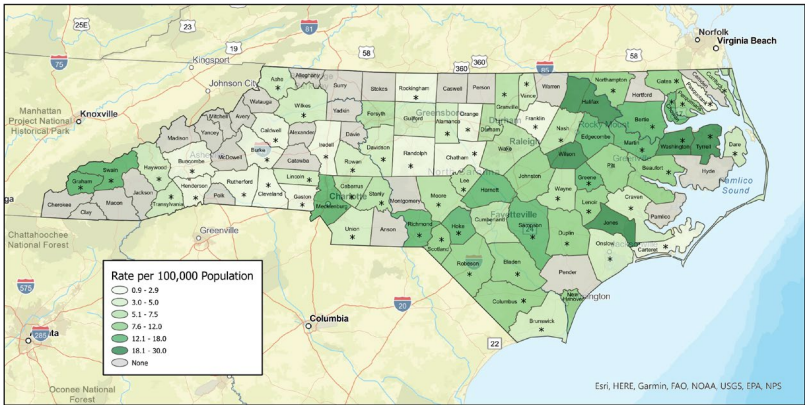


# FY27 AA551: TB Funding Formula Changes

Version 3.0: June 2025  
Erica Wilson  
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# Recap of the Data:

North Carolina  
Tuberculosis Rates by County, 1997

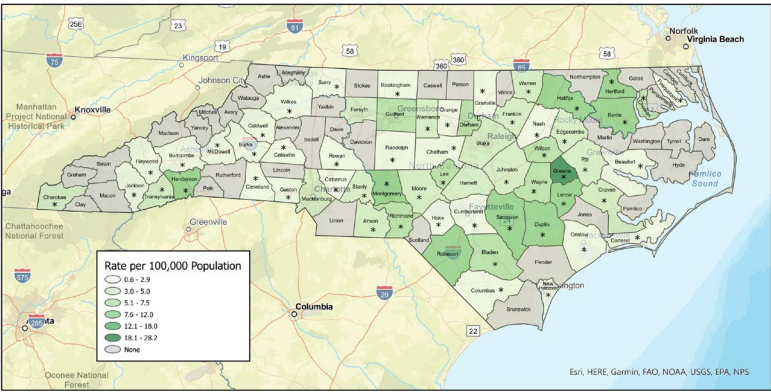


\*Rates based on numbers less than 10 may be unstable.



State Center for Health Statistics

North Carolina  
Tuberculosis Rates by County, 2010

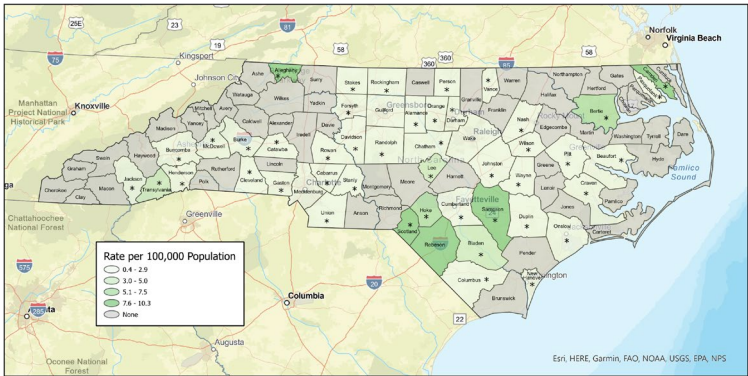


\*Rates based on numbers less than 10 may be unstable.



