Public Health for All Y'all: How A Thriving, Fully Funded Public Health System Can Support a Stronger, Healthier Georgia

Leah Chan, MPH, Director of Health Justice

Introduction

Georgia's health security and economic well-being depend on a thriving, fully funded state and local public health system. Public health interventions, such as improved sanitation and access to family planning, were the most significant contributors to Americans leading longer, healthier lives in the 20th and early 21st centuries. Increases in public health spending have been shown to reduce preventable deaths, and healthier communities support stronger economies.

Over the past decade state-level policymaking in Georgia has focused on health care access and quality. However, health care, which generally focuses on treatment rather than prevention, is estimated to account for only 10 percent of what contributes to healthy outcomes for a community. Health happens where people live, work and play, and greater focus is needed on what goes on outside the doctor's office and the hospital room. Rather than simply treating people who are very sick or already in crisis, investing more upstream and supporting community-level changes that give all Georgians a shot at good health can save money and save lives.

Public health has historically been underfunded, particularly when compared with health care. Less than $1 in every $10 state general fund dollars spent on Georgia's three primary health agencies goes to the Department of Public Health. In Georgia, total state and federal public health funding per person has declined over the past decade. In the same time period, death rates among children and working age Georgians have increased, and too many Georgians are dying too soon of preventable causes like drug overdose and suicide.

More funding alone will not lead to better health outcomes; strategic investment and new ways of thinking about state and local public health are needed to modernize the state's public health system. A broad coalition of support is needed to shape and champion a state public health budget that supports sustainable public health infrastructure—from a well-trained, equitably-paid workforce to a nimble, actionable data system—while also reimagining the role public health

plays in creating the conditions where everyone can thrive. Georgia faces a choice: continue to allow the state and local public health system to weaken or move in a new direction that builds upon its strengths.

This report provides policymakers and advocates with an overview of how Georgia's state and local public health system is structured and financed, how the current investment fails to meet the state's needs and why a fully funded state and local public health system could benefit all Georgians. In addition to data, the report also highlights insights from interviews with state-based public health experts (see Appendix 1 for full list of experts). This report offers broad recommendations and is intended to underscore the need for further exploration.

Public Health is a Public Good

What is public health?

As summarized by one group of experts, "public health is what we do together as a society to ensure the conditions in which everyone can be healthy."[1] Cross-sector partners—from education to business to the faith-based organizations—all play a role in public health; however, government often serves as the backbone. Here in Georgia the state and local public health system are the boots on the ground working to prevent disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters.[2] All Georgians—no matter where they live or how much money they earn—benefit from the services and functions provided by the state and local public health system.

Public health, to me, represents the very backbone of our society's well-being and resilience. It's the collective effort to ensure that every individual has the opportunity to live a healthy life, regardless of their socioeconomic status, race, or geographic location.

-Daniel Dawes, JD, Former Executive Director of the Satcher Health Leadership Institute at Morehouse School of Medicine

"Public health, to me, means that it is literally available to everyone. It's available in every county [in Georgia] … from the smallest county to all over Fulton, so everybody can access it."

- Robyn N. Bussey, MBA, MHA, Partnership for Southern Equity

How does public health differ from health care?

Public health and health care are two distinct but inextricably linked systems that work best when they are coordinated. Health care generally works to address health issues person by person, such as when a patient sees a doctor to get treated for lung cancer. Public health improves health by working community by community, such as when Georgia passed the Smokefree Air Act of 2005 to prohibit smoking inside most public spaces.[3] Often health care goals are achieved by a patient and their providers; however, public health objectives often require collective action to achieve optimal outcomes. For example, about 80% of a community must get vaccinated against polio to protect the entire community from the spread of this life-threatening disease. While health care focuses on helping people who are already sick or in crisis, public health works to prevent disease, injury and disability and promote the conditions in which people can thrive.[4] As stated by former U.S. Surgeon General C. Everett Koop, “Health care is vital to all of us some of the time, but public health is vital to all of us all of the time.”[5]

How is the Georgia public health system structured, how is it staffed and what services does it provide?

The structure of public health systems and the relationship between state and local public health departments vary from state to state.[6] Georgia operates a shared governance structure, which allows both state and local government to operate some functions separately while sharing others. Georgia has one state public health department (Department of Public Health), 18 public health districts and 159 county public health departments (more details provided in Table 1).

Department of Public Health

Public Health Districts

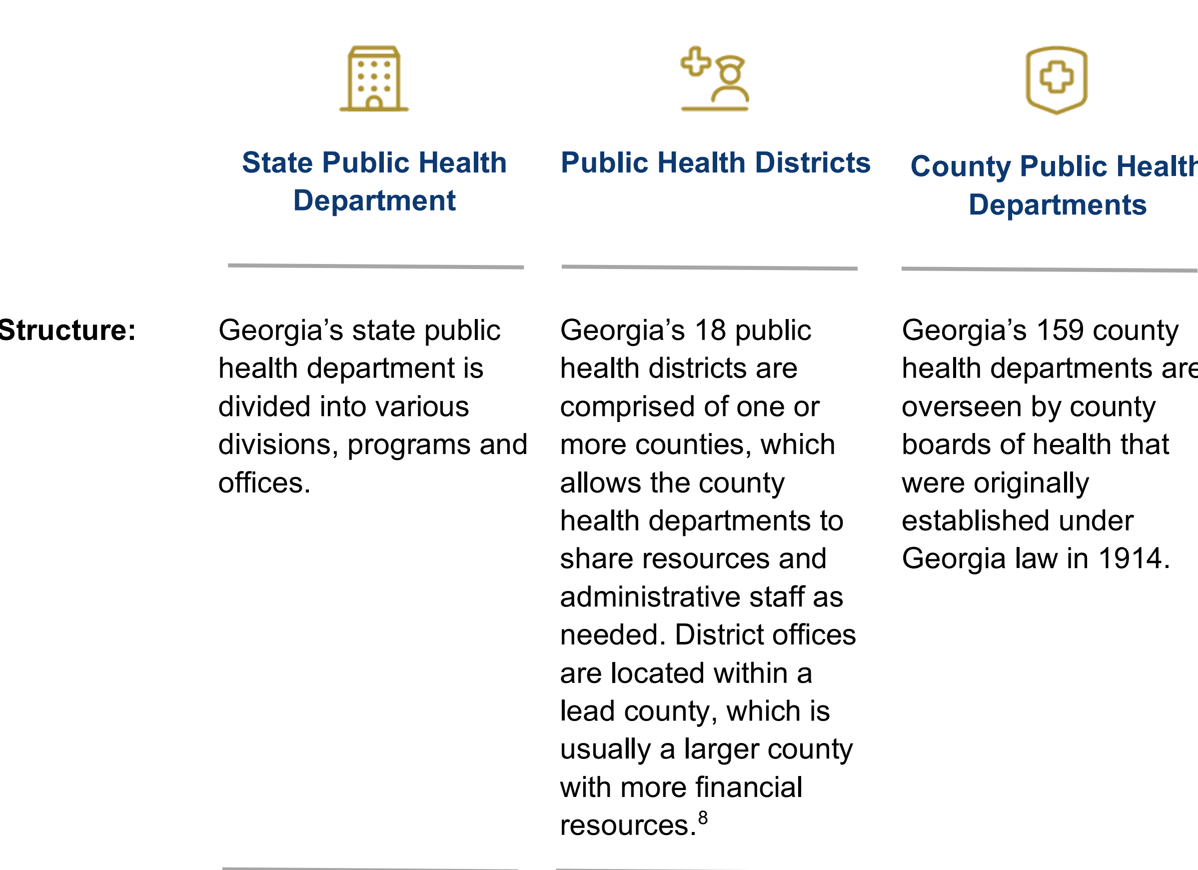
County Health Departments

Georgians served

From epidemiologists to community health workers to public health nurses to nutritionists to environmental health specialists, over 5,000 state and local public health workers fill a range of critical roles in their communities. The Public Health Accreditation Board, which accredits Georgia’s state public health department and some public health districts, provides a framework that outlines minimum public health services and capabilities that should be available.[7] Examples in each foundational area are included below; however, the needs and resources of each community might look different.

