and Poverty Estimates, 2022

High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that tracks a "cohort" of first-time 9th graders in a given school year. The metric is adjusted by adding students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away.

The ACGR is the percentage of the students in this cohort who graduate within four years. The adjusted cohort graduation rate for the cohort area was 86.9% for the most recently reported school year. Students in North Carolina graduated on time at a slightly lower rate than the national ACGR average of 88.2%.

Figure 91. North Carolina High School Graduation Rate by County



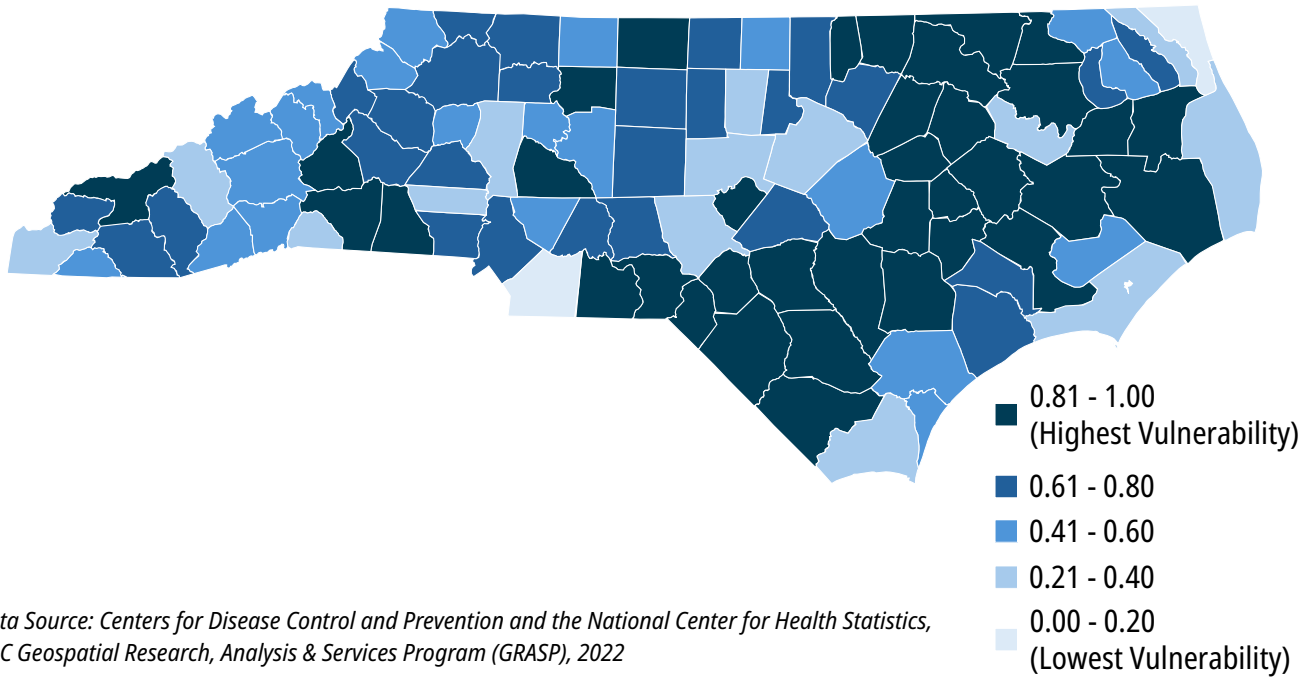
Data Source: US Department of Education, ED Data Express, 2022-2023

Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. North Carolina has a social vulnerability index score of 0.63, which is above the United States average of 0.53.

Figure 92. North Carolina Social Vulnerability Index by County



Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC Geospatial Research, Analysis & Services Program (GRASP), 2022

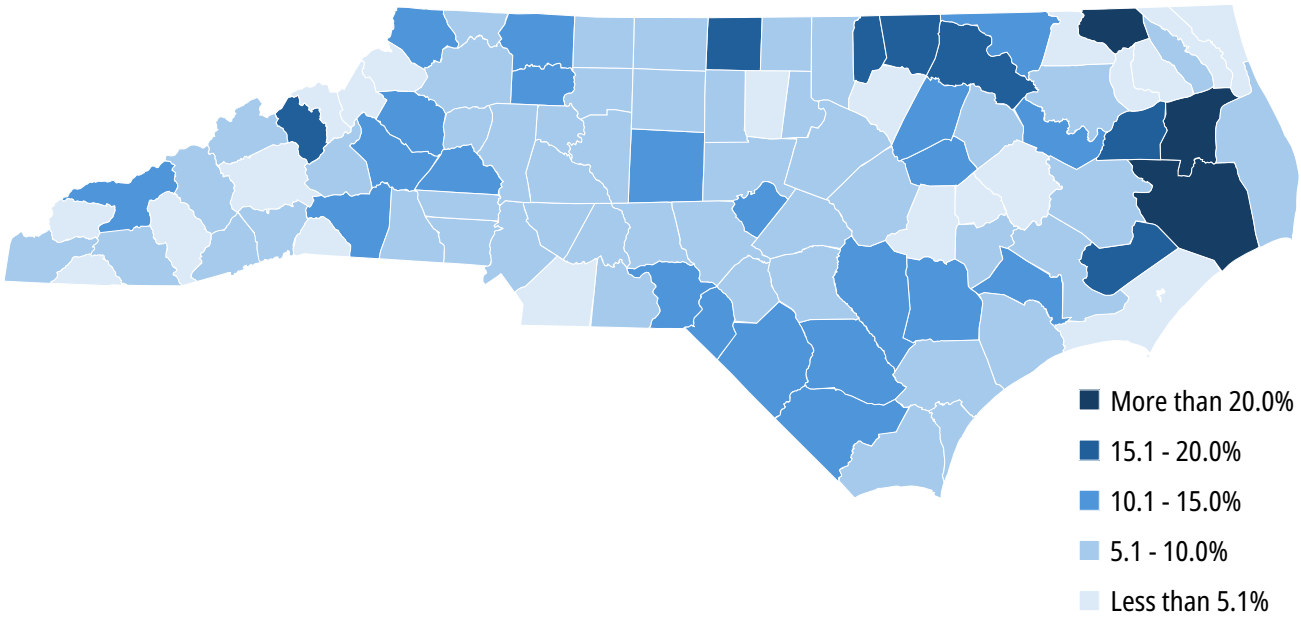
Young People Not in School and Not Working

This indicator reports the percentage of youth ages 16 to 19 who are not currently enrolled in school and who are not employed. Of the 566,736 youth ages 16 to 19, 41,104 not in school and not employed. These youth are often referred to as disconnected youth. Figure 93 displays a map of youth not in school and not working, by county. The 10 most impacted counties are Tyrrell, Gates, Hyde, Washington, Yancey, Halifax, Vance, Pamlico, Caswell, and Warren.

Figure 94 shows that in North Carolina, 7.3% of teens are not in school and not working, compared with 6.8% nationally. While the difference is relatively small, North Carolina's rate is slightly higher than the U.S. average, suggesting that a meaningful share of older adolescents in the state may be facing challenges related to educational engagement, workforce entry, or access to supportive services.

Disconnected youth often experience barriers such as limited job opportunities, transportation challenges, caregiving responsibilities, or academic disengagement. Even modestly elevated rates can signal underlying structural issues that affect long-term economic and health outcomes for young people. This measure highlights the importance of programs that support school completion, workforce development, and pathways to employment for teens across North Carolina.

Figure 93. North Carolina Young People Not in School and Not Working by County



Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Figure 94. Young People Not in School and Not Working Comparison

Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Households with No Computer

This indicator reports the percentage of households who don't own or use any type of computers — including desktop or laptop, smartphone, tablet or other portable devices — based on 2019-2023 American Community Survey (ACS) estimates. Of the state's 4,186,924 households, 246,430 (5.9%) are without a computer (North Carolina Data Portal).

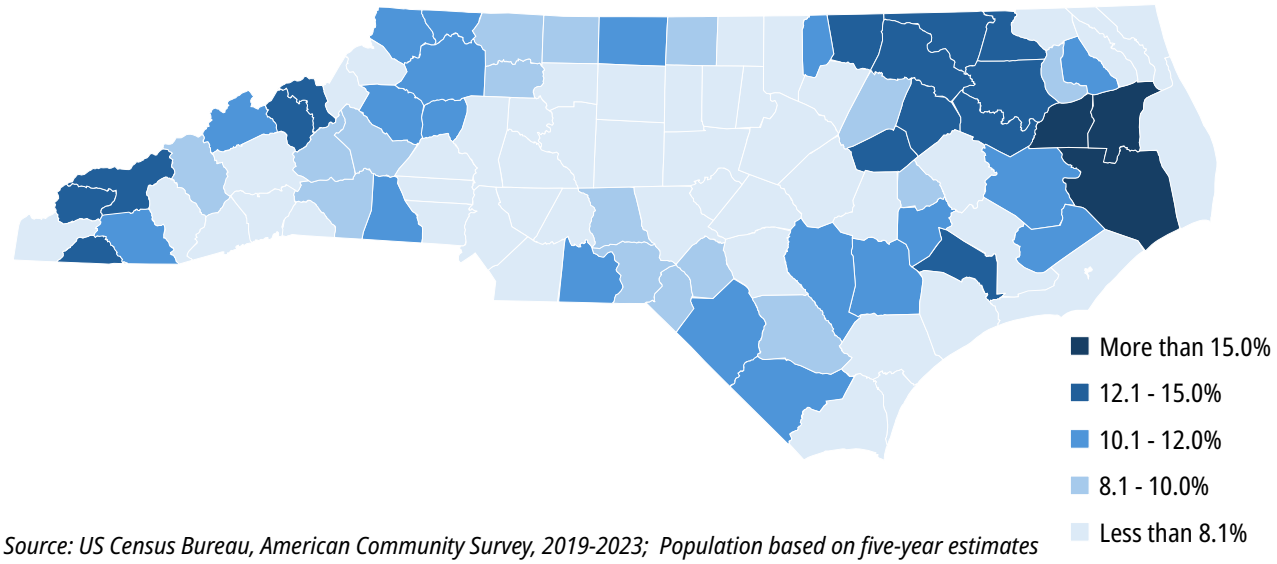
In North Carolina, 5.9% of households lack a computer, which is slightly above the national rate of 5.2%. Although the difference is modest, it highlights a persistent digital access gap that affects families' ability to fully participate in education, employment, telehealth, and other essential online services.

Households without computers often face obstacles including expense, limited digital literacy, and unreliable internet connections.

Even small disparities may compound existing inequities, particularly in rural areas and low-income communities where technology access is already uneven. The computer access measure underscores the importance of continued investments in digital inclusion, including affordable devices, broadband expansion, and support for digital skills, to ensure all North Carolina households can engage in the modern digital economy.

The internet access indicator reports the percentage of population with access to high-speed internet. Data are based on North Carolina providers offering download speeds of 25 Mbps and upload speeds of 3 or more Mbps These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Figure 95. North Carolina Households with No Computer by County



Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

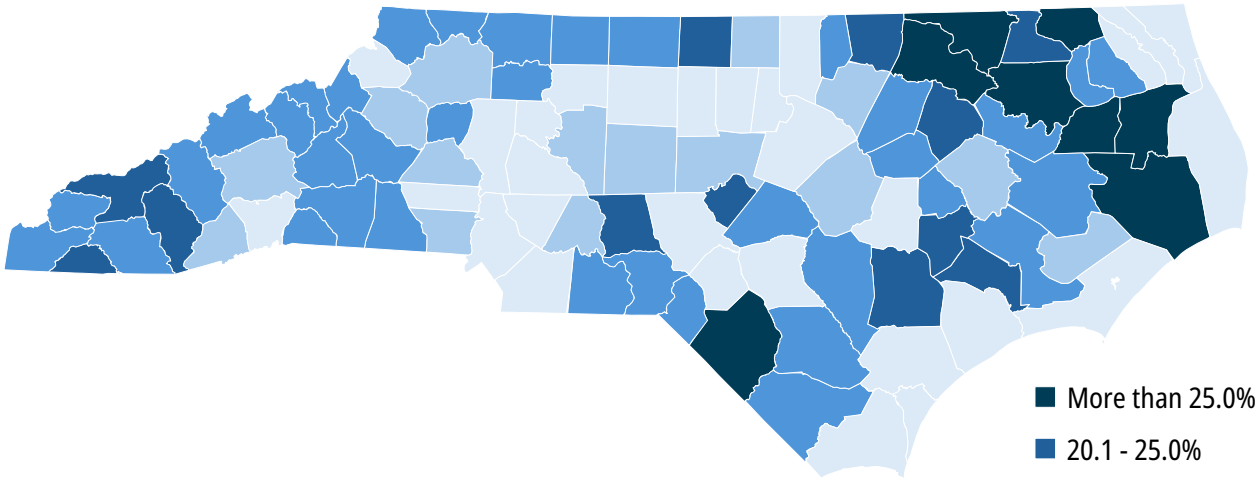
Figure 96. Households with No Computer Comparison

Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Households with No or Slow Internet

Figure 97 shows the percentage of households who rely solely on dial-up internet, have internet access without a paid subscription, or have no internet access at home, based on the 2019-2023 American Community Survey (ACS) estimates. The survey asks respondents about the type of computer used and the availability and means of internet access. Of the 4,186,924 total households in North Carolina, 479,288 or 11.5% have no or slow internet. The 2019-23 ACS questions on internet and computer use are not asked of the group quarters population; therefore, the data do not include people living in group residential settings such as dorms, prisons, nursing homes, and similar housing.

Figure 97. North Carolina Households with No or Slow Internet by County



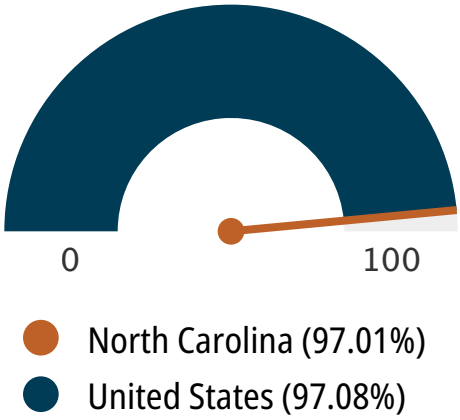
Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Figure 98 shows the percentage of the population with access to broadband internet at download speeds greater than 25 Mbps. Overall, North Carolina's broadband internet access is very high, with 97% of the population covered, essentially identical to the national average. This indicates that, at a statewide level, broadband infrastructure reaches the vast majority of households.

However, high overall coverage does not necessarily reflect actual affordability, connection quality, or consistent availability, especially in rural or mountainous regions where service reliability may vary. While most North Carolinians technically have broadband access, disparities in device ownership, digital literacy, and the cost of internet service can still limit meaningful connectivity for many households.

This measure demonstrates that North Carolina largely meets baseline broadband coverage benchmarks, while also highlighting the need for continued investment in affordable, reliable, and high-quality internet to ensure true digital inclusion.

Figure 98. Percentage of Population with Access to Broadband Internet (DL Speeds > 25Mbps)



Note: This indicator is compared to national average.
Data Source: FCC FABRIC Data. Additional data analysis by CARES. June, 2025. Downloaded from ncdataportal.org 12/12/2025

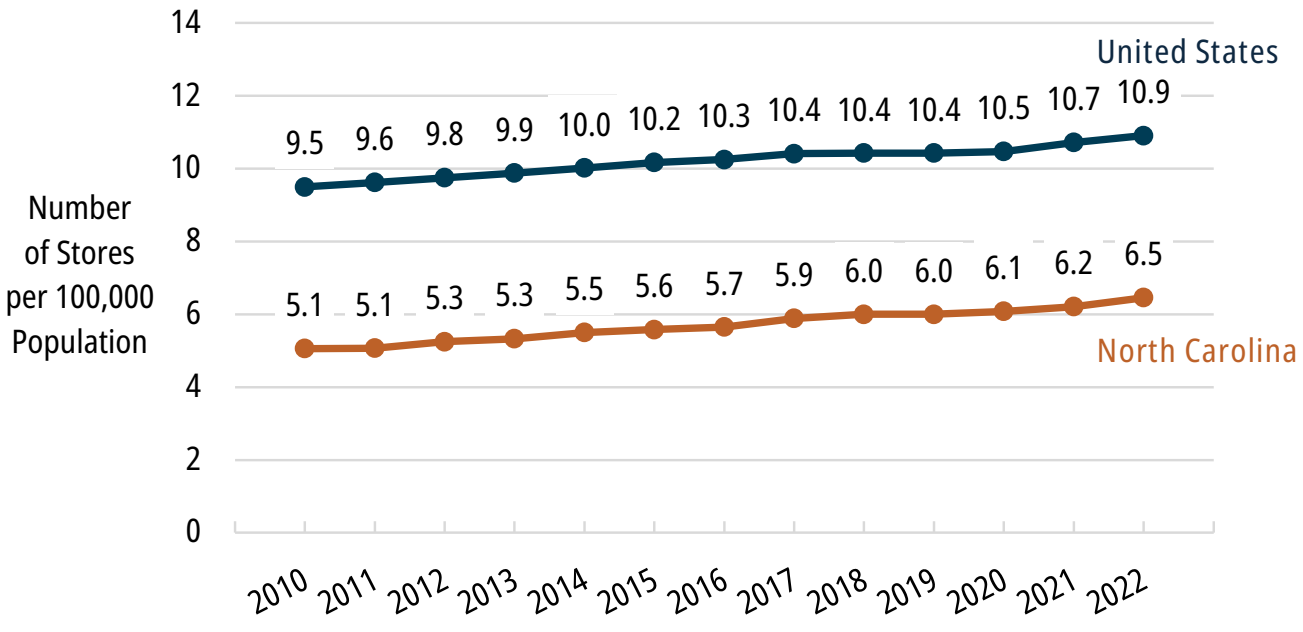
Figure 99. Households with No or Slow Internet Comparison

Data Source: US Census Bureau, American Community Survey, 2019-2023; Population based on five-year estimates

Liquor Stores

There are 671 establishments in North Carolina primarily engaged in retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor. The number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note that these data exclude establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores). North Carolina has significantly fewer liquor stores per capita than the national average.

Figure 100. Beer, Wine, and Liquor Stores Comparison by Year



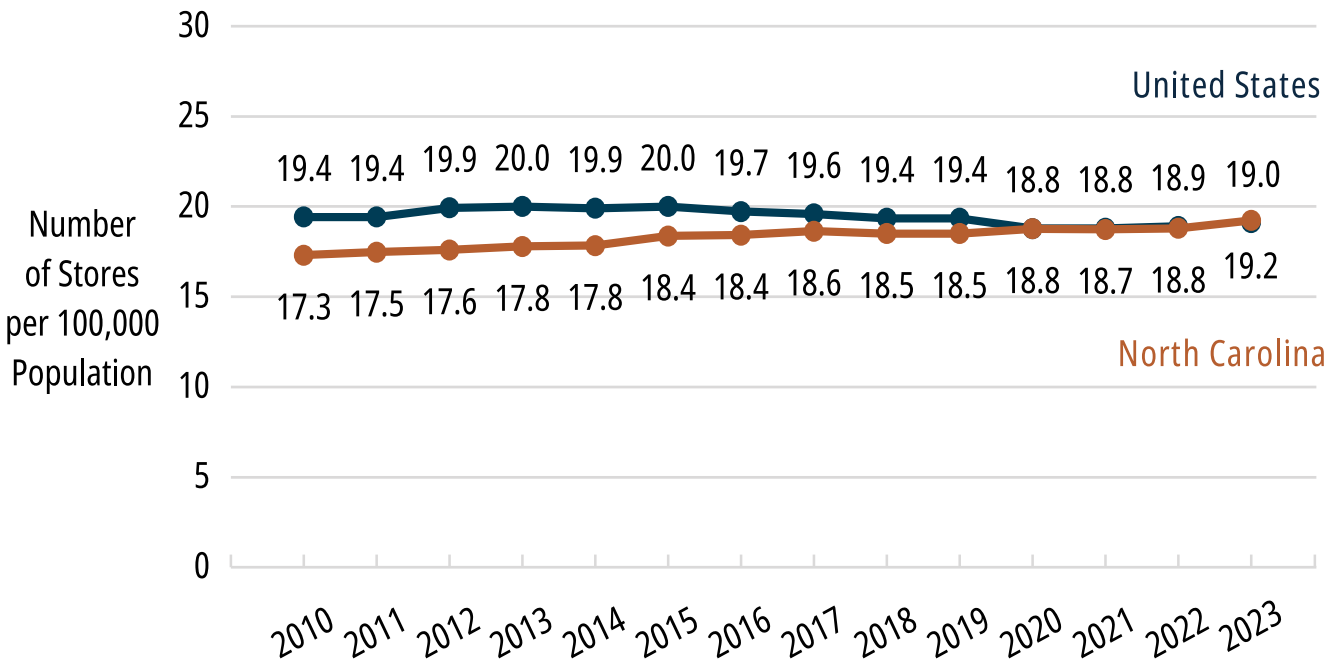
Data Source: US Census Bureau, County Business Patterns; Additional data analysis by Center for Applied Research and Engagement Systems (CARES); 2022

Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. There are 2,007 grocery establishments in the report area, at a rate of 19.2 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

North Carolina has a similar — and slightly higher — density of grocery stores compared to the United States overall, suggesting that retail food access through grocery stores is generally on par with national availability.

Figure 101. Grocery Stores and Supermarkets Comparison by Year

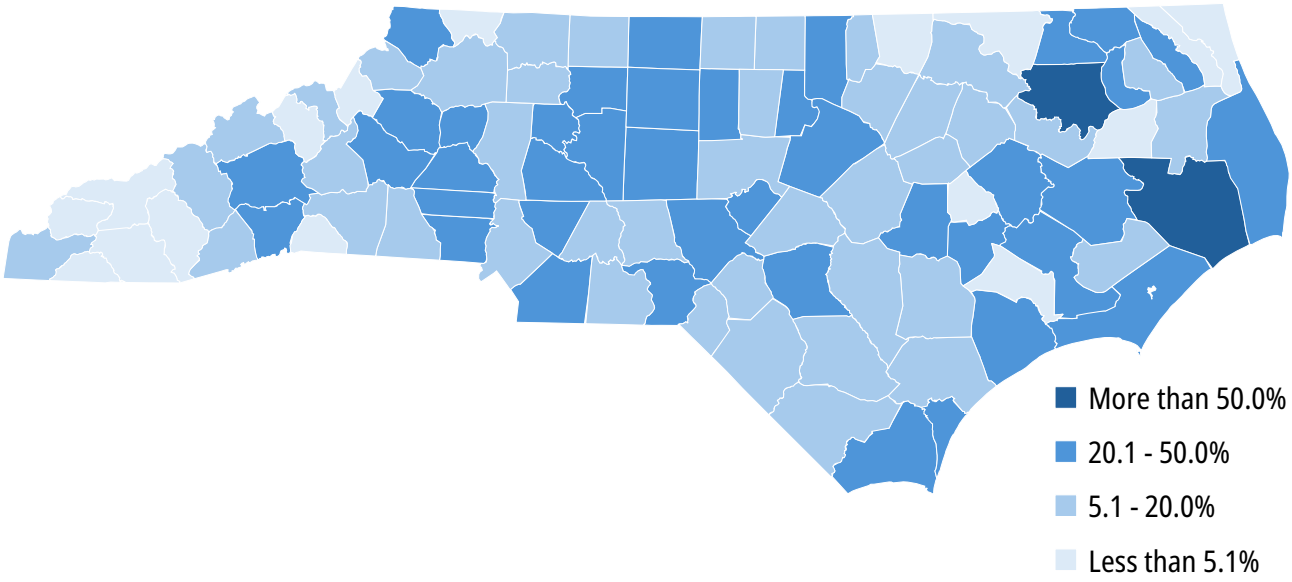


Data Source: US Census Bureau, County Business Patterns; Additional data analysis by Center for Applied Research and Engagement Systems (CARES); 2023

Food Vulnerability

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than one mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. North Carolina has a larger proportion of low-income people experiencing limited food access than the nation as a whole, highlighting ongoing challenges in food availability, transportation, and neighborhood retail infrastructure, particularly in rural and underserved communities.

