

# NACCHO's Local Public Health Finance Community of Practice: December 2025 Summary

In December 2025, NACCHO convened the quarterly meeting of the Local Public Health Finance Community of Practice. This session focused on how local health departments (LHDs) navigate persistent funding constraints while attempting to address urgent and emerging community priorities. The meeting revisited major themes from the March 2025 CoP on funding challenges and discussed how these issues continue to impact LHD operations throughout the year.

The conversation included a review of current funding dynamics, a Member Snapshot presentation from the Garrett County Health Department, and a two-part Mural discussion that captured participants' real-time reflections on ongoing challenges, strategies implemented since March, and opportunities for improving alignment between funding and local priorities.

## Meeting Summary

This meeting included:

- Context setting on local public health funding patterns, carrying forward themes from the March CoP discussion, including the effects of inflexible grants, short-term funding cycles, and administrative burden.
- Breakout discussion and Mural activity on which funding challenges remain unresolved and what strategies LHDs have employed since March to address them.
- Member Snapshot from Garrett County Health Department, highlighting how the department aligns grant proposals with its strategic plan, Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP).
- Second breakout discussion focused on disconnects between funding and community priorities, and brainstorming resources/tools that could help LHDs better bridge that gap.

## Breakout and Mural Discussion

In breakout groups, participants reflected on ongoing funding challenges, shared strategies they have tried throughout the year, and discussed how funding limitations affect their ability to meet community needs. The following summarizes the key themes that emerged from the Mural board:

### Breakout 1:

Participants shared that many funding challenges identified earlier in the year continue to affect their departments. These included inflexible or categorical funding that limits responsiveness to community needs, short-term or unstable funding cycles, workforce shortages, and heavy administrative burdens.

Rising operational costs, shrinking COVID-era support, and inequities in how funds are distributed, particularly affecting smaller or rural LHDs, were also noted as ongoing obstacles. Overall, local priorities remain difficult to pursue when funding is restricted, inconsistent, or insufficient. The need for shared templates, workforce planning, and internal communication structures also stood out as practical areas for improvement. Themes that emerged:

### **Which funding challenges from March still resonate most with your LHD today?**

Themes that emerged:

- Difficulty sustaining staff; ongoing hiring and retention challenges
- Still experiencing deficit budgets
- Staff burnout and reduced capacity
- Grants that require short timelines or are not well-aligned with local context
- Categorical or inflexible funding that restricts how funds can be used
- COVID-19 funding ending or decreasing, leading to loss of programs and staffing
- Limited agency to shift funds to emerging priorities
- Rising costs without corresponding funding increases
- Challenges maintaining basic programs with inconsistent funding
- Larger counties receiving more funding and smaller counties struggling

### **What strategies have you tried since March to address these challenges, and how have they worked?**

Themes that emerged:

- Develop Cross-training staff to fill capacity gaps
- Seeking additional funding or alternative funding sources
- Continuing to apply for grants whenever possible
- Reducing or eliminating some programs to conserve resources
- Reviewing and refining internal processes
- Collaborating with partners to share capacity or align efforts
- Establishing partnerships to stretch limited resources
- Utilizing strategic planning tools to support decision-making
- Adjusting staffing patterns creatively (e.g., reassigning roles)
- Improving internal coordination and communication to manage workload
- Being more selective with which grants to pursue

### **If you could change one thing about current funding structures to better support local priorities, what would it be?**

Themes that emerged:

- More flexibility in how funds can be used
- Direct funding to LHDs rather than through intermediaries
- Less restrictive categorical funding; more adaptable program guidelines
- Funding levels that reflect county size and needs
- Smaller agencies receiving equitable funding
- Longer funding cycles and more predictability
- Simplified administrative and reporting requirements
- Ability to redirect funds to urgent or locally defined priorities
- Streamlined grant requirements and greater clarity in expectations

## **Breakout 2:**

When discussing community priorities unmet due to funding limitations, participants highlighted environmental health threats, behavioral health and substance use needs, workforce-intensive services like case management and community health workers (CHWs), and broader infrastructure gaps such as data modernization and rural service access. To navigate these constraints, LHDs have leaned on cross-training staff, building partnerships, seeking alternative grants, improving internal coordination, and adjusting program priorities. Participants emphasized that better alignment between funding and local needs would require more flexible funding structures, clearer guidance, and practical tools, such as templates, resource libraries, and stronger collaboration supports.

## **Community priorities difficult to address due to inflexible or insufficient funding**

- Environmental and emerging threats (e.g., PFAS (widely used, long-lasting chemicals), vector-borne disease, immunization, emergency preparedness).
- Behavioral health, substance use, and harm-reduction services.
- Workforce-dependent priorities (case management, CHWs, language access, community engagement).
- Data modernization, core public health infrastructure, and rural-specific service needs.

## **Strategies LHDs have used to address these priorities**

- Increasing internal flexibility: shifting roles, cross-training, and re-prioritizing programs.
- Building or strengthening partnerships with community organizations, hospitals, coalitions, and county agencies.
- Combining or layering funding sources; seeking alternative grants.
- Improving internal communication, coordination, and workflow efficiency.

## **Resources/tools needed to better align priorities and funding**

- More flexible funding guidance and clearer reporting expectations. Templates, toolkits, and resource banks for prioritization and grant alignment.
- Tools for partnership building, cross-sector coordination, and communication.
- Support for smaller/rural LHDs (funding navigation, workforce development, mentorship).