- **Communicable disease control (also known as infectious disease control).** Examples of this include testing for sexually transmitted infections and HIV.
- **Chronic disease and injury prevention.** Examples of this include tobacco cessation programs or ongoing tracking of drug overdose deaths.
- **Environmental public health.** Examples of this include food service and public swimming pool inspections.
- **Maternal, child and family health.** Examples of this include home visiting for pregnant people and infants.
- **Access and linkage to clinical care.** Examples of this include having a Division of Family and Children Services caseworker located at the county health department to enroll eligible community members in Medicaid and other public benefits.

Table 1. Structure, Staff, and Services



	State Public Health Department	Public Health Districts	County Public Health Departments
Structure:	Georgia's state public health department is divided into various divisions, programs and offices.	Georgia's 18 public health districts are comprised of one or more counties, which allows the county health departments to share resources and administrative staff as needed. District offices are located within a lead county, which is usually a larger county with more financial resources.[8]	Georgia's 159 county health departments are overseen by county boards of health that were originally established under Georgia law in 1914.

	State Public Health Department	Public Health Districts	County Public Health Departments
Leadership:	The department is led by a state health commissioner who is appointed by the Governor.	Each health district is led by a district health director who is appointed by the state health commissioner and approved by the county boards of health within that district.[9]	County health departments are overseen by county boards of health. County boards of health are comprised of seven elected or appointed members who represent the community, such as a licensed physician, a consumer advocate, the county's chief executive officer or designee and the county's school superintendent or designee.[10]
Leadership Duties:	The state health commissioner and staff develop and implement statewide public health policy, operate statewide programs and establish standards and regulations that protect the public's health, among other duties.[11] The commissioner is also an important resource to the Governor and state legislature, may serve as a public face when public health emergencies occur and serves as a liaison to federal public health agencies and funders.[12]	The district health director oversees the district and county health department staff, manages programmatic operations and serves as a liaison between the state public health department and the county boards of health.[13]	The board that oversees the county health departments has several responsibilities. These include determining the health needs and resources of the county; approving a budget; adopting public health policies, rules, and regulations for the county and serving as a connector among public health, local government, and local business, non-profit and other partners.[14]

	State Public Health Department	Public Health Districts	County Public Health Departments
Staff:	As of mid-2023 the state public health department employed a total of 1,072 employees (excluding temporary workers).[15]	Some positions at the district level may be funded by state funding specific to that district while others are employees of the county board of health.	As of mid-2023 county boards of health employed a total of 4,199 employees (excluding temporary workers).[16] Although county health workers earn state retirement benefits and can participate in the State Health Benefit Plan, they are employees of their county corresponding board of health
Services:	The state public health department directly administers certain programs and services, such as the state public health laboratories, and provides leadership for some services administered at the county level, like the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC).[17]	Services administered by the public health districts are not codified.[18] Public health districts may administer programs and coordinate district-wide services, such as outbreak investigations.[19]	The state public health department contracts with each county board of health through an annual master agreement that contains a list of services to be provided and funding amounts. County-level services might include, but are not limited to, women's health, environmental health and infectious disease control.[20]

How is public health funded in Georgia?

The state health department receives funding through both the state and the federal government.

State funding

The state funds include general fund appropriations and tobacco settlement funds. The Brain and Spinal Injury Trust Fund and the Trauma Care Trust Funds are included in the departmental budget for administrative purposes, but do not support core state health department functions.

Federal funding

Most of the federal funds come from the Department of Health and Human Services (particularly from the Centers for Disease Control and Prevention and Health Resources and Services Administration) and from the Department of Agriculture.

Each of the 18 public health district offices receive state funding.

State funding

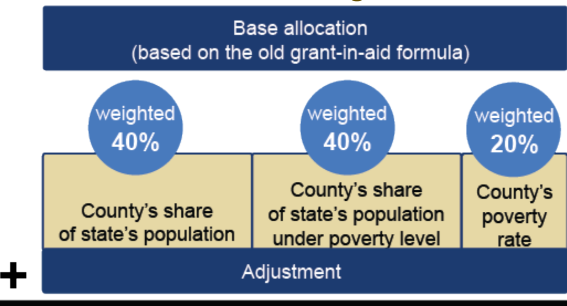
The state provides funding to the districts.

A funding formula is not utilized to distribute funding to the districts. These amounts are based on historical allocations and adjusted based on appropriations or other factors.[21]

Each of the 159 county health departments receive funding through both state government and county contribution but also receive funding through fees for services and intra/inter agency agreements.

State funding

The state contribution (general grant-in-aid) to each county board of health is based, in part, on a formula adopted in 2011 that is calculated using the county's population and poverty levels.[22] Each county receives its base allocation based on the old grant-in-aid formula plus the adjustment based on the new formula. The adjustment varies by county; for example, Appling County has 0.17 percent share of the state's overall population, 0.27 percent share of the state population earning below the poverty level and has a 20 percent poverty rate. These variables are then weighted and translated in about $972 in additional general grant-in-aid dollars for Appling County above the base allocation for fiscal year 2025.[23]



In addition to the general grant-in-aid funded by state appropriations, counties also receive programmatic grant-in-aid. The majority of programmatic grant-in-aid is federal funding being passed through to the county board of health by the state and supports specific programs, such as federally funded HIV prevention and treatment services.

County contributions

The county contribution ("participating funds") is based on a formula last updated in the 1970s that is calculated by the state using population and tax digest data. The county must provide these funds to receive the general grant-in-aid from the state. After the county board of health approves the budget, the county commission reviews it. If approved, the county commission must levy taxes sufficient to raise the needed funds for the minimum county contribution.

According to Georgia law the county is required to provide the county board of health with "quarters and equipment sufficient for its operation." As such, the county may also provide funding to support expenditures for rent, repairs and maintenance that is separate from their "participating funds."

Fees for Services

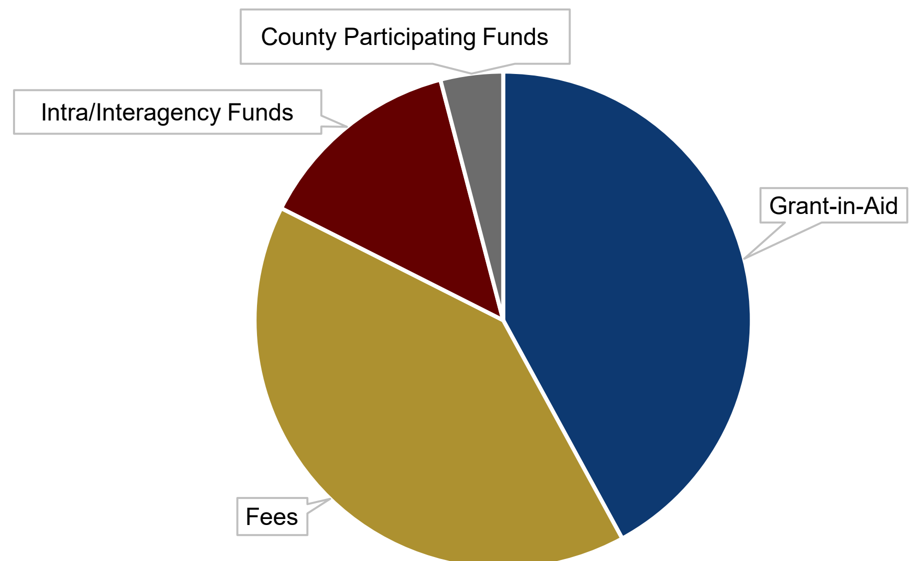
Fees vary widely by county health department but might include environmental health service fees (e.g., fees paid by a restaurant or tattoo parlor for inspection), Medicaid/Medicare or other health insurance reimbursement, or sliding scale fees for certain health services.

Inter/Intra Agency Agreements

Intra/inter agency agreement funding is derived from agreements in which one county provides clinic or administrative services on behalf of another.

Sample County Health Department Budget

County Health Department Budgets Vary Widely but Depend on Four Primary Funding Sources



**County health department budgets vary widely; this is sample from one county board of health and is not intended to be representative of the exact amounts received by every board of health*
Source: Fayette County Board of Health, May 2024 board meeting materials

Depending on size and capacity, large county health departments like Fulton County may also receive direct federal government funding (rather than pass-thru federal funding from the state health department). In addition, the state public health department and the county health departments can apply for donations and grants from foundations, non-profits or the private sector.