Figure 102. North Carolina Low-Income Population with Low Food Access by County



Data Source: US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2019

Figure 103. Low-Income Population with Low Food Access Comparison

Data Source: US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2019

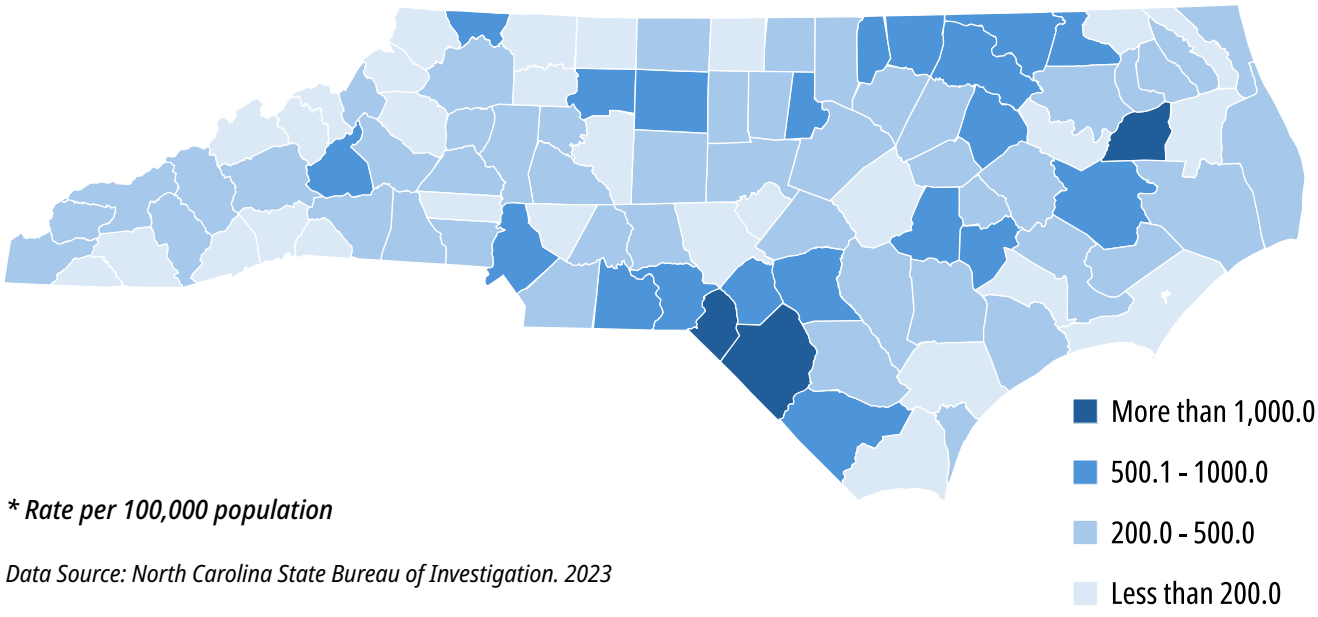
Violent Crime

This indicator reports the rate of violent crimes per 100,000 total population in North Carolina. Data are acquired from the North Carolina Department of Public Safety (NCDPS). Violent crimes include murder, rape, robbery, and aggravated assault.

In 2023, North Carolina reported 41,452 violent crimes, a rate of 380.95 per 100,000 population. Violent crime rose sharply in 2020, mirroring national trends during the COVID-19 pandemic. Since then, the state has seen three consecutive years of decline. By 2023, violent crime rates had fallen well below the 2020 peak, though they remained slightly above pre-pandemic levels.

From 2018 to 2023, North Carolina had a lower violent crime rate than the United States overall, indicating comparatively lower levels of serious crime during that period.

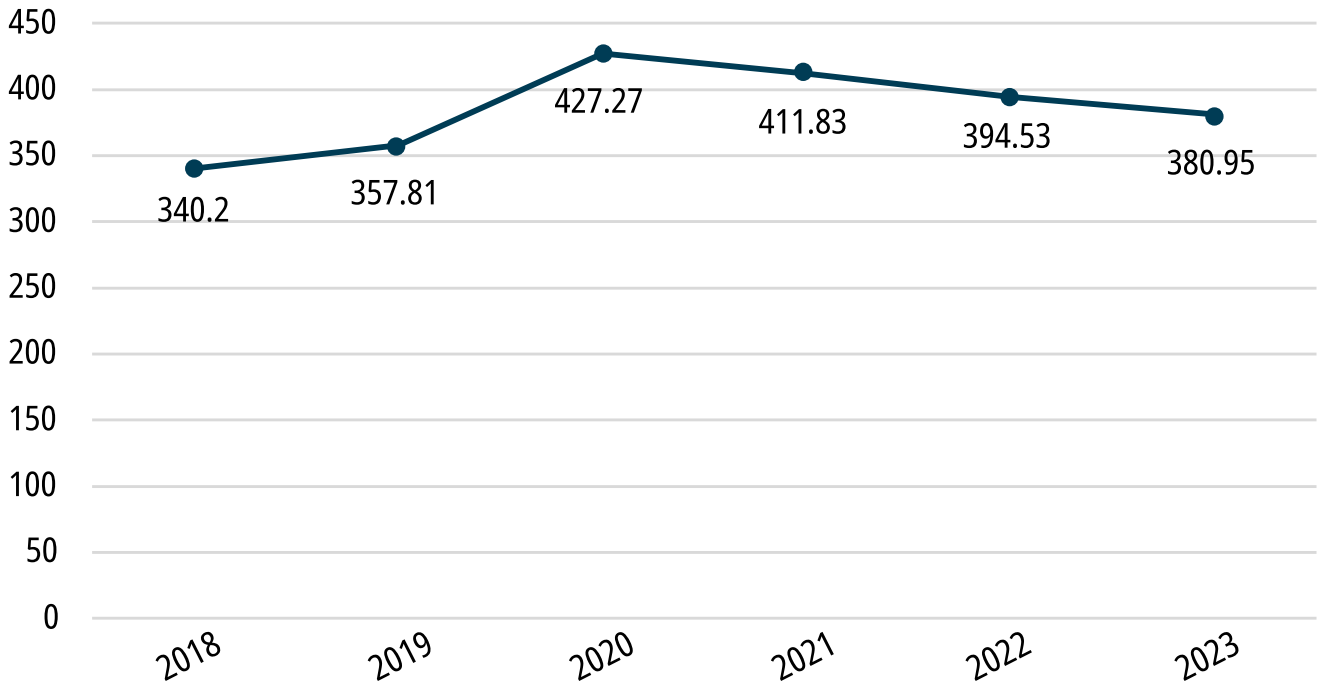
Figure 104. North Carolina Violent Crime Rate by County*



** Rate per 100,000 population*

Data Source: North Carolina State Bureau of Investigation. 2023

Figure 105. North Carolina Violent Crime Rate, 2018 - 2023*



** Rate per 100,000 population*

Data Source: North Carolina State Bureau of Investigation. 2023

Juvenile Arrest Rate

This indicator reports the rate of delinquency cases per 1,000 juveniles ages 8 to 17 in North Carolina. Data are acquired from the North Carolina State Bureau of Investigation (NCSBI).

In 2024, North Carolina reported 38,994 juvenile arrest cases or a rate of 28.33 per 100,000 population. Juvenile arrest cases include three classes:

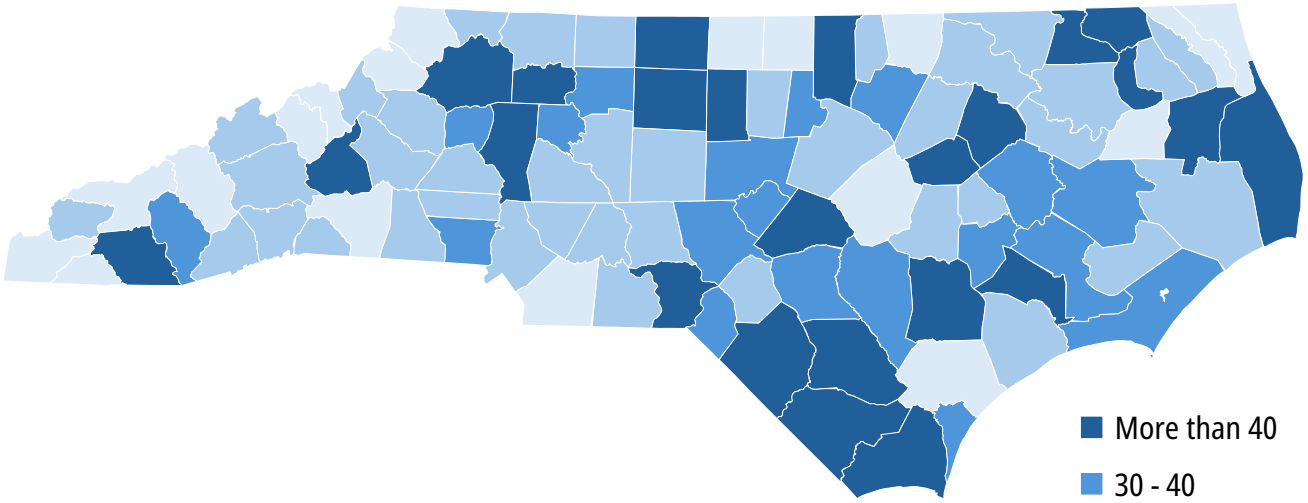
/ 01 **Violent Class A - E:** Person and violent offenses (e.g., robbery, kidnapping, attempted murder, etc.) by youth ages 8 to 17 at offense.

/ 02 **Serious Class F - I, A1:** F-I felony class-serious property or weapons offenses; A1 misdemeanors - assaults by youth ages 8 to 17 at offense.

/ 03 **Minor Class 1 - 3:** Misdemeanor classes (e.g., shoplifting, communicating threats, disorderly conduct at school, etc.) by youth ages 8 to 17 at offense.

The majority of juvenile arrest cases constitute minor offenses (21,010) compared to 2,688 violent offenses, and 15,218 serious offenses.

Figure 106. North Carolina Juvenile Delinquency Case Rate by County*



** Rate per 1,000 juveniles*

Data Source: North Carolina Department of Public Safety, North Carolina Division of Juvenile Justice and Delinquency Prevention; 2024

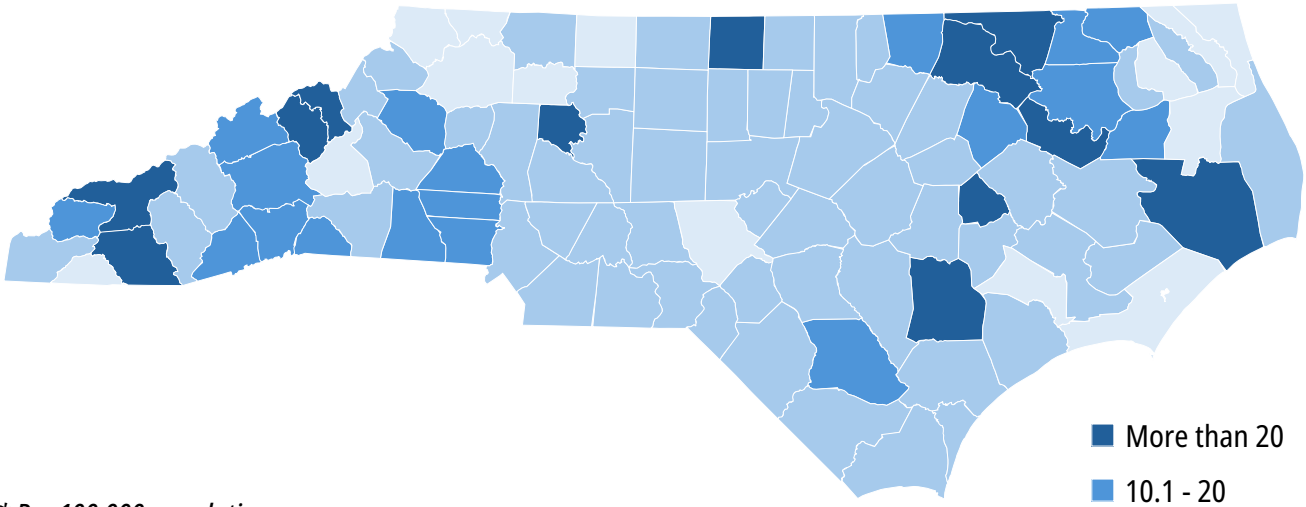
Federally Qualified Health Care Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Within North Carolina there are 465 FQHCs. This means there is a rate of 4.45 FQHCs per 100,000 total population.

North Carolina has more FQHCs per capita than the United States overall, indicating comparatively stronger availability of community-based primary care for low-income and medically underserved individuals.

Figure 107. North Carolina Federally Qualified Health Centers by County*



** Per 100,000 population*

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, 2024

Figure 108. Federally Qualified Health Centers Comparison*

** Per 100,000 population*

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, 2024

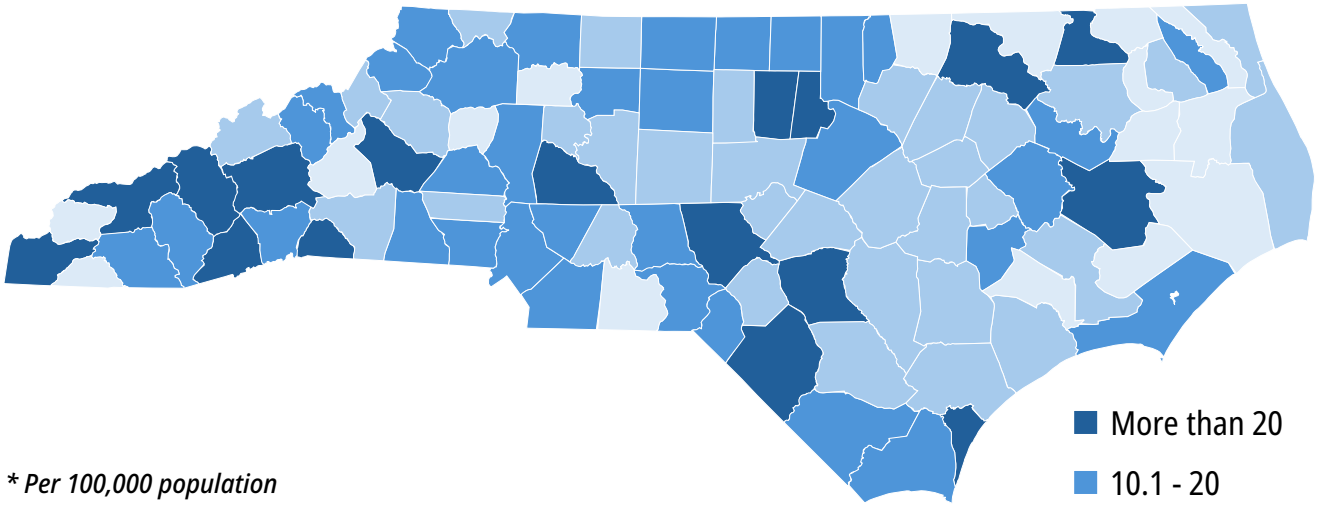
Access to Care – Buprenorphine Providers

Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access. Qualified physicians are required to acquire and maintain certifications to legally dispense or prescribe opioid dependency medications. The table below shows the number of providers authorized to treat opioid dependency with buprenorphine based on the latest available data from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Within North Carolina there are 1,561 providers treating opioid dependency with buprenorphine. This represents 14.13 providers per 100,000 total population.

North Carolina has nearly the same number of buprenorphine providers per capita as the United States overall, indicating a generally comparable level of access to medications for opioid use disorder (MOUD), although modest expansion could help close the remaining gap.

Figure 109. North Carolina Buprenorphine Providers by County*



** Per 100,000 population*

Data Source: Substance Abuse and Mental Health Services Administration, SAMHSA - Buprenorphine Practitioner Locator, Oct. 2024

Figure 110. Buprenorphine Providers Comparison*

** Per 100,000 population*

Data Source: Substance Abuse and Mental Health Services Administration, SAMHSA - Buprenorphine Practitioner Locator, Oct. 2024

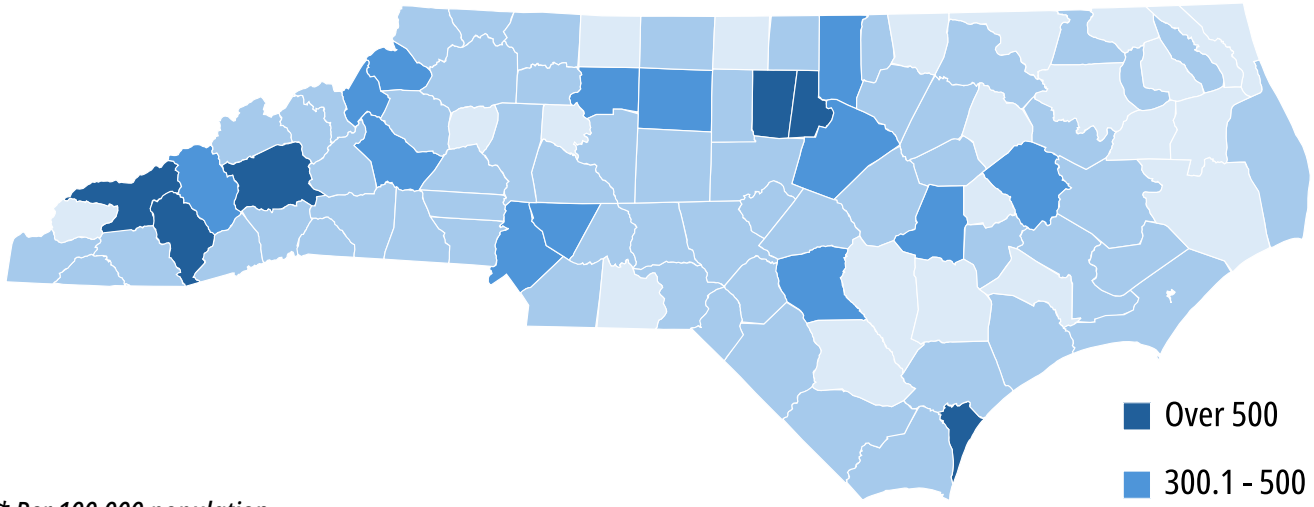
Access to Care - Mental Health Providers

This indicator reports the number of providers with a Centers for Medicare & Medicaid Services (CMS) National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other licensed or credentialed professionals specializing in psychiatry, psychology, counseling, and behavioral health services for children, adolescents, and adults.

Within North Carolina, there are 34,204 mental health providers with a CMS NPI. This represents 327.64 providers per 100,000 total population.

North Carolina's mental health provider capacity is close to, but still below, the national average — highlighting ongoing workforce shortages that may contribute to challenges in accessing timely mental health services, especially in rural and underserved areas.

Figure 111. North Carolina Mental Health Providers by County*



** Per 100,000 population*

Data Source: Centers for Medicare & Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2025

Figure 112. Mental Health Providers Comparison*

** Per 100,000 population*

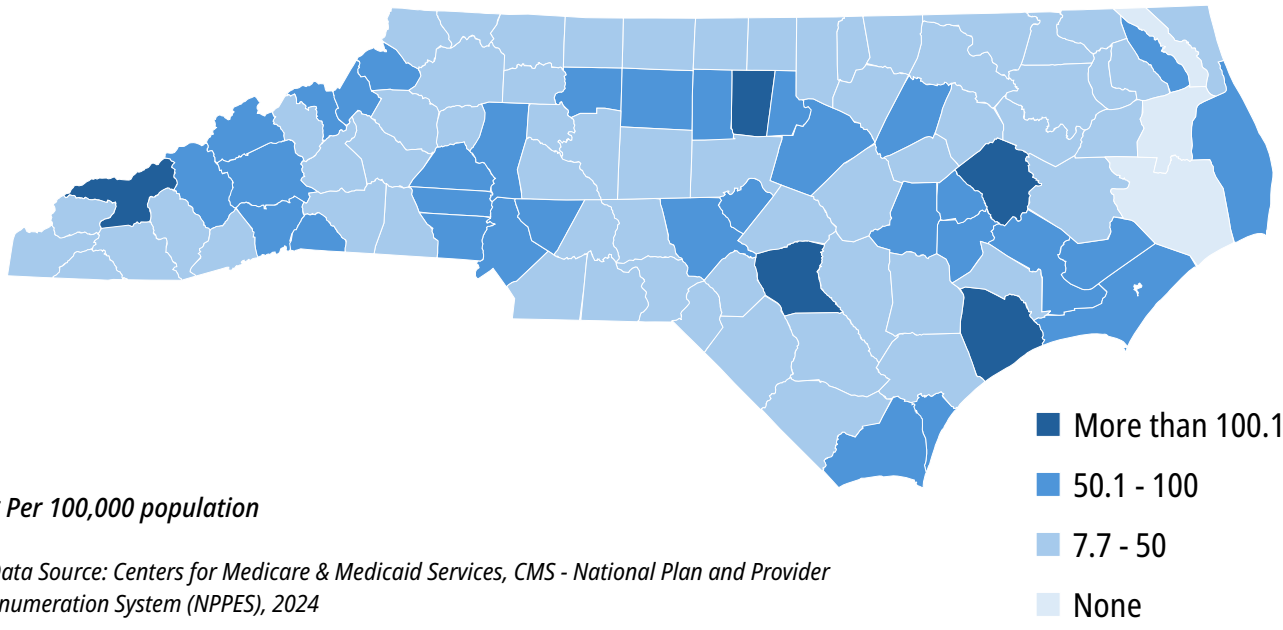
Data Source: Centers for Medicare & Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2025

Access to Care - Dental Health Providers

This indicator reports the number of oral health care providers with a CMS National Provider Identifier (NPI). Providers included in this summary are those who list "dentist," "general practice dentist," or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty.

North Carolina's dental provider availability is lower than the U.S. average, highlighting a gap in oral health workforce capacity and the need for continued investment in dental access, recruitment, and retention strategies.

Figure 113. North Carolina Dental Health Providers by County*



** Per 100,000 population*

Data Source: Centers for Medicare & Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2024

Figure 114. Dental Health Providers Comparison*

** Per 100,000 population*

Data Source: Centers for Medicare & Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2024

Health Professional Shortage Areas - Dental Care

The Health Professional Shortage Area (HPSA) designation, assigned by the U.S. Health Resources and Services Administration (HRSA), identifies geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types according to the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA:** Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA:** Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA:** Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

This indicator reports the total population in North Carolina that is living in a dental health care Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup.

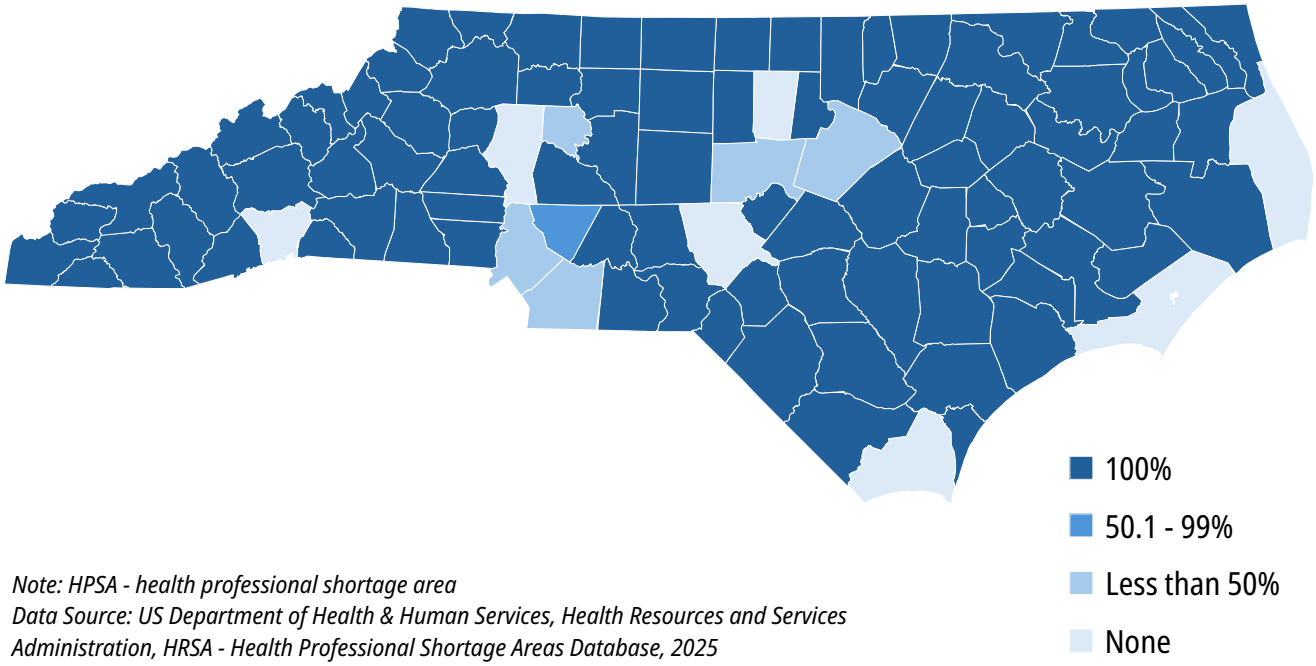
Within North Carolina, there are 7,869,993 people living in a dental health care Health Professional Shortage Area. This means 74.36% of people likely don't have reliable or affordable access to a dentist.

Two primary drivers of access decline: (1) stagnant Medicaid rates since 2008 and (2) insufficient hygienist supply growth. Both require investment and policy intervention.

Access to dental care remains a significant challenge across North Carolina. In 2024, 74.36% of North Carolinians lived in a Dental Health Professional Shortage Area (Dental HPSA) — more than double the national rate of 36.94%. This means that nearly three out of every four North Carolinians reside in communities with an insufficient number of dental providers. These shortages contribute to delayed or unmet dental care, higher rates of preventable oral disease, and increased use of emergency departments for dental conditions. The magnitude of North Carolina's dental workforce gaps underscores the urgent need for expanded provider recruitment, retention, and service delivery models, particularly in rural and underserved communities where shortages are most pronounced.