State Center for Health Statistics

North Carolina  
Tuberculosis Rates by County, 2022



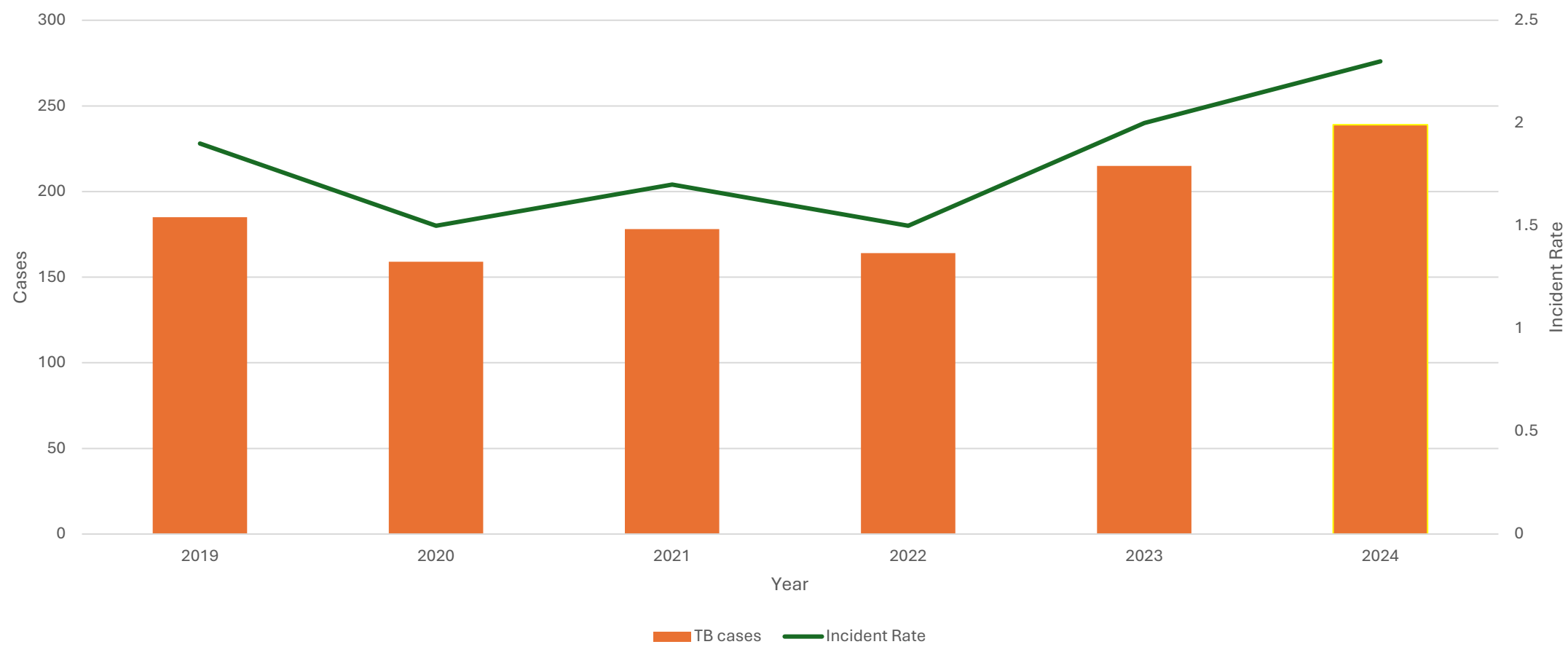
\*Rates based on numbers less than 10 may be unstable.