"We receive monies from the state. We also receive monies from our county. We also have the opportunity to seek external funding, whether it be through local or federal grant opportunities. However, there are disparities across the state on say whether a county level department has the capacity to be able to write for those grants. Even though the opportunity may be there, it's an opportunity that's not within reach for many folks."

- Jimmie Smith, MD, MPH, 2024-2025 President of the Georgia Public Health Association and Administrator of Macon-Bibb County Health Department

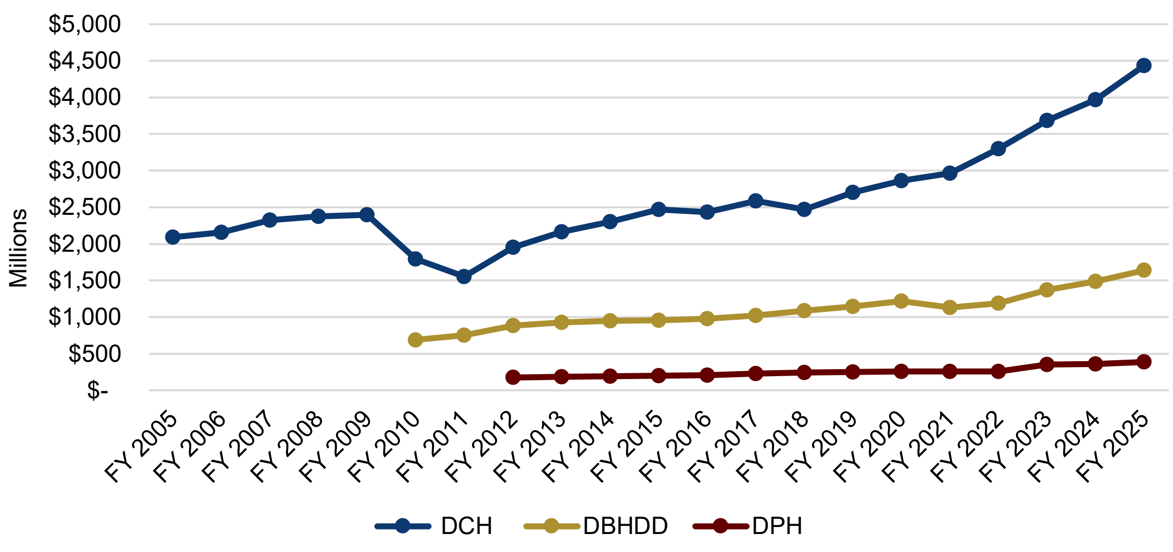
Current Public Health Funding Fails to Meet the Need

How much is invested in Georgia's state and local public health system?

Since becoming its own state agency in 2011, the Department of Public Health's budget has remained comparatively low. Although general fund appropriations for the department have doubled since 2011, they have never surpassed the $500 million mark. Proportionally, if the state had $10 dollars to spend on its three primary health agencies in FY 2025, $7 would go toward the Department of Community Health (DCH), $2 would go toward the Department of Behavioral Health and Developmental Disabilities (DBHDD), and less than $1 would go toward the Department of Public Health (DPH). State investment in health is oriented downstream toward catching Georgians when they are already sick or in crisis. There is an opportunity to move upstream and increase the state investment in keeping people and communities healthy and addressing preventable health outcomes and conditions.

General Fund Appropriations for Georgia's State Health Agencies Over Time

Far Fewer State General Funds Invested in Public Health Compared to Health Care



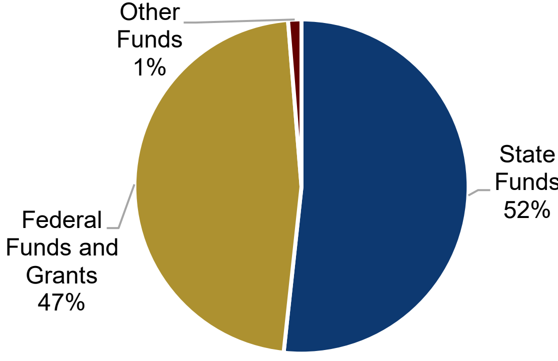
**Excludes general funds for attached agencies*
Source: Georgia's 2025 Fiscal Year Budget (HB 916), signed by the Governor; Office of Planning and Budget's Budget in Briefs FY 2005 – 2024.

The FY 2025 budget allocates a total of about $835 million to Georgia's Department of Public Health. The Department is funded by state, federal and other funds.

- Georgia's public health programs receive substantial federal support; federal funding makes up almost half (47%) of the total budget.
  - Of those federal funds more than half is accounted for by the Special Supplemental Nutrition Program for Women, Infants, and Children (or WIC). WIC provides pregnant and postpartum people with low-incomes and children under age five with healthy food, nutrition information, breastfeeding support and other services.
- In FY 2025, about $400 million in state general funds and nearly $14 million in tobacco settlement funds are allocated to the Department of Public Health in state funding along with almost $11 million in other funds.
  - The largest state-funded programs support the 159 county health departments, provide services for children and help prevent the spread of infectious diseases.

Proportion of Total Public Health Funding by Funding Source, FY 2025

About Half of Total Funding Derived from Federal Sources



Source: Georgia's 2025 Fiscal Year Budget (HB 916), signed by the Governor

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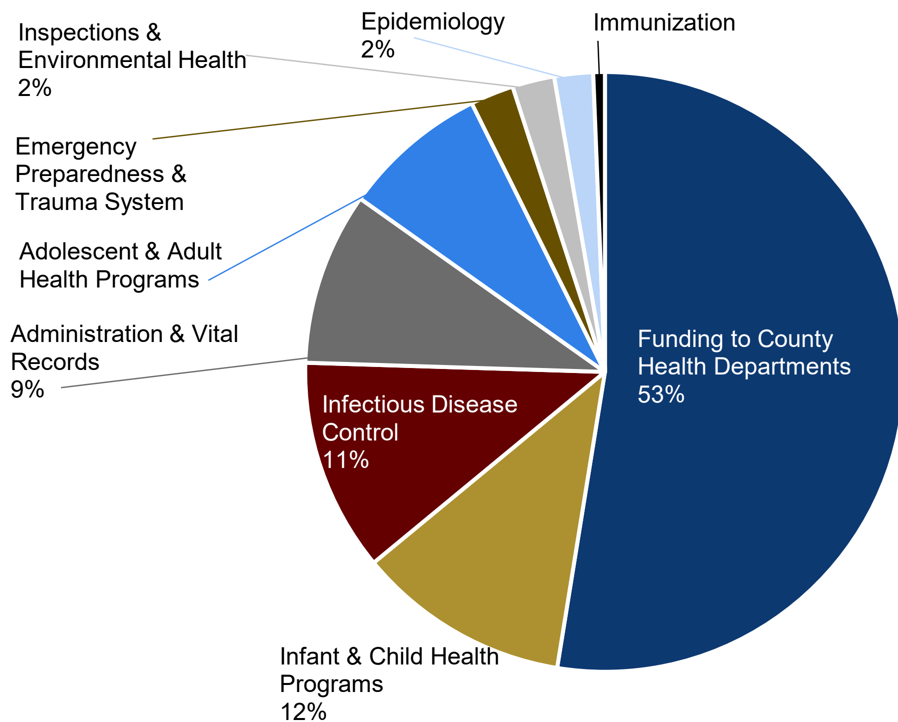
Total State Public Health Funding* by Line Item for FY 2025

About Half of Total State Public Health Funding Flows to County Health Departments