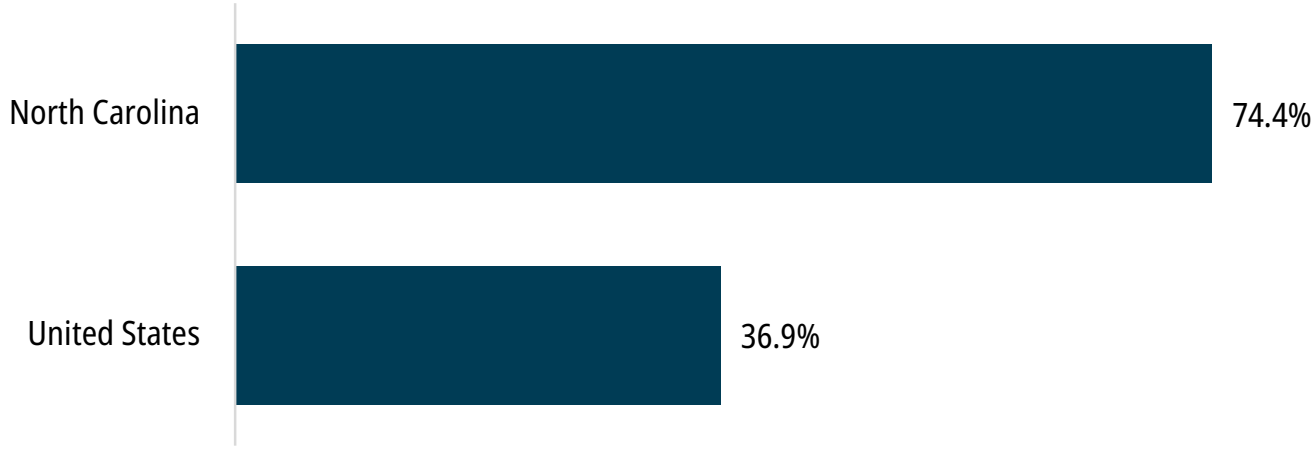
Registered dental hygienist (RDH) shortage is a critical and unaddressed workforce trend. RDH growth is not keeping pace with population growth or dentist supply. Since 2020, the ratio declined from 1.2 to 1.1 (RDH:DDS) since 2020. Without expanded educational pathways and retention efforts, shortages will intensify.

Figure 115. North Carolina Population Living in a Dental Health Care HPSA by County



Note: HPSA - health professional shortage area
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database, 2025

Figure 116. Population Living in a Dental Health Care HPSA Comparison



Note: HPSA - health professional shortage area
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database, 2025

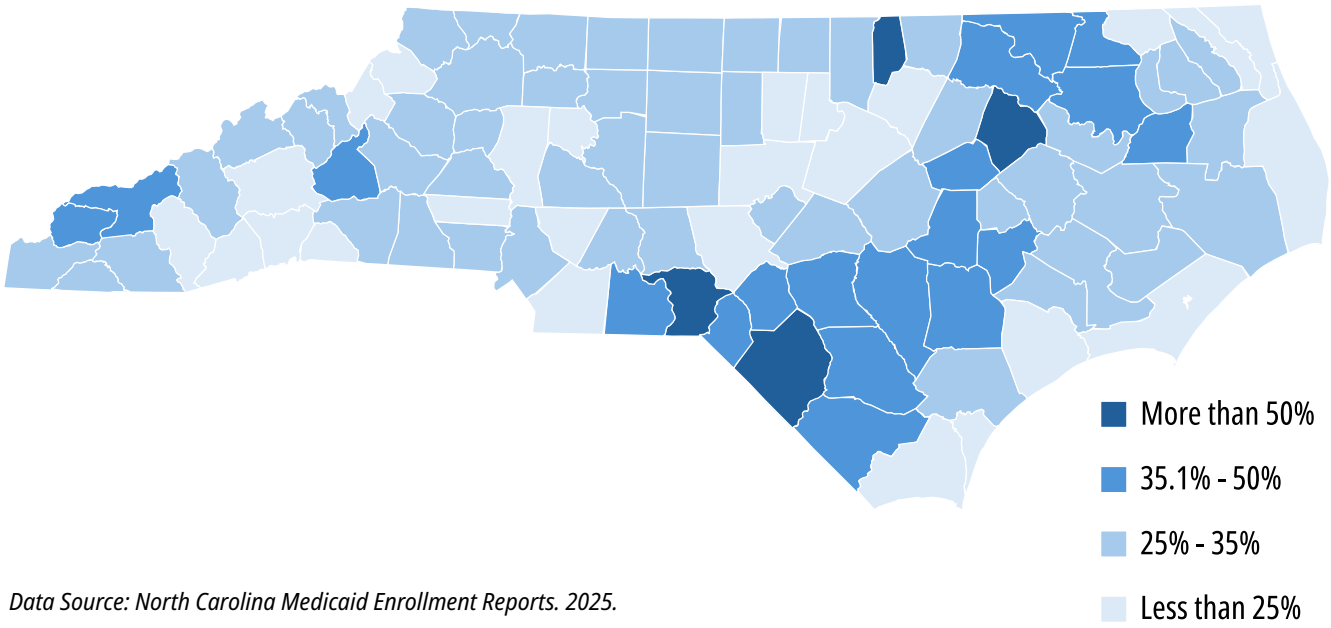
Health Insurance - Population Receiving Medicaid

NC Medicaid provides health coverage to eligible low-income individuals in North Carolina, including children, pregnant women, older adults, people with disabilities, and working families. Jointly funded by the state and federal governments, NC Medicaid offers access to essential health services such as doctor visits, hospital care, and prescription medications. This program plays a vital role in improving public health, lowering the uninsured rate, and promoting financial stability for millions of North Carolinians.

This indicator reports the number and percentage of unique individuals enrolled in the NC Medicaid program.

With a total population of 11,046,024, North Carolina has 2,978,559 individuals enrolled in Medicaid in 2025, representing 27% percentage of the total population.

Figure 117. North Carolina Insured Population Receiving Medicaid by County



Data Source: North Carolina Medicaid Enrollment Reports. 2025.

Prevention - High Blood Pressure Management (Medicare)

This indicator reports the number and percentage of Medicare beneficiaries not adhering to blood pressure medication schedules. Nonadherence is defined as having medication coverage days at less than 80%.

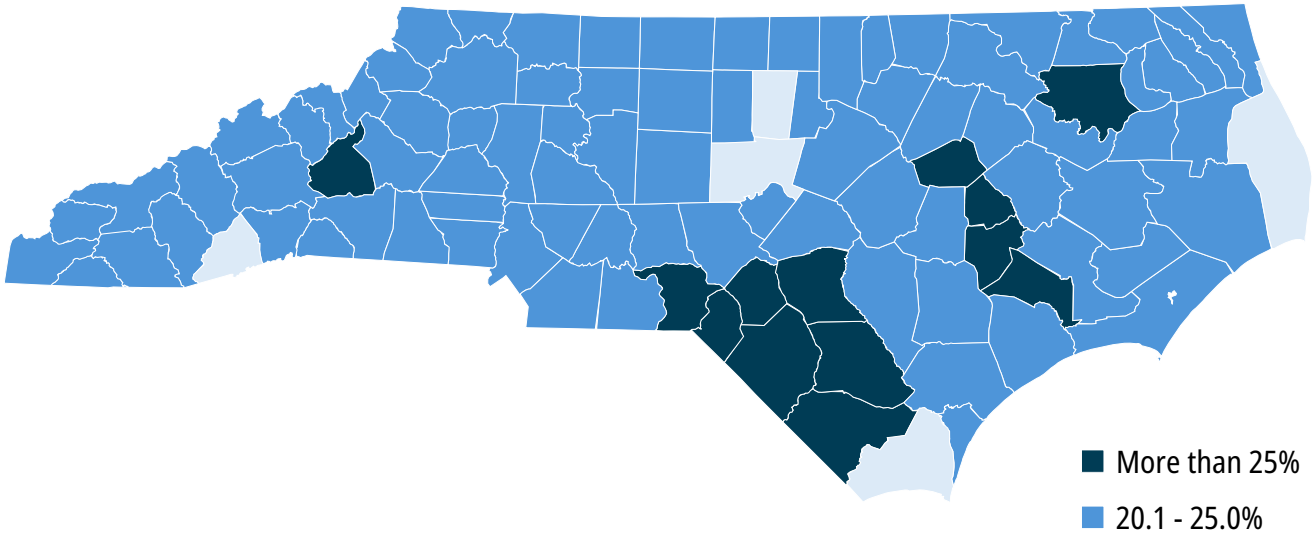
Medication nonadherence among older adults is a major risk factor for:

- Poorly controlled hypertension
- Stroke and heart attack
- Kidney disease
- Avoidable emergency department visits and hospitalizations

Older adults often face barriers such as medication cost, complexity of regimens, side effects, transportation challenges, or difficulty managing multiple prescriptions.

North Carolina has a slightly higher rate of blood pressure medication nonadherence among Medicare beneficiaries than the U.S. overall, indicating a need for continued focus on medication management support, affordability, patient education, and chronic disease management programs for older adults.

Figure 118. North Carolina Medicare Beneficiaries with Blood Pressure Medication Nonadherence by County



Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke, 2019-2021

Figure 119. Medicare Beneficiaries with Blood Pressure Medication Nonadherence Comparison

Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke, 2019-2021

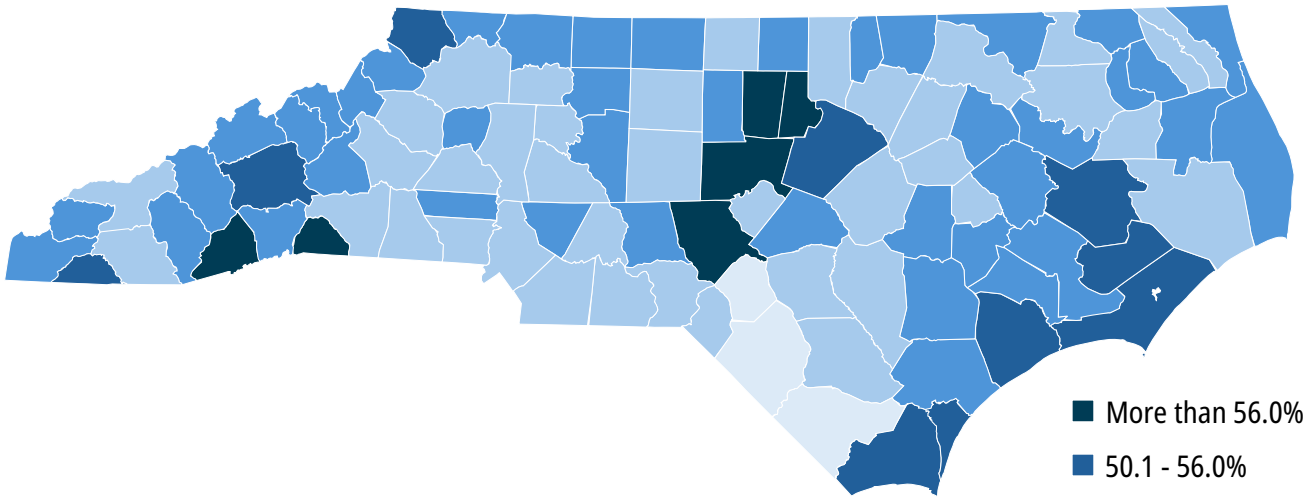
Prevention - Seasonal Influenza Vaccine

The most recent data from North Carolina show that 46.2% of adults ages 18 and older reported receiving an influenza vaccination in the past 12 months.

Influenza vaccination is a key preventive measure that reduces severe illness, hospitalizations, and strain on the health care system, especially important for older adults, medically vulnerable individuals, and during years with high respiratory disease activity.

North Carolina adults receive influenza immunizations at similar — and slightly higher — rates compared to adults nationwide.

Figure 120. Seasonal Influenza Vaccine Among North Carolina Adults by County



Data Source: Centers for Disease Control and Prevention, CDC - FluVaxView, 2022

Figure 121. Seasonal Influenza Vaccine Among Adults Comparison

Data Source: Centers for Disease Control and Prevention, CDC - FluVaxView, 2022

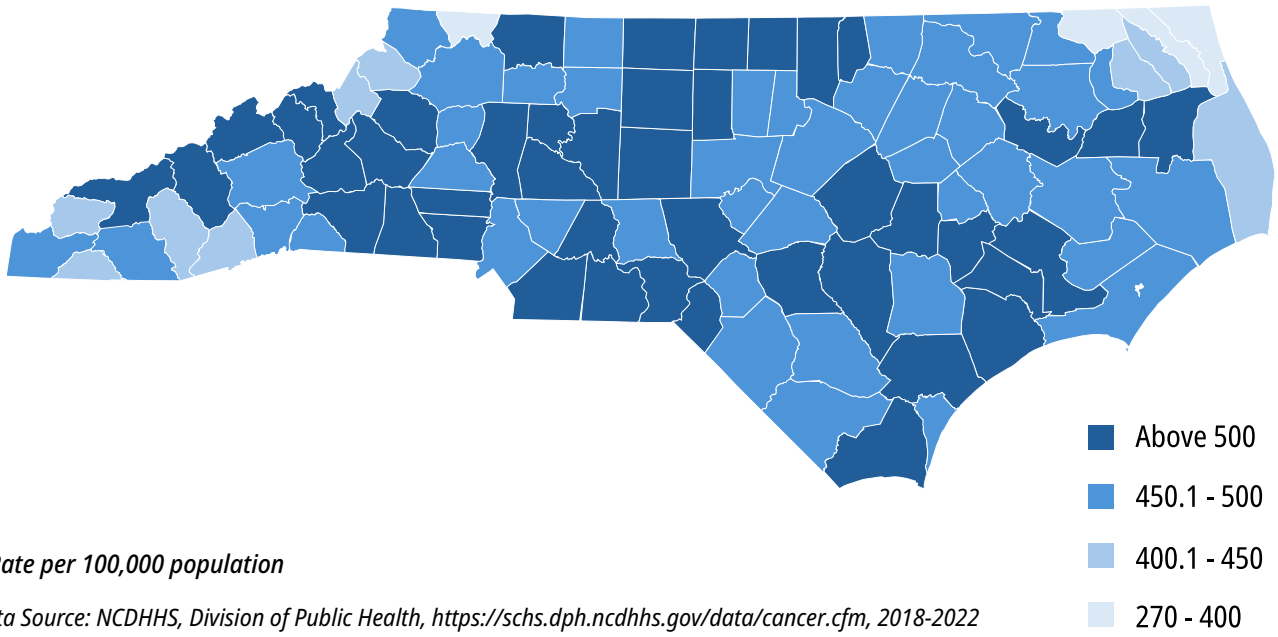
Cancer Incidence - All Sites

This indicator shows the rate of all cancer incidence in North Carolina. Rates are expressed per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population. County cancer statistics are calculated using five-year aggregates ending in the selected year. For example, 2022 rates are based on aggregate data from 2018 to 2022.

In 2022, there were 320,588 total cases, resulting in a cancer incidence rate of 495.3 per 100,000 population for the entire state.

- Cancer remains a leading cause of death in North Carolina and continues to impose a substantial burden across all population groups (North Carolina State Center for Health Statistics [SCHS], 2025; American Cancer Society [ACS], 2024).
- Although overall cancer incidence and mortality have declined over the past several decades due to advances in prevention, early detection, and treatment, North Carolina continues to experience thousands of new cancer diagnoses and deaths each year (U.S. Cancer Statistics Working Group, 2024; National Cancer Institute [NCI]).
- Persistent disparities remain evident, with higher incidence and mortality among individuals living in rural counties, people with lower socioeconomic status, and certain racial and ethnic groups — particularly Black North Carolinians (Centers for Disease Control and Prevention [CDC], 2024; ACS, 2024).
- Continued investment in cancer prevention, expanded access to evidence-based screening, strengthened tobacco control, and improved access to high-quality treatment are essential to further reducing the burden of cancer and improving health outcomes statewide (CDC, 2024; NCI; ACS, 2024).

Figure 122. North Carolina Cancer Incidence (All Sites) by County, 2018 – 2022*



** Rate per 100,000 population*

Data Source: NCDHHS, Division of Public Health, https://schs.dph.ncdhhs.gov/data/cancer.cfm, 2018-2022
https://ncdataportal.org/cares_shortlinks/7pbvk3lz/

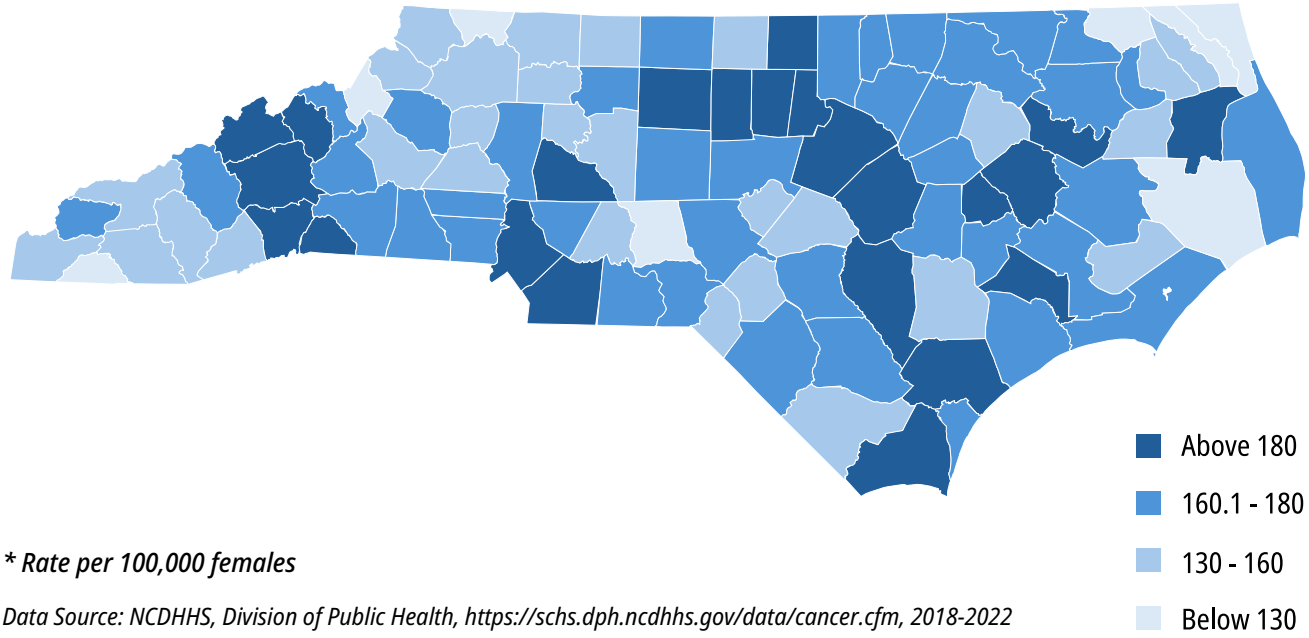
Cancer Incidence - Breast

This indicator shows the rate of breast cancer incidence in North Carolina. Rates are expressed per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population. County cancer statistics are calculated using five-year aggregates ending in the selected year. For example, 2022 rates are based on aggregate data from 2018 to 2022.

In 2022, there were 58,979 total cases, resulting in a breast cancer incidence rate of 176.7 per 100,000 population for the entire state. This rate is notably higher than the U.S. average.

- Breast cancer is the most commonly diagnosed cancer among women in North Carolina, and the state continues to experience a substantial burden of disease (National Cancer Institute [NCI]; North Carolina State Center for Health Statistics [SCHS], 2025).
- North Carolina's age-adjusted incidence rate remains higher than the national average; breast cancer accounts for thousands of new diagnoses each year and a significant number of cancer-related deaths (NCI; U.S. Cancer Statistics Working Group, 2024; American Cancer Society [ACS], 2024).
- Persistent disparities are evident, with Black women in North Carolina experiencing higher mortality despite similar or lower incidence, reflecting longstanding differences in access to early detection, timely follow-up, and treatment (Centers for Disease Control and Prevention [CDC], 2024; ACS, 2024).
- Efforts to improve screening, promote early detection, and strengthen access to high-quality treatment — especially in rural and underserved communities — remain essential to reducing breast cancer mortality statewide (CDC, 2024; ACS, 2024; SCHS, 2025).

Figure 123. North Carolina Breast Cancer Incidence by County, 2018 – 2022*



** Rate per 100,000 females*

Data Source: NCDHHS, Division of Public Health, https://schs.dph.ncdhhs.gov/data/cancer.cfm, 2018-2022
https://ncdataportal.org/cares_shortlinks/cndu5gte/

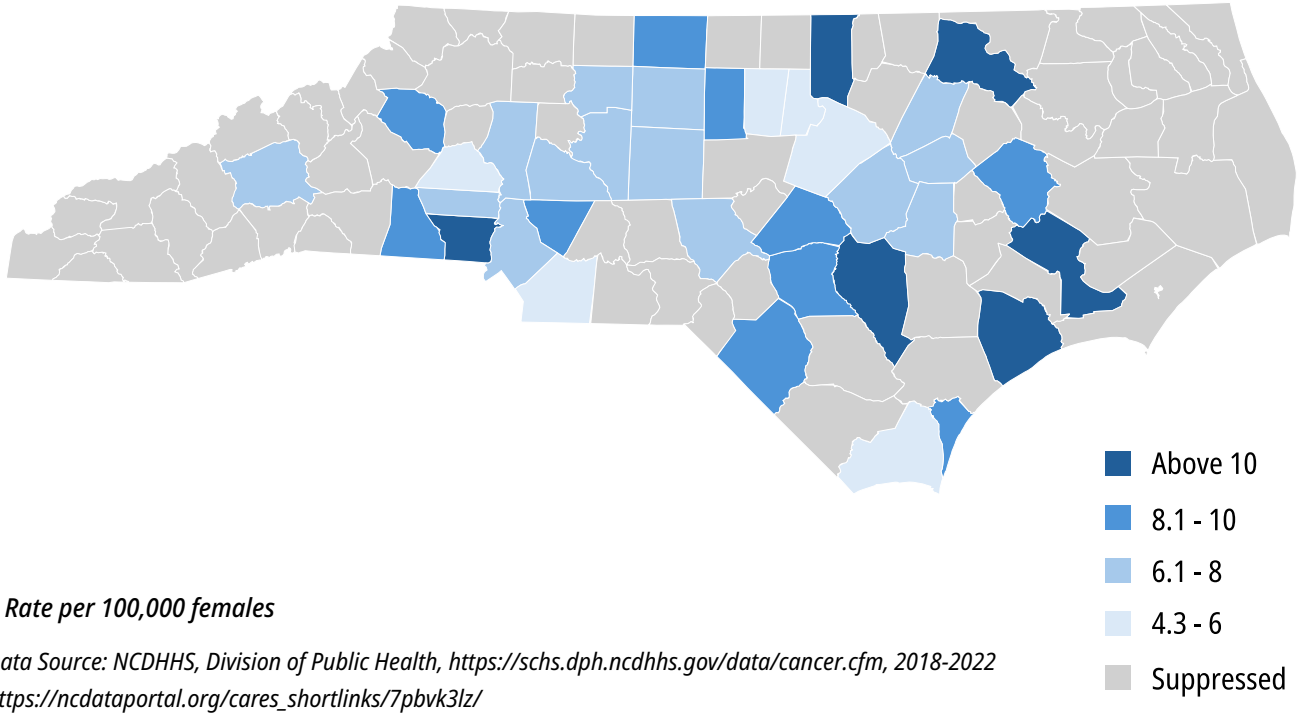
Cancer Incidence - Cervical

This indicator shows the rate of cervical and uterine cancer incidence in North Carolina. Rates are expressed per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population. County cancer statistics are calculated using five-year aggregates ending in the selected year. For example, 2022 rates are based on aggregate data from 2018 to 2022.

In 2022, there were 1,966 total cases, resulting in a cancer incidence rate of 7.0 per 100,000 population for the entire state.

- Cervical cancer in North Carolina is largely preventable, yet the state continues to experience persistent disparities in incidence and mortality (National Cancer Institute [NCI]; North Carolina State Center for Health Statistics [SCHS], 2024; Centers for Disease Control and Prevention [CDC], 2024).
- Although overall rates have declined, Black and Hispanic women and those in rural communities bear a disproportionate burden of disease (NCI, 2023; CDC, 2024; SCHS, 2024).
- Expanded access to preventive services — Pap and HPV testing, HPV vaccination, and timely diagnostic care — remains critical to eliminating cervical cancer as a public health problem (CDC, 2024; CDC, 2024; American Cancer Society [ACS], 2024).