State Center for Health Statistics

# Recap of the Data:

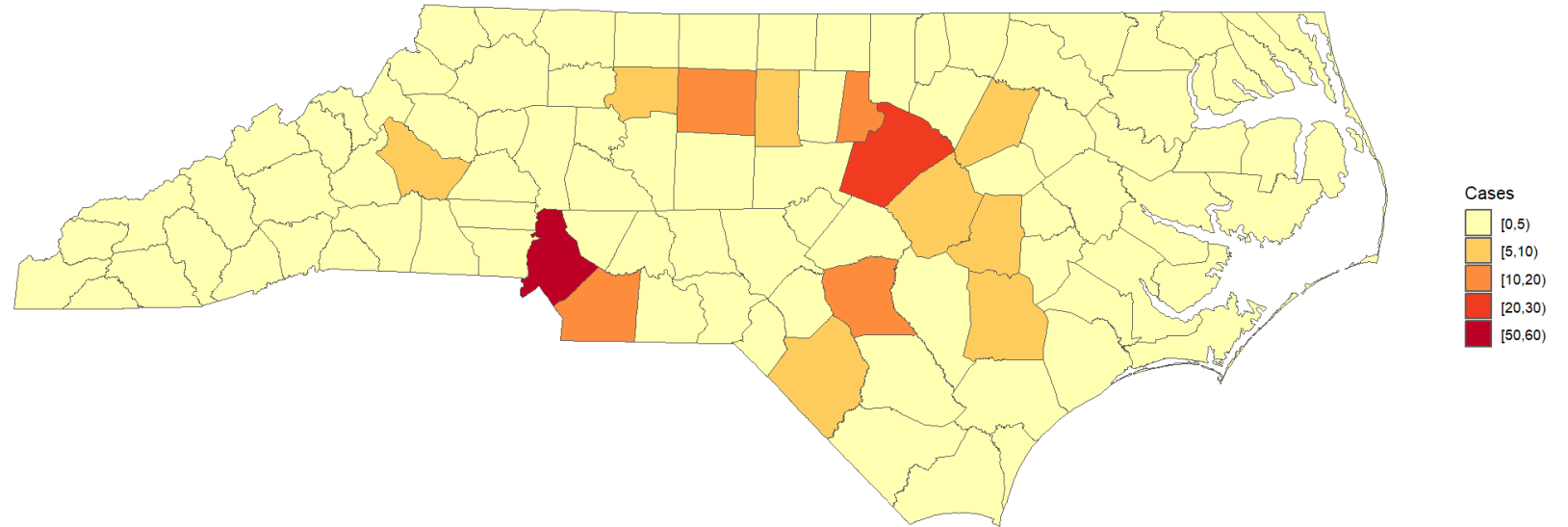
## 2019-2024 TB Cases in North Carolina



## Recap of the Data:

### Majority of counties had an active TB case in 2024

- In 2024, 249 active TB cases were in 55 counties
- Four counties had 45% of all active cases
  - Wake
  - Mecklenburg
  - Guilford
  - Durham



# North Carolina TB Funding Sources

- There are 2 funding sources for TB public health work: Federal Grant and State Funding
- AA551 is funded by both the Federal Grant and the State Funding

Federal  
\$1,673,698

- DPH TB Program: \$1,272,010 (76%)
  - Salary, travel, contracts, SLPH and TB Conference, etc
- LHDs (AA551): \$401,688 (24%)
  - 340b requirement, local programming

State  
\$2,137,013

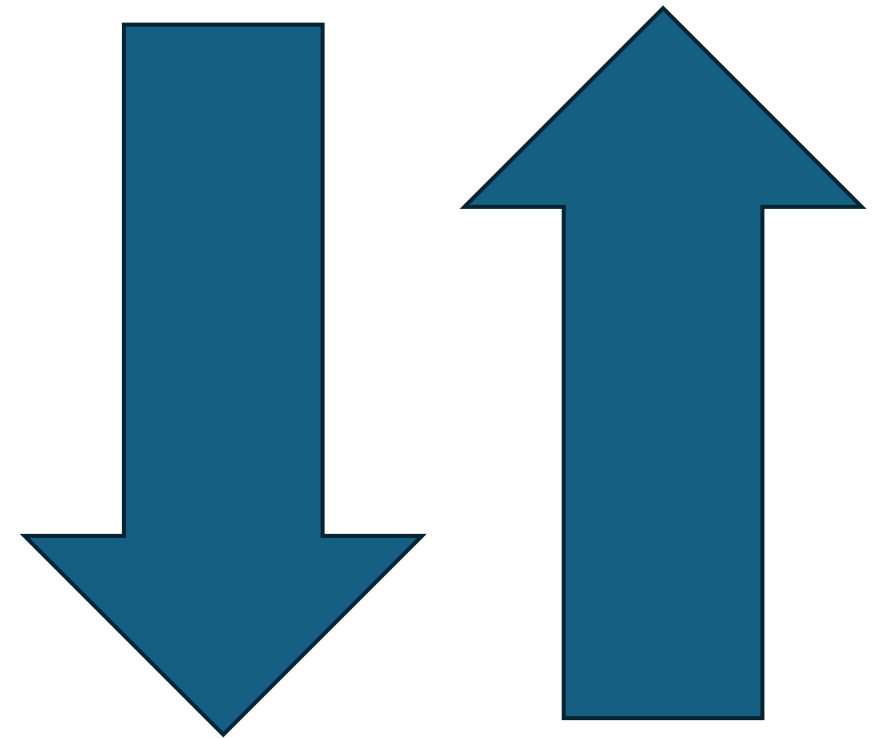
- DPH: \$0 (0%)
- LHDs (AA551): \$2,137,013 (100%)
  - Local Programming