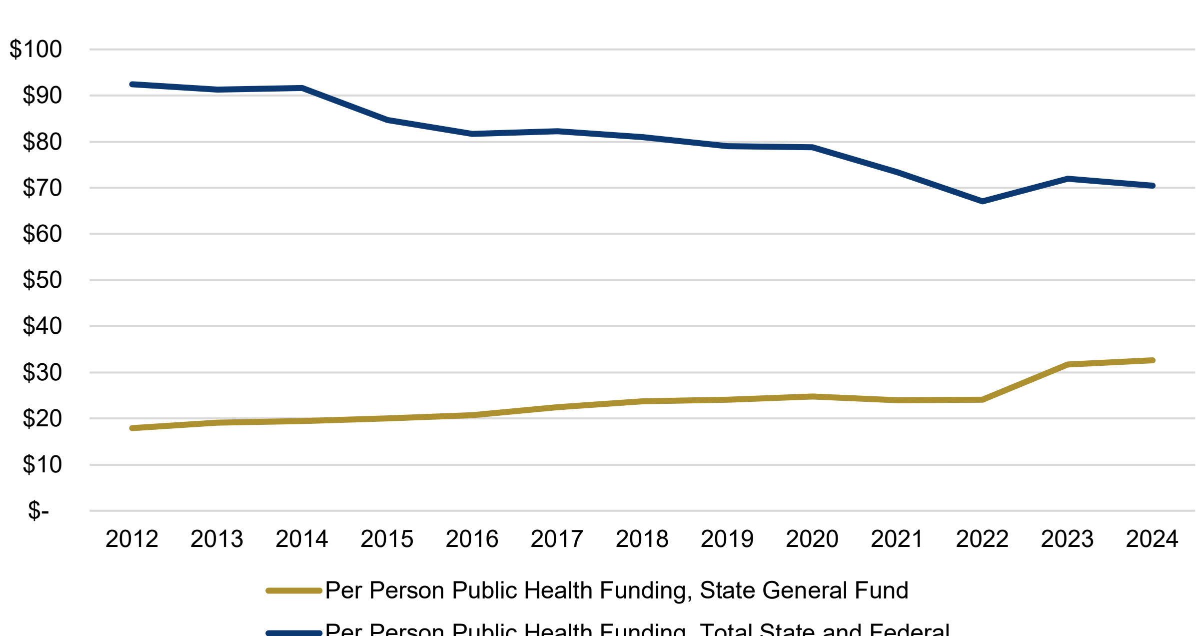


*Does not include state funding for attached agencies

Source: Georgia's 2025 Fiscal Year Budget (HB 916), signed by the Governor

Public health appropriations have not kept pace with inflation and population growth. Compared to state per-person funding in other states, Georgia ranks 33rd out of states with available information.[24] As illustrated by the following chart, state general fund appropriations for public health have increased from about $18 per person in FY 2012 to about $33 in FY 2024. The biggest year-to-year jump in state general fund per person funding occurred in FY 2023. This increase is primarily accounted for by salary increases for some job categories, including public health nurses, epidemiologists and environmental health specialists, as well as the $5,000 cost-of-living increases for all full-time staff. Despite this modest increase in state appropriations, combined state and federal appropriations have decreased since FY 2012 from $92 per person to $70 per person.

Total Public Health Funding Per Person (Adjusted for Inflation), by State General Funds and by Total State and Federal Funds, FY 2012 – FY 2024



Sources: Office of Planning and Budget's Budget in Briefs FY 2012 – 2024; US Census, American Community Survey, Population Total 5-year Estimates; Office of Planning and Budget's 2023 Population Projections

How is the underfunding of our state and local public health system reflected in health impact?

The impact of Georgia's underfunding of state and local public health is reflected in the state's overall health. Georgia ranks 37th nationally according to an annual ranking of states across multiple measures of health, including health behaviors and health outcomes.[25] About 18% of adults in Georgia consider themselves to be in fair or poor health compared to about 14% of adults on average across the United States.[26] Georgians can expect to live to about age 76.1 compared to the average life expectancy across the United States of about 77.5 years old.[27,28] Overall death rates among children and youth from 0-19 years old increased 19% between 2012 and 2023.[29] Similarly, death rates among working-age Georgians from 25 – 64 years old increased about 12% between 2012 and 2023.[30]

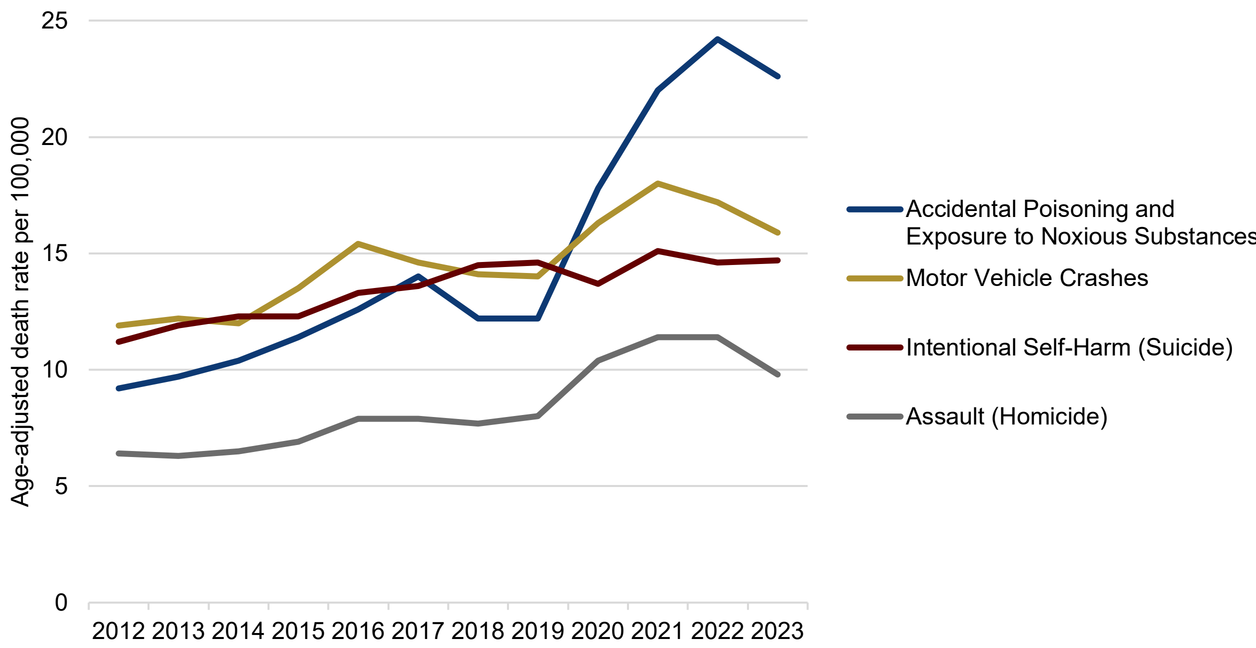
Too many Georgians are dying too soon of preventable causes. In 2023 the leading causes of premature death among Georgians were drug and alcohol overdose, car crashes, certain types of heart disease, suicide and homicide. Aside from some recent modest improvements from high peaks during the COVID-19 pandemic, death rates due to four of the five leading causes of premature death among Georgians have been trending upwards over the past decade. Evidence-based public health policies, programs and practices can help prevent all five of those causes of early death. Examples of such measures include distributing fentanyl test strips to help prevent drug overdose, enacting seat belt and child car seat laws to help prevent car crash deaths, increasing access to healthy food to help prevent heart disease and promoting safe storage of firearms to help prevent suicide. However, the state and local public health system needs adequate resources and infrastructure to implement effective solutions where they are most needed.

Table 2. Leading causes* of premature death, Georgia, 2023

Rank	Cause
1.	Accidental poisoning and exposure to noxious substances (primarily drug overdose)
2.	Motor vehicles crashes
3.	Ischemic heart and vascular disease
4.	Intentional self-harm (suicide)
5.	Assault (homicide)

**Georgia Rankable Causes*
Source: Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Age-adjusted death rates by cause* of death, Georgia, 2012 – 2023



*Georgia Rankable Causes
Source: Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

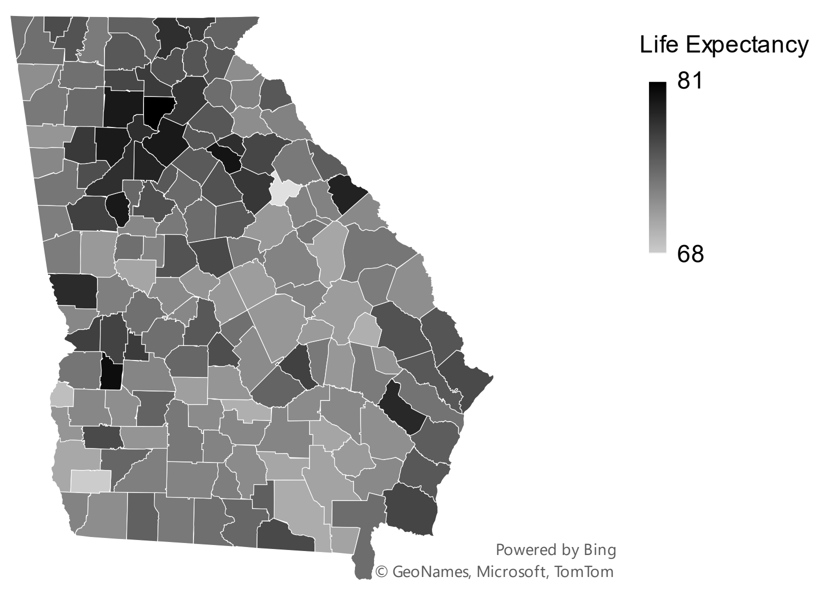
What are the underlying drivers that impact Georgians' ability to have a fair shot at good health?