Figure 124. North Carolina Cervical Cancer Incidence by County, 2018 – 2022*



** Rate per 100,000 females*

Data Source: NCDHHS, Division of Public Health, https://schs.dph.ncdhhs.gov/data/cancer.cfm, 2018-2022
https://ncdataportal.org/cares_shortlinks/7pbvk3lz/

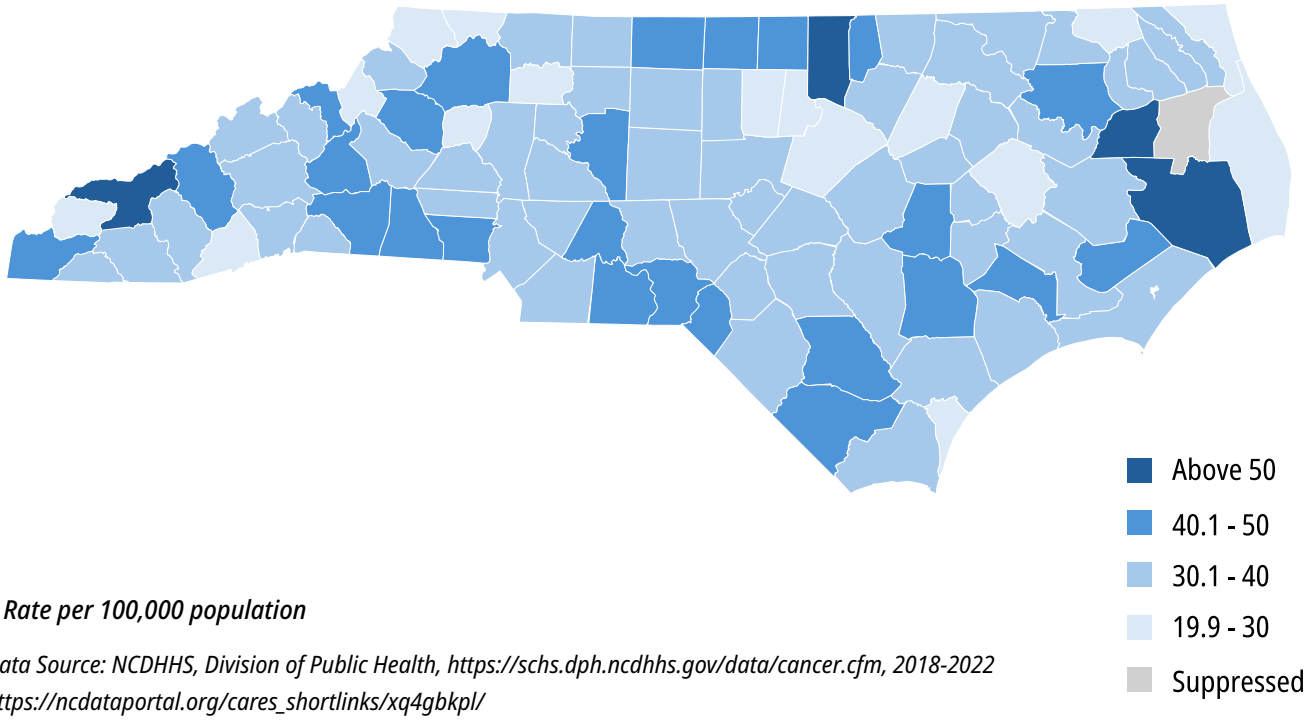
Cancer Incidence - Colon and Rectum

This indicator shows the rate of colorectal cancer incidence in North Carolina. Rates are expressed per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population. County cancer statistics are calculated using five-year aggregates ending in the selected year. For example, 2022 rates are based on aggregate data from 2018 to 2022.

In 2022, there were 22,205 total cases, resulting in a colorectal cancer incidence rate of 35.5 per 100,000 population for the entire state.

- Colorectal cancer remains a significant public health concern in North Carolina, ranking among the leading causes of cancer-related deaths for both men and women (North Carolina State Center for Health Statistics [SCHS], 2025; American Cancer Society [ACS], 2024).
- Although North Carolina's age-adjusted incidence rate is similar to or slightly lower than the national average, colorectal cancer continues to account for a substantial number of diagnoses each year (National Cancer Institute [NCI]; U.S. Cancer Statistics Working Group, 2024).
- Mortality has declined over time, reflecting improvements in screening, early detection, and treatment, yet disparities persist across racial and geographic groups, with Black individuals and individuals living in rural areas experiencing higher mortality rates (Centers for Disease Control and Prevention [CDC], 2024; ACS, 2024).
- Continued efforts to expand access to recommended screening — particularly colonoscopy and stool-based tests — are essential for reducing the burden of colorectal cancer and addressing screening gaps among uninsured and underserved adults statewide (CDC, 2024; NCI; ACS, 2024).

Figure 125. North Carolina Colon and Rectum Cancer Incidence by County, 2018 – 2022*



** Rate per 100,000 population*

Data Source: NCDHHS, Division of Public Health, https://schs.dph.ncdhhs.gov/data/cancer.cfm, 2018-2022
https://ncdataportal.org/cares_shortlinks/xq4gbkpl/

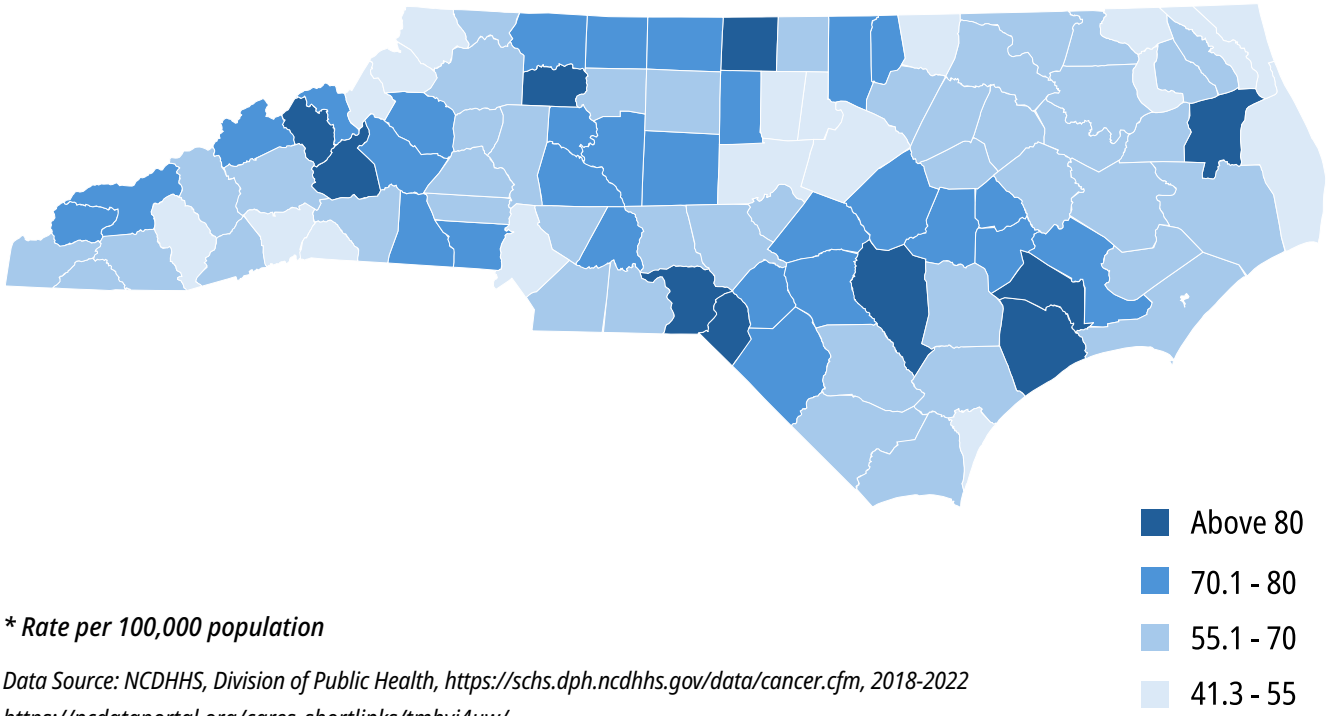
Cancer Incidence - Lung

This indicator shows the rate of lung cancer incidence in North Carolina. Rates are expressed per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population. County cancer statistics are calculated using five-year aggregates ending in the selected year. For example, 2022 rates are based on aggregate data from 2018 to 2022.

In 2022, there were 41,880 total cases, resulting in a lung cancer incidence rate of 61.5 per 100,000 population for the entire state.

- Lung cancer remains the leading cause of cancer death in North Carolina, accounting for more deaths than breast, colorectal, and prostate cancers combined (American Cancer Society [ACS], 2024; North Carolina State Center for Health Statistics [SCHS], 2025).
- Although incidence and mortality have declined over the past decade due to reductions in smoking and improvements in early detection and treatment, North Carolina continues to experience a substantial burden of disease, with thousands of new cases and deaths each year (National Cancer Institute [NCI]; U.S. Cancer Statistics Working Group, 2024).
- Persistent disparities are evident across demographic and geographic groups, with higher incidence and mortality among individuals living in rural counties and among populations with higher rates of tobacco use (Centers for Disease Control and Prevention [CDC], 2024; ACS, 2024).
- Expanding access to smoking cessation resources, increasing uptake of evidence-based lung cancer screening, and ensuring timely access to diagnostic and treatment services remain essential strategies for reducing the burden of lung cancer statewide (CDC, 2024; NCI; ACS, 2024).

Figure 126. North Carolina Lung Cancer Incidence by County, 2018 – 2022*



** Rate per 100,000 population*

Data Source: NCDHHS, Division of Public Health, https://schs.dph.ncdhhs.gov/data/cancer.cfm, 2018-2022
https://ncdataportal.org/cares_shortlinks/tmhyi4uw/

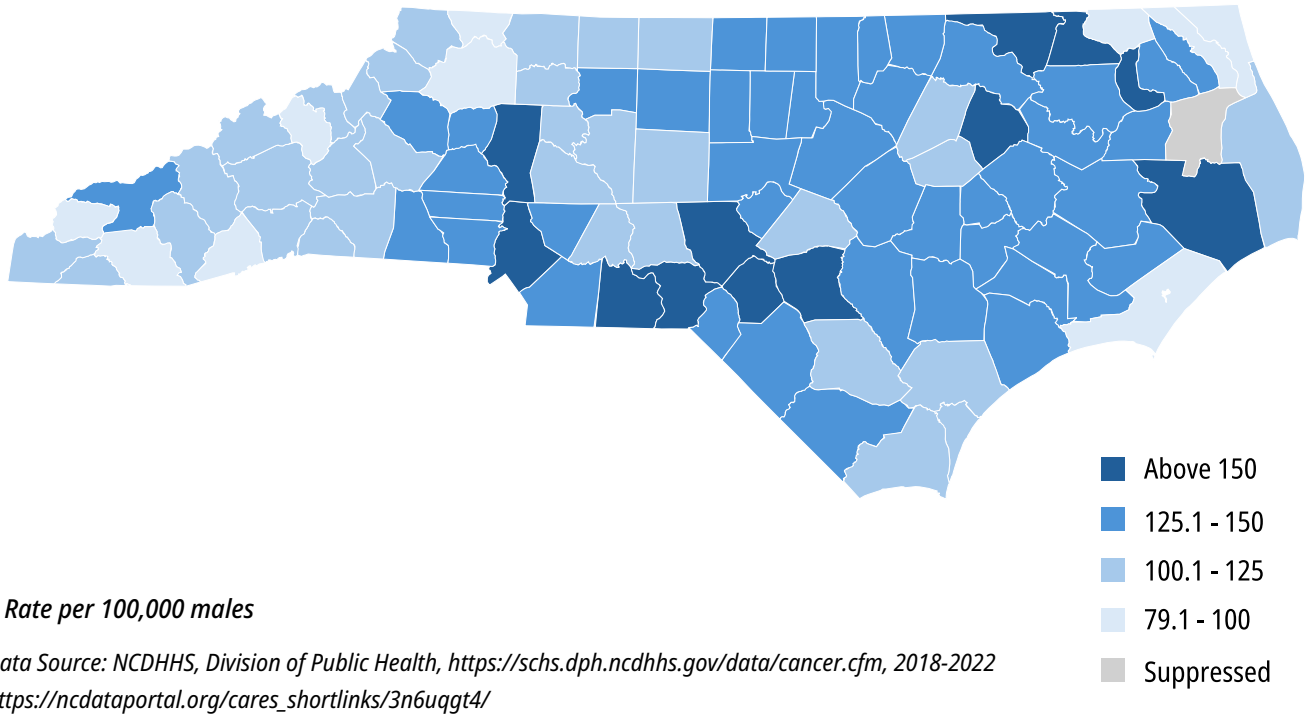
Cancer Incidence - Prostate

This indicator shows the rate of prostate cancer incidence in North Carolina. Rates are expressed per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population. County cancer statistics are calculated using five-year aggregates ending in the selected year. For example, 2022 rates are based on aggregate data from 2018 to 2022.

In 2022, there were 43,072 total cases, resulting in a prostate cancer incidence rate of 132.2 per 100,000 population for the entire state.

- Prostate cancer is one of the most commonly diagnosed cancers among men in North Carolina, accounting for a substantial proportion of annual cancer diagnoses statewide (North Carolina State Center for Health Statistics [SCHS], 2025; American Cancer Society [ACS], 2024).
- Although mortality has declined over the past several decades due to improvements in early detection and treatment, North Carolina continues to experience notable disparities, with Black men facing significantly higher incidence and mortality rates compared to white men (National Cancer Institute [NCI]; Centers for Disease Control and Prevention [CDC], 2024).
- Geographic variation is also evident, with rural counties experiencing higher mortality along with reduced access to screening and specialty care services (U.S. Cancer Statistics Working Group, 2024; ACS, 2024).
- Continued investment in equitable access to preventive care, patient education, and timely treatment — especially for populations at highest risk — remains essential for reducing the burden of prostate cancer across North Carolina (CDC, 2024; ACS, 2024).

Figure 127. North Carolina Prostate Cancer Incidence by County, 2018 – 2022*



** Rate per 100,000 males*

Data Source: NCDHHS, Division of Public Health, https://schs.dph.ncdhhs.gov/data/cancer.cfm, 2018-2022
https://ncdataportal.org/cares_shortlinks/3n6uqgt4/

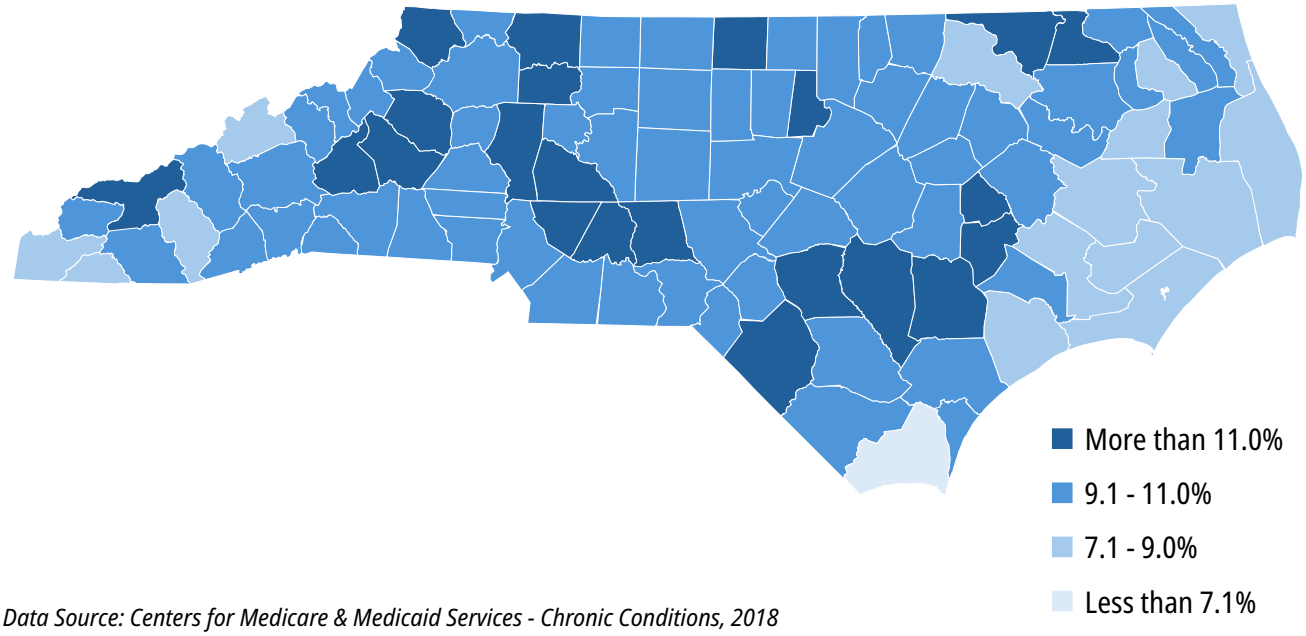
Chronic Conditions - Alzheimer's Disease/Dementia

This indicator reports the percentage of Medicare Fee-for-Service population with Alzheimer's Disease. Data are based upon Medicare administrative enrollment and claims-related data for Medicare beneficiaries enrolled in the Fee-for-Service program.

- Alzheimer's disease and related dementias (ADRD) represent a growing public health challenge in North Carolina, affecting more than **180,000 adults ages 65 and older**, a number projected to exceed **230,000 by 2035** as the state's population continues to age (Alzheimer's Association, 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- Among Medicare beneficiaries, Alzheimer's disease is one of the most common chronic conditions, contributing to higher rates of hospitalization, emergency department use, and long-term care needs compared to beneficiaries without dementia (Centers for Medicare & Medicaid Services [CMS], 2024; Alzheimer's Association, 2024).
- Significant disparities persist, with **Black and Hispanic Medicare beneficiaries** experiencing substantially higher prevalence and poorer outcomes due to barriers in early detection, diagnosis, and access to specialty care (Centers for Disease Control and Prevention [CDC], 2024; CMS, 2024).
- Rural regions of North Carolina face additional challenges, including limited memory care services and increased caregiver burden (NCDHHS, 2024; Alzheimer's Association, 2024).
- Continued investment in early diagnosis, caregiver support, dementia-capable health systems, and community-based services will be essential to addressing the increasing burden of ADRD across the state (CDC, 2024; CMS, 2024).

North Carolina's Alzheimer's disease prevalence among Medicare beneficiaries is nearly identical to the national rate, indicating that the state faces a comparable level of dementia burden and will require continued investment in aging services, caregiver support, and dementia-capable health care as the population grows older.

Figure 128. North Carolina Medicare Beneficiaries with Alzheimer's Disease by County



Data Source: Centers for Medicare & Medicaid Services - Chronic Conditions, 2018

Figure 129. Medicare Beneficiaries with Alzheimer's Disease Comparison

Data Source: Centers for Medicare & Medicaid Services - Chronic Conditions, 2018

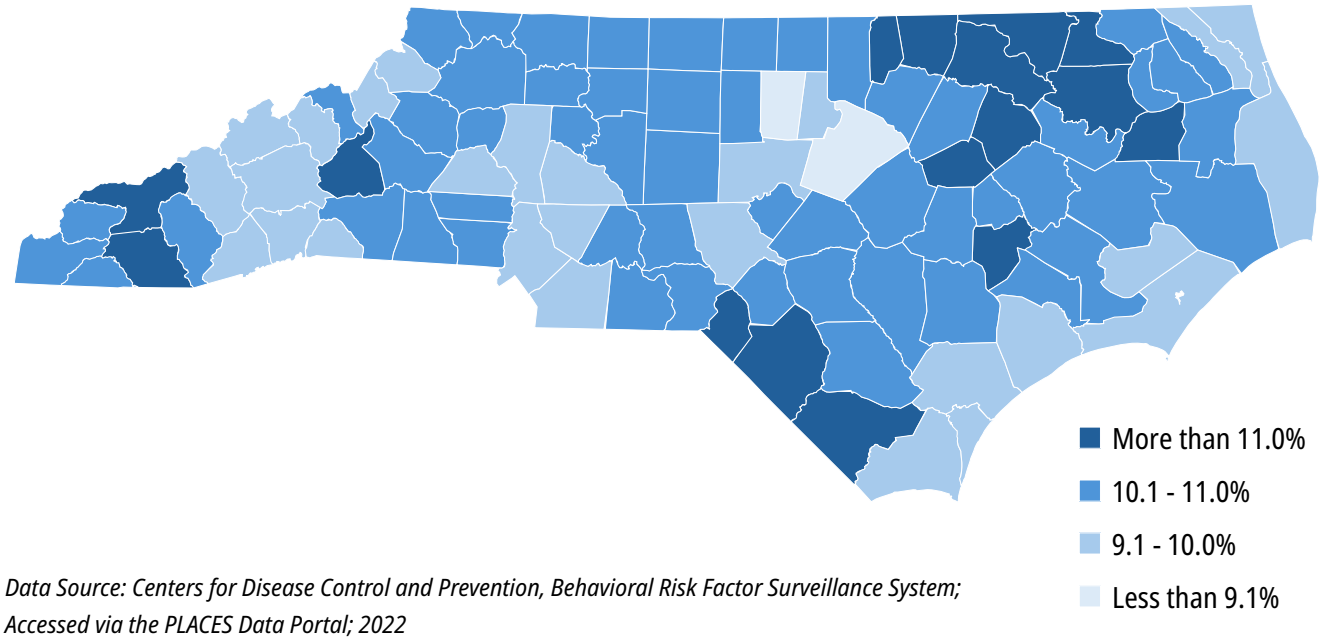
Chronic Conditions - Asthma Prevalence (Adult)

This indicator reports the percentage of adults ages 18 and older who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Asthma affects hundreds of thousands of adults across the state and is a major cause of missed workdays, reduced quality of life, and preventable emergency department visits.

- Adult asthma remains a significant chronic health condition in North Carolina, affecting approximately 9 to 10% of adults — slightly above national prevalence — and contributing to substantial morbidity across the state (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2023).
- Persistent disparities exist, with higher prevalence and more severe outcomes reported among women, Black adults, low-income households, and individuals living in rural counties (CDC, 2024; NCDHHS, 2023).
- Asthma continues to be a major cause of preventable emergency department visits and hospitalizations in North Carolina, particularly in eastern counties where environmental and socioeconomic stressors amplify disease burden (NCDHHS, 2023; CDC, 2024).
- Environmental triggers — including poor air quality, high pollen levels, older housing conditions, and occupational exposures — further contribute to uncontrolled symptoms and increased health care use (CDC, 2024).
- Efforts to improve asthma control, expand access to preventive and specialty care, and address environmental contributors remain essential for reducing asthma-related disparities and improving quality of life among adults statewide (CDC, 2024; NCDHHS, 2023).

Figure 130. North Carolina Adults with Asthma by County



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2022

Figure 131. Adults with Asthma Comparison

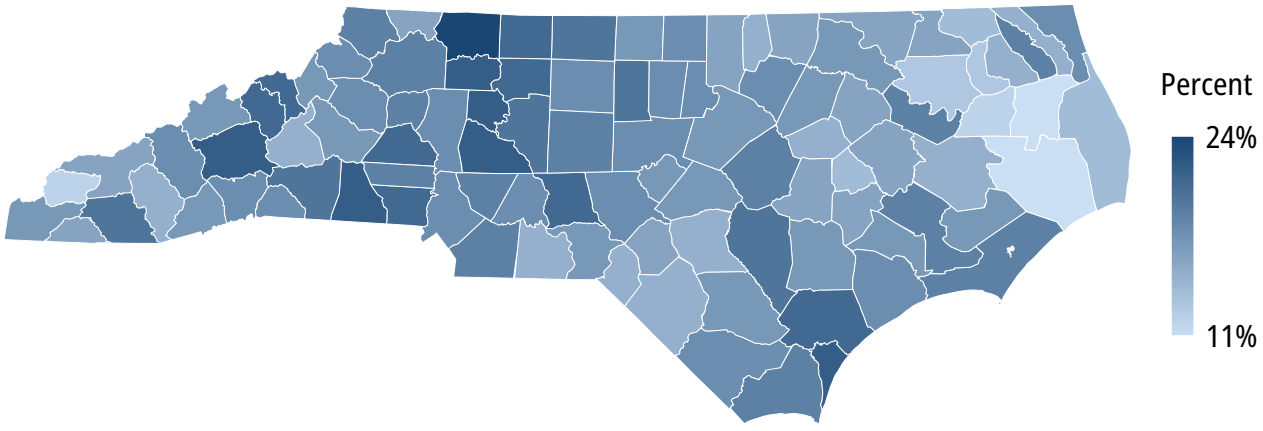
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2022

Chronic Conditions - Depression (Medicare Population)

This indicator reports the unsmoothed, age-adjusted rate of depressive disorders prevalence for the Medicare Fee-For-Service (FFS) population for the year 2023.

- Depression is one of the most common chronic conditions among Medicare beneficiaries, affecting nearly one in five older adults nationwide, and North Carolina's prevalence is comparable to or slightly higher than national averages depending on the year and dataset (Centers for Medicare & Medicaid Services [CMS], 2024; Centers for Disease Control and Prevention [CDC], 2024).
- In North Carolina, depression is consistently among the top chronic conditions reported within the Medicare population, contributing to higher rates of health care utilization, emergency department visits, and hospitalizations for co-occurring medical conditions (CMS, 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- Marked gender differences persist. Women enrolled in Medicare are diagnosed with depression at nearly twice the rate of men, mirroring national trends and reflecting both biological and social determinants of mental health (CDC, 2024; CMS, 2024).
- North Carolina also experiences disparities across racial, socioeconomic, and geographic groups, with rural beneficiaries and those with limited access to behavioral health services experiencing higher symptom burden and poorer treatment access (NCDHHS, 2024; CDC, 2024).
- Strengthening access to integrated behavioral health services, expanding screening and follow-up care, and addressing social drivers of mental health remain essential to improving outcomes for Medicare beneficiaries statewide (CMS, 2024; CDC, 2024).