Total TB  
Funding (All  
Sources)  
\$3,810,711

33.3% to DPH  
66.6% to LHDs

# With decreased TB incidence, there is greater emphasis on TB prevention

- CDC's funding formula for the states includes significant portion of distribution for prevention
- Since NOFO 2020-2024, CDC requires projects to identify high risk groups in the state
- Importance of funding distribution to demonstrate active and potential TB



# Updating the Funding Formula

## Current Formula

- Provides \$50 per county from the Federal pot to satisfy 340b requirements
- Provides additional funding from federal pot to 22 jurisdictions
- Provides 100% of the State pot to LHDs for programming

## Rationale for Change

- Current funding formula is roughly 30 years old
- Current TB trends do not support current funding distribution
- Current funding concentrates funding in eastern NC
- Future options distribute more funding by base and TB burden, distributing funds across NC for core service

## Proposed Options

- Option 1 includes:
  - Federal Base Increase and Federal TB Burden across all counties
  - New State Base and State per capita
- Option 2 includes:
  - Federal Base Increase and Federal TB burden across all counties
  - New State Base, State per capita and new State TB Burden

# Deep Dive into New Proposed Formulas

- Things to note before looking at Spreadsheets:
  - Took in account feedback from both local and state partners
    - Local Health Departments
      - Wanted to see a base per county accounted for in both Federal and State pots of funding
      - Wanted to see per capita reflected in the formula options
      - Wanted to see some mitigation of loss for LHDs
    - DPH TB
      - Wanted to see TB Burden represented in both Federal and State pots of funding
      - Wanted to retain DPH portion of existing federal funding