Conventional wisdom tells us that a person's health is defined by what goes on in the doctor's office or the hospital. Research increasingly tells a different story. Medical care is estimated to account for only 10 percent of the modifiable contributors to healthy outcomes for a community.[31] The other 80-90 percent are health-related behaviors, such as tobacco use; socioeconomic factors, such as household income; and environmental factors, such as air quality or housing.[32] In other words, the conditions in which people are born, live, learn, work, play, worship and age shape their ability to have a fair shot at good health. Political, economic and social systems and the laws, policies, institutions and norms that those systems influence ultimately determine the conditions in which people thrive (or do not thrive).[33] Power imbalances, economic disadvantage and structural discrimination, particularly structural racism, mean communities do not all have the same opportunities to achieve optimal health.

Two examples of communities that are impacted differently by these root causes of health are rural Georgians and Black Georgians. Georgians in rural counties are living shorter lives than their non-rural counterparts on average in part due to economic disadvantage. Forsyth County, which is in metro Atlanta and has the highest median income in the state (about $132,000), also has the highest average life expectancy at 81.3 years old. In contrast, Miller County, with the lowest life expectancy at 67.7 years old, is in rural southwest Georgia and has a much lower median household income at $52,000.[34]

Life expectancy by County, Georgia, 2024

Georgians in Rural Counties Tend to Have Shorter Lives

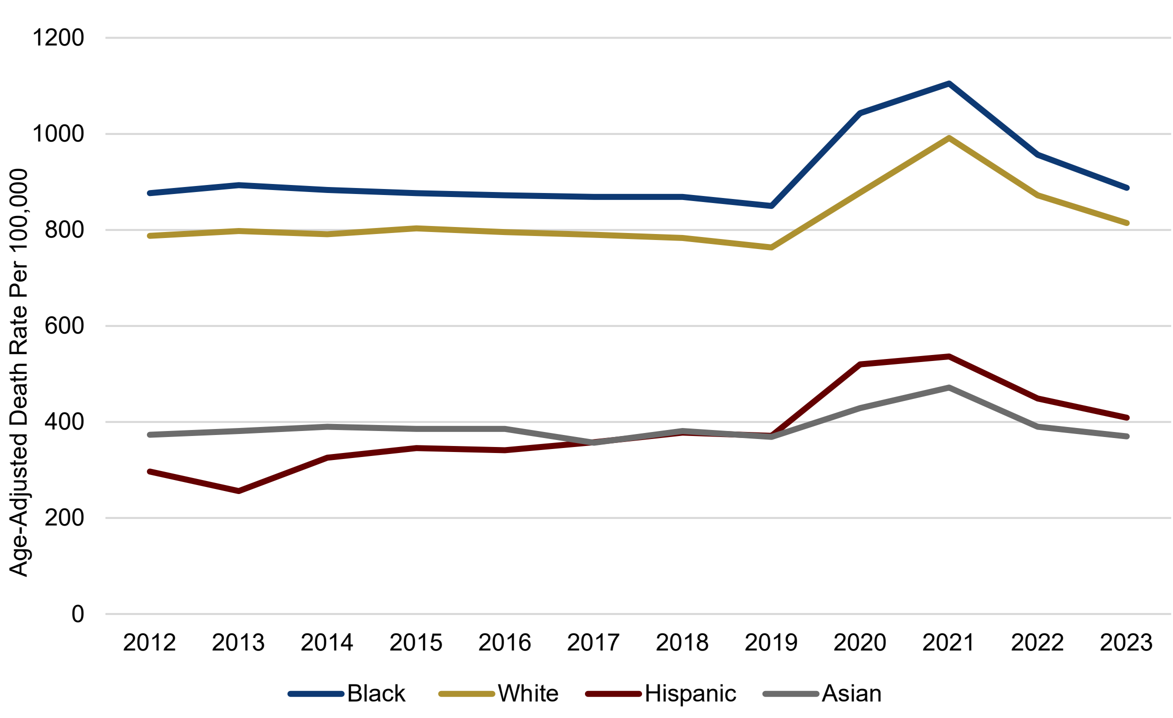


Note: Life expectancy data not available for Taliaferro County.
Source: County Health Rankings & Roadmaps

Black Georgians have the highest death rate any of race/ethnicity group in Georgia.[35] The structural racism that is enshrined into many laws and policies shape Black Georgians' ability to access the building blocks of good health – like safe neighborhoods, access to healthy food, access to good-paying jobs and economic security and more. For example, research found that some federal policies, such as those that blocked Black Georgians from accessing home mortgages, have made it more difficult for Black Georgians to own a home, build wealth and attend high-quality, well-funded public schools, compared to white Georgians.[36] Those conditions, in turn, are associated with worse health outcomes like lower life expectancy and higher risk for heart disease and diabetes.[37]

Age-adjusted death rate by race/ethnicity, Georgia, 2012-2023

Black Georgians Have Highest Death Rate Followed by White Georgians



Source: Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

"…Addressing the social determinants of health is a much more fast and effective way of seeing change. For example, taking 15 years to educate and train a doctor as opposed to 'I give you money to support your rent'. That's an immediate return because if you are unhoused, you're not going to be able to take care of yourself. If you have a poor nutritional state, how am I going to treat your diabetes? That's funny for a doctor to say, but after all these experiences, I've come to realize that while we certainly need more doctors, we need more social supports at a much greater magnitude."

-Sandra Ford, MD, MBA, Special Advisor for Healthcare, DeKalb County

A Fully Funded, Thriving Public Health System Could Help Georgia Build a Brighter Future

What is the value of public health, and how does it connect to the state economy?

The primary contributors to increases in overall life expectancy in the 20th and early 21st centuries are rooted not in medical care but in public health interventions. This includes improved sanitation, tobacco use prevention, family planning methods and widespread adoption of seat belts.[38,39,40]. Increases in public health spending have been linked to decreases in preventable deaths, reductions in diseases like sexually transmitted infections and greater tracking of foodborne illness.[41,42,43] Counties in the United States with the highest per person spending on public health had, on average, 542 fewer COVID-19 deaths and 21 fewer overall deaths per 100,000 people during the first two years of the COVID-19 pandemic compared to counties with the lowest per person public health spending.[44] When translated into monetary terms, research findings indicate that every $1 invested in public health in one state yielded about $67 - $88 in savings thanks to improved health outcomes.[45] Investing in public health can also help communities overcome some of the underlying drivers of health, like economic disadvantage.[46]

A strong state and local public health system is critical for the state's economic vitality. Poor health is linked to worse economic outcomes in metro areas in the United States.[47] Higher rates of diabetes, worse physical health, smoking and infrequent exercise are linked to lower economic output per capita, lower labor force participation and lower median household income.[48] Stronger health within communities may provide protection during economic recessions and help to support economic recovery. A healthier population also means more potential workers and more consumers with purchasing power.

"One value proposition for public health is its ability to establish a robust foundation for economic vitality within communities, states, our nation and globally."

-Brandon Talley, PhD, MPH, Chief Program and Innovation Officer, CDC Foundation

"Making that connection between health being the foundation of everything else is important. You want a healthy workforce. You want clean air. You want healthy industry. You want well-educated children. You want a healthy economy. But you're not going to have any of that if people aren't healthy, if your communities aren't healthy. You have to start there—that's where you have to start making your investment."