Figure 132. North Carolina Medicare Beneficiaries with Depressive Disorder by County

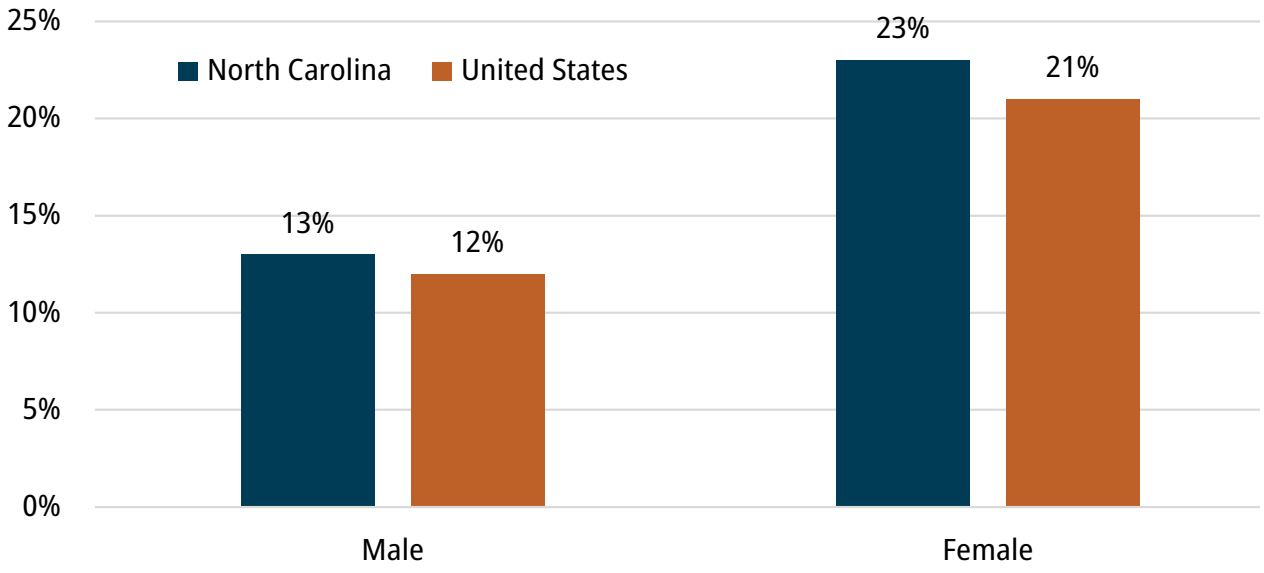


Data Source: Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, 2023

Figure 133. Medicare Beneficiaries with Depressive Disorder Comparison

Data Source: Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, 2023

Figure 134. Medicare Beneficiaries with Depressive Disorder by Gender Comparison



Data Source: Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, 2023

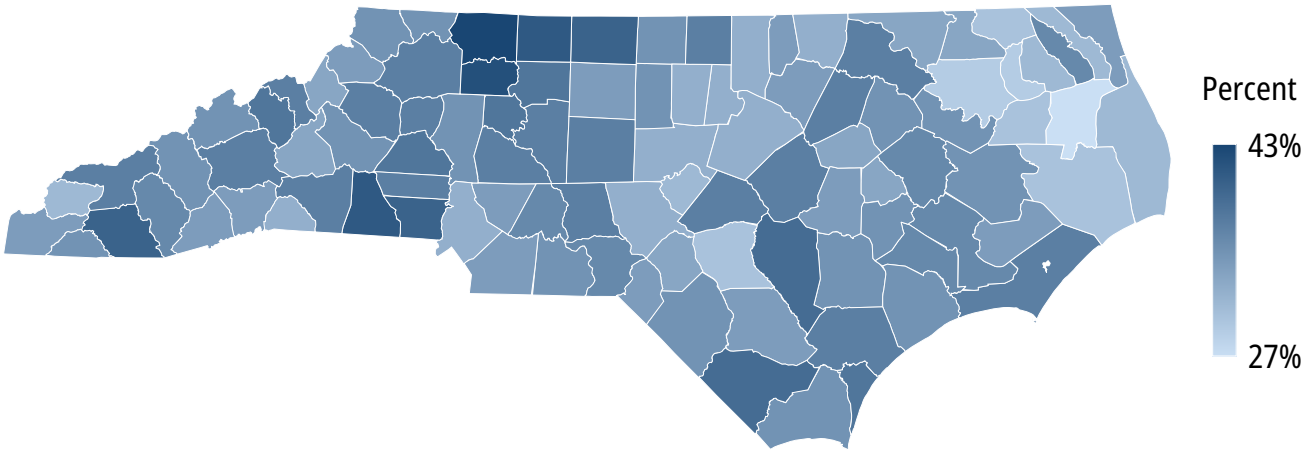
Chronic Conditions - Mental Health and Substance Use Conditions

This indicator reports the unsmoothed, age-adjusted rate of annual wellness visits among the Medicare Fee-For-Service (FFS) population for the year 2023.

- Chronic mental health and substance use conditions remain major contributors to morbidity and mortality in North Carolina, with more than one in three adults reporting a mental health concern or substance use disorder (Centers for Disease Control and Prevention [CDC], 2024; Substance Abuse and Mental Health Services Administration [SAMHSA], 2024).
- Depression and anxiety are the most commonly reported mental health conditions, and both have increased in prevalence since the COVID-19 pandemic, contributing to greater demand for behavioral health services statewide (CDC, 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- Substance use disorders, including alcohol, opioids, and stimulants, continue to drive significant health and social impacts, with North Carolina experiencing persistently high rates of overdose deaths and increased hospitalizations related to polysubstance use (NCDHHS, 2024; SAMHSA, 2024).
- Marked disparities persist, with higher burden observed among rural communities, low-income adults, and Black and American Indian/Alaska Native populations due to structural barriers that limit access to timely diagnosis, treatment, and recovery supports (CDC, 2024; NCDHHS, 2024).
- Continued investment in integrated behavioral health care, crisis response, harm reduction, and long-term recovery services remains essential to improving outcomes for individuals living with mental health and substance use conditions across the state (SAMHSA, 2024; CDC, 2024).

North Carolina has a slightly higher prevalence of mental health and substance use conditions compared to the U.S. overall, underscoring the need for expanded behavioral health services, coordinated care, and continued investment in prevention and early intervention strategies.

Figure 135. North Carolina Mental Health and Substance Use Prevalence by County



Data Source: Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, 2023

Figure 136. Mental Health and Substance Use Prevalence Comparison

Data Source: Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, 2023

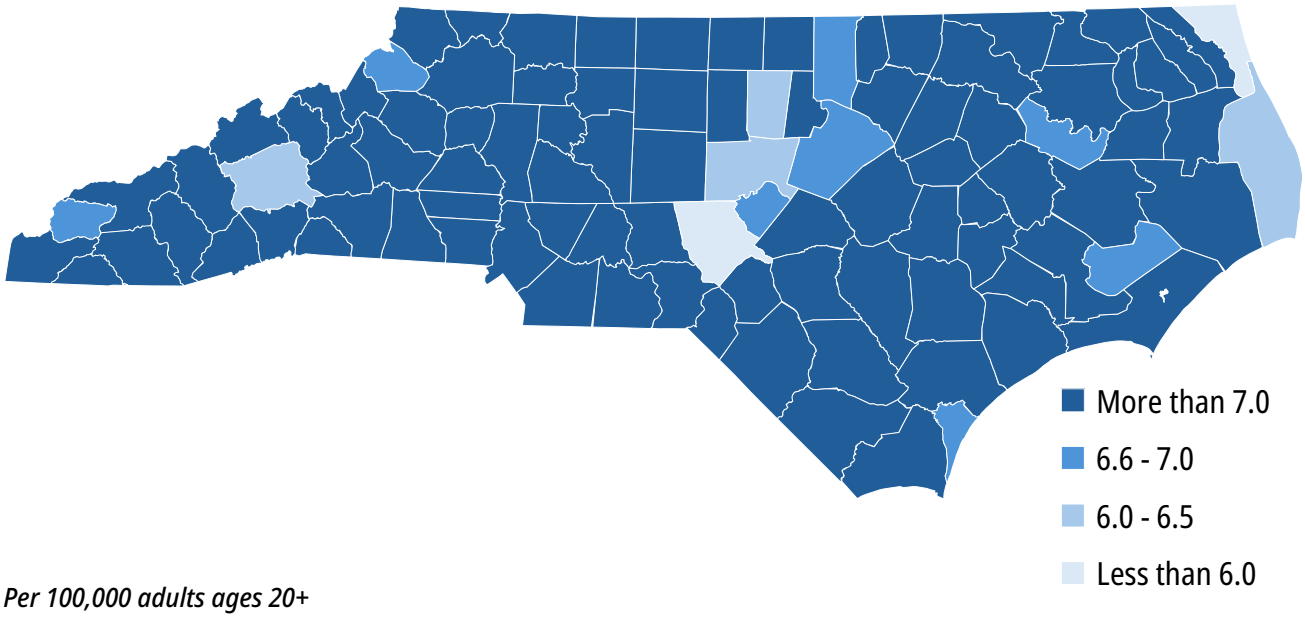
Chronic Conditions - Diabetes Incidence (Adult)

This indicator reports the number and rate (per 1,000 population) of adults ages 20 and older who were diagnosed with diabetes within the past year. Estimates are derived from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). Respondents whose reported age at diagnosis was less than one year prior to the survey are counted as newly diagnosed cases. Respondents whose age at diagnosis was between one and two years prior to the survey are counted as 0.5 cases to account for partial-year incidence.

- Diabetes remains a major chronic disease affecting adults in North Carolina, with incidence and prevalence consistently higher than national averages, reflecting the state's aging population and the continued impact of obesity, physical inactivity, and socioeconomic factors (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- Approximately one in ten North Carolina adults has diagnosed diabetes, and thousands of new adult cases are identified each year, placing the state among those with the highest diabetes burden in the nation (CDC, 2024; American Diabetes Association [ADA], 2024).
- Marked disparities persist, with higher incidence and complication rates among Black, American Indian, and low-income adults, as well as among individuals living in rural counties where access to preventive care and diabetes self-management resources is more limited (CDC, 2024; NCDHHS, 2024).
- Diabetes is also a leading contributor to cardiovascular disease, kidney failure, vision loss, and preventable hospitalizations, driving substantial health care costs and reduced quality of life for affected individuals (ADA, 2024; CDC, 2024).
- Strengthening prevention efforts, improving access to evidence-based lifestyle interventions, and expanding chronic disease management and care coordination remain critical to reducing the burden of diabetes among adults in North Carolina (CDC, 2024; NCDHHS, 2024).

North Carolina's adult diabetes incidence rate is higher than the national average.

Figure 137. North Carolina Diabetes Incidence by County*



** Per 100,000 adults ages 20+*

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019

Figure 138. Diabetes Incidence Comparison*

** Per 100,000 adults ages 20+*

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019

Chronic Conditions - Diabetes Prevalence (Adult)

This indicator reports the number and percentage of adults ages 20 and older who have ever been told by a doctor that they have diabetes.

Diabetes remains a highly prevalent chronic condition among adults in North Carolina, with the state consistently reporting higher prevalence than the United States overall (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).

Approximately 10% to 12% of North Carolina adults have a diabetes diagnosis, compared to approximately 9% to 10% nationally, placing North Carolina among those states with the greatest diabetes burden (CDC, 2024; American Diabetes Association [ADA], 2024).

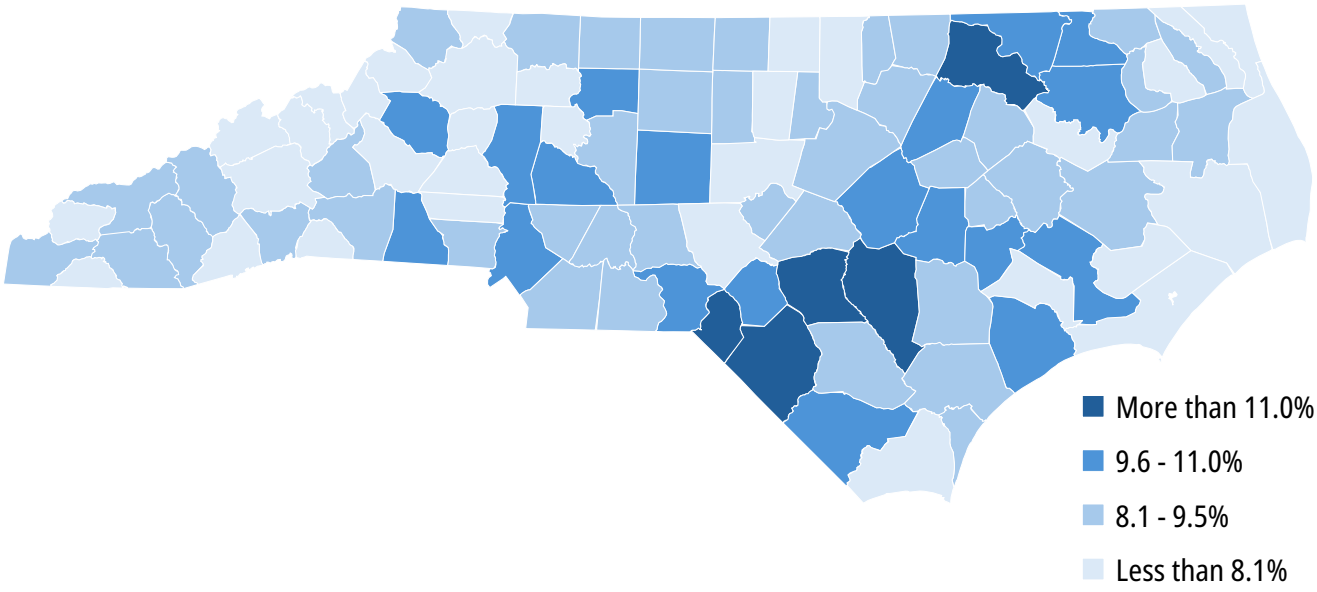
Diabetes prevalence increases sharply with age and is disproportionately higher among Black and American Indian adults, individuals with lower income or educational attainment, and people living in rural counties, reflecting the influence of structural and social determinants of health (CDC, 2024; NCDHHS, 2024).

Diabetes contributes substantially to premature mortality, disability, and health care costs in North Carolina and is a major driver of cardiovascular disease, kidney failure, and preventable hospitalizations (ADA, 2024; CDC, 2024).

Continued emphasis on diabetes prevention, early diagnosis, and long-term self-management support is essential to reducing prevalence and improving outcomes for adults across the state (CDC, 2024; NCDHHS, 2024).

Even small differences in prevalence translate into large numbers of affected individuals statewide. Diabetes is a chronic condition associated with increased risk of heart disease, stroke, kidney failure, vision loss, and preventable hospitalizations, placing substantial demands on health care systems and communities. In 2021, North Carolina's adult diabetes prevalence was virtually the same as the U.S. average, underscoring that diabetes remains a widespread chronic disease affecting a significant share of adults statewide and nationally.

Figure 139. North Carolina Adults Ages 20+ with Diabetes by County



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

Figure 140. Adults Ages 20+ with Diabetes Comparison

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

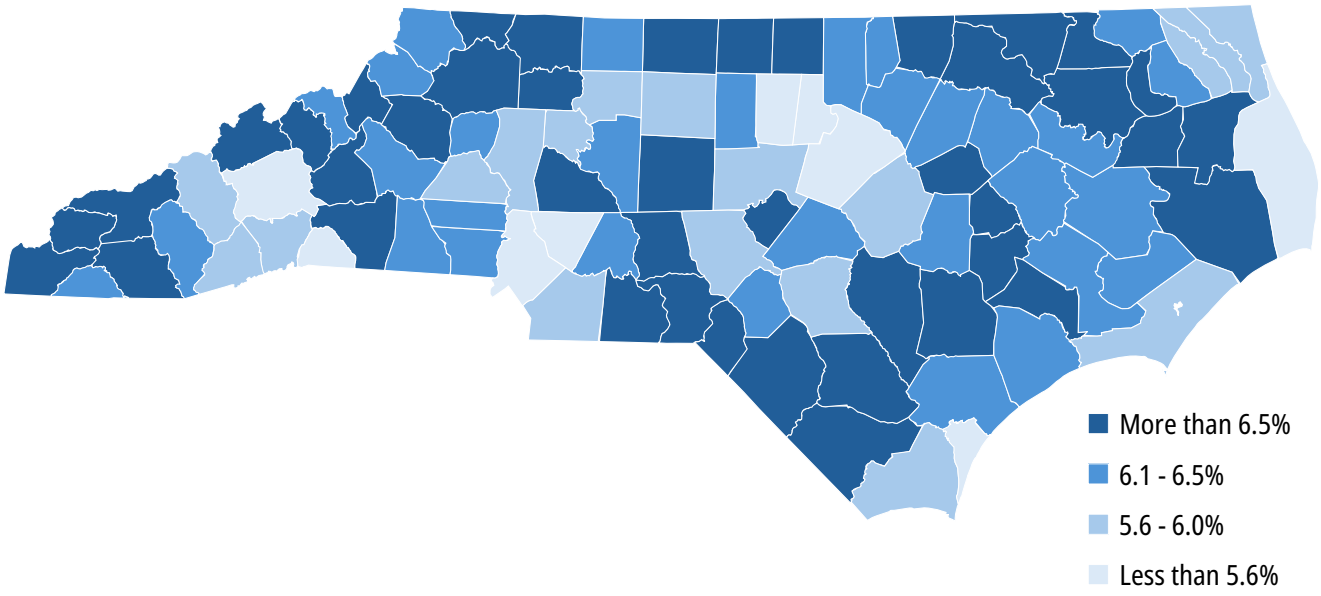
Chronic Conditions - Heart Disease (Adult)

This indicator reports the percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

- Coronary heart disease (CHD) remains a leading cause of illness and death among adults in North Carolina, with prevalence that is slightly higher than or comparable to the U.S. overall, reflecting the state's elevated burden of cardiovascular risk factors such as hypertension, diabetes, obesity, and tobacco use (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- An estimated 5to 6% of North Carolina adults report having been diagnosed with CHD, a rate that places the state among those with a higher cardiovascular disease burden, particularly in rural and economically distressed counties (CDC, 2024; American Heart Association [AHA], 2024).
- Significant disparities persist, with higher prevalence and mortality observed among older adults, men, Black adults, and individuals with lower income or educational attainment, underscoring the influence of social and structural determinants of health (CDC, 2024; NCDHHS, 2024).
- CHD continues to drive substantial health care utilization, disability, and premature mortality across the state, highlighting the importance of prevention strategies focused on blood pressure control, cholesterol management, smoking cessation, physical activity, and equitable access to primary and specialty cardiovascular care (AHA, 2024; CDC, 2024).

North Carolina's adult coronary heart disease prevalence is essentially the same as the national rate, underscoring that CHD remains a widespread and ongoing public health challenge for adults in the state.

Figure 141. North Carolina Adults with Coronary Heart Disease by County



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2022

Figure 142. Adults with Coronary Heart Disease Comparison

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2022

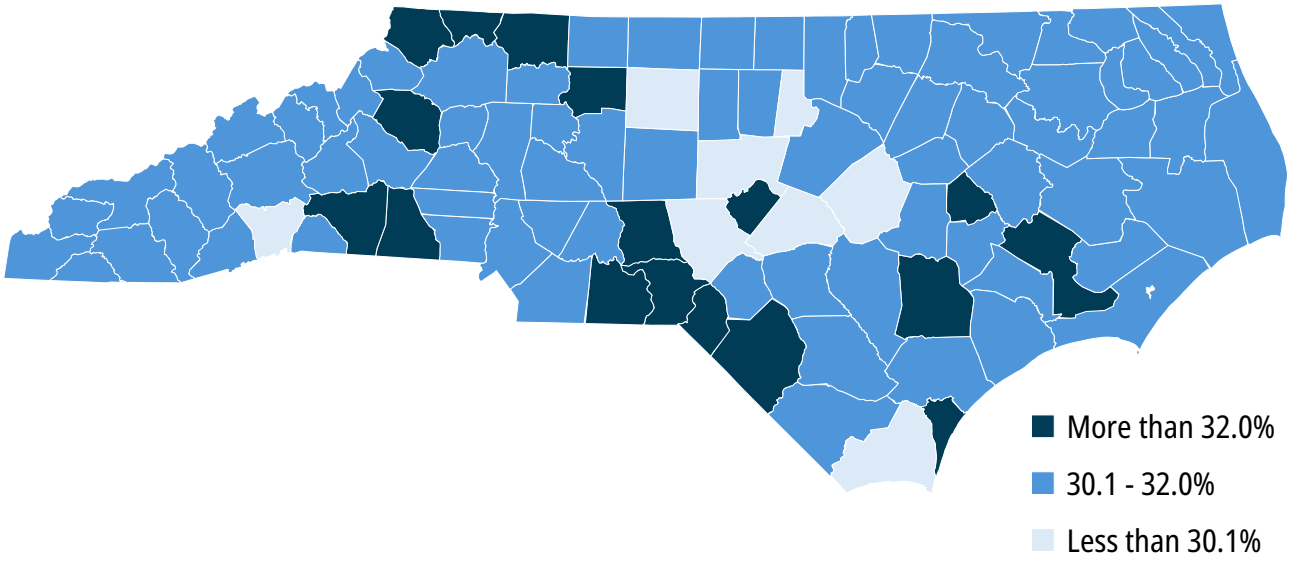
Chronic Conditions - High Cholesterol (Adult)

This indicator reports the percentage of adults ages 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol.

- High cholesterol remains a common cardiovascular risk factor among adults in North Carolina, with prevalence that is comparable to the United States overall and affects a substantial share of the adult population (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- An estimated one-third of adults in North Carolina report having been told by a health professional that they have high cholesterol, a level similar to national estimates and reflective of widespread cardiometabolic risk across the state (CDC, 2024 American Heart Association [AHA], 2024).
- Prevalence increases with age and is higher among men, adults with obesity or diabetes, and individuals with limited access to preventive health care, highlighting the interconnected nature of chronic disease risk factors (CDC, 2024; NCDHHS, 2024).
- Elevated cholesterol is a major contributor to coronary heart disease and stroke and is closely linked to medication adherence, diet, physical activity, and access to ongoing primary care (AHA, 2024; CDC, 2024).
- Continued emphasis on cholesterol screening, lifestyle interventions, and effective lipid-lowering treatment remains essential to reducing cardiovascular disease burden among adults in North Carolina (AHA, 2024; CDC, 2024).

North Carolina's prevalence of high cholesterol among adults is essentially the same as the U.S. average, underscoring that elevated cholesterol is a widespread cardiovascular risk factor requiring continued attention to screening, lifestyle interventions, medication adherence, and access to primary care statewide.

Figure 143. North Carolina Adults with High Cholesterol by County



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2021

Figure 144. Adults with High Cholesterol Comparison

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2021

Chronic Conditions - Kidney Disease (Adult)

This indicator reports the number and percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.

Chronic kidney disease (CKD) is a significant and growing public health concern among adults in North Carolina, with prevalence that is comparable to or slightly higher than the U.S. average, largely driven by the state's high burden of diabetes, hypertension, and cardiovascular disease (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).

An estimated 15% to 16% of adults in North Carolina have CKD, mirroring national estimates that indicate roughly one in seven adults is affected, many of whom are unaware of their condition (CDC, 2024; National Kidney Foundation [NKF], 2024).

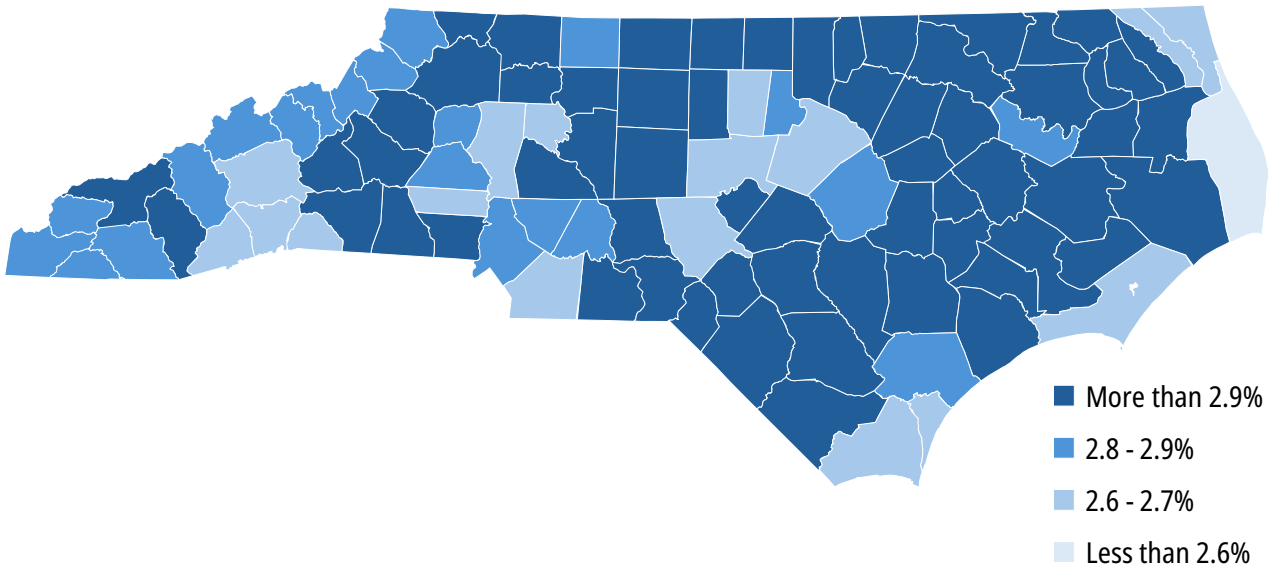
Disparities persist across demographic and geographic groups, with higher prevalence and progression to kidney failure among Black adults, American Indian adults, older adults, and people living in rural counties, reflecting inequities in chronic disease risk factors, access to preventive care, and early detection (CDC, 2024; NCDHHS, 2024).