# New Proposed Funding Options

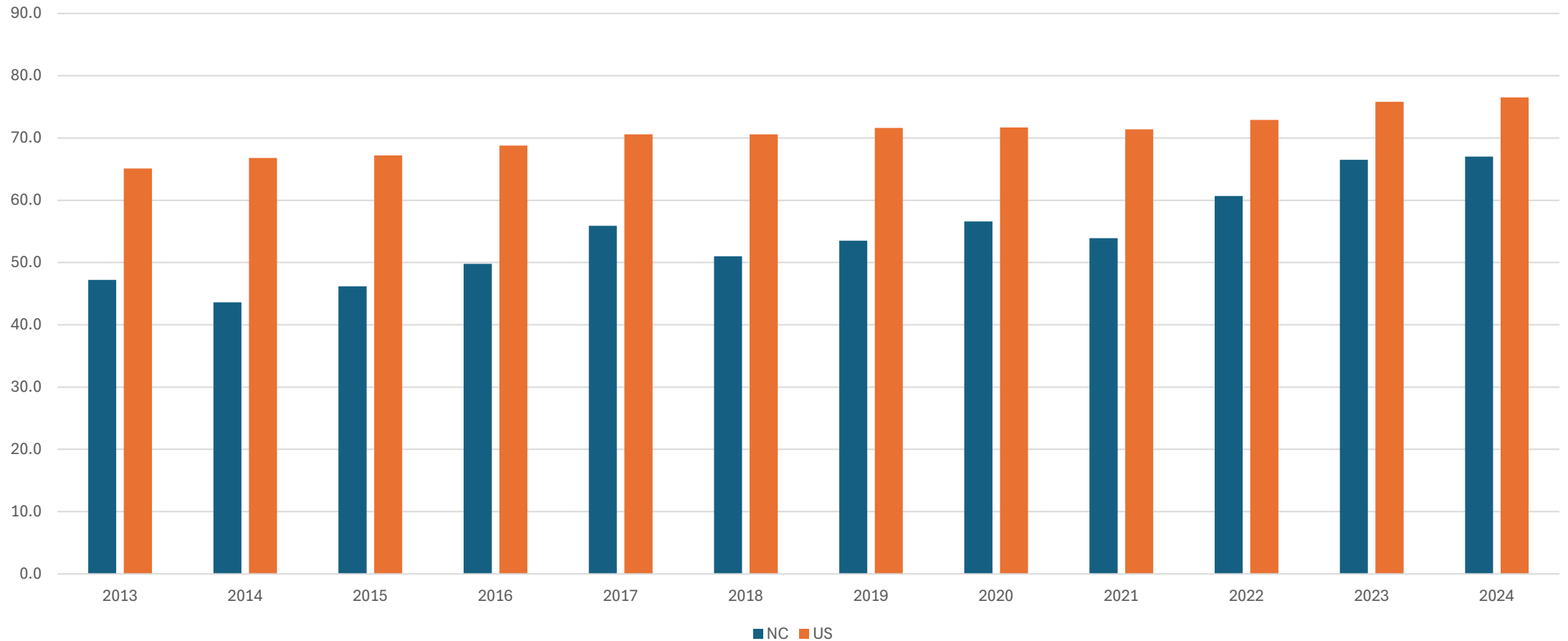
- Refer to the Spreadsheet Tab 1 and Tab 2 for new proposed options
  - Option 1: TB Burden Fed Only
  - Option 2: TB Burden in Both
  - Comparison: Shows the CURRENT funding received compared to Proposed Option 1, Proposed Option 2, and the two previous options TB Branch had shared in May NCALHD
- 
- Let's walk through the options together

# Budget Adjustment Timeline

May 5, 2025	• Present to NCALHD Executive Team and Leadership
May 14, 2025	• Present to NCALHD
July 31, 2025	• Finalize Funding Formulas with feedback and support from NCALHD
July 2025	• CDC releases <b>Tuberculosis Elimination and Laboratory</b> Notice of Funding Opportunity (NOFO)
August 31, 2025	• CDC grant submission due
January 2026	• NC TB program new federal budget begins on Jan 1, 2025
February 2026	• FY26 AA551 released to LHDs for review and signature
July 2026	• The State new budget period begins on July 1, 2026, AA551 payment period begins
May 2030	• Review funding formula every five years