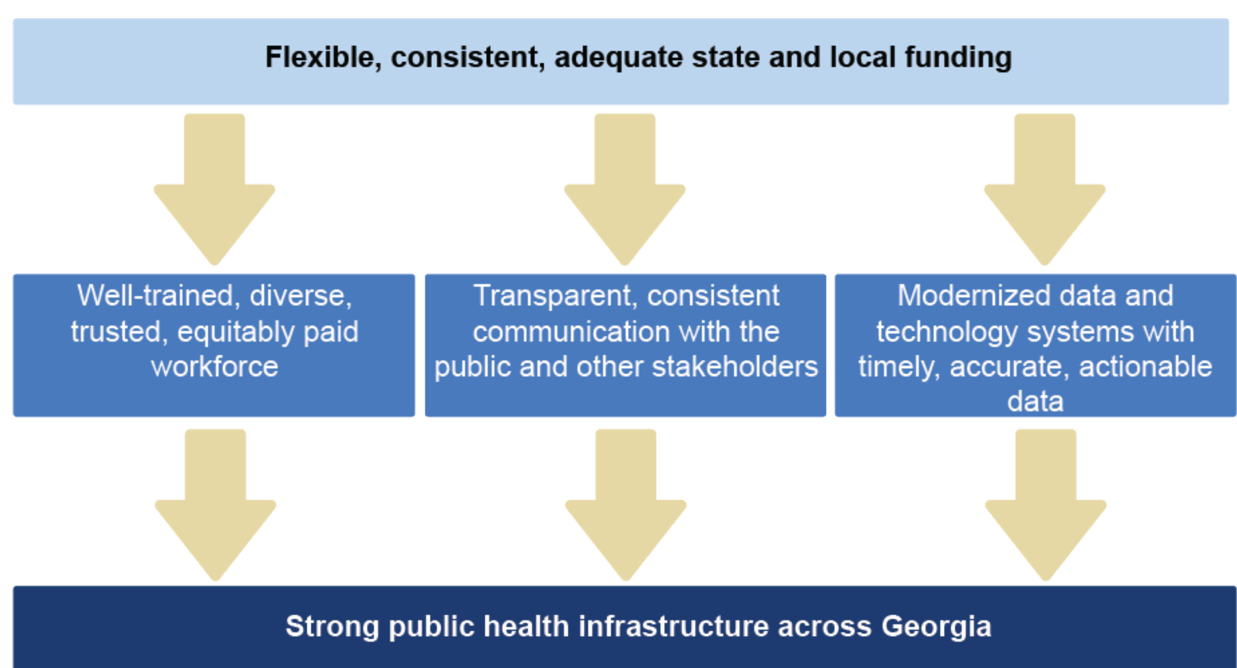
– Robyn Bussey, MBA, MHA, Just Health Director, Partnership for Southern Equity

How could flexible, consistent and adequate state funding benefit all Georgians?

Every Georgian deserves the opportunity to lead a healthy life. A key step to making that a reality is fully funding a core set of foundational public health capabilities and services that are available to every Georgian no matter where they live or how much money they earn. Lack of adequate investment in Georgia's state and local public health system has led to a weak infrastructure, which negatively impacts the system's ability to respond to future health threats like infectious disease outbreaks while also diminishing the state's ability to address ongoing issues like heart disease and maternal mortality. Starting in 2022, Georgia began receiving federal funds to support infrastructure needs like workforce, data systems, and foundational capabilities.[49] However it is unclear how the progress made with this federal funding will be sustained once the one-time, five-year funding period is over.

Flexible, consistent and adequate state and local funding is the cornerstone of building and maintaining a robust public health infrastructure, which includes developing a well-trained workforce, modernized data and technology systems and robust communication channels.[50,51] Adequate funding means that it is sufficient to maintain basic infrastructure and core services and functions in every part of the state so that everyone has access. Consistent means that baseline funds can be expected year-to-year without major decreases or interruptions based on external political, economic or outbreak/disaster-related factors. Flexible means that there is some ability for counties to be nimble and adapt to on-the-ground realities and specific community concerns using discretionary funds.

Flexible, Consistent, Adequate State and Local Funding Supports Essential Infrastructure



While funding is important, consistent and flexible funding is critical. Public health funding rises and falls in direct relationship with perceived public health threats. If there isn't an imminent threat, funding falls or at least does not keep up with inflation. It is difficult to attract and retain a workforce when funding is tied to a very specific public health emergency, like COVID, Ebola or West Nile, that will go away when the perceived emergency goes away. In addition, the ability to impact the health status of the community for many more common diseases of public health concern, such as diabetes, hypertension, tuberculosis and sexually transmitted infection are tied to variable funding streams, making sustainable interventions and disease control difficult."

--Senior Leadership at Gwinnett, Newton, Rockdale (GNR) Public Health District

"If we could create on-demand, real-time, high-quality health data…we would fundamentally have a much better way to detect the problems and access their severity.
This would give us the opportunity to make the case for more resources and decide where to put those resources."
-Brandon Talley, PhD, MPH, Chief Program and Innovation Officer, CDC Foundation

What strengths can Georgia build on, and what challenges are standing in the way of a fully funded, thriving state and local public health system?

Going forward, Georgia can leverage the unique strengths of its state and local public health system while addressing challenges that block that way forward. The list below is not exhaustive but provides examples of levers to pull and pitfalls to avoid.

Strength: Georgia's mission-driven, dedicated workforce and pipeline of new talent

Georgia's over 5,000 state and local public health workers have a reputation of being mission-driven and dedicated. Georgia also has assets to help build and train a skilled workforce, including the Region IV Public Health Training Center housed at Emory University and various academic programs training new public health graduates. This includes at least seven Georgia-based, accredited universities and colleges with Master of Public Health programs.

"[Public health workers] do this work because they love public health and they believe in the value of public health. And what they do goes beyond screenings and vaccinations, and they really are paying attention and want to support the wellbeing of Georgians so that they can meaningfully contribute to their communities."

– Knetta Adkins, MS, Senior Coalition Manager, Georgians for a Healthy Future

"At the local level, the strength of public health is this workforce. The salaries of public health staff are not competitive with what they could get in the outside sector including CDC. And so as a district health director, I recognized very early on people stay because they love the work because it's not the way to retire wealthy. The strength is the passion and commitment that people who are really dedicated to this put into the work."

– Sandra Ford, MD, MBA, Special Advisor for Healthcare, DeKalb County

Challenge: Below-market average salaries and understaffing due to turnover and retirements

Additional investments are needed to ensure that compensation is competitive and that the state and local public health can fully staff critical positions. For example, environmental health specialists, who perform a diverse array of vital functions from food safety inspections to home-based lead investigations, received a much-needed salary increase in FY 2023 that is still just 85% of the market average. Turnover rates spiked during the COVID-19 pandemic due in part to burnout. Almost one in every four state department employees and one in every seven county health department staff are eligible for retirement within five years. Turnover coupled with retirements contribute to a risk of understaffing.

"One of the primary barriers to success is the recruitment and retention of qualified staff. Public health salaries cannot compete with salaries in the private sector. While there are people that truly have a passion for public service, economic pressures often force them to seek jobs with salaries that meet their financial needs versus those that align with their passion."