CKD contributes substantially to premature mortality, reduced quality of life, and health care costs, particularly among individuals who progress to end-stage kidney disease requiring dialysis or transplant (NKF, 2024; United States Renal Data System [USRDS], 2024).

Strengthening prevention strategies, improving management of diabetes and hypertension, and expanding early screening and care coordination are essential to reducing the burden of CKD among adults in North Carolina (CDC, 2024; NCDHHS, 2024).

Adult kidney disease prevalence in North Carolina is comparable to, but slightly higher than, the national average, underscoring the importance of early detection, chronic disease management, and prevention efforts focused on controlling diabetes and high blood pressure across the state.

Figure 145. North Carolina Adults with Chronic Kidney Disease by County



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2021

Figure 146. Adults with Chronic Kidney Disease Comparison

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2021

Chronic Conditions - Stroke (Adult)

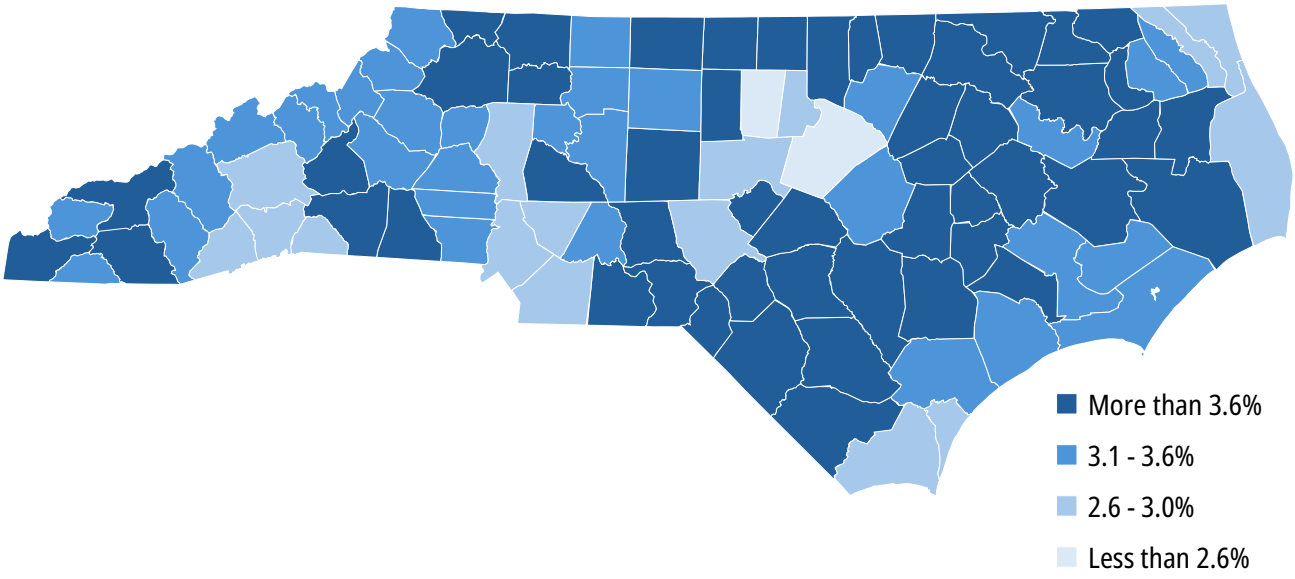
This indicator reports the number and percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.

Within North Carolina, 3.8% of adults ages 18 and older reported ever having had a stroke.

- Stroke remains a major cause of death and long-term disability among adults in North Carolina, with the state consistently reporting a higher prevalence and mortality rate than the United States overall, reflecting its location within the "Stroke Belt" of the southeastern U.S. (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).
- Disparities are pronounced, with higher prevalence and mortality among older adults, Black adults, men, and people living in rural counties, driven by elevated rates of hypertension, diabetes, smoking, and barriers to timely emergency and post-acute care (CDC, 2024; NCDHHS, 2024).
- Stroke contributes substantially to disability, caregiver burden, and health care costs in North Carolina, underscoring the importance of prevention strategies focused on blood pressure control, diabetes management, smoking cessation, rapid recognition of stroke symptoms, and equitable access to high-quality acute and rehabilitative care (AHA, 2024; CDC, 2024).

North Carolina's adult stroke prevalence is slightly higher than the U.S. overall, underscoring the state's continued burden of stroke and the importance of prevention, rapid treatment, and access to rehabilitation services — particularly in rural and high-risk communities.

Figure 147. North Carolina Adults Ever Having a Stroke by County



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2022

Figure 148. Adults Ever Having a Stroke Comparison

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the PLACES Data Portal; 2022

Hospitalizations – Stroke

This indicator reports the hospitalization rate for Ischemic stroke among Medicare beneficiaries ages 65 and older for hospital stays from 2018 through 2020.

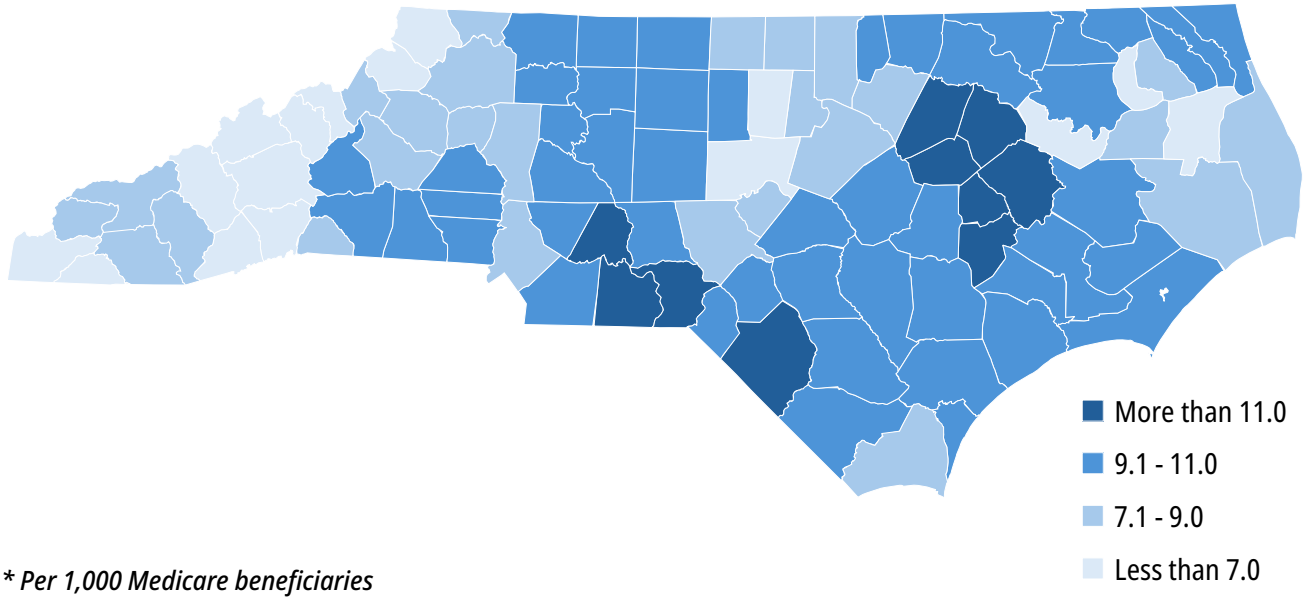
Hospitalizations for stroke remain a significant concern in North Carolina, with rates that are consistently higher than the United States overall, reflecting the state's location within the country's southeastern "Stroke Belt" and its elevated burden of cardiovascular risk factors (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2024).

Stroke hospitalizations contribute substantially to health care costs, long-term disability, and caregiver burden across the state, underscoring the importance of prevention and secondary prevention strategies, including blood pressure control, cholesterol management, medication adherence, and rapid recognition and treatment of stroke symptoms (AHA, 2024; CDC, 2024).

Continued investment in primary prevention, equitable access to acute stroke care, and coordinated post-acute and rehabilitation services remains essential to reducing stroke-related hospitalizations and improving outcomes for adults in North Carolina (NCDHHS, 2024; CDC, 2024).

Medicare beneficiaries in North Carolina experience higher rates of ischemic stroke hospitalizations than beneficiaries nationwide, highlighting the need for continued focus on cardiovascular risk reduction, timely access to acute stroke care, and effective secondary prevention strategies to reduce recurrent stroke and hospital use.

Figure 149. North Carolina Medicare Ischemic Stroke Hospitalization Rate by County*



** Per 1,000 Medicare beneficiaries*

Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke, 2019-2021

Figure 150. Ischemic Stroke Hospitalization Rate Comparison*

** Per 1,000 Medicare beneficiaries*

Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke, 2019-2021

Maternal and Child Health (MCH) - Child Deaths

Child mortality remains a critical public health concern in North Carolina, with recent data indicating an increase in the overall child death rate (ages 0 to 17) in the early 2020s, following a period of gradual decline (North Carolina State Center for Health Statistics [SCHS], 2023).

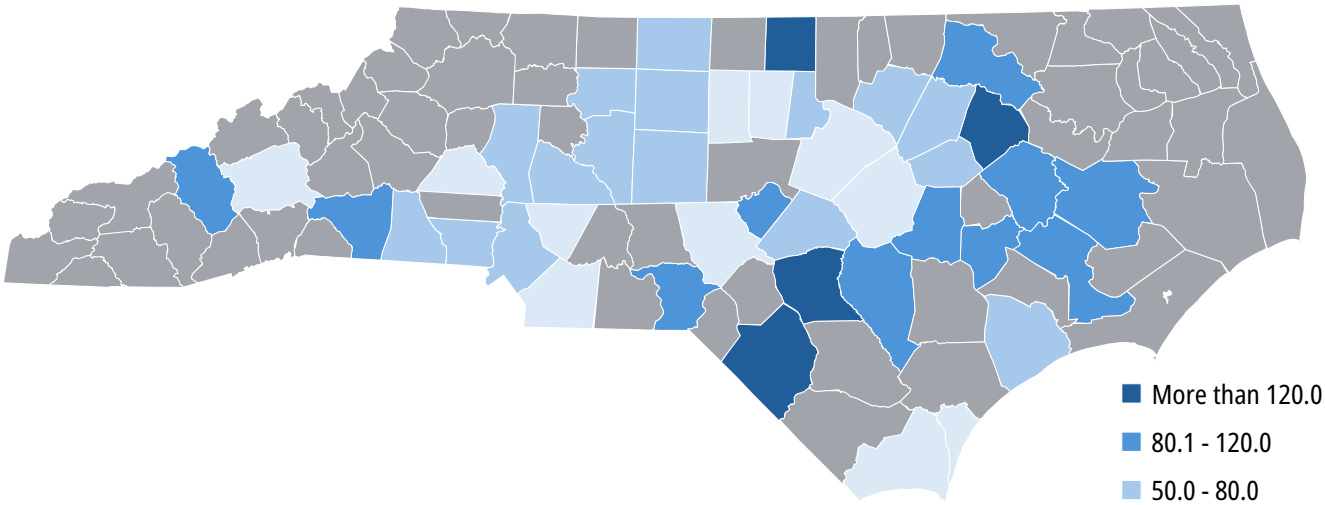
In 2022 and 2023, North Carolina reported child death rates exceeding pre-pandemic levels, driven largely by infant mortality as well as injury-related deaths among older children and adolescents (SCHS, 2023; North Carolina Child Fatality Task Force, 2024).

Infants under one year of age account for a substantial share of child deaths, and North Carolina's infant mortality rate remains higher than the national average, with persistent racial disparities — particularly among Black infants — reflecting broader inequities in maternal and child health outcomes (Centers for Disease Control and Prevention [CDC], 2024; North Carolina Department of Health and Human Services [NCDHHS], 2025).

Among children and adolescents, leading causes of death include unintentional injuries, motor vehicle crashes, firearm-related injuries, suicide, and homicide — patterns that mirror but often exceed national trends (SCHS, 2023; CDC, 2024).

These findings underscore the need for continued investment in injury prevention, maternal and infant health, behavioral health services, and community-based strategies to reduce preventable infant/child deaths and address longstanding disparities across North Carolina (NCDHHS, 2025; North Carolina Child Fatality Task Force, 2024).

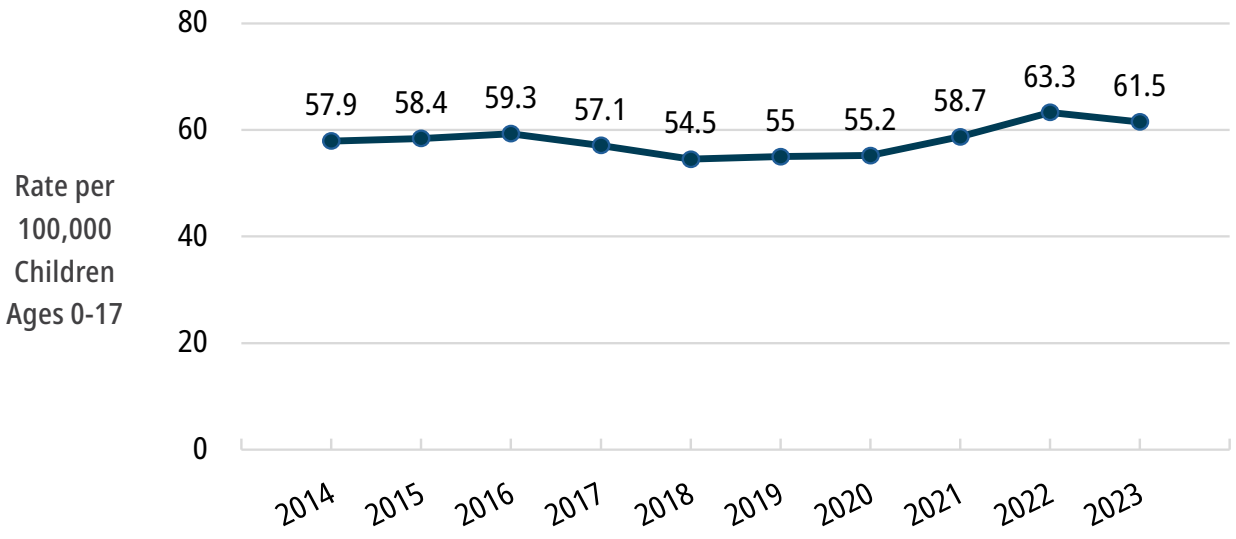
Figure 151. North Carolina Child Death Rate by County*



** Per 100,000 children ages 0-17*

Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data. Note: Data are suppressed when the numerator is less than 10.

Figure 152. North Carolina Child Death Rate by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

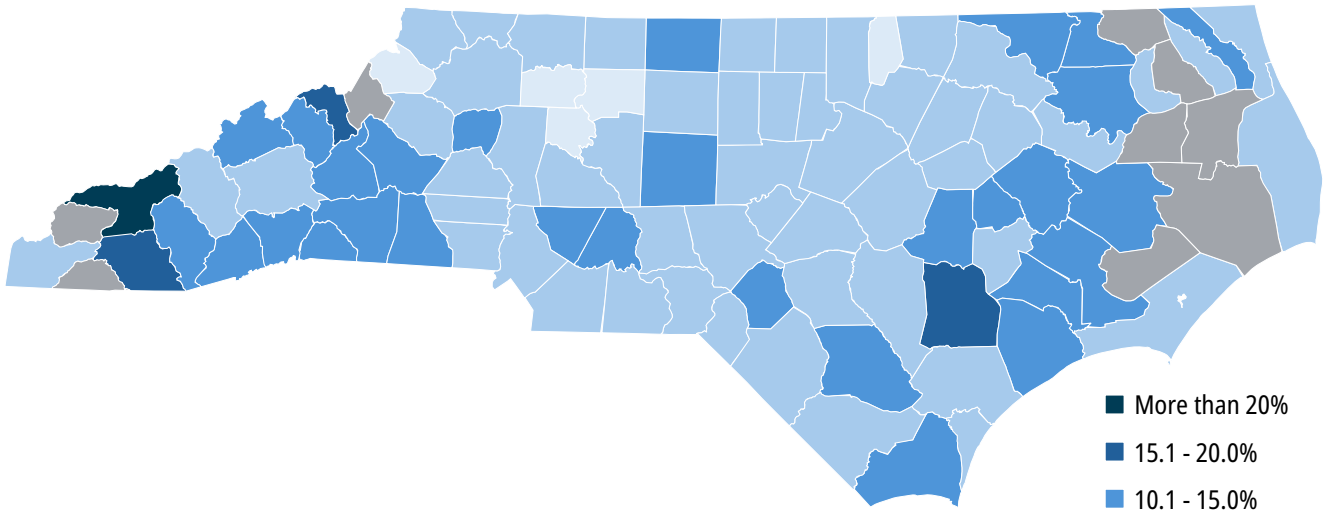
Maternal and Child Health (MCH) - Gestational Diabetes

This indicator shows the percentage of births where the mother developed gestational diabetes during pregnancy, based on live birth certificate data.

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 including obesity and diabetes.

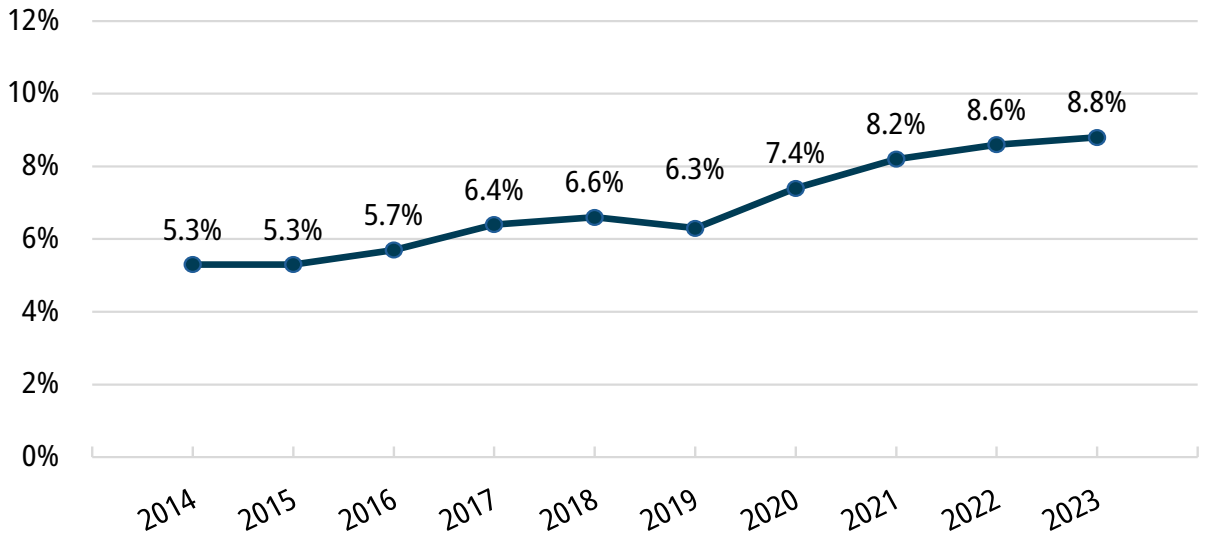
During the latest reporting period in North Carolina, **10,546** of **120,065** live births **(8.8%)** were to mothers diagnosed with gestational diabetes.

Figure 153. North Carolina Gestational Diabetes by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 154. North Carolina Gestational Diabetes by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

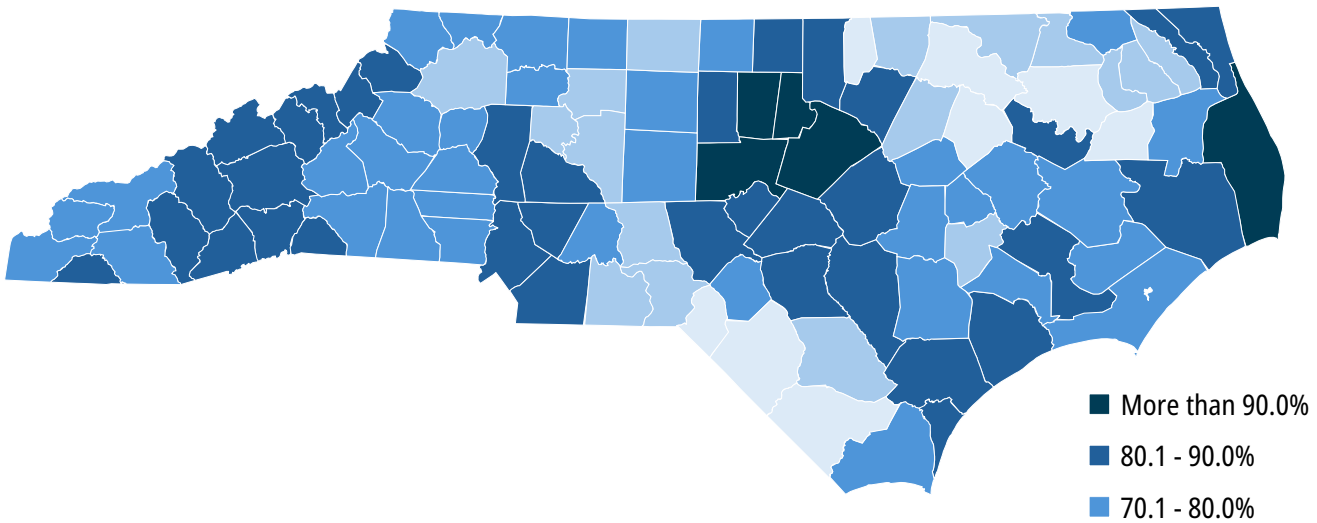
Maternal and Child Health (MCH) - Infants Breastfeeding at Delivery Discharge

This indicator shows the percentage of infants who received any breastmilk or colostrum prior to hospital discharge, based on live birth certificate data. The percentage is calculated as the number of resident births where the infant was reported as breastfed (by nursing or pumped milk) before discharge, divided by the total number of resident live births, and multiplied by 100. This indicator does not reflect exclusive breastfeeding and may include infants who also received formula.

This indicator is important because breastfeeding provides significant health benefits for both infants and mothers. Breastfed infants have reduced risk of asthma, obesity, Type 1 diabetes, ear and respiratory infections, and sudden infant death syndrome (SIDS). Mothers who breastfeed have lower risk of high blood pressure, Type 2 diabetes, and certain cancers.

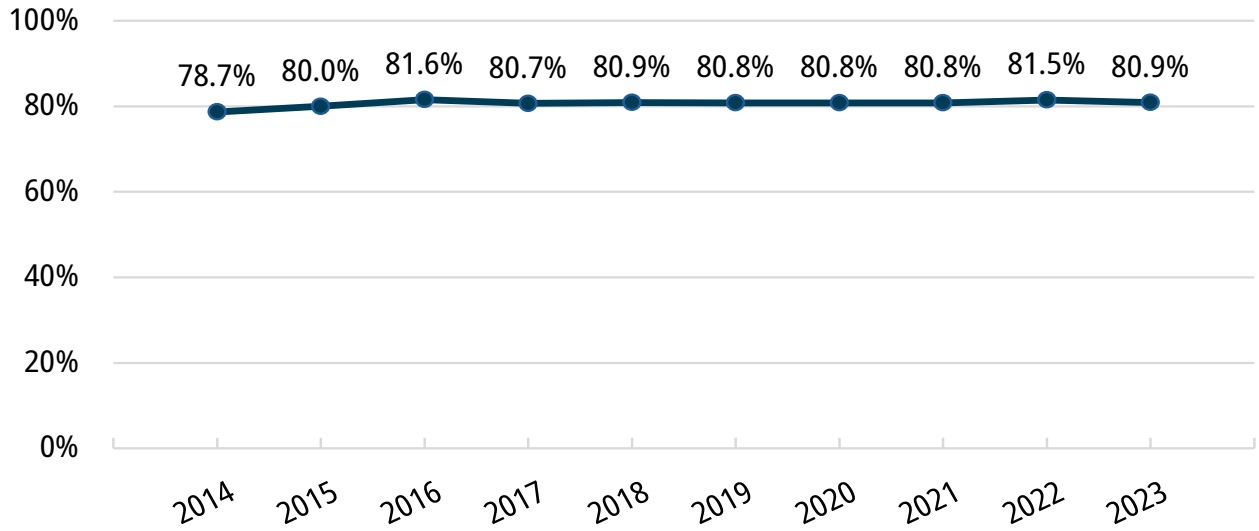
In 2023, **97,154** infants (**80.9%**) were breastfed prior to hospital discharge, out of **120,065** total live births.

