

# Funding Streams

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PUTTING FUNDING TOGETHER TO GET THE WORK DONE



**\$76** In 2021, State funding per capita for public health

Compared to national average of **\$116** per capita

State-level per capita funding for public health dropped by

**30%** from 2010 to 2022 when adjusted for inflation

North Carolina 45th in the Nation

# NC DPH Funding Streams

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Roughly **80%** of DPH funding is Federal Dollars

Funding is typically time-limited and restricted in scope



# Local Funding Streams

**Federal and state funds:** The state receives federal funds that are distributed to the state and then distributed by the state to local agencies. The state also provides general aid-to-county funds.

**County appropriations:** The percentage of a health department's budget that comes from county appropriations varies a great deal.

**Medicaid:** Medicaid provides direct reimbursement for services to Medicaid-eligible clients, quarterly managed care directed payment, and the traditional fee for service annual settlement.

**Other:** Local health departments also receive revenues from a variety of other sources, including fees for environmental health services, fees for clinical services that have sliding fee scales, grants received directly by the local health department, etc.

Influx of short-term,  
siloed COVID-19  
funding



Issues with Medicaid  
payment in  
Transformation space

# Piecing it all Together

Only \$11.4M per year in  
State funds allocated to Aid-  
to-County

Addresses the 10 Essential  
Functions and Foundational  
Service Areas

On average 50% of LHD  
budget is County  
Appropriations  
(Range is 7% - 71%)



### State Funding Falls Short of Covering Mandated Services

*Case Study from Granville Vance Public Health (2020-2021)*

#### COMMUNICABLE DISEASE:

State Annual Funding\* = **\$4,147**  
Actual Annual Cost\* = **\$378,563**

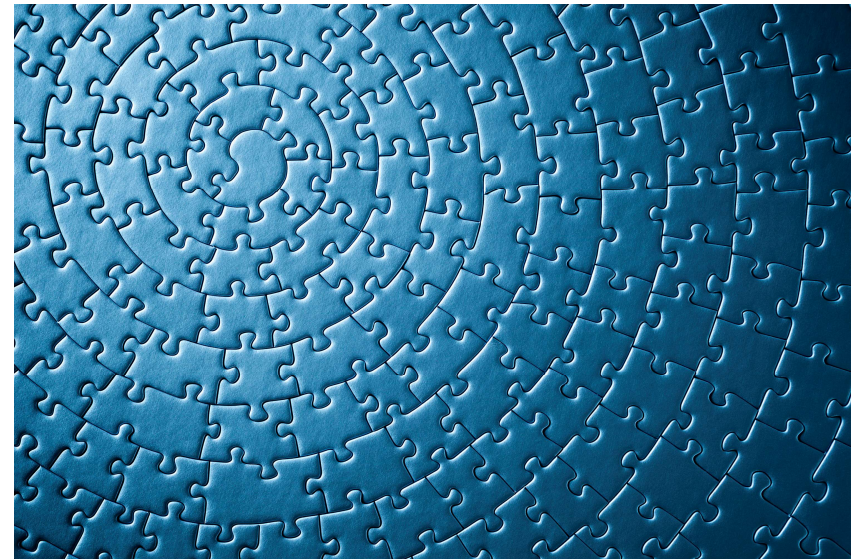
#### ENVIRONMENTAL HEALTH:

State Annual Funding = **\$15,893**  
Actual Annual Cost = **\$748,000**

#### VITAL RECORDS:

State Funding = **\$0**  
Actual Annual Cost = **\$24,017**

\*Communicable disease funding presented here is pre-pandemic to indicate non-crisis funding. Communicable disease funding increases during the pandemic were intended for use only on activities related to addressing COVID-19.



# State & Local Agreements



## Consolidated Agreement

- Agreement between DPH, DCFW, and Local Health Departments
- For purposes to maintain, implement, and promote Public Health
- Outlines State and Local responsibilities
- No actual funding, all funding flows through the Addenda



## Agreement Addenda

- Addenda to the Consolidated Agreement
- Specific to each program
- Outlines the scope of work, deliverables and funding
- LHDs may have 30+ AAs



## Budgetary Estimates

- Last page of the Agreement Addenda
- Shows the actual funding allocation by county
- LHDs use these to draft Budgets and Budget Amendments

- Aid to County

- Public Health Infrastructure

- Foundational Service Areas & Capabilities

Flexible  
Funding for  
the Future?

# Conclusion

Public Health is woefully underfunded

Regardless of state or local system, funding is restrictive and often time-limited

Public Health workforce is leaving

Adequately funding Public Health is necessary

Check out Trust for America's Health Funding Report:

<https://www.tfah.org/report-details/funding-report-2022/>