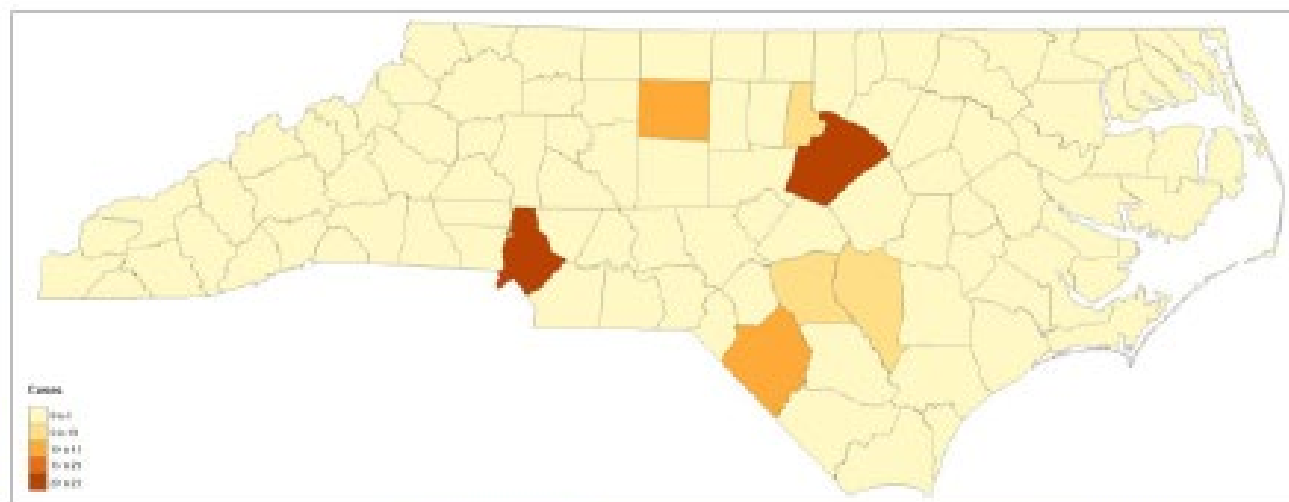
**Additional Slides**

The **percentage** of cases **not born** in the US has increased

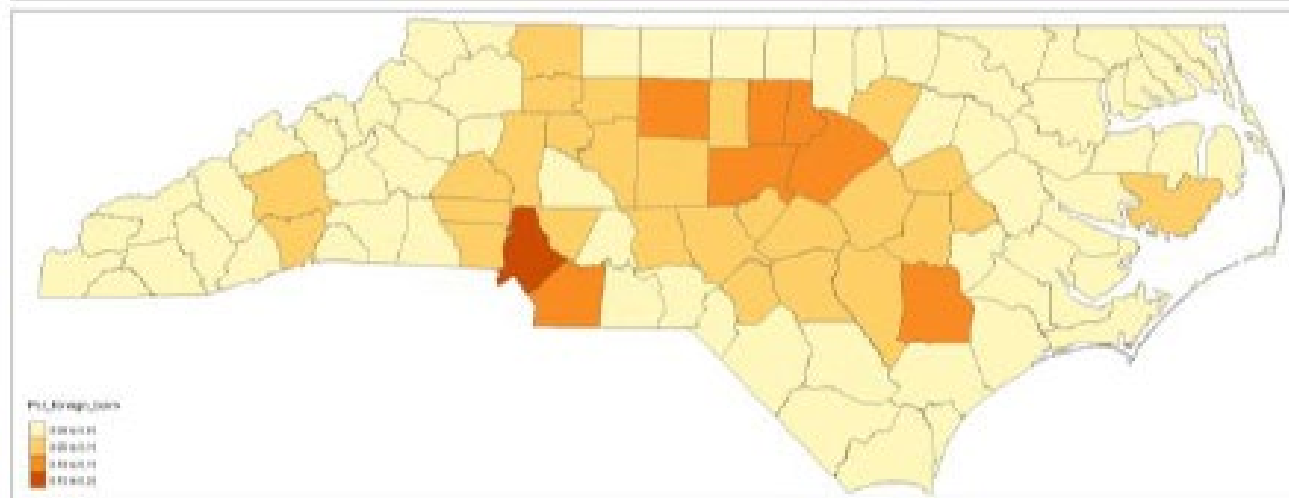


# TB in North Carolina vs Census Data

TB cases:



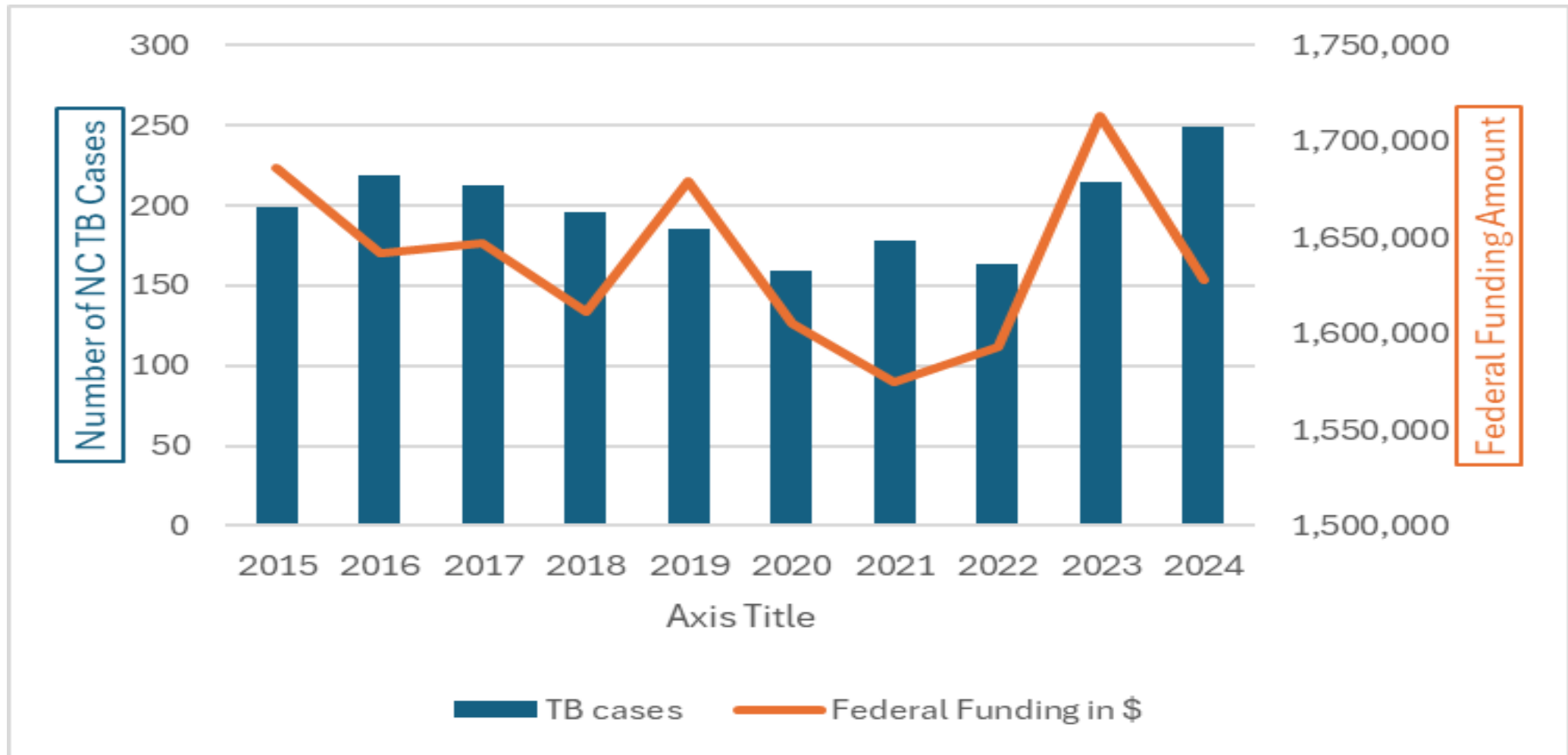
% foreign born:



TB Program Data – geocoded in R



# Overall TB Funding has Decreased



\*State funding has been stagnant at between \$2.3M-2.6M per year

# AA551 Overview

- Requirements for managing TB in NC
  - AA is standardized across all jurisdictions
  - Deliverables are either based on CDC or NC requirements
    - % of deliverables are based on CDC reporting requirements (National Tuberculosis Indicator Project)
    - Variation between % by CDC and NC are based on NCs TB picture in the past and present
  - Additional requirements are added based on NC needs
    - Treatment for non-contacts
    - Education for providers
    - Trainings for TB nurses

All 86 LHDs receive \$50 in federal funding

The following 23 Jurisdictions Currently Receiving Additional Federal Funding

- Cumberland
- Duplin
- Durham
- Edgecombe
- Forsyth
- Guilford
- Halifax
- Johnston
- Lenoir
- Mecklenburg
- Montgomery
- Nash
- New Hanover
- Onslow
- Pender
- Pitt
- Richmond
- Robeson
- Sampson
- Union
- Wake
- Wayne
- Wilson