Figure 155. North Carolina Breastfeeding at Delivery Discharge by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 156. North Carolina Breastfeeding at Delivery Discharge by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

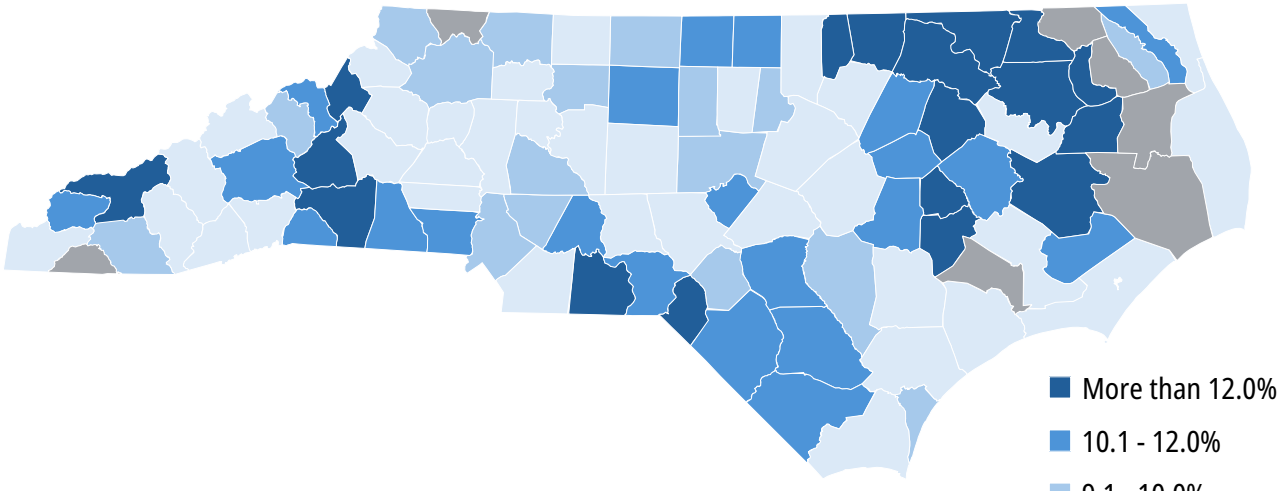
Maternal and Child Health (MCH) - Low Birthweight Births

This indicator shows the percentage of infants born with low birthweight, based on live birth certificate data. The percentage is calculated as the number of live births weighing less than 2,500 grams (5 lbs. 8 oz.) divided by total resident live births, multiplied by 100.

This indicator is important because low birthweight is a leading contributor to infant mortality and long-term health complications. Infants born with low birthweight are at higher risk for immediate concerns such as respiratory distress, jaundice, infections, and brain bleeds, as well as long-term outcomes like developmental delays, heart disease, and chronic conditions.

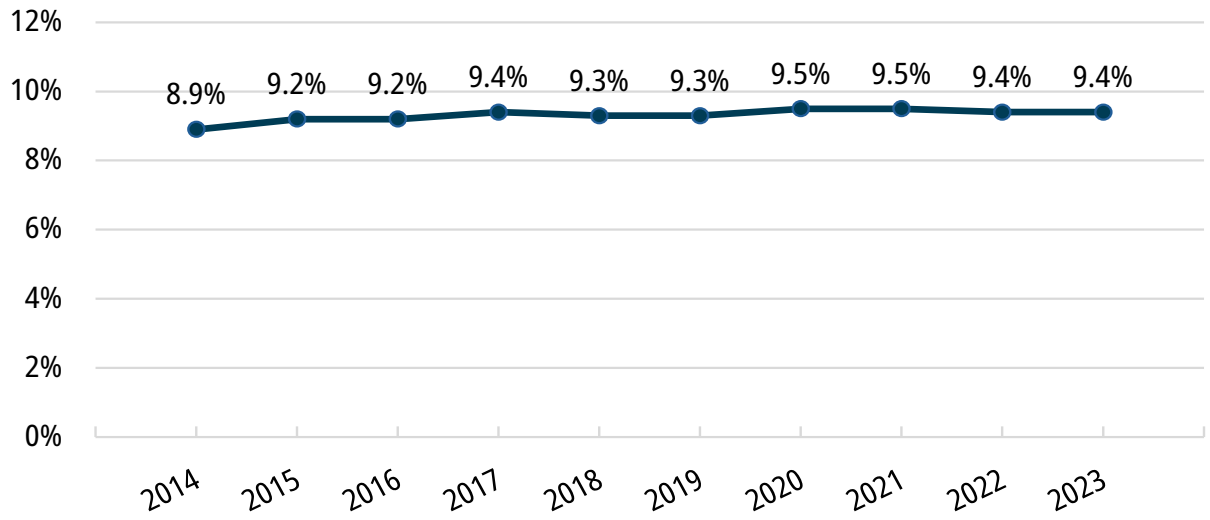
In North Carolina, over the latest reporting period, there were **11,320** or **9.4%** with low birthweight births among **120,065** total live births.

Figure 157. North Carolina Low Birthweight by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data
Note: Data are suppressed when the numerator is less than 10; Low birthweight = less than 2,500 grams or 5 lbs 8 oz at birth.

Figure 158. North Carolina Low Birthweight by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data
Note: Low birthweight = less than 2,500 grams or 5 lbs 8 oz at birth.

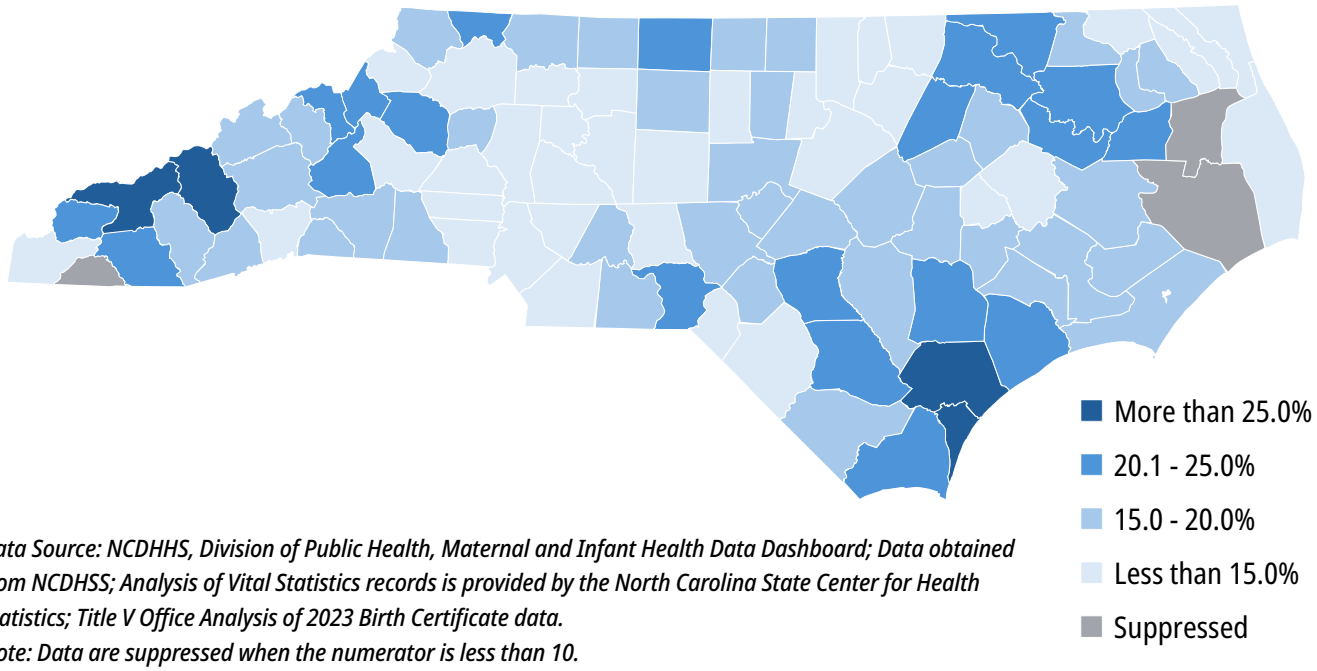
Maternal and Child Health (MCH) - Maternal Hypertension

This indicator shows the percentage of births where the mother had any form of documented hypertension, based on live birth certificate data. The percentage is calculated as the number of live births to mothers with pre-pregnancy hypertension, hypertension during pregnancy, or eclampsia divided by total resident live births, multiplied by 100.

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.

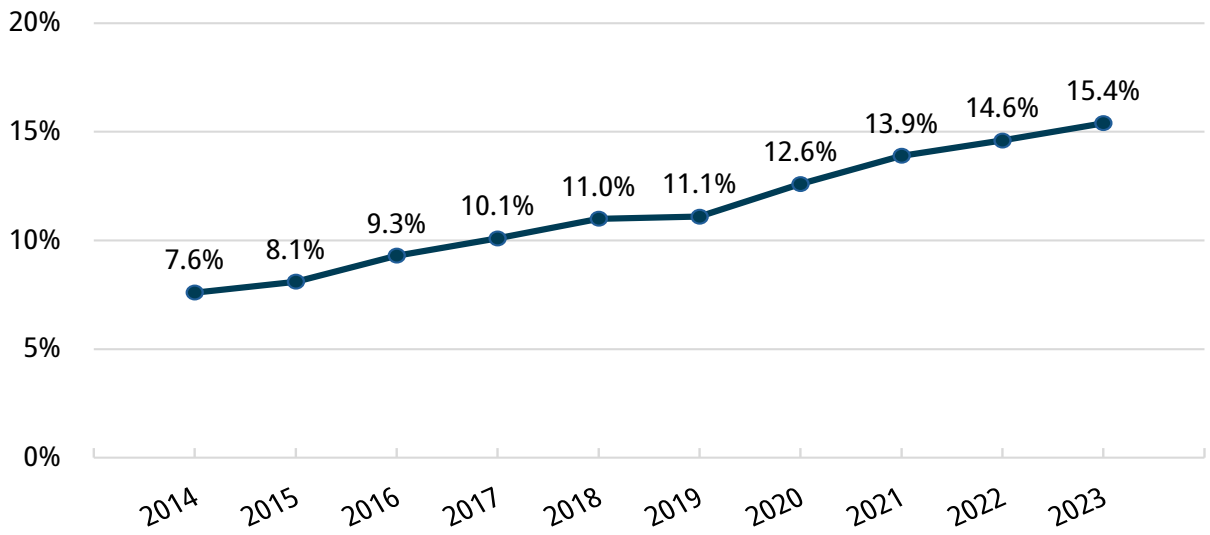
In North Carolina, over the latest reporting period, there were **18,461** or **15.4%** of births to mothers with any form of hypertension among **120,065** total live births.

Figure 159. North Carolina Maternal Hypertension by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 160. North Carolina Maternal Hypertension by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

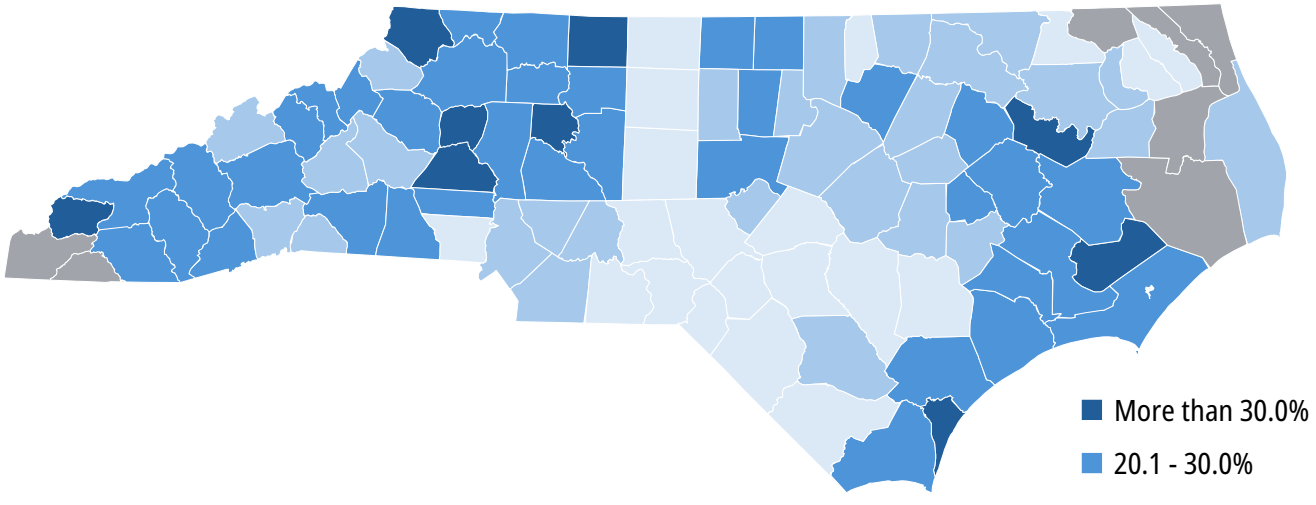
Maternal and Child Health (MCH) - Perinatal Mental Health Conditions

This indicator shows the percentage of deliveries with a documented perinatal mental health condition (PMHC), based on hospital discharge data. The percentage is calculated as the number of deliveries with any diagnosis of a mental health condition — such as depression, anxiety, bipolar disorder, PTSD, OCD, psychosis, or other PMHC — divided by total resident deliveries in non-federal hospitals, multiplied by 100.

This indicator is important because perinatal mental health conditions can affect both maternal, infant, and family health. PMHCs are associated with higher risks for obstetric complications, poor birth outcomes, breastfeeding difficulties, and maternal suicide. Tracking PMHCs helps identify gaps in mental health screening and treatment during pregnancy and postpartum.

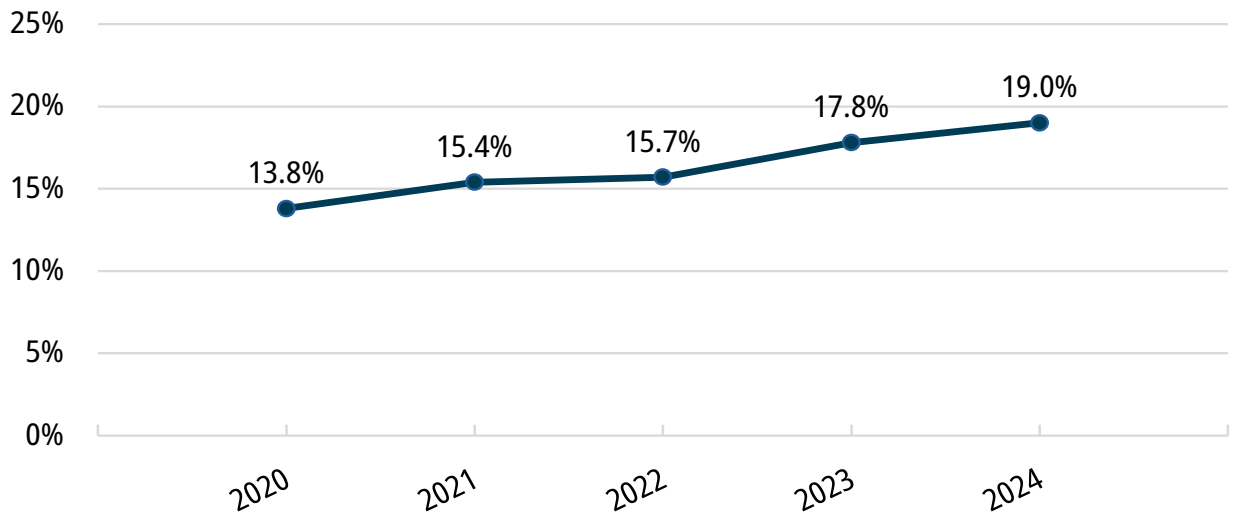
In North Carolina, over the latest reporting period, there were **21,699** or **19.0%** of deliveries with a documented PMHC among **114,082** total resident deliveries.

Figure 161. North Carolina Perinatal Mental Health Conditions by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2024 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 162. North Carolina Perinatal Mental Health Conditions by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2024 Birth Certificate data.

Maternal and Child Health (MCH) - Prenatal Smoking

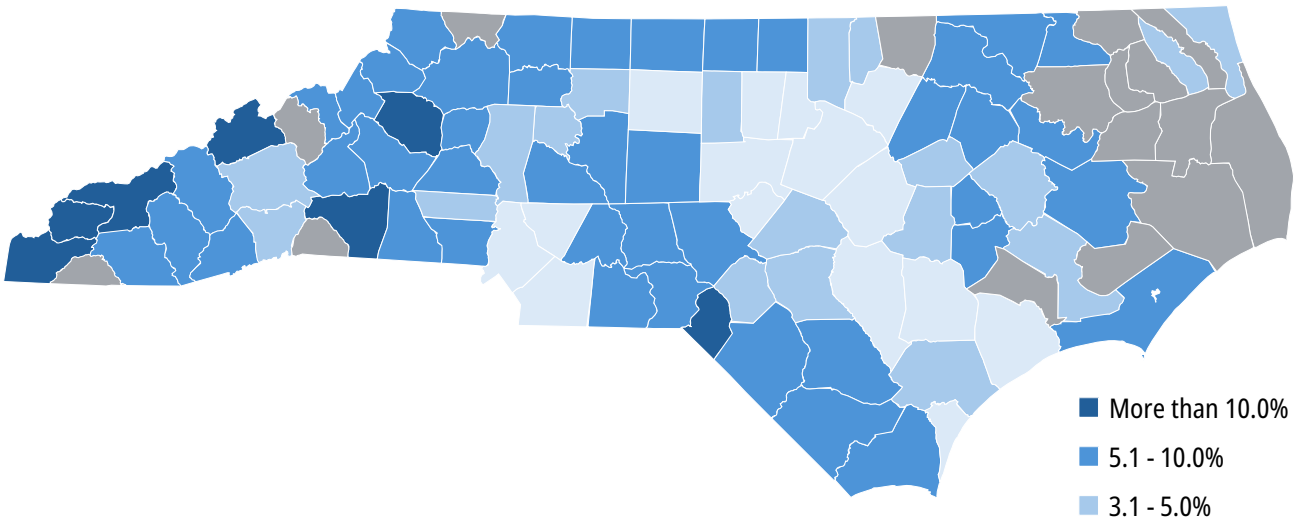
This indicator shows the percentage of births where the mother reported smoking cigarettes during pregnancy, based on live birth certificate data. The percentage is calculated as the number of births to mothers who reported smoking during any trimester divided by total resident live births, multiplied by 100.

This indicator is important because smoking during pregnancy can lead to serious health risks for both the mother and the infant. These risks include preterm birth, low birthweight, birth defects, stillbirth, and long-term complications such as respiratory problems and developmental delays. Smoking also increases the risk of maternal complications such as ectopic pregnancy and placental disorders.

In North Carolina, over the latest reporting period, there were **4,293** or **3.6%** of births where the mother reported smoking during pregnancy among **120,065** total live births.

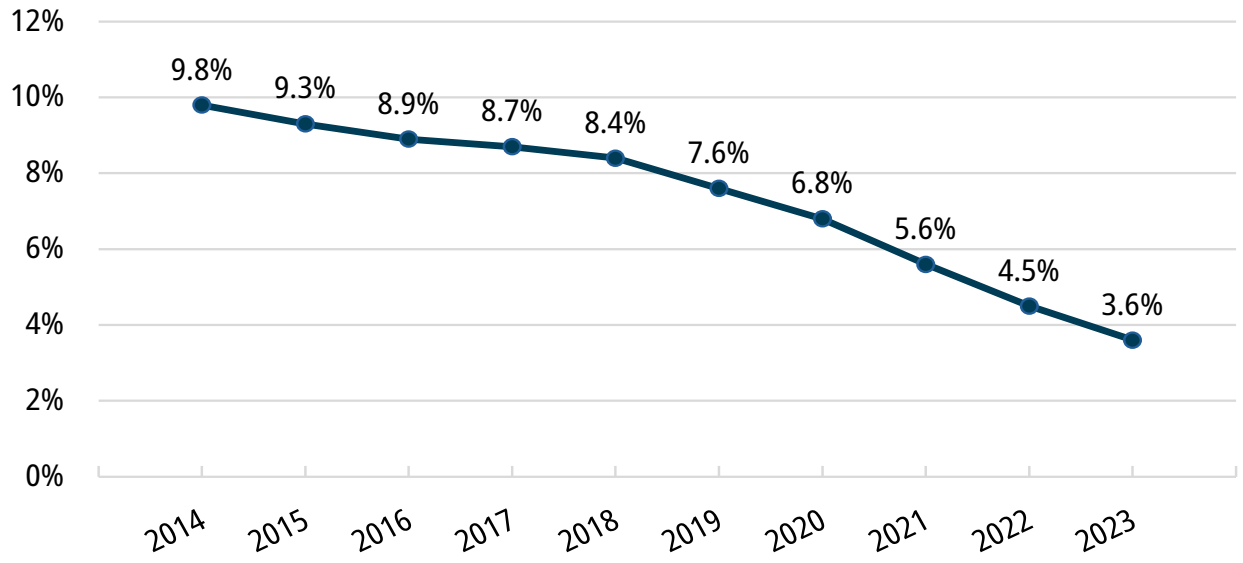
Note: the North Carolina birth certificate does not collect any information about vaping.

Figure 163. North Carolina Prenatal Smoking by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 164. North Carolina Prenatal Smoking by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

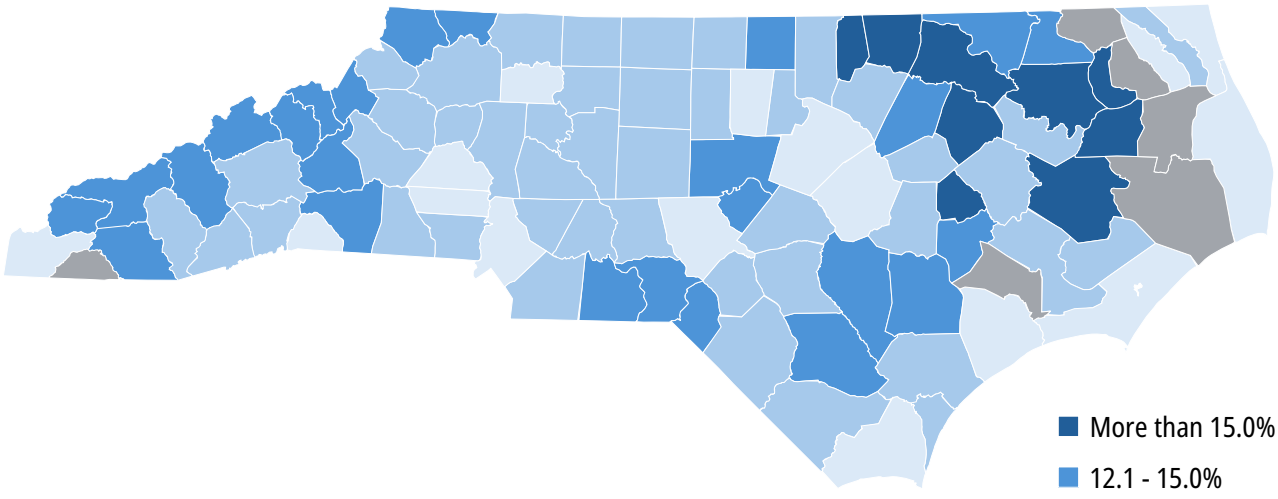
Maternal and Child Health (MCH) - Preterm Birth

This indicator shows the percentage of infants born preterm (before 37 weeks gestation), based on live birth certificate data. The percentage is calculated as the number of live births delivered at less than 37 completed weeks of gestation divided by total resident live births, multiplied by 100. Gestational age is based on the obstetric estimate recorded at delivery.

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.

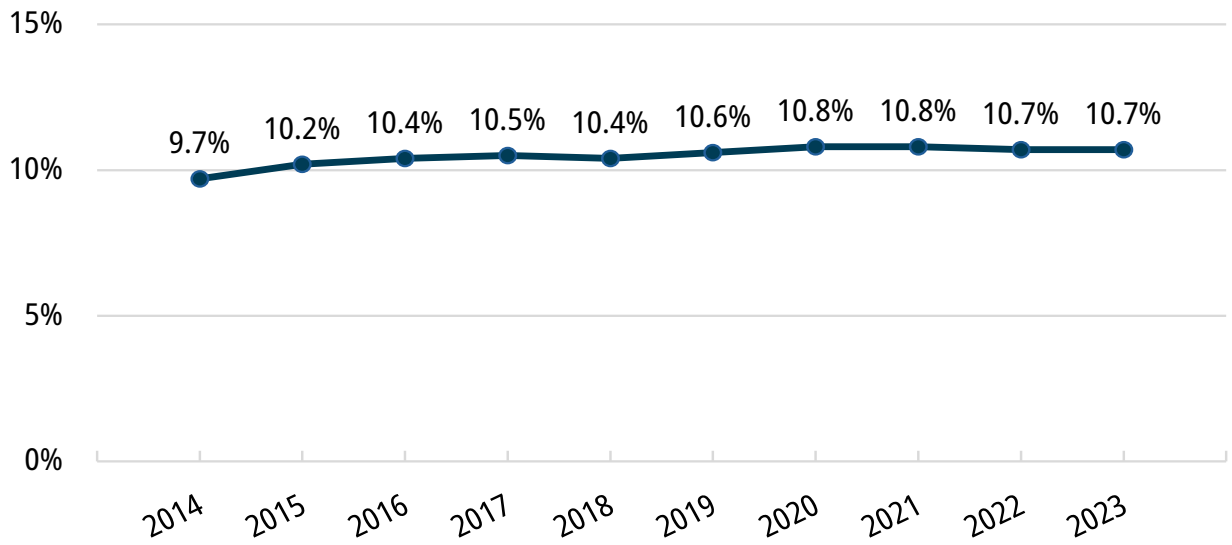
In North Carolina, over the latest reporting period, there were **12,885** or **10.7%** preterm births among **120,065** total live births.