-Senior Leadership at Gwinnett, Newton, Rockdale (GNR) Public Health District

Strength: A health department in all of Georgia's 159 counties

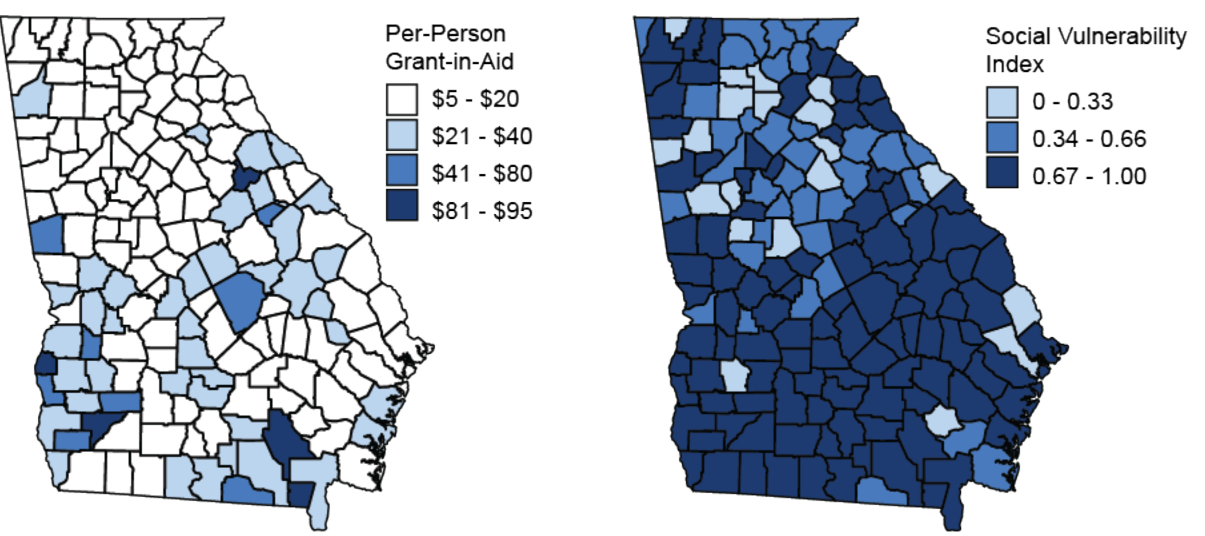
Georgia has a unique footprint with 159 boards of health representing community leadership and county level staff who live and work in their communities. With strategic investments, Georgia could build upon this footprint and unleash the potential to undertake community-led public health that is grounded in the wants, needs and realities of Georgia's diverse communities.

Challenge: Wide variation in resources and infrastructure

Funding and foundational capabilities and functions vary widely across the local health departments, which means not every Georgian has access to what they need to thrive. As seen in the maps below, general grant-in-aid allocations vary widely by county. Thanks to the grant-in-aid formula adjustment that utilizes a poverty weight, lower income counties tend to have higher per person general grant-in-aid allocations (please see Appendix 2 for exact per person grant-in-aid allocations by county. However, the comparison between the two maps below – per person general grant-in-aid by county and social vulnerability score by county – indicates that poverty alone may not paint the full picture of the systemic barriers to good health in each county and may not be the only factor to consider when allocating resources. For example, the social vulnerability index takes into account not just poverty but also unemployment, lack of access to transportation, crowded housing and other factors that reflect the underlying drivers of health.

Per Person General Grant-in-Aid Funding Allocation, By County, FY 2024

Social Vulnerability Index by County, 2022



Sources: GBPI analysis of Department of Public Health's FY 2025 General Grant-in-Aid Formula Allocations, Agency for Toxic Substances and Disease Registry's Overall Social Vulnerability Index, Geogia, By County, 2022

> "We are fortunate to have a local health department in every county in this state. It is the one consistent part of the healthcare system - whether you're in north Georgia or down in Valdosta. But I can't say that the quality of care across the entire state is as consistent, and a lot of that has to do with financial resources."
>
> -Jimmie Smith, MD, MPH, 2024-2025 President of the Georgia Public Health Association and Administrator of Macon-Bibb County Health Department

Strength: Federal support for evolving public health crises and specific core programs

Federal funding accounts for about half of the overall Department of Public Health budget. Short-term federal support, such as COVID-19-related funding, can support state-level responses to outbreaks, disaster-related responses, and other emergency responses. Other federal funding supports core public health programs, like WIC funding from Department of Agriculture, which helps thousands of pregnant/postpartum people and children get access to healthy foods.

Challenge: Boom-and-bust cycle of federal funding and restricted funding uses

Federal public health funding tends to follow a boom-and-bust cycle with funding surges during public health crises and sharp cuts during economic downturns. Moreover, federal funding is often tied to specific diseases or conditions with a specific timeline and desired outcomes and does not allow for the flexibility needed to respond to localized issues and trends. Ample state and local funding could be a counterbalance to this federal uncertainty and ensure that foundational capabilities and services at the state, district and county level remain constant and widely available.

Strength: Lessons learned during the COVID-19 pandemic

During the COVID-19 pandemic, state and local public health worked nimbly to respond to the evolving crisis and tested out new ways of implementing public health measures. For example, the state public health department built innovative relationships with community partners and strengthened its role as a convener. The pandemic also highlighted gaps in public health data and technology systems and drove home the need for robust, real-time data to drive decision-making and help allocate resources. It also helped make the usually invisible work of public health more visible and underscore the importance of ongoing communication with the public both during times of crisis and during times of calm.

Challenge: Diminished public trust and ongoing invisibility, except during times of crisis

Some aspects of the COVID-19 response diminished public trust in the public health system, its workers, and its leadership, which contributed to ongoing polarization around key public health interventions like vaccines. Outside of public health emergencies like the COVID-19 pandemic, public health and its impact tends to be invisible, which makes counterbalancing negative perceptions that arise during crises more challenging. Public health benefits everyone rather than just some groups. However, because public health often works community by community rather than person by person and focuses on preventive measures, impact and return on investment is sometimes difficult to quantify and articulate to the public and policymakers.

> *"Public health is everywhere, but it's invisible, right? It's safe roads, it's wearing your seatbelt, it's vaccinations and it's hard to sum up. If we wouldn't have done all those things, if we didn't have access to safe water, safe roads, safe foods and vegetables, wearing seat belts, getting vaccines, access to health care, all of these things, then what would happen?"*
>
> – Rachel Powell, PhD, MPH, Board President, Healthy Mothers Healthy Babies Coalition of Georgia (HMHBGA)

What can we learn from other states?

While Georgia has its own unique strengths and challenges that require tailored solutions, recent successes in other states could provide a framework for moving forward. For example, Indiana recently increased its public health spending by 1500 percent thanks to an effort that focused on open, consistent, and transparent communication with the public and high levels of engagement with local elected officials and state policy makers.[52] Spurred by a report that linked the state's economic vitality to the overall of health of its communities, Indiana's Governor stood up a commission in 2021 that was able to make headway even amidst the low-trust in public health following the COVID-19 pandemic.[53] Made up of business leaders, local elected officials, and health experts and chaired by a former state legislator and a public health expert, the commission hosted monthly meetings and gathered input through local listening sessions in order to formulate a set of recommendations.[54] Ultimately, this thoughtful, comprehensive effort resulted in a new funding formula for local health departments, $225 million in new public health funding with no new state taxes and the launch of the Health First Indiana initiative.[55]

"We [in Indiana] always have a very low unemployment rate, but we showed them how our life expectancy in Indiana has actually gone down, especially in the age groups of 25 to 64, which is our workforce. We showed them the high health care costs in the state of Indiana because of our high smoking and obesity rates, which leads to diabetes, hypertension, heart disease, et cetera. It was drawing that line between the healthy workforce that they need in order to continue to draw more large companies and organizations. Showing them that connection between future economic vitality and the healthy community is so critical."

– Kristina Box, MD, former Indiana State Health Commissioner (2017 – 2023) and practicing obstetrician and gynecologist

Other states like Massachusetts and Missouri have also seen recent legislative movement related to public health funding and infrastructure. Massachusetts passed legislation in 2024 based on recommendations from two recent public health commissions. Among other improvements, the legislation sets minimum standards for local public health departments and directs the state health department to estimate annually how much funding is needed by the local boards of health to meet those minimum public health standards.[56,57] Missouri leveraged federal funds to launch an initiative that will assess whether local public health departments are meeting a minimum standard of fundamental services and capabilities. By creating a snapshot of Missouri's public health capacity, the assessment findings will guide future efforts to strengthen public health infrastructure.[58]

Recommendations and Envisioning the Future

Overall recommendations

- Increase flexible, consistent and adequate state and local public health funding
- Leverage increased state and local funding to strengthen Georgia's public health infrastructure, including a well-trained, diverse, trusted, equitably paid workforce; modernized data and technology systems with timely, accurate, actionable data; and transparent, consistent communication with the public and other stakeholders