Figure 165. North Carolina Preterm Births by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 166. North Carolina Preterm Births by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

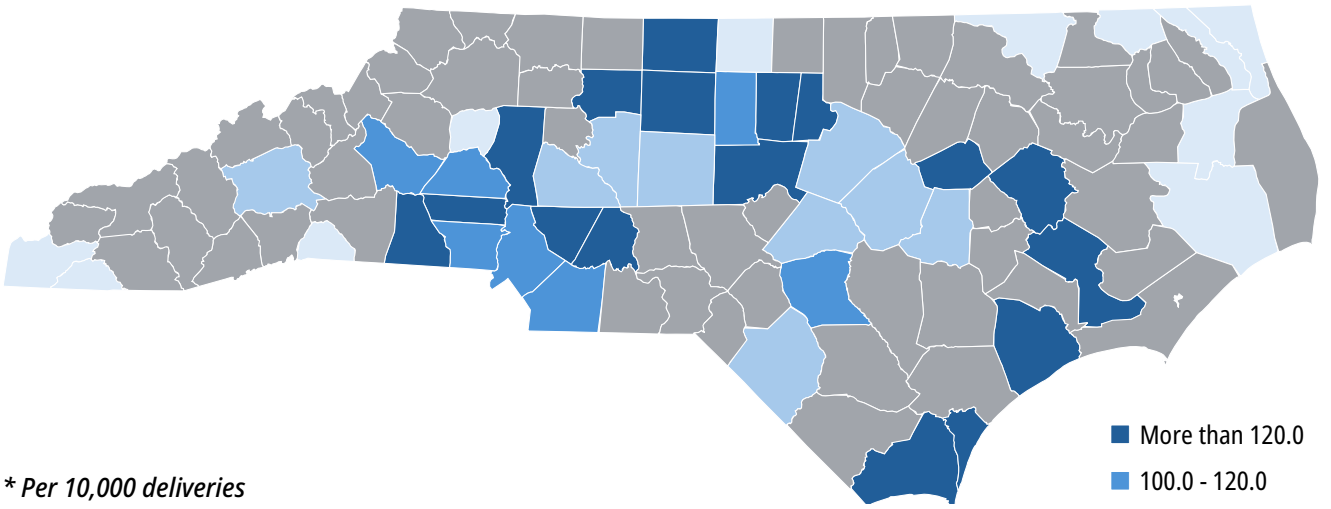
Maternal and Child Health (MCH) - Severe Maternal Morbidity

This indicator shows the rate of severe maternal morbidities (SMMs) per 10,000 deliveries, based on hospital discharge data. The rate is calculated as the number of deliveries involving one or more severe maternal complications (excluding blood transfusions) divided by total resident deliveries in non-federal hospitals, multiplied by 10,000.

This indicator is important because severe maternal morbidities can result in serious health risks for mothers, including prolonged hospitalization, increased medical costs, and long-term physical and emotional complications. Monitoring SMMs helps identify opportunities for improving the quality of obstetric care and reducing preventable maternal harm.

In North Carolina, over the latest reporting period (2024), there were **1,286** severe maternal morbidities recorded among **114,082** total resident deliveries. This equates to a rate of **112.7** documented SMMs per 10,000 deliveries.

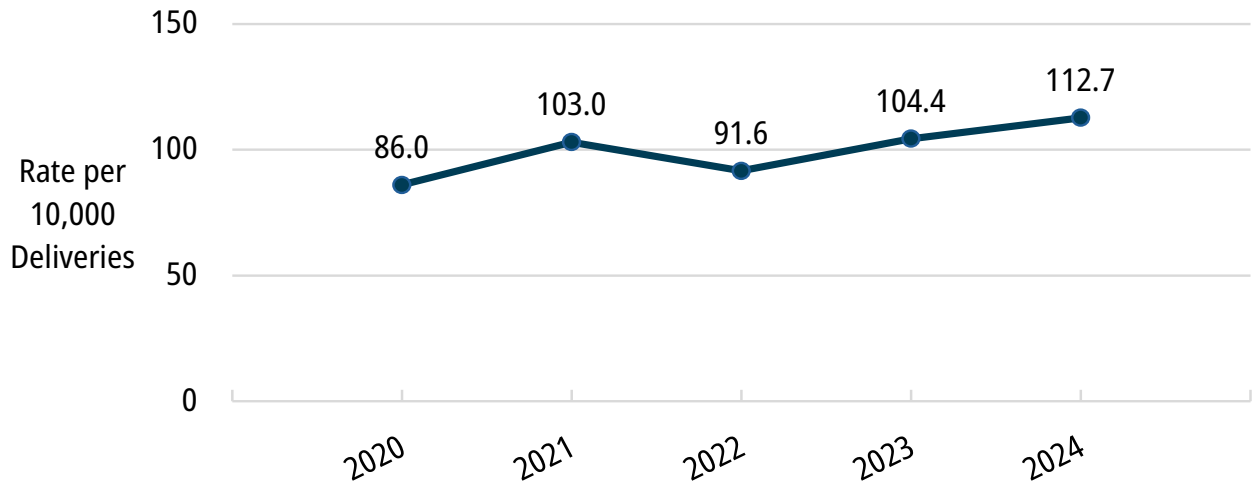
Figure 167. North Carolina Severe Maternal Morbidity (SMM) Rate by County*



** Per 10,000 deliveries*

Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NC DHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2024 Hospital Discharge data.
Note: Data are suppressed when the numerator is less than 10.

Figure 168. North Carolina Severe Maternal Morbidity (SMM) Rate by Year



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NC DHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2024 Hospital Discharge data.
Note: Data are suppressed when the numerator is less than 10.

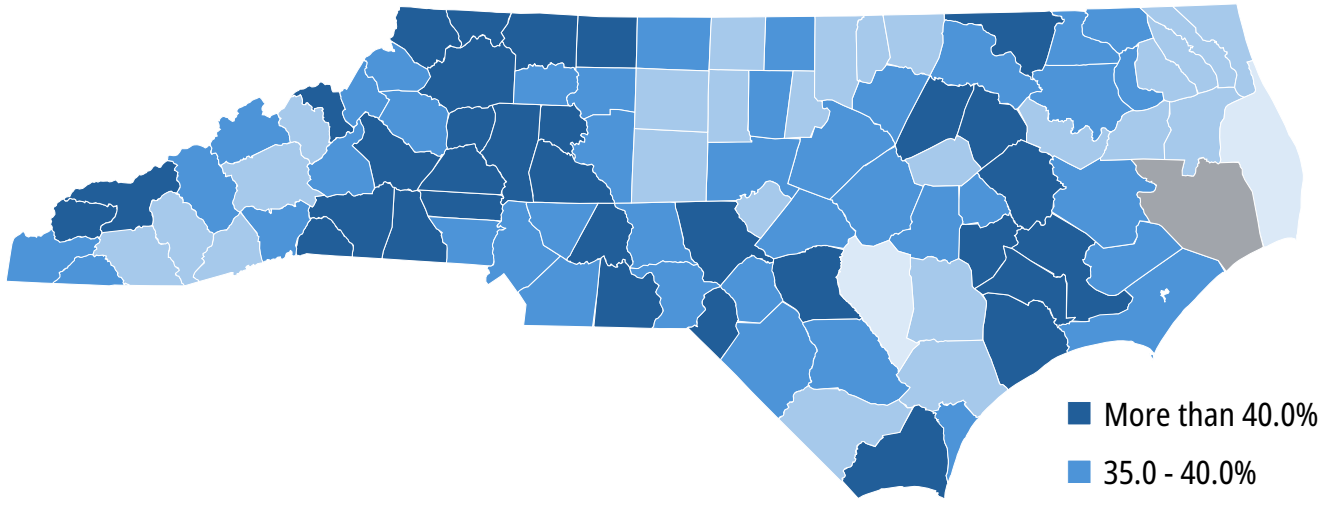
Maternal and Child Health (MCH) - Short Birth Interval

This indicator shows the proportion of births (excluding first pregnancies) where the interval from the last delivery or other pregnancy outcome to conception was less than 18 months, according to dates recorded on live birth certificate data.

This indicator is important because research indicates that birth spacing of greater than 18 months may improve outcomes for both infants and mothers. Pregnancies occurring within short intervals of less than 18 months are associated with increased risk for preterm delivery, low birthweight, and infant death.

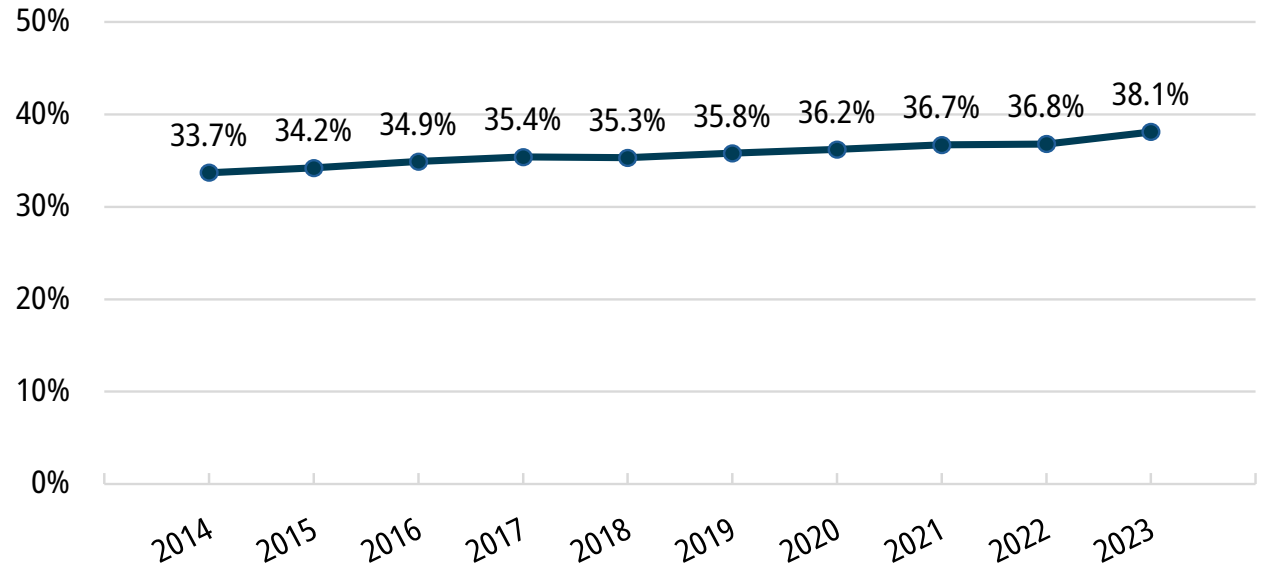
In North Carolina, over the latest reporting period, there were **30,655** or **38.1%** of births with a pregnancy interval of less than 18 months among **80,470** eligible births (excluding first pregnancies).

Figure 169. North Carolina Births with Short Birth Interval (18 Months or Less) by County



Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.
Note: Data are suppressed when the numerator is less than 10.

Figure 170. North Carolina Births with Short Birth Interval (18 Months or Less) by Year



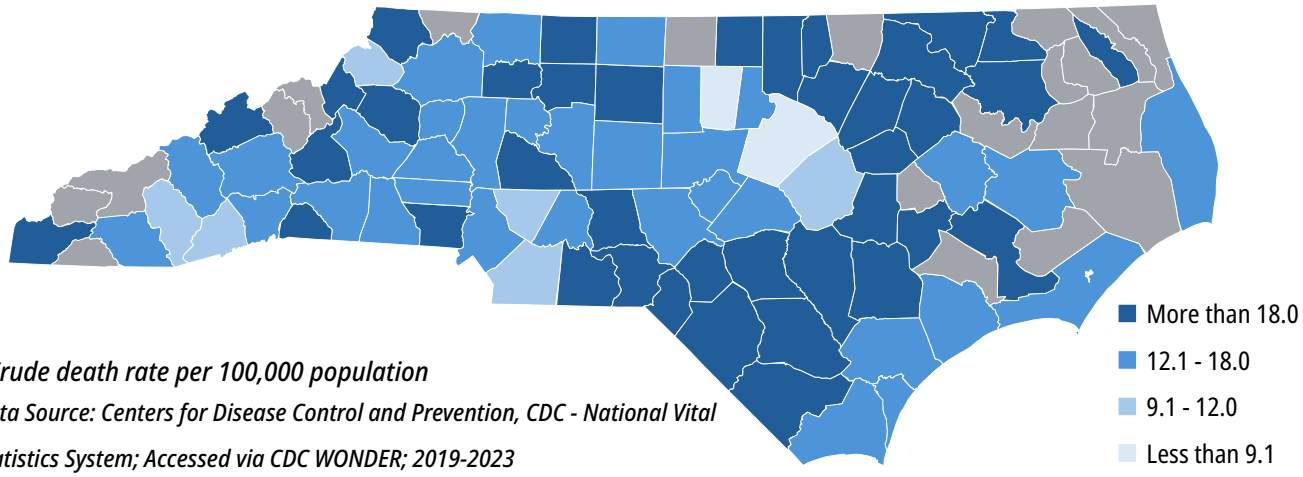
Data Source: NCDHHS, Division of Public Health, Maternal and Infant Health Data Dashboard; Data obtained from NCDHSS; Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics; Title V Office Analysis of 2023 Birth Certificate data.

Mortality – Firearm

This indicator reports the 2019-2023 five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates. This indicator is relevant because firearm deaths are preventable and they are a cause of premature death.

In North Carolina, from 2019 to 2023 there were a total of 8,569 deaths due to firearm wounds. This represents a crude death rate of 16.1 per every 100,000 total population.

Figure 171. North Carolina Firearm Mortality Rate by County*



**Crude death rate per 100,000 population*

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

Note: Data are suppressed for counties with fewer than 20 deaths.

Figure 172. Firearm Mortality Rate Comparison*

**Crude death rate per 100,000 population*

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

Note: Data are suppressed for counties with fewer than 20 deaths.

Mortality - Motor Vehicle Crash, Alcohol-Involved

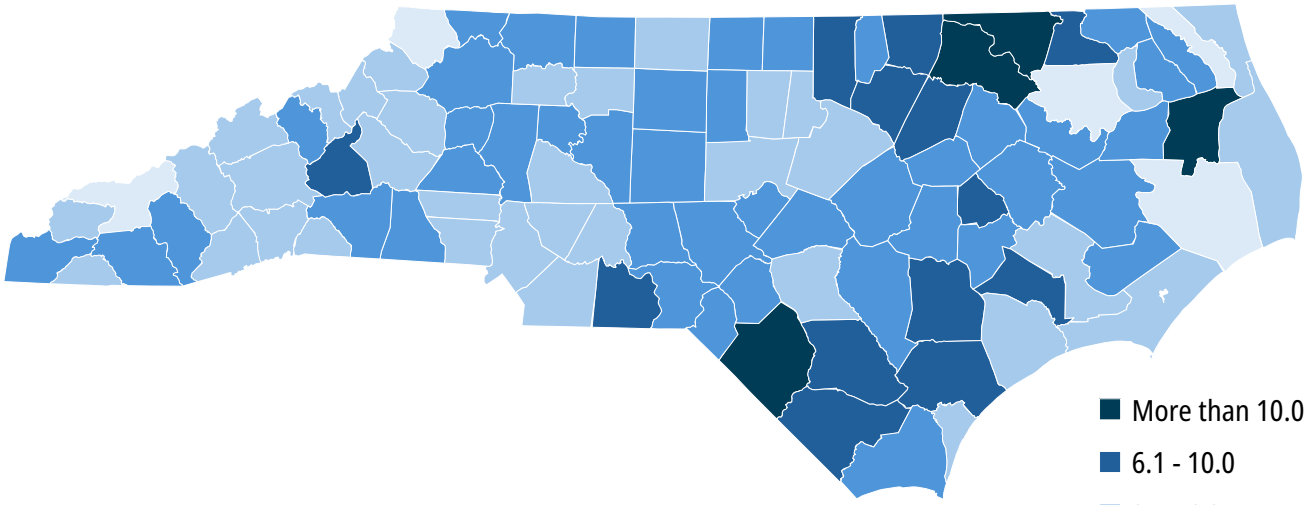
Motor vehicle crash deaths are preventable and are a leading cause of death among young people. This indicator reports the crude rate of people killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence.

Alcohol-involved crashes are a preventable cause of death and are closely associated with impaired driving, substance use, and road safety conditions. Higher mortality rates may reflect a combination of factors, including rural roadway characteristics, longer emergency response times, and higher prevalence of alcohol-impaired driving in certain communities.

Within North Carolina, there are a total of 1,696 deaths due to motor vehicle crashes involving alcohol. The crude rate per 100,000 total population is 3.2.

North Carolina experiences a higher rate of alcohol-involved motor vehicle crash deaths than the U.S. overall, highlighting the need for continued investment in impaired-driving prevention, enforcement, public education, and substance use intervention strategies to reduce preventable traffic fatalities across the state.

Figure 173. North Carolina Alcohol-Involved Motor Vehicle Fatalities by County*



** Crude death rate per 100,000 population*

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2018-2022

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Figure 174. Alcohol-Involved Motor Vehicle Fatalities Comparison*

** Crude death rate per 100,000 population*

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2018-2022
Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Obesity (Adult)

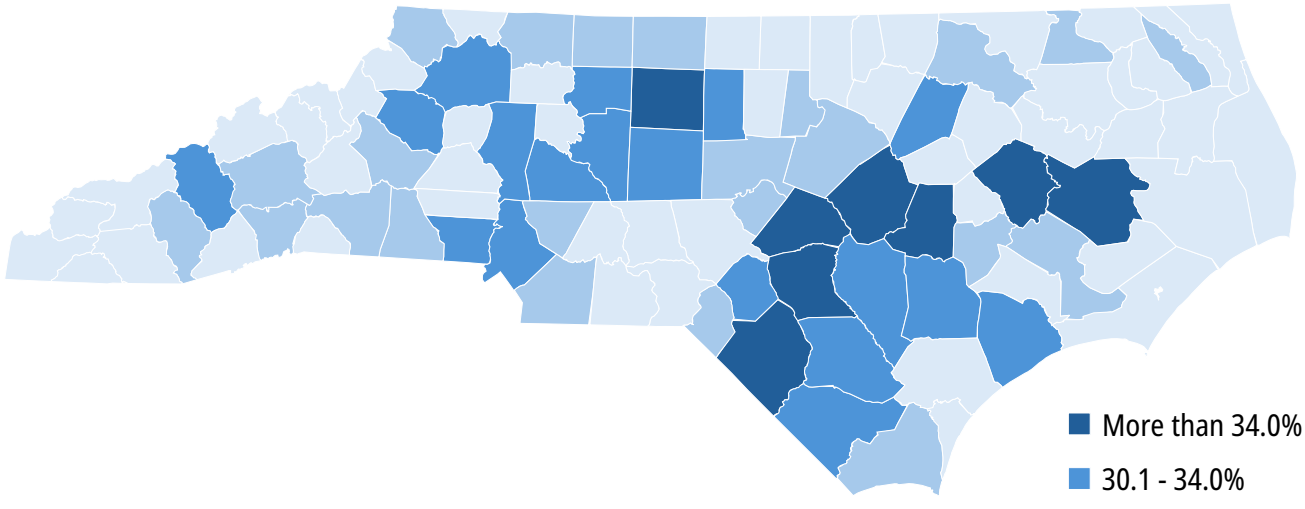
This indicator reports the number and percentage of adults ages 20 and older who self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Obesity is a major risk factor for numerous chronic conditions, including diabetes, heart disease, stroke, certain cancers, and chronic kidney disease. Even when prevalence mirrors national levels, the absolute number of affected adults represents a substantial burden for individuals, health systems, and communities.

Within North Carolina, there are a total of 2,371,515 adults ages 20 and older who self-reported having a BMI greater than 30.0. This represents about 30% of the population survey.

In 2021, North Carolina's adult obesity prevalence was slightly below — but essentially consistent with — the U.S. average, underscoring that obesity remains a widespread and significant public health issue across the state.

Figure 175. Obesity in North Carolina Adults Ages 20+ by County



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021
Note: Obese is defined as BMI ≥ 30.

Figure 176. Obesity in Adults Ages 20+ Comparison

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021
Note: Obese is defined as BMI ≥ 30.

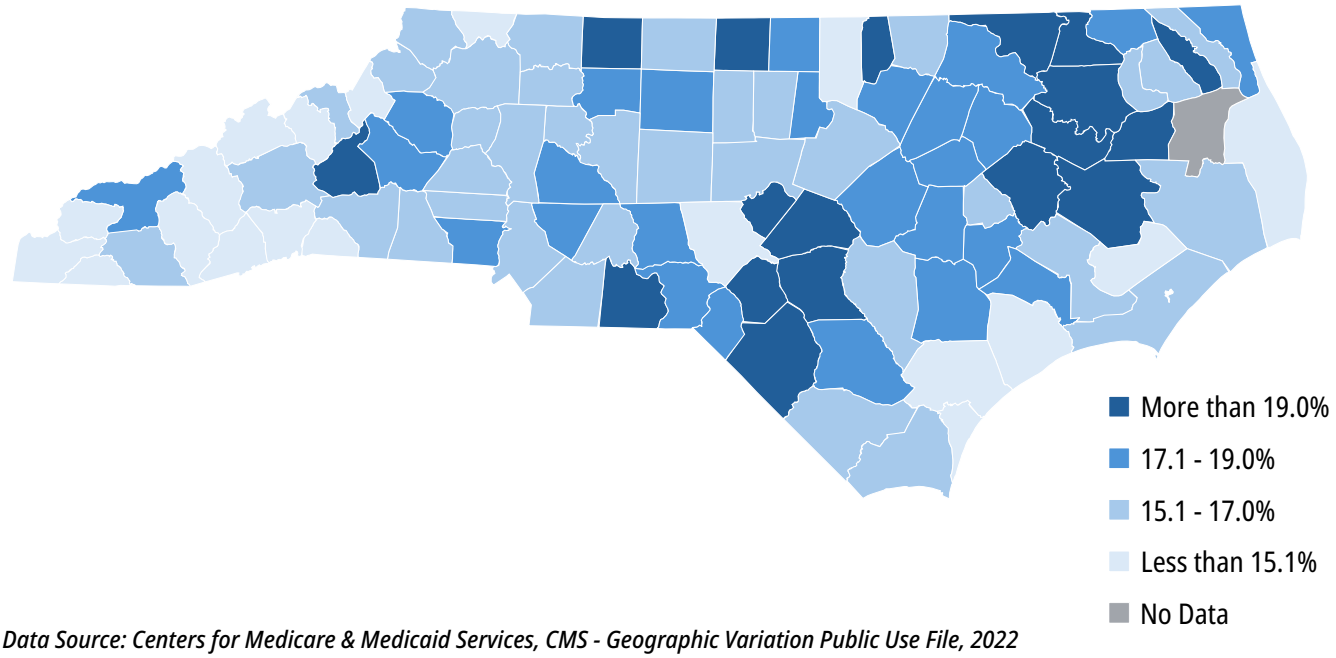
Readmissions - All Causes (Medicare Population)

This indicator reports the number and rate of 30-day hospital readmissions among Fee-for-Service (FFS) Medicare beneficiaries. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge.

- Hospital readmissions are widely used as an indicator of health care quality, care coordination, and the effectiveness of discharge planning, particularly for older adults with multiple chronic conditions (Centers for Medicare & Medicaid Services [CMS], 2023; Agency for Healthcare Research and Quality [AHRQ], 2022).
- Lower 30-day readmission rates are associated with more effective transitions from hospital to home or post-acute care, improved chronic disease management, and stronger coordination between hospitals, primary care providers, and community-based services (AHRQ, 2022; CMS, 2023; Jencks et al., 2009).
- Reductions in avoidable readmissions are also linked to improved patient outcomes and reduced health care costs, especially among Medicare beneficiaries (CMS, 2023).

In the latest reporting period there were 2,038,070 FFS Medicare beneficiaries in North Carolina. North Carolina performs better than the U.S. average in reducing 30-day readmissions among FFS Medicare beneficiaries, indicating relatively stronger performance in hospital discharge planning and post-acute care coordination for older adults.

Figure 177. North Carolina Medicare 30-Day Hospital Readmission by County



Data Source: Centers for Medicare & Medicaid Services, CMS - Geographic Variation Public Use File, 2022

Figure 178. Medicare 30-Day Hospital Readmission Comparison

Data Source: Centers for Medicare & Medicaid Services, CMS - Geographic Variation Public Use File, 2022