Recommendations for state policymakers

- Authorize a public health commission to collect data, generate public input and policymaker buy-in and develop recommendations around increasing state and local public health funding and strengthening public health infrastructure
    - Creating the conditions in which all Georgians can thrive will take intentional, collaborative effort. The state should build upon the 2006 House Study Committee on Public Health and the 2010 Georgia Public Health Funding Formula Advisory Committee – both authorized by the Georgia General Assembly—to re-examine how to fund and strengthen Georgia's state and local public health system.[59, 60] As part of its work the commission could explore the following opportunities:
        - Increasing state and county public health worker public health salaries to 100% of market average
        - Updating the funding formula for the county "participating funds" that each county contributes to their board of health
        - Implementing a standard funding formula for the public health districts' funding
        - Establishing minimum standards for every county health department and district public health office based on the Public Health Accreditation Board framework; ensuring the grant-in-aid funding formula provides adequate funding to meet those minimum standards; and establishing key performance indicators to maintain accountability
        - Incentivizing collaboration, and, where appropriate and relevant, shared services between county boards of health, local healthcare providers (e.g., local hospitals, federally qualified health centers, etc.), and social services providers (e.g., community-based public and private organizations) to maximize local health department capacity
        - Re-imagining public health's role with a greater focus on structural solutions and community-level changes that address the underlying drivers of health

Recommendations for advocates

- Champion the need for the General Assembly to authorize a commission, advisory committee, or other action-oriented body to explore increased funding and strengthened state and local public health infrastructure
- In collaboration with a Georgia-based institute of higher education, commission a comprehensive report on Georgia's state and local public health system, including the link between public health and economic prosperity
- Re-frame the narrative around public health for policymakers and the public to raise visibility of and support for its importance and build back trust lost during the COVID-19 pandemic
- Educate county-level policymakers, such county commissioners, mayors, and others, on the role of county health departments and county-level funding

Envisioning the Future

> *"[A fully funded state and local public health system] would be a system that is responsive to the needs of its community. A system that has the discretion to direct its resources where it sees the greatest need based on indicators of health and community needs, independent of politics. A system that understands people approach health from different backgrounds and with different resources, but wants them to have the best health outcomes regardless. A system that helps people be the healthiest they want to be and is equipped to help them achieve that goal."*
>
> - Senior Leadership at Gwinnett, Newton, Rockdale (GNR) Public Health District

“In this future, (one that we will to reality), every Georgian, regardless of income, race, or location, would have access to high-quality healthcare services, with integrated social services addressing the social determinants of health, such as housing, education, employment, and nutrition.

A strong network of community health workers would provide trusted, localized health education and preventive care, while advanced data systems would track health outcomes and tailor interventions.

Preventive health would be a major focus, with regular screenings, vaccinations, and wellness programs reducing chronic diseases.

Public health initiatives would be driven by community input through local health boards, ensuring services are tailored to community needs.

Sustainable, dedicated funding insulated from political fluctuations would support long-term planning and consistent service delivery.

Policies would prioritize health equity, addressing systemic issues like poverty and education inequities, with strong public-private partnerships leveraging resources and expertise.

Public health education would start from early schooling, fostering a culture of health and wellness from a young age.

In this vision, Georgia would be a model of health equity and community-led public health, with a system that not only treats illness but actively promotes wellness and justice for all its residents. ***Now it’s in our hands to make that future a reality.****”*

-Daniel Dawes, JD, Former Executive Director of the Satcher Health Leadership Institute at Morehouse School of Medicine

Appendix 1. Interview List

Georgia Budget & Policy Institute would like to thank the following experts for sharing their time and insight for this report:

Interviewed via video call:
Robyn N. Bussey, MBA, MHA, Just Health Director, Partnership for Southern Equity

Rachel Powell*, PhD, MPH, Board President, Healthy Mothers Healthy Babies Coalition of Georgia (HMHBGA)

**Dr. Powell was interviewed in her capacity as HMHBGA Board President and a public health scholar; her remarks do not represent the views of her employer.*

Sandra Ford, MD, MBA, Special Advisor for Healthcare, DeKalb County
Previously served as Special Assistant to the President for Public Health and Science and as DeKalb and Fulton County District Health Director and Chief Executive Officer

Knetta Adkins, MS, Senior Coalition Manager, Georgians for a Healthy Future

Jimmie Smith, MD, MPH, 2024-2025 President of the Georgia Public Health Association and Administrator of Macon-Bibb County Health Department
Previously served as Special Assistant to the Assistant Secretary for Health and 16th Surgeon General of the United States and with the Georgia Department of Public Health, Office of Chronic Disease Prevention, as Senior Deputy for Health Science

Kristina Box, MD, Former State Health Commissioner for the Indiana Department of Health, 2017 – 2023 and practicing obstetrician and gynecologist

Brandon Talley, PhD, MPH, Chief Program and Innovation Officer, CDC Foundation

Interviewed via email:

Daniel Dawes, JD, Founding Dean, Meharry Medical School of Global Health
Previously served as Executive Director of the Satcher Health Leadership Institute at Morehouse School of Medicine

Senior Leadership at Gwinnett, Newton, Rockdale (GNR) Public Health District

Appendix 2: Per-Person General Grant-in-Aid Funding, Exact Numbers

Per Person General Grant-in-Aid Funding Allocation, FY 2024	
Appling County	$17
Atkinson County	$33
Bacon County	$25
Baker County	$84
Baldwin County	$14
Banks County	$14
Barrow County	$8
Bartow County	$9
Ben Hill County	$21
Berrien County	$17
Bibb County	$14
Bleckley County	$18
Brantley County	$18
Brooks County	$21
Bryan County	$8
Bulloch County	$11
Burke County	$18
Butts County	$11
Calhoun County	$38
Camden County	$11
Candler County	$23
Carroll County	$9
Catoosa County	$10
Charlton County	$24
Chatham County	$13
Chattahoochee County	$13
Chattooga County	$16
Cherokee County	$14
Clarke County	$26
Clay County	$53
Clayton County	$14
Clinch County	$34
Cobb County	$11
Coffee County	$17
Colquitt County	$16
Columbia County	$6
Cook County	$18
Coweta County	$6
Crawford County	$19
Crisp County	$16
Dade County	$15
Dawson County	$10
Decatur County	$19
DeKalb County	$13
Dodge County	$17
Dooly County	$17
Dougherty County	$41
Douglas County	$7
Early County	$33
Echols County	$47
Effingham County	$8
Elbert County	$16
Emanuel County	$22
Evans County	$27
Fannin County	$13
Fayette County	$6
Floyd County	$33
Forsyth County	$5
Franklin County	$15

County	Amount
Fulton County	$8
Gilmer County	$14
Glascock County	$48
Glynn County	$33
Gordon County	$11
Grady County	$20
Greene County	$14
Gwinnett County	$9
Habersham County	$11
Hall County	$20
Hancock County	$36
Haralson County	$11
Harris County	$7
Hart County	$13
Heard County	$17
Henry County	$6
Houston County	$26
Irwin County	$26
Jackson County	$8
Jasper County	$15
Jeff Davis County	$23
Jefferson County	$24
Jenkins County	$29
Johnson County	$25
Jones County	$11
Lamar County	$14
Lanier County	$21
Laurens County	$46
Lee County	$13
Liberty County	$13
Lincoln County	$21
Long County	$12
Lowndes County	$33

County	Amount
Lumpkin County	$12
Macon County	$20
Madison County	$13
Marion County	$23
McDuffie County	$18
McIntosh County	$23
Meriwether County	$18
Miller County	$41
Mitchell County	$20
Monroe County	$11
Montgomery County	$24
Morgan County	$13
Murray County	$13
Muscogee County	$27
Newton County	$8
Oconee County	$9
Oglethorpe County	$14
Paulding County	$6
Peach County	$14
Pickens County	$9
Pierce County	$16
Pike County	$10
Polk County	$13
Pulaski County	$22
Putnam County	$17
Quitman County	$63
Rabun County	$17
Randolph County	$33
Richmond County	$22
Rockdale County	$10
Schley County	$26
Screven County	$21

Seminole County	$31
Spalding County	$12
Stephens County	$14
Stewart County	$36
Sumter County	$15
Talbot County	$29
Taliaferro County	$93
Tattnall County	$18
Taylor County	$25
Telfair County	$30
Terrell County	$31
Thomas County	$18
Tift County	$16
Toombs County	$20
Towns County	$19
Treutlen County	$35
Troup County	$43
Turner County	$28

Twiggs County	$26
Union County	$13
Upson County	$16
Walker County	$10
Walton County	$9
Ware County	$91
Warren County	$38
Washington County	$20
Wayne County	$18
Webster County	$53
Wheeler County	$32
White County	$13
Whitfield County	$16
Wilcox County	$23
Wilkes County	$24
Wilkinson County	$28
Worth County	